



THE CONSORTIUM  
ACADEMY TRUST

Shaping Positive Futures

# Learners with Additional Health Needs Attendance Policy

The Consortium Academy Trust (TCAT)  
An Exempt Charity Limited by Guarantee  
Company Number 07665828

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*\*NB – This document can only be considered valid when viewed on The Consortium Academy Trust website.  
If the copy is printed or downloaded and saved elsewhere the Policy date should be cross referenced to  
ensure the current document is referenced*

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## **1. Introduction**

Each of our schools aim to support the Local Authority (LA) and ensure that all young people who are unable to attend any 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. This will enable them to continue to engage in learning and the personal development opportunities offered by the wider school experience.

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

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

## **2. Legal framework**

2.1 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 young people at school with medical conditions'

2.2 This policy operates in conjunction with the following policies:

- Attendance Policy
- Child Protection and Safeguarding Policy
- Children Missing Education Policy
- Data Protection Policy
- Records Management Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Learners with Medical Conditions Policy
- Teaching and Learning Policy
- Sixth Form Admissions Protocols

## **3. Local Authority duties**

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

3.2 The LA should:

- provide such education as soon as it is clear that a child or young person will be away from the 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 young person.

- ensure the education provided is of good quality, allows appropriate qualifications to be taken, prevents them from falling behind their peers, and allows them to reintegrate successfully back into the school as soon as possible.
- address the needs of individual in arranging appropriate provision.
- have a named officer responsible for the education of children and young people 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 and young people 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 education age.

### 3.3 The LA should not:

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

## 4. Definitions

4.1 Children who are unable to attend the school as a result of their medical needs may include those with diagnosed:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues and other emotional difficulties
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

4.2 Young people who are unable to attend mainstream education for health reasons may attend any of the following:

- **Hospital Education:** a special provision 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 the school and children and young people on occasions where they are too ill to attend the school and are receiving specialist medical treatment.
- **Medical PRUs:** these are LA establishments that provide education for children unable to attend their registered mainstream school due to their medical needs.

## 5. Roles and responsibilities

### 5.1 The **Local Governing Body** is responsible for:

- ensuring arrangements for children and young people who cannot attend the school as a result of their medical needs are in place and are effectively implemented.
- ensuring the termly review of the arrangements made for young people who cannot attend the school due to their medical needs takes place and a school contribution is made
- ensuring the roles and responsibilities of those involved in the arrangements to support the needs of children and young people 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 when children and young people return to the school following periods of long-term absence
- ensuring staff with responsibility for supporting young people with health needs are appropriately trained.

### 5.2 The **Headteacher** is responsible for:

- working with the Local Governing Body to ensure compliance with the relevant statutory duties when supporting children and young people with health needs.
- working collaboratively with parents and other professionals to develop arrangements to meet the best interests of children and young people
- ensuring the arrangements put in place to meet young people's health needs are fully understood by all those involved and acted upon.
- appointing a named member of staff who is responsible for young people with healthcare needs who liaises with parents, young people, the LA, key workers and others involved in the young person's care.
- ensuring the support put in place focuses on and meets the needs of the individual learner.
- arranging appropriate training for staff with responsibility for supporting children and young people with health needs.
- providing teachers who support children and young people with health needs with suitable information relating to specific health condition(s) and the possible effect the condition(s) and/or medication(s) taken has.
- providing annual reports to the Local Governing Body on the effectiveness of the arrangements in place to meet the health needs of young people.
- notifying the LA when a young person is likely to be away from the school for a significant period of time due to their health needs.

### 5.3 The named member of staff is the **Designated Safeguarding Lead**. They are responsible for:

- dealing with young people who are unable to attend the school because of medical needs.
- actively monitoring progress and reintegration (which may be on a phased basis) into the school.
- supplying education providers with information about the learners' capabilities, progress and outcomes.
- liaising with Curriculum Links, education providers and parents to determine appropriate programmes of study whilst they are absent from the school.
- keeping young people informed about the school events and encouraging communication with their peers during prolonged periods of absence.
- providing a link between young people, their parents, and the LA, where necessary. Including keeping parents informed of how their child's health needs are affecting them whilst in the school.

**5.4 Teachers and the wider staff** are responsible for:

- understanding confidentiality in respect of health needs and records.
- designing lessons and activities in a way that allows those with health needs to participate fully and ensuring they are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- understanding their role in supporting learners with health needs and ensuring they attend any training as required.
- ensuring they are aware of the needs of their young people through the appropriate and lawful sharing of the individual learners health needs.
- ensuring they are aware of the learner's Educational Health Care Plan.

**5.5 Parents** are expected to:

- ensure the regular and punctual attendance of their child at the school where their health condition makes it possible and in line with support arrangement agreed.
- work in partnership with the school to ensure the best possible outcomes for their child including sustaining regular attendance and full engagement in wider school life.
- 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, implemented and reviewed within the limits of the school's resources (this may include accessing specialist teams).

