



THE FEDERATION OF HACKBRIDGE PRIMARY SCHOOL & SPENCER NURSERY SCHOOL

Guidance regarding children who are unable to attend school due to health needs

1. Introduction

An increasing number of children and young people with health needs, including long-term conditions and highly complex needs, are attending mainstream school.

Some of these pupils require continuous and ongoing care and intervention while at school, including intimate or invasive care procedures.

The DfE have produced statutory guidance 'Ensuring a good education for children who cannot attend school because of health needs, (2013)' and schools should follow this guidance when carrying out their duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. The guidance applies equally whether a child cannot attend school at all or can only attend intermittently.

This guidance should be read in conjunction with the schools 'Supporting Pupils with Medical Conditions' policy.

2. Key Roles & Responsibilities

2.1 Local Authority –

- 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.
- 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 cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children received is of good quality, as defined in the statutory guidance 'Alternative Provision (2013)', 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.
- 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.
- Have a named officer responsible for the education of children with additional health needs, and parents should know who that person is.

- Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area.
- Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Have clear policies on the provision of education for children and young people under and over compulsory school age.
- Promoting co-operation between relevant partners regarding supporting pupils with medical conditions.
- Providing support, advice /guidance and training to schools and their staff to ensure healthcare plans are effectively delivered.

2.2 Family –

- Ensuring school is made aware of any changes to the treatment plan.
- Keeping school updated about absences.
- Attending meetings to discuss how support should be planned.
- Providing any prescribed medication in line with the school's medicines policy.
- Working with school to ensure the best possible outcomes for the child or young person.

2.3 School –

- Ensuring arrangements are in place to support pupils with medical conditions.
- Ensuring the school has a policy for working with pupils who have medical conditions that clearly identifies roles and responsibilities and is implemented effectively. (see - Supporting Pupils with Medical Conditions policy)
- Ensuring that the Supporting Pupils with Medical Conditions Policy does not discriminate on any grounds including, but not limited to protected characteristics: ethnicity/national/ origin, religion or belief, sex, gender reassignment, pregnancy & maternity, disability or sexual orientation.
- Ensuring the policy covers arrangements for pupils who are competent to manage their own health needs.
- Ensuring that all pupils with medical conditions are able to play a full and active role in all aspects of school life; participate in school visits/trips/sporting activities, remain healthy and achieve their academic potential.
- Ensuring that relevant training is delivered to a sufficient number of staff who will have responsibility to support children with medical conditions and that they are competent to do so.
- Ensuring written records are kept of, any and all, medicines administered to pupils.
- Ensuring the policy sets out procedures in place for emergency situations.
- Ensuring the level of insurance in place reflects the level of risk.

2.4 Governing Body –

- The statutory guidance applies to governing bodies of maintained schools, pupil referral units and academies (including free schools). It does not apply to the governing bodies of maintained nursery schools.
- Governing bodies are legally responsible under Section 100 of the Children and Families Act 2014 to make arrangements to support pupils with medical conditions and must have regard to the new guidance.
- The governing body must ensure that arrangements are in place to support pupils with medical conditions and those policies, plans, procedures and systems are properly and effectively implemented and reviewed.

3. Supporting Pupils with Medical Conditions Policy

- Governing bodies ensure that the 'Supporting Pupils with Medical Conditions' policy is reviewed regularly and is readily accessible to parents and school staff.
- A named person has overall responsibility for effective policy implementation.
- Governors ensure the policy identifies the roles and responsibilities of all those involved in supporting medical conditions.
- Governors ensure sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical needs.
- Supporting a child with a medical condition is not the sole responsibility of one person. Policies should identify collaborative working arrangements between school staff, healthcare professionals, local authorities, parents, pupils and social care professionals where appropriate.
- The Headteacher and Deputy Headteacher will ensure that sufficient trained numbers of staff are available to deliver against IHPs, including contingency and emergency situations.
- The Headteacher and Deputy Headteacher must make sure school staff are appropriately insured to support pupils with medical conditions.
- Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines, although they cannot be required to do so.
- School staff that provide support to pupils should be able to access information and other support materials as needed.

