



Children with Additional Health Needs Attendance Policy

November 2024

Review by November 2025

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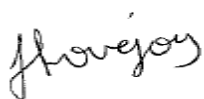
Statement of intent

Abbots Farm Infant School aims to support the Local Authority (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, children should receive their education within their school and the aim of the provision will be to reintegrate children back into school as soon as they are well enough.

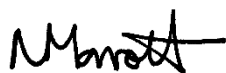
We understand that we have a continuing role in a child's education whilst they are not attending the school and will work with the LA, healthcare partners and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with our school and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

Signed by:



Headteacher

Date: 26/11/24



Chair of governors

Date: 26/11/24

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
- The UK General Data Protection Regulation (UK GDPR)
- 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'
- DfE (2022) 'Working together to improve school attendance'
- DfE (2024) 'Keeping children safe in education'
- DfE (2023) 'Arranging education for children who cannot attend school because of health needs'

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

- Administering Medication Policy
- Attendance and Punctuality Policy
- Data Protection Policy
- Data Retention Policy
- Child Confidentiality Policy
- Remote Education Plan
- Safeguarding and Child Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Children with Medical Conditions Policy

2. Local Authority (LA) duties

For the purpose of this policy, the LA's duties when children are unable to attend school due to health needs are outlined below. These duties have been included so as to differentiate the responsibilities that lie with the school and those that will be carried out by the LA. The school is not responsible for ensuring that the LA meets its responsibilities – the school's responsibilities are outlined in the ['Roles and responsibilities'](#) section of this policy.

The LA will be 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. The school will fulfil its duty to effectively collaborate and communicate with the LA as required.

In line with statutory guidance, the LA should:

- Provide such education as soon as it is clear that a child will be away from school for 15 days or more, whether consecutively or cumulatively. They should liaise with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure the education children 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 children in arranging provision.
- Have a named officer responsible for the education of children with additional health needs and ensure parents/ carers know who this is.

- Review the provision offered regularly to ensure that it continues to be appropriate for each child and that it provides suitable education.
- Give clear policies on the provision of education for children and young people under and over compulsory school age.
- Maintain good links with the schools in its area and put systems in place to promote co-operation between them when children cannot attend due to ill health.

To comply with statutory guidance, 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).

3. 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 children on occasions where children 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.

For the purpose of this policy, “**school-based support**” in relation to supporting children with additional health needs may include:

- Day-to-day support offered at school where the child is able to attend as normal.
- Support given to children who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative.
- Any educational or extra-curricular provision as requested by the LA as part of its arrangements for children who cannot attend school full-time, e.g. where the child attends school part-time as an arranged part of their full-time education provision.
- As part of their reintegration into normal school attendance following a period of absence or part-time attendance due to health needs.

“LA-arranged education,” for the purpose of this policy, is defined as education provision arranged by the LA where the child cannot attend school full time due to medical reasons for a period of 15 school days or more, whether consecutive or cumulative.

4. Roles and responsibilities

The governing body is responsible for:

- Ensuring there is a schedule of regular updates on the arrangements made for children who cannot attend the school due to their medical needs.
- Ensuring the roles and responsibilities of those involved in any school-based arrangements to support the needs of children are clear and understood by all
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents where a child with health needs is able to, or partially able to, attend school and/or extra-curricular activities.
- Ensuring a suitable member of staff is assigned responsibility for the education of children with additional health needs to be a point of contact for the LA and parents.
- Ensuring staff with responsibility for supporting children with additional health needs are appropriately trained.
- Reviewing and approving this policy on an **annual** basis.

The headteacher is responsible for:

- Working with the governing body to ensure compliance with the relevant statutory duties when supporting children with additional health needs.
- Working collaboratively with the LA, parents/ carers and other professionals to develop any school-based arrangements to meet the needs of children.
- Ensuring any school-based arrangements put in place to meet children’ health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for children with additional health needs and liaises with parents/ carers, children, the LA, key workers and others involved in the child’s care.
- Ensuring any school-based support put in place focusses on and meets the needs of individual children.
- Arranging appropriate training for staff with responsibility for supporting children with additional health needs.
- Providing teachers who support children with additional health needs with suitable information relating to a child’s health condition and the possible effect the condition and/or medication taken has on the child.
- Providing **annual** reports to the governing body on the effectiveness of any school-based arrangements in place to meet the needs of children of children who cannot attend school due to health needs.
- Notifying the LA when a child is likely to be away from the school for 15 days or more due to their health needs.

The Special Educational Needs Coordinator (SENCo) is responsible for:

- The management of any children registered at the school who are unable to fully attend school because of their health needs.
- Actively monitoring child progress and reintegration into school.
- Supplying any LA-arranged education providers with information about children’ capabilities, progress and outcomes.

- Liaising with the headteacher, LA-arranged education providers, and parents/ carers to help determine children's programmes of study whilst they are absent from school.
- Keeping children who are being educated by LA-arranged education providers informed about school events and encouraging communication with their peers.
- Providing a link between children and their parents/ carers, the school, and LA.
- Updating the school's accessibility plan, SEND policy and the school's local offer annually.

Teachers and support staff are responsible for:

- Understanding confidentiality in respect of children's health needs.
- Designing school-based activities, including lessons, in a way that allows children with additional health needs to participate fully and ensuring children are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in any school-based support for children with additional health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their children through the appropriate and lawful sharing of individual children'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/ carers informed of how their child's health needs are affecting them whilst in school-based education.

