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# STATUTORY POLICY

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## Children with health needs who cannot attend school policy



Policy Revision Date	1 July 2020
Review Frequency	Annual
Role / Author	Headteacher / P Shaw
Governing Body Committee/HT	Curriculum & Standards
Date of GB Meeting/HT review for approval	6 October 2020
Due with Clerk to Governors (where applicable)	30 September 2020
Governing Body/HT Approval Date	23 <sup>rd</sup> November 2020
Status (draft / approved)	Approved
Date Policy Due for next review:	1 July 2021

Note:

*Please ensure tracked changes are used to highlight changes from the last approved version. The document status should be 'Draft'.*

*Once the changes have been approved by the Governing Body, the tracked changes can be accepted and the document status changed to 'Approved'.*

**Children with health needs who cannot attend school policy**

**Policy Review**

The following list must be completed prior to submission to the relevant Governing Body meeting/HT for approval.

Links with other Policies	Hampshire County Council (HCC) Inclusion Support Service (ISS) Policy for access to education for school age children and young people with medical needs
Model or Locally Produced	Model Policy
Are changes to model policy or previous policy clearly identified (e.g. track changes)	NEW
In the view of the HT is the policy related to High, Medium or Low Risk activity to the school	
What are the likely consequences to school of non-compliance	
Are the governors/SLT accountabilities clearly identified	
Are other accountabilities clearly identified	
Are there any particular issues/risks associated with implementation/operation of policy	
How will policy effectiveness be evaluated	
How will HT report to governors on effectiveness and when	
When will the policy next be due for renewal (for statutory compliance)	
Does the policy impact on available resources	

## Children with health needs who cannot attend school policy

Policy for access to education for school age children and young people with medical needs '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' DFE 2014

The education of children and young people who are unable to attend school due to medical needs.

### 1. Introduction

1.1 This policy sets out how Hampshire County Council (HCC) will comply with its statutory duty to arrange suitable full-time (or part time when appropriate for the child's needs) education for children of compulsory school age (5 – 16) who, because of illness, would otherwise not receive suitable education.

1.2 This statutory duty applies to all children and young people of compulsory school age, permanently living in Hampshire, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on roll of a school.

1.3 This policy does not apply to children who are electively home educated. Where a young person is on roll of a post-16 institution, either a school or college it is their responsibility to ensure support for education.

### 2 Premise

2.1 HCC believe school is the best environment in which to educate a child/young person (CYP); schools provide a broad and balanced curriculum alongside opportunities for social and emotional development.

2.2 HCC's intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2.3 The provision for children who are medically unfit to attend school will ensure that:

- Pupils make good progress in their education
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum
- Pupils are able to obtain qualifications as appropriate to their age and abilities
- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
- Pupils feel fully part of their school community and are able to stay in contact with classmates

2.4 HCC is committed to providing a recovery-focused model that embraces inclusive principles with a clear focus on an appropriate and timely return to school-based learning.

2.5 Where an Education Centre is accessed to meet need, the child's home school and the Education Centre should collaborate with parents/carers, ISS and all relevant health services to ensure the delivery of effective education for children with additional health needs.

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### 3 Responsibility, Legislation and Guidance

3.1 The moral and legal mandate for schools is to ensure that they are supporting children with medical needs to the best of their ability and that each school has policies and processes in place to ensure this happens. There was a major shift in the legal responsibilities of schools when Section 100 of the Children and Families Act 2014 placed a legal duty on schools, academies and PRUs to make arrangements for supporting pupils with medical conditions at their school.

3.2 Sometimes children or young people become too unwell and are unable to attend school for a significant period of time. At these times the LA can in partnership with the school make suitable arrangements for that CYP's continuing education that takes into account their age, aptitude, ability and SEN needs and their health condition.

3.3 There is an expectation that schools will make reasonable adjustments to meet the need of the child if they are able to attend school with adjustments. There is an expectation that schools will be creative and flexible in meeting needs. It is, however, left to the school's discretion as to how they meet the needs. Schools will need to demonstrate how they are meeting educational need. This includes meeting the needs of pupils who can attend school parttime and intermittently, particularly when there are known medical needs, and these can be planned for. The link below to the Reduced Hours Timetable notification should be used in all cases.

