



# Children with Health Needs who Cannot Attend School

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## Key Document Details

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Version	Date	Page document	Change	Origin of change e.g. Change in legislation, Policy review.
1.0	July 2025	All	Improved layout to support printing and rebranded.	
2.0	September 2025	All	Re write	

## Summary

This policy outlines how The White Horse Federation (TWHF) ensures that children with health needs who cannot attend school receive suitable education. It clarifies statutory duties, roles and responsibilities, referral processes, and reintegration support. The policy also sets out good practice recommendations to strengthen provision across all schools.

## Section 1 – Introduction

### 1.1 Statement

TWHF is committed to ensuring that every child who cannot attend school due to health needs continues to access high-quality education and remains connected with their school community. We work in partnership with Local Authorities (LAs), healthcare professionals, and families to minimise disruption and ensure smooth reintegration into school as soon as the child is well enough.

### 1.2 Aims

This policy aims to:

- Fulfil the school's statutory duty to arrange suitable education for children who cannot attend school due to health needs.
- Ensure children, staff, and parents/carers understand the school's responsibilities and the process for accessing support.
- Promote early identification, timely referral, and clear communication to minimise disruption to education.
- Place pupil and family voice at the centre of planning and provision.

### 1.3 Definition

Children who are unable to attend school because of their medical needs may include those with:

- Short-term illnesses

- Long-term or chronic medical conditions
- Physical health issues or injuries
- Mental health needs (e.g., anxiety, depression)
- Emotional or behavioural difficulties, including school refusal
- Progressive conditions or terminal illness

Such children may receive education through:

- **Hospital Schools** – where education is provided during treatment.
- **Home Tuition** – arranged by the LA or school for children unable to attend school.
- **Medical PRUs** – specialist LA provisions for children with significant health needs.

#### 1.4 Legislation and guidance

This policy reflects the requirements of the following:

- **Education Act 1996 (Section 19)** – duty for LAs to arrange suitable full-time education.
- **Equality Act 2010** – requirement to make reasonable adjustments.
- **Data Protection Act 2018** – safeguarding personal data when sharing information.
- **DfE Guidance (2013)** – Ensuring a good education for children who cannot attend school because of health needs.
- **DfE Guidance (2015)** – Supporting pupils at school with medical conditions.

## Section 2 – Roles and responsibilities

There are many situations in which a child has a health need but can still receive suitable education without direct intervention from the Local Authority. Examples include cases where the child can attend school with additional support, where the school provides suitable education outside of the usual school setting, or where the child is educated in a hospital through an on-site hospital school. The Local Authority would only become involved in such arrangements if there were concerns that the education being provided was not suitable, or, while otherwise suitable, was not full-time or did not provide the number of hours the child could reasonably benefit from without adversely affecting their health. This may apply, for instance, when a child can attend school only intermittently.

Local Authorities are responsible for ensuring suitable full-time education for pupils who, due to illness or other reasons, would not otherwise receive appropriate education. This means that if a child cannot attend school because of health problems, confirmed by a qualified professional, and would otherwise miss out on suitable full-time education, the Local Authority must make arrangements to provide it.

The law does not provide a strict definition of full-time education. However, children with health needs should receive provision equivalent to what they would have at school. Where full-time education would not be in a child's best interests due to physical or mental health considerations, Local Authorities should provide part-time education tailored to the child's needs and wellbeing.

### 2.1 School

Schools are the first point of contact and must:

- Monitor attendance and flag health-related absence at 5, 10, and 15 days.
- Attempt to provide in-school or remote education where possible.
- Refer to the LA promptly once 15 days of absence are anticipated or reached (consecutive or cumulative).
- Keep accurate records of communications, referrals, and reintegration planning.
- Provide work in accessible formats and monitor engagement.
- Maintain regular contact with pupils through newsletters, digital platforms, and invitations to school events.
- Co-develop an individually tailored reintegration plan with parents, pupils, the LA, and healthcare professionals

## 2.2 Local Authority

If schools cannot make suitable arrangements, LAs are responsible for arranging education for children of compulsory school age who cannot attend due to health reasons. Referrals should be made where:

- Arrange suitable education for children unable to attend due to health needs.
- Ensure provision is equivalent to that received in school, unless medically limited.
- Act promptly on referrals supported by senior medical evidence (GP referral alone is insufficient).
- Work with schools, families, and professionals to ensure continuity and support reintegration.

In such cases, schools must:

- Share information with the LA and relevant professionals
- Work collaboratively to ensure provision and support examination arrangements
- Support reintegration by providing curriculum continuity and reasonable adjustments (e.g., rest areas, flexible timetables, access to online learning)

## 2.3 Training

- Staff will receive timely training, with input from healthcare professionals.
- Training will cover physical health needs, mental health conditions, and trauma-informed practice.
- Training needs will be reviewed annually, and refresher modules will be mandatory every two years

## Section 3 – Monitoring and Accountability

- This policy will be reviewed annually and approved by the Board of Trustees.
- A trust-wide log of pupils with health needs will be maintained and reviewed termly by senior leaders and governors.
- Governors will receive anonymised reports on cases, provision, reintegration rates, and outcomes.
- Success measures will include improved attendance, reintegration success, and pupil/parent feedback.

## Section 4 - Reintegration Planning

- Each child will have a personalised reintegration plan.
- Plans will include:
  - Step-by-step phased return (e.g., reduced timetable, staged increases)
  - Reasonable adjustments (rest breaks, safe spaces, flexible timetables)
  - Pupil and parent input
  - Clear review dates
- Reintegration will be gradual where needed, with ongoing monitoring of wellbeing and progress.

## Section 5 – Links to other policies

This policy works alongside the following school policies:

- Accessibility Plan
- Supporting Pupils with Medical Conditions Policy
- Attendance Policy
- Safeguarding and Child Protection Policy
- SEND Policy

Local authorities have policies and procedures linked to this policy. Schools and families are advised to contact their own responsible LA for further details.

## Section 6 - Good Practice Recommendations

To strengthen implementation, TWHF recommends:

- Early Flagging: Internal review at 10 days' absence.
- Clear Communication: Provide families with written guidance on processes and contacts.
- Regular Case Reviews: Fortnightly review meetings for ongoing cases.
- Pupil and Parent Voice: Include children and families in planning and decision-making.
- Mental Health Support: Staff trained in trauma-informed practice; strong links with CAMHS, Educational Psychologists, and local services.
- Flexible Reintegration: Use reduced timetables, online learning, and wellbeing support where needed.
- Central Oversight: Maintain trust-wide oversight of provision and outcomes.
- Case Studies: Share anonymised examples of good practice across schools.