



Pupils with Additional Health Needs

Attendance Policy

2021 / 2022

Signed by:

Michelle Murray, Executive Principal / CEO

Date: 22/09/2021

Signed by:

Helen White, Chair of Trustees

Date: 22/09/2021

Revision History

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1.0 Aims

The Education Learning Trust aims to support the LA and ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential.

Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough.

We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

1.1 Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Education Act 1996
- Equality Act 2010
- Data Protection Act 2018
- DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs'
- DfE (2015) 'Supporting pupils at school with medical conditions'

1.2 Related Policies

This policy operates in conjunction with the following Trust and school policies:

- Attendance Policy
- Safeguarding and Child Protection Policy
- Children Missing Education Policy
- Confidentiality Policy
- Data Protection Policy
- Records Management Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Medical Conditions and First aid in School Policy

1.3 LA duties

The LA must arrange suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. The school has a duty to support the LA in doing so.

The LA should:

- Provide such education as soon as it is clear that a pupil will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the pupil.
- Ensure the education pupils receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual pupils in arranging provision.
- Have a named officer responsible for the education of children with additional health needs and ensure parents know who this is.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duties towards children with additional health needs. The policy should make clear links with related services e.g. Education Welfare.

The LA should not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.
- Withhold or reduce the provision, or type of provision, for a child because of how much it will cost.
- Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

1.4 Definitions

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.

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.

1.5 Roles and responsibilities

The Trust's school governing boards are responsible for:

- Ensuring arrangements for pupils who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- Ensuring the termly review of the arrangements made for pupils who cannot attend school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of pupils are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
- Ensuring staff with responsibility for supporting pupils with health needs are appropriately trained.
- Approving and reviewing this policy on an annual basis.
- The headteacher is responsible for:
 - Working with the school governing board to ensure compliance with the relevant statutory duties when supporting pupils with health needs.
 - Working collaboratively with parents and other professionals to develop arrangements to meet the best interests of children.
 - Ensuring the arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.

Appointing a named member of staff who is responsible for pupils with healthcare needs and liaises with parents, pupils, the LA, key workers and others involved in the pupil's care

- Ensuring the support put in place focusses on and meets the needs of individual pupils.
- Arranging appropriate training for staff with responsibility for supporting pupils with health needs.
- Providing teachers who support pupils with health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.
- Notifying the LA when a pupil is likely to be away from the school for a significant period of time due to their health needs.

The school named members of staff is Sara Burke / Megan Rothwell / Tracey Hall. They are responsible for:

- Dealing with pupils who are unable to attend school because of medical needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying pupils' education providers with information about the child's capabilities, progress and outcomes.
- Liaising with the headteacher, education providers and parents to determine pupils' programmes of study whilst they are absent from school.
- Keeping pupils informed about school events and encouraging communication with their peers.
- Providing a link between pupils and their parents, and the LA.

Teachers and support staff are responsible for:

- Understanding confidentiality in respect of pupils' health needs.
- Designing lessons and activities in a way that allows those with health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting pupils with health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency.
- Keeping parents informed of how their child's health needs are affecting them whilst in the school.

Parents are expected to:

- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child.
- Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's medical needs.
- Attend meetings to discuss how support for their child should be planned.

1.6 Identification and intervention

- 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.
 - 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.
 - 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.
 - 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.
 - 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.
- 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.

1.7 Managing absences

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

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

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.

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.

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 medical 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.

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.

1.8 Support for pupils

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.

The school will make reasonable adjustments under pupils' individual healthcare plans (IHCPs), in accordance with the Medical Conditions and First aid in School Policy.

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

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.

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:

- Parentmail/Parentmail
- Website information
- Emails
- Invitations to school events
- Cards or letters from peers and staff

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

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 where appropriate
- 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

1.9 Reintegration

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

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.

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

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.

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.

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.

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.

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.

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

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

1.10 Information sharing

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

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

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 photocopier & medical room.

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.

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.

1.11 Record keeping

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

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

All records will be maintained in line with the Records Management Policy.

1.12 Training

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

Once a pupil's return date has been confirmed, staff will be provided with relevant training as soon as practicable before the pupil's anticipated return.

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

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

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

1.13 Examinations and assessments

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate.

Relevant assessment information will be provided to the alternative provision provider if required.

Awarding bodies may make special arrangements for pupils with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as early as possible.

1.14 Monitoring and review

This document will be reviewed annually.

Any changes to the policy will be clearly communicated to all members of staff involved in supporting pupils with additional health needs, and to parents and pupils themselves.

The governing board reviews this policy annually. The governors may, however, review the policy earlier than this if the government introduces new regulations, or if the governing board receives recommendations on how the policy might be improved.