[https://forms.hants.gov.uk/en/AchieveForms/?form\\_uri=sandboxpublish://AF-Process-d54c8557-83ac-45f9-8434-ce762a737759/AF-Stage-fb9effc0-1d95-40de-a4e4d364315df21b/definition.json&redirectlink=/en&cancelRedirectLink=/en](https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandboxpublish://AF-Process-d54c8557-83ac-45f9-8434-ce762a737759/AF-Stage-fb9effc0-1d95-40de-a4e4d364315df21b/definition.json&redirectlink=/en&cancelRedirectLink=/en)

3.4 There is an expectation that most CYP will make a full or partial recovery from their illness. At this point it is important that the CYP's needs for education continue to be appropriately met; most CYP will transition back to full time mainstream education.

3.5 Schools retain the responsibility to provide a suitable education for all its pupils and must be able to make reasonable adjustments according to identified needs. Occasionally a joint package of support may be arranged for the CYP person between the school and HCC through the Inclusion Support Service (ISS). The pupil will remain on the school roll (see 'Intervention' below).

3.6 Education Support for Medical Absence is part of the Inclusion Support Service (ISS) and aims to provide support for Hampshire residents of statutory school age who are temporarily unable to attend their school or programme of support due to the impact of their medical condition.

3.7 Education Support for Medical Absence is underpinned by the following Government documents:

- Children and Families Act, 2014, section 100
- Education Act 1996 (Section 19) • Equality Act 2010
- Statutory Guidance for Local Authorities, January 2013
- Out of School Out of Mind, 2011 • Ofsted Subsidiary Guidance, 2012
- Alternative Provision Statutory Guidance, January 2013
- SEND Code of Practice, January 2015
- Supporting pupils at school with medical conditions, December 2015

This policy has been developed with regard to the above guidance.

## Children with health needs who cannot attend school policy

### 4 Identification

4.1 Most unwell CYP continue to have their need for education appropriately met by their own school. This support can be sensitively arranged between the school, the parents or primary carers, a primary health care provider (most often the GP) and the CYP themselves.

4.2 Before considering a referral to the local authority for advice and guidance a school must satisfy itself that a CYP's absence is due to ill-health and that there are no other factors influencing nonattendance.

4.3 Schools should consider liaison with other agencies that may be in contact with the CYP and/or their family. This could, for example, be children's social care, CAMHS, school nursing service or the GP.

4.4 When ill health persists beyond 15 consecutive or non-consecutive school days the school should make a referral to ISS for advice, guidance and educational provision.

### 5 Role of Hampshire County Council

5.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for HCC is David Harvey, Inclusion Support Service Manager, Dave.harvey@hants.gov.uk

5.2 HCC's SEN Casework team will work with schools to review any changing needs of a child with an Education Health and Care Plan (EHCP), who is unable to attend school because of their medical needs. The EHCP will link the long-term educational needs associated with the child's medical condition to the most appropriate teaching and learning provision.

5.3 ISS provide advice on pupils receiving alternative education provision. This team works closely with colleagues within the local authority, schools and partner agencies to reduce the length of time that children are on reduced timetables, which may be due to their medical needs. This is monitored, and schools are held to account through internal systems.

### 6 Funding and other school responsibilities

6.1 Schools retain the Age Weighted Pupil Unit (AWPU) funding for pupils during the period of Inclusion Support Service provision and will be charged according to the agreed formula based on the daily AWPU rate for educational provision.

6.2 The home school will also be responsible for:

- Driving the agreed action plan for the pupil and informing all relevant parties of any changes
- Providing or loaning specialist resource materials, where possible (such materials to be itemised and returned to the school at the end of the period of ISS provision)
- Making examination arrangements (e.g. GCSE, SATs, etc.)
- Examination entry fees
- Any offsite activity (if appropriate)
- Schools should be consistently seeking an early return to school-based
- learning in line with the premise set out earlier in this document.

## Children with health needs who cannot attend school policy

### 7 Identification of children who need provision

7.1 All referrals, both primary and secondary, to Hampshire County Council will be received via a single point of access (SPA) by the Inclusion support Service (ISS). This ensures (a) that all referrals are treated in an equitable manner (b) that effective monitoring can take place.