Parents/ carers are expected to:

- Ensure, where school-based provision is in place, the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school, LA and any LA-arranged provision to ensure the best possible outcomes for their child.
- Notify the school, or the relevant education provider, 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 any school-based support, including reintegration, for their child should be planned.

5. Managing absence

Parents/ carers are required 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 children who are absent from school because of illness for a period of less than 15 school days, whether consecutive or cumulative, by liaising with the child's parents/ carers to arrange schoolwork, as soon as the child 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 child, their parents/ carers 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 member of staff with responsibility for children with additional health needs will notify the LA, who will take responsibility for the child 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 child's absence.

For planned hospital admissions, the appointed named member of staff will liaise with the Flex Team or Warwickshire Attendance Service and the hospital education provider as early as possible to discuss the likely admission date and expected length. Plans will be made, where possible, for the educational programme to be followed while the child is in hospital.

The LA will set up a Personal Education Plan (PEP) for the child which will allow the school, the LA and the provider of the child's education to work together.

The school will monitor child attendance and mark registers to ensure it is clear whether a child is, or should be, receiving education other than at school.

A child unable to attend school because of their health needs will not be removed from the school register without parental consent and certification from a relevant health professional, even if the LA has become responsible for the child's education.

The school will provide to the LA, at agreed intervals, the full name and address of any children who are not attending school regularly, including if this is due to any additional health needs.

6. Support for children

Where a child has a complex or long-term health issue, the school will discuss the child's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the child.

Children with continuing health needs will have an Individual Health Plan (IHP) which is subject to regular review and assessment. Where a child's needs amount to ongoing SEND, consideration for an Education Health Care Needs Assessment (EHCNA) may be more appropriate to meet their long-term needs. Where a child has an EHC plan and an IHP, both plans will be reviewed alongside each other.

Medical evidence will be used where available to best understand a child's needs and identify the most suitable provision. Where specific medical evidence is not readily available, the school will consider liaising with other medical practitioners and other sources of evidence to ensure appropriate provision can be arranged as soon as possible.

The LA expects the school to support children with additional health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to children's programmes of study where medical evidence support the need for those adjustments.

The school will make reasonable adjustments under children's IHPs, in accordance with the Supporting Children with Medical Conditions Policy.

Children 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 child's education to establish and maintain regular communication and effective outcomes.

The use of digital resources will be considered to support learning and complement face-to-face education, where appropriate. Digital resources will only be used in accordance with the child's needs. Staff will follow procedures set out in the Remote Education Plan.

Whilst a child is away from school, the school will work with the LA to ensure the child can successfully remain in touch with their school using the following methods:

- School newsletters
- Emails
- Invitations to school events
- Cards or letters from peers and staff
- Class Dojo

Where appropriate, the school will provide the child's education provider with relevant information, curriculum materials and resources. The school will strive to achieve effective collaboration between relevant services to ensure continuity of provision and consistency of curriculum.

Provision for children will support their individual needs to overcome barriers to attainment and achievement, giving equal consideration to their pastoral needs to allow them to prosper in the education system. Consideration will be given to the child's personal, social and emotional needs to allow them to feel fully included in the school community, maintain contacts with classmates and have access to the same opportunities.

To help ensure a child 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
- Online access to the curriculum from home
- Special arrangements to manage anxiety or fatigue

The school will ensure that children are involved in decision-making as much as possible, in accordance with the child's age and maturity, to help ensure that the right provision is offered and encourage their commitment and engagement.

Alongside the LA, the provision offered to a child will be regularly reviewed by the school to ensure it continues to be appropriate for the child's needs and that suitable education is being provided. The review process will seek input from:

- The child.
- Parents.
- Relevant agencies and medical practitioners, where possible.
- The LA SEND team, where the child has an EHC plan.

7. Reintegration

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

During a lengthy absence, a reintegration plan will be developed near to the likely date of return to avoid putting unsuitable pressure on an ill child in the early stages of their absence.

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 child's reintegration plan and informed of the timeline of the plan by the SENCo, to ensure they can prepare to offer any appropriate support to the child.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the child.

For longer absences, the reintegration plan will be developed near to the child's likely date of return, to avoid putting unnecessary pressure on an ill child or their parents/ carers in the early stages of their absence.

The school is aware that some children will need gradual reintegration over a long period of time and will always consult with the child, their parents/ carers 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 SENCo and the named member of staff who has responsibility for the child.
- 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 children and staff to be positive and proactive during the reintegration period.

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

8. Information sharing

It is essential that all information about children with additional health needs is kept up to date.

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

Parents/ carers 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 child and their parents/ carers with a copy of the policy on information sharing.
- Ask parents/ carers 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 children with additional health needs.

When a child 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.

9. Record keeping

In accordance with the Supporting Children with Medical Conditions Policy, written records will be kept of all medicines administered to children.

Proper record keeping will protect both staff and children and provide evidence that agreed procedures have been followed.

All records will be maintained in line with the Data Retention Policy.

10. Training

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 children with additional health needs.

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

Once a child's return date has been confirmed, staff will be provided with relevant training at least **one week** before the child's anticipated return.

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

11. Assessments

The SENCo will liaise with the alternative provision provider over planning and assessment requirements where appropriate.

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

Special arrangements for children with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses, may be made for phonics screening and SATs. Arrangements will be discussed with the LA as early as possible.

12. Monitoring and review

This policy will be reviewed by the headteacher and governing body on an **annual** basis.

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

The next scheduled review date for this policy is **November 2025**.