Oxspring Primary School

Policy Title: Children with Health Needs Who Cannot Attend School

Date of Review: Spring 2024

Review by: Spring 2027

Signed by:

Chair of Governors

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OXSPRING PRIMARY SCHOOL

Children with Health Needs Who Cannot Attend School Policy

A.Introduction

This policy was created after a period of consultation with relevant stakeholders within school. It has been formally adopted by governors and reflects our approach at Oxspring Primary School.

B.Aims and Principles

The policy is underpinned by the central aims of Oxspring Primary and values held by the school community:

C.Aims of the school

- Oxspring is committed to promoting high standards of academic achievement for all learners in all subjects.
- As a school we will continue to develop and instil key life skills and values in our pupils.
- We will encourage positive relationships and communications between home, our community and the wider world.

In particular, Oxspring School has an inclusive approach to our provision. Our aim is always to involve all our children and stakeholders in all areas of the curriculum and school life. In accordance with our **Disability Equality Scheme** we recognise that this may mean making special adaptations or arrangements from time to time for children with specific disabilities. We welcome the involvement of disabled adults in all areas of school life.

D.Background Information

Oxspring Primary School is a caring and open school, where parents, children, staff and the wider school community all know that their views and needs will be listened to, in both education and personal areas.

This policy is based on the DFE document https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school which outlines the role and responsibilities of the Local Authority as follows:

1. LAs are responsible for arranging suitable full-time 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.

4. 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.

Ensuring children have a good education

5. The driving force behind reforms in alternative provision, is that all children, regardless of their personal circumstance or education setting receive a good education. To make this possible, alternative provision should address a pupil’s individual needs whether they be health related, behavioural related, or otherwise through an appropriately tailored approach. This should also include social and emotional needs, for example ensuring that pupils feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers. Alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment,

and allow them to thrive and prosper in the education system. This support framework should work cohesively across organisational boundaries and include a structured understanding and assessment of the needs of a pupil, and appropriate referral and re-integration that focuses on the pupil's interest and appropriate outcomes rather than processes. Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.

6. 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. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

7. Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

8. The use of electronic media – such as 'virtual classrooms', learning platforms and so on – can provide access to a broader curriculum, but this should generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child's health needs may make it advisable to use only virtual education for a time).

9. LAs should maintain good links with all schools in their area and put in place systems to promote co-operation between them when children cannot attend school because of ill health. Schools can do a lot to support the education of children with health needs and the sharing of information between schools, health services and LAs is important. Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully. Parents also have a vital role to play, and LAs should encourage schools to have a publicly accessible policy that sets out how schools will support children with health needs; it is also helpful if schools have a named person who can be contacted by the LA and by parents.

10. LAs should ensure that teachers who provide education for children with health needs receive suitable training and support and are kept aware of curriculum developments. They should also be given suitable information relating to a child's health condition, and the possible effect the condition and/or medication taken has on the child.

11. Some complex and/or long-term health issues may be considered disabilities under equality legislation. 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 reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to Pupil Referral Unit (PRU) premises and their curriculum.

Identification and intervention

12. Where they have identified that alternative provision is required, LAs should ensure that it is arranged as quickly as possible and that it appropriately meets the needs of the child. In order to better understand the needs of the child, and therefore choose the most appropriate provision, LAs should work closely with medical professionals and the child's family, and consider the medical evidence. 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.

13. Once parents have provided evidence from a consultant, LAs should not unnecessarily demand continuing evidence from the consultant without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient. In cases where a LA believes that a consultant's on-going opinion is absolutely necessary, they should give parents sufficient time to contact the consultant to obtain the evidence.

14. The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. Schools would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. 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.

15. There is no absolute legal deadline by which LAs must have started to provide education for children with additional health needs (unlike for excluded children, where provision must begin by the sixth day of the exclusion). LAs should, however, arrange provision as soon as it is clear that an absence will last more than 15 days and it should do so at the latest by the sixth day of the absence, aiming to do so by the first day of absence. Where an absence is planned, for example for a stay or recurrent stays in hospital, LAs should make arrangements in advance to allow provision to begin from day one.

16. With planned hospital admissions, LAs should give the teacher who will be teaching the child as much forewarning as possible, including the likely admission date and expected length of stay. This allows them to liaise with the child's school and, where applicable, with the LA about the programme to be followed while the child is in hospital. LAs should set up a personal education plan, which should ensure that the child's school, the LA and the hospital school or other provider can work together.

17. LAs should have regard to any medical advice given by the hospital when they discharge a child, as to how much education will be appropriate for them after discharge, when they might be ready to return to school and whether they should initially return to school on a part-time basis only. 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.

Long-term medical conditions – provision at home or hospital

18. Where children have complex or long-term health issues, the pattern of illness can be unpredictable. LAs should discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this. LAs should make provision available as soon as the child is able to benefit from it.

19. Where a child has been in hospital for a longer period and returns home, if appropriate, the LA should aim to provide education at home or otherwise as quickly as possible. The child's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

Working together – with parents, children, health services and schools

20. The LA and/or the provider delivering the education should consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach. In the case of a looked after child, the LA is responsible for safeguarding the child's welfare and education. Both the LA and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged. Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.

21. In all cases, effective collaboration between all relevant services (LAs, CAMHS, NHS, schools and, where relevant, school nurses) is essential to delivering effective education for children with additional health needs. Service level agreements and/or multi-agency forums may aid this process. This applies whether the child is in hospital or at home. When a child is in hospital, liaison between hospital teaching staff, the LA's alternative provision/home tuition service and the child's school can ensure continuity of provision and consistency of curriculum. It can ensure that the school can make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

22. Local authorities should be aware that under the Education (Pupil Registration) England Regulations 20068, a school can only remove a pupil who is unable to attend school because of additional health needs where:

a) the pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and;

b) 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.

23. A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education. Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

Reintegration

24. 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. As far as possible, the child should be able to access the curriculum and materials that he or she would have used in school. The LA should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.

25. 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 legislation10 schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

26. 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.

Public examinations

27. Efficient and effective liaison is important when children with health needs are approaching public examinations. The hospital school, PRU or home tuition teachers should be able to arrange a suitable focus on the child's education at this stage in order to minimise the impact of the time lost while the child is unable to attend school.

28. Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The LA (or the school where applicable) should submit applications for special arrangements to awarding bodies as early as possible. Those providing education to a child out of school should provide advice and information to the school to assist it with such applications.

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Provision for siblings

29. 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.