7.2 All medical referrals will be made on the HCC medical referral form (see Appendix 1).

7.3 The triage system will take account of:

- Medical evidence, which should be verified in writing by a consultant community pediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS); where this is not possible alternative enquiries should be made to G.P.'s and/or others. This should indicate:
  - o that at the time of writing the CYP is not well enough to attend school
  - o The impact the illness is having on education
  - o The current plans and provision in place to support the CYP's education
  - o The age and stage of the pupil e.g. KS1 – KS4
  - o How the school has made every reasonable adjustment to include the CYP in education and whether there are any reasonable adjustments the school could make to enable the CYP to attend school
  - o Any other available evidence
- Schools should authorise absences due to illness unless they have genuine concern about the veracity of an illness. Where this is the case the Headteacher should contact the single point of Access (SPA) for bespoke advice.
- Where parents are unable to provide evidence, further enquiries should be made to the General Practitioner (GP) or other health professionals or agencies especially around mental health issues.

7.4 Whilst unable to attend their home school it is important that CYP continue to engage in education. The provision offered will take account of age, aptitude and ability alongside other individual characteristics such as social and emotional needs, special educational needs and any disability. It is recognised and accepted that the capacity of the individual CYP to engage in learning may change over time. It is important, therefore, to ensure that the provision is regularly reviewed and that it continues to be both flexible and sensitive to individual need. All provision will maintain a focus on returning the CYP to school-based learning as soon as is reasonably possible.

7.5 Following triage,

- (a) KS3/4 the Education Centre Headteacher will respond to the school with advice and guidance which could include signposting to appropriate services or agencies, strategies for reintegration alongside additional support or intervention from an HCC nominated provider.

(b) for early Years/KS1/2 the ISS triage officer will undertake this role.

7.6 The child's progress will be reviewed regularly, in consultation with the parent/carer, the home school and other relevant services. Reviews may be made more frequently according to need. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

7.7 See Appendix 2 for a flow diagram overview.

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### 8 Intervention: Persistent or long-term illness affecting ability to engage in education

8.1 For KS3/4 the Headteacher of the Education Centre/ISS for Early Years KS1/2 in partnership with the CYP's home school will:

- Undertake a thorough evaluation of all the circumstances affecting the child's ability to engage in learning
- Work closely with the family and all agencies/professionals working with the child and their family
- Initiate a multi-agency Education Planning Meeting (EPM)
- Develop an ongoing education support for medical absence programme including an Individual Health Care Plan (IHCP), see Appendix 3
- Monitor and review the effectiveness of the programme
- Ensure a timely return to school-based education

### 9 Recovery, Reintegration and Partnership Working

9.1 Many children recover and make a positive transition back into school. Depending on the age and stage of the child this may, however, not be the most appropriate course of action e.g. pupils in Y11 who are approaching the end of KS4. In this circumstance it is expected that they would be supported in their onward transition to education, employment or training by the communitybased intervention services.

9.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, HCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.

9.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Inclusion Support Service/Attendance/Hampshire Inspection and Advisory Service (HIAS), educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.

9.4 Schools and Education Centres will make arrangements to reintegrate CYP at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

9.5 Plans for longer term outcomes and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);  
<https://www.gov.uk/government/publications/education-forchildren-with-health-needs-who-cannot-attend-school>

9.6 In all cases the CYP must have an Individual Health Care Plan (see Appendix 3) that can be reviewed and amended as appropriate.

9.7 Both the home school and Education Centre will support CYP to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

### 10 Complaints and Review

10.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's home school in the first instance. Complaints can be made using the corporate complaints procedures. The council will only intervene if it has reason to believe that the education provision is unsuitable or insufficient.  
<https://www.hants.gov.uk/educationandlearning/complaints>



**Children with health needs who cannot attend school policy**

10.2 This policy will be reviewed every two years or in line with any changes made to statutory guidelines.

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Appendix 1 : Referral form

Appendix 2 : Flow diagram

Appendix 3: Individual Health Care Plan

The appendices are shown in the attached document



HCC-Medical-Policy-  
2019.pdf