## **6. Managing absences for learners with long term medical conditions**

\*Many of the processes outlined follow the school general Attendance Policy

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

- 6.2 Absences due to illness (directly related to the long-term medical diagnosis) will be authorised unless the school has genuine cause for concern about the authenticity of the illness or the safety of the child or young person.
- 6.3 The school will provide support to children and young people who are absent from the school because of illness for a period of less than 15 school days by liaising with the young person's parents to arrange the school work as soon as the young person is able to cope with it working toward a full return to mainstream education. The school will give due consideration to which aspects of the curriculum are prioritised for learning in consultation with the learner, their family, relevant members of staff and other agency professionals.
- 6.4 For periods of absence that are expected to last for 15 or more school days, either in one absence or over the course of the school year for the same illness, the named person will notify the LA, who will take responsibility for the young person and their education.
- 6.5 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 learner's absence, or as soon as their medical condition enables them to engage.
- 6.6 For hospital admissions, the appointed named member of staff will liaise with the LA regarding the programme that should be followed while the young person is in hospital.
- 6.7 The LA will set up a Personal Education Plan (PEP) for the young person which will allow the school, the LA and the provider of education to work together.
- 6.8 The school will monitor attendance and mark registers following the Statutory Registration marks to ensure it is clear whether a young person is, or should be, receiving education otherwise than at the school.
- 6.9 The school will only remove a young person who is unable to attend the school because of additional health needs from the school roll where:
- the young person has been certified by the school's Designated Safeguarding Lead as unlikely to be in a fit state of health to attend the school, before ceasing to be of compulsory school age and;
  - neither the young person nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.
- 6.10 A young person unable to attend the school because of their health needs will not be removed from the school register without parental consent and certification from the school's Designated Safeguarding Lead, even if the LA has become responsible for the young person's education.

## **7. Support for children and young people**

- 7.1 Where a young person has a complex or long-term health issue, the school will discuss the young person's needs and how these may be best met with the LA, relevant medical professionals, parents and, where appropriate, the child or young person.
- 7.2 The LA expects the school to support children and young people with health needs to attend full-time education wherever possible, or for the school to make reasonable adjustments to young people programmes of study where medical evidence supports the need for those adjustments.

- 7.3 The school will make reasonable adjustments under Individual Healthcare Plans (IHCPs), in accordance with the Supporting Learners with Medical Conditions Policy.
- 7.4 Young people admitted to hospital will receive education as determined appropriate by the medical professionals and hospital tuition team at the hospital concerned.
- 7.5 During a period of absence, the school will work with the provider of the young person's education to establish and maintain regular communication and effective outcomes.
- 7.6 Whilst a young person is away from the school, the school will work with the family to ensure the child or young person can successfully remain in touch with the school using the following methods:
- Emails
  - Invitations to events
- 7.7 Where appropriate, the school will provide the child or young person's education provider with relevant information, curriculum materials and resources.
- 7.8 To help ensure a child or young person with additional health needs is able to attend the school following an extended period of absence, the following adaptations will need to be considered:
- A personalised or part-time timetable, drafted in consultation with the named staff member
  - A phased return
  - Access to additional support in the school
  - Online access to the curriculum from home
  - Movement of lessons to more accessible rooms
  - Places to rest at the school
  - Special exam arrangements to manage anxiety or fatigue

## **8. Reintegration**

- 8.1 When a child or young person is considered well enough to return to the school, the school will develop a tailored reintegration plan in collaboration with other identified professionals
- 8.2 The school will work with the LA under their duties and responsibilities to plan for consistent provision during and after the period of education outside the school.
- 8.3 As far as possible, the child or young person will be able to access the curriculum and materials that they would have used in the school.
- 8.4 If appropriate, the School Nurse will be involved in the development of the young person'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.
- 8.5 The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum.
- 8.6 For longer absences, the reintegration plan will be developed near to the likely date of return, to avoid putting unnecessary pressure on an ill child or young person or their parents in the early stages of their absence.



8.7 The school is aware that some children and young people will need gradual reintegration over a long period of time and will always consult about concerns, medical issues, timing and the preferred pace of return.

8.8 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 learner.
- 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.

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

## **9. Information sharing**

9.1 It is essential that all information about children and young people with health needs is kept up-to-date.

9.2 To protect confidentiality, all information-sharing techniques will be discussed in advance of being used with the learner and their parents, these will generally follow the established protocols for sharing confidential information.

9.3 All teachers, support staff and where appropriate visitors and supply staff will be provided with access to relevant information, including high-risk health needs, First Aiders and emergency procedures in accordance with the school's established protocols

9.4 Parents (and young people where this is age appropriate) 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 young person and their parents with a copy of relevant policies and follow the requirements for example for GDPR.

9.5 When a child or young person is discharged from hospital or is returning from other education provision as a result of long-term absence for illness, 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.

## **10. Record keeping**

10.1 In accordance with the Supporting Learners with Medical Conditions Policy, written records will be kept of all medicines administered.

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

## **11. Training**

- 11.1 Staff will be trained in a timely manner to assist with a child or young person's return to the school.
- 11.2 Once a return date has been confirmed, staff will be provided with relevant training before the anticipated return.
- 11.3 Healthcare professionals should be involved in identifying and agreeing with the school the type and level of training required wherever possible.
- 11.4 Training will be sufficient to ensure staff are confident in their ability to support children and young people with additional health needs.
- 11.5 Parents of children and young people with additional health needs may provide specific advice but will not be the sole trainer of staff.

## **12. Examinations and assessments**

- 12.1 The named member of staff will liaise with the alternative provision provider over planning and external examination course requirements where appropriate.
- 12.2 Relevant assessment information will be provided to the alternative provision provider if required.
- 12.3 Awarding bodies may make special arrangements for those with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, as early as possible.

## **13. Monitoring and review**

- 13.1 This policy will be reviewed by the Headteacher Board every 2 years.
- 13.2 Any changes to the policy will be clearly communicated to all members of staff involved in supporting children and young people with additional health needs, and to parents and children and young people themselves.