4. Medical Alerts / Healthcare Plans

- The SENCo will be responsible for the implementation of medical alerts and/or individual healthcare plans for children.
- Medical alerts and/or individual healthcare plans should capture key information and actions to enable effective support for the child.
- Medical alerts/individual healthcare plans should consider the following: – the medical condition, its triggers, signs, symptoms and treatments – the pupil's resulting needs including medical, education, social and emotional needs – the level of support needed, including in emergencies – arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, of self-administered by the pupil during school hours – separate arrangements required for school trips or other school activities outside of the normal school timetable, e.g. risk assessments

5. Emergency Situations

- Medical alerts and/or individual healthcare plans should clearly define what constitutes an emergency and explain what to do.

6. Staff Training & Support

- Staff must follow the 'Administration of Medicine' policy
- Training should be sufficient to ensure staff are confident and have confidence in their ability to support pupils with medical conditions. They will need an understanding of the specific medical conditions they are asked to deal with.
- A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

- Staff who provide support to pupils with medical conditions should be included in relevant meetings.
- Parents may provide specific advice but should not be the trainer of staff.

7. Trips or time out of School

- Schools should make arrangements for the inclusion of pupils with medical conditions in day trips, residential visits and sporting activities with any adjustments as required, unless evidence from a clinician states that this is not possible. It is best practice to carry out a risk assessment in consultation with parents and pupils and advice from the relevant professional to ensure that pupils can participate safely.

8. Identification & Intervention

- Where they have identified that alternative provision is required, the Local Authority 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, the Local Authority should work closely with medical professionals and the child's family, and consider the medical evidence.
- The Local Authority should make every effort to minimise the disruption to a child's education, e.g. where specific medical evidence, such as that provided by a medical consultant, is not quickly available, the Local Authority 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, the Local Authority 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 the Local Authority believes that a consultant's ongoing 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/condition when it becomes the Local Authority's responsibility to secure for the child suitable full-time education. In some cases, where a child is hospitalised, the hospital may provide education for the child within the hospital and the Local Authority would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education. More generally, the Local Authority 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.

9. Long term medical conditions – provision at home or hospital

- Where children have complex or long-term health issues, the pattern of illness can be unpredictable. The Local Authority should discuss the child's needs and how these may best be met with the school, the relevant clinician and the parents, and where appropriate with the child. That may be through individual support or by them remaining at school and being supported back into school after each absence. How long the child is likely to be out of school will be important in deciding this.
- Where a child has been in hospital for a longer period and returns home, if appropriate, the Local Authority should aim to provide education at home or otherwise as quickly as possible.

The child's education may well have been disrupted by their time in hospital, so further discontinuity should be avoided if at all possible.

10. Working together

- The Local Authority and/or the provider delivering the education should consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach.
- In the case of a looked after child, the Local Authority is responsible for safeguarding the child's welfare and education. Both the Local Authority and primary carers (foster carers or residential social workers) would fulfil the parental role here and should be engaged.
- Children should be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment to it.
- In all cases, effective collaboration between all relevant services is essential to delivering effective education for children with additional health needs.
- A child unable to attend school because of health needs must not be removed from the school register without parental consent and certification from the school medical officer, even if the Local Authority has become responsible for the child's education.

11. Reintegration

- When reintegration into school is anticipated, the Local Authority should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school. As far as possible, the child should be able to access the curriculum and materials that he/she would have used in school.
- The Local Authority should work with schools to ensure that children can successfully remain in touch with their school while they are away. This could be through school newsletters, emails, invitations to school events or internet links to lessons from their school.
- The Local Authority should work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child's absence.
- Schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.
- Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

12. Examinations

- Awarding bodies will make special arrangements for children with permanent or long-term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The Local Authority or school should submit applications for special arrangements to awarding bodies as early as possible.

13. Provision for siblings

- When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the Local Authority into whose area

the family has moved should seek to ensure that the sibling is offered a place, where provision is available, e.g. in a local mainstream school or other appropriate setting.

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