

BURTON MANOR PRIMARY SCHOOL

ATTENDANCE OF PUPILS WITH ADDITIONAL HEALTH NEED POLICY



Developed: Autumn 2019

Next review: Autumn 2020

Statement of intent

Burton Manor Primary School 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, enabling 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.

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'

This policy operates in conjunction with the following school policies:

- Attendance Policy
- Child Protection and Safeguarding Policy
- Confidentiality Policy
- Data Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Pupils with Medical Conditions Policy

LA duties (See Appendix 1-LA Protocol & Good Practice Guidance)

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.
- Give clear policies on the provision of education for children and young people under and over compulsory school age.

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).

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.

Roles and responsibilities

The governing body is 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 a bi- annual basis.

The headteacher is responsible for:

- Working with the 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.
- Working with named members of staff who are 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.
- Providing reports to the governing board on the effectiveness of the arrangements in place to meet the health needs of pupils, as they arise.
- 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 named members of staff are Mrs T Jackson (Headteacher) Mrs R Fisher (SENCO) and Mrs A Carson (Attendance Manager). 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 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.

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.
- Parents have decided to home school the pupil due to their health needs.

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.

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, 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 Supporting Pupils with Medical Conditions 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:

- School newsletters (via the website)
- 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, including Nurture
- Online access to curriculum resources from home
- Movement of lessons to more accessible rooms
- Places to rest at school

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.

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, LSAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via information provided in the staffroom.

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.

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 school's Records Management Policy, following GDPR guidelines.

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 one week 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.

Examinations and assessments

The named members 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.

Monitoring and review

This policy will be reviewed by the governing board on an annual basis.

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.

Protocol for Children who are missing Education due to health/medical needs (Appendix 1)

Roles and Responsibilities

1. Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

2. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. Section 100 came into force on 1 September 2014.

3. The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

4. Key points:

a. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.

b. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.

c. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

5. This protocol should be read in conjunction with the following document: [Ensuring a good education for children who cannot attend school because of health needs, statutory guidance for local authorities, published in January 2013.](#)

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

6. Local authorities are responsible for arranging suitable full-time education otherwise than at school for children who cannot attend school because of illness or other reasons and who therefore 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.

7. 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.

8. 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.

9. Local authorities must:

a. Arrange suitable full-time 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.

10. Local authorities should:

a. 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 cumulative¹. They should liaise with appropriate medical professionals² to ensure minimal delay in arranging appropriate provision³ for the child.

b. Ensure that the education children receive is of good quality, as defined in the DfE's statutory guidance Alternative Provision (2013)⁴, 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.

c. 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 Over the course of one academic year and is attributable to one illness or condition

2 Medical professionals include – School nurses, GP, consultant, CAHMS, PDSS,

3 Full time or as full-time as the CYP's condition allows and suitable for their age ability, aptitude and any SEND they may have

4https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268940/alternative_provision_statutory_guidance_pdf_version.pdf

11. Local authorities should not:

a. Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child's needs and providing a good education must be the determining factors).

b. 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.

c. 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).

Primary and Secondary Aged Pupils

12. The PRU Headteachers can support and facilitate schools by providing specialist knowledge and understanding of how a school can support and maintain the learners' pathways in education.

13. The school leads the process however a PRU on request can contribute to this process through:

a. Attendance at meetings between professionals, students and parents/carers.

b. Supporting the Leadership Teams of the schools as they then undertake future meetings, inter link with external professionals etc.

c. Researching and gathering relevant information, suitable interventions and learning pathways for the school to deliver and the student to access.

- d. Supporting any transition from one setting to another setting; the increase in learning opportunities and hours; and moving forward with a clear Individual Learning Plan.
- e. Participating and reviewing the progress on a regular basis with clearly defined outcomes and new expectations of future action planning with a clear strategic overview.

14. We recommend that schools initiate an Early Help Assessment⁵ (EHA). The outcome of the EHA may require support and advice from Local Support Teams and Health professionals. This in turn will then inform an accurate and agreed personalised care plan⁶. Support may be offered by the School Nurse, PDSS, GP, CAMHS or other medical professional. Please be mindful that parental consent and knowledge is vital and that the views of the young person should also be taken into account.

15. Both the school and the local authority must consider what reasonable adjustments need to be made in order to ensure that CYP are not disadvantaged in their access to education, as well as ensuring that they are not directly or indirectly discriminated against. Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies and management committees must comply with their duties under that Act. Therefore, although the CYP's needs may principally be medical, they may have special educational needs as well, because the medical issues mean that their ability to access education has been profoundly affected. This may be to the extent that, despite their intellectual abilities, they are unable to access education at the same rate as before and therefore need to realistically take a lot longer to complete courses of study, and that may require an EHCP⁷. The EHCP will ensure that this support is protected for them and they remain able to access their education provision.

16. LAs are mindful of CYP with medical conditions which mean they cannot attend schools for periods of time and therefore impact upon a school's published national attendance figures. However, schools could in parallel present attendance figures which are calculated excluding CYP with medical conditions and then present case studies to Governing bodies, management committees or Ofsted in support.

17. Schools and academies may refer a primary or secondary aged pupil to their District Inclusion Partnership [DIP] where additional support is required eg financial support over and above the pupil's age weighted pupil unit (AWPU) and if relevant the notional SEND budget.

18. Staffordshire County Council commissions Entrust to support the eight DIPs in administering funds directly allocated to meet CYP needs. With the support of the pupil's schools' pastoral provision and local agencies, the pupil can be expected to attend school on a more regular basis, remaining on the roll of the pupil's school. If provision for education is deemed appropriate at home, there would need to be a clear phased reintegration plan of when the pupil is able to transition back to full time education within their school.

19. When a pupil is on a reduced timetable with a reintegration plan in place, periods in which the pupil is receiving approved supervised education can be marked on the register with the code "B". All other periods of absence should be marked either with the "I" or "C" code.

20. The guidance states that under the Education (Pupil Registration) (England) Regulations 2006, a school can only remove a pupil who is unable to attend the school due to health needs from the roll 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

*If a medical officer is not in place then the certification must be provided by a qualified medical specialist with knowledge and experience of the conditions affecting the child, and who is not involved directly in treating or caring for the child in question. S/he must provide written information to state clearly that the child will not be well enough to return to school before ceasing to be of compulsory school age

21. 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 local authority (LA) has become responsible for the child's education as a result of the pupil being absent from school for 15 or more days. 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.

22. The key aspect here is the involvement of a "school medical officer". Advice from the DfE has stated that "... *the school medical officer is a medical officer employed by the LA. All schools, including academies, will have access to the LA medical officer*". If a medical officer is not in place then the certification must be provided by a qualified medical specialist with knowledge and experience of the conditions affecting the child, and who is not involved directly in treating or caring for the child in question. S/he must provide written information to state clearly that the child will not be well enough to return to school before ceasing to be of compulsory school age.

23. When the school has gathered the evidence as explained in paragraph 20 above this must be forwarded to the local authority in order to be presented by the LA to the school medical officer. The outcome of which will then be communicated to the school, only at this point can a pupil be removed from the school roll.

24. Whenever a pupil is removed from the roll of a school, there must be a named school as agreed through the DIP process to re-admit them if their medical circumstances improve to the extent that they are able to access school-based education. The only time this will not be the case is when a pupil or their parent(s)/ carer(s), at the end of Y11, indicates no desire to remain at the school for post-16 education. In this situation a provider of post 16 education or training should be named as the desired destination. It must be understood by all parties that this will be dependent on the health of the pupil.

WEBSITE LINKS

- <https://www.gov.uk/guidance/equality-act-2010-guidance>
- <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

RELEVANT READING LIST

1. SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS; DfE Published September 2014 and Updated December 2015; Ref DfE-00393-2014; <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
2. ENSURING A GOOD EDUCATION FOR CHILDREN WHO CANNOT ATTEND SCHOOL BECAUSE OF HEALTH NEEDS; DfE January 2013 (Published May 2013); Ref: DfE-00307-2013; <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
3. KEEPING CHILDREN SAFE IN EDUCATION: DfE July 2015; Ref DfE-00129-2015; <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>
4. ALTERNATIVE PROVISION; DfE January 2013; Ref DfE-300-2013 <https://www.gov.uk/government/publications/alternative-provision>

In each of these DfE documents there is STATUTORY guidance and NON-STATUTORY advice. It is essential that all professionals are clear about these terms and the implications.

