



Ensuring a good education for children who cannot attend school because of medical/ health needs .

**Policy approved by Governors: Spring 2020
To be reviewed: Spring 2021**

Please note that for the purpose of this policy, the term 'medical condition' also refers to mental health conditions.

Context:

Schools and academies should be providing support for their pupils with medical needs under their statutory duties as defined in 'Supporting pupils with medical conditions at school' (DfE, 2014). It is only when the pupil's medical condition becomes too complex or the risks are too great to manage in school that this policy would then apply (see appendix 1).

Other related documents are The Equality Act (2010), the academies act (2010), Ofsted Common Inspection Framework (2019), 'Alternative Provision: Statutory Guidance for local authorities (2013) School and Early Years Finance Regulations (2012).

The law does not define full-time education but children with additional health needs should have provision which is equivalent to the education they would receive in school, "unless the pupil's health means that full time education would not be in his or her best interests" (DfE, 2013). 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. Full time could also be made up in one or more settings.

Queenswood Primary may have to arrange part-time education as advised by health practitioners who are also working with the child. The part time education will be regularly reviewed, and a plan for increasing hours will be put in place where appropriate. Full and part-time education will still aim to achieve positive educational progress (particularly in English, Maths and Science) and improved social and emotional health.

Responsibility for alternative provision remains with our school. The nature of the intervention, the objectives, the expected outcomes and timeline to achieve the objectives should be made clear. Where reintegration to school is an objective, there should be an agreement on how to assess when the pupil is ready to return and the school should provide or commission a package of support to assist reintegration. Objectives and plans should be set out in writing and regularly monitored.

School should recognise any issues or barriers and hence a potential requirement for alternative provision as early as possible and carry out a thorough assessment of the pupil's needs. A personalised plan for intervention should be prepared by the school, setting clear objectives for improvement and attainment, timeframes, the monitoring of progress and a baseline of the current position from which to measure progress. Plans should also link to other relevant information, such as Education, Health and Care plans for children with SEND.

Our school will review the provision offered regularly, with the family and all professionals concerned, to ensure that it continues to be appropriate for the child and that it is providing suitable education.

Ensuring all children have a good education

We seek provide the same opportunities for children and young people with health needs as their peers, including a broad and balanced curriculum, which is of good quality (as defined in Alternative Provision: Statutory Guidance 2013). The education will be flexible and appropriate to pupils' health needs, and regularly reviewed to reflect their changing health status. It will prevent them from slipping behind their peers in school and allow them to reintegrate successfully back into school as soon as possible. It will allow them to take external qualifications if appropriate. All children who are supported will have an individual learning plan and clearly defined objectives.

Teaching staff will receive appropriate continuing professional development on curriculum and the impact of medical/mental health conditions on barriers to and engagement with education. The school will approach the Local Authority for advice on how best they can meet their pupil's needs as soon as it is clear that the child will be away from school for 15 days or more or is too unwell to access education at their home school/normal place of education. The 15 days can be consecutive or cumulative within a 12 month period.

Staff will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education. Where there may be an initial delay in accessing specific medical evidence from a consultant, evidence from a GP may be used as part of an agreed assessment placement, provided that a referral to a specialist has also been made. If a child has a long term or complex health issue, the school needs to ensure

that the educational provision is regularly reviewed with medical professionals, parents/carers and HOE and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. We anticipate Teachers in the hospital settings will liaise with the child's home school and work with them to minimise any disruption to their education.

Children with long term health problems will not be required to provide continuing medical evidence. However regular liaison with health colleagues is important and the level of support required may be discussed with other multi-agency professionals as necessary. There is also an expectation that children and their parents/carers will cooperate fully with all medical advice and support offered and ensure they attend appointments.. Educational provision will be put in place as quickly as possible with a view to reintegration back into mainstream as soon as appropriate.

Working together – with parents/carers, children, health services and schools

Parents/carers have a key role to play in their child's education and can provide helpful information to ensure that the teaching approach is successful. Effective multi-agency collaboration is essential in devising appropriate personalised individual learning plans.

Our school will not remove pupils from our roll because of an additional health need without parental consent and certification from the school medical officer (Education (Pupil Registration) England Regulations 2006) and ensure we are meeting our statutory duty to provide suitable and appropriate education for pupils with medical needs.

Reintegration

The plans for the longer term outcome and the next steps in a pupil's education will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013).

Reintegration into school is always anticipated.

On return to school each child should have a individual healthcare plan which specifies the arrangements for the reintegration and may include extra support made available to help 'fill gaps' or provision of a 'safe place' if the child feels unwell. Advice from other medical professionals, including school nurses, can be helpful. For children with long term or complex health conditions, 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. Children and their families are informed at the outset that the long term intention will be to support the child's reintegration to school. While most children will want to return to their previous school routine promptly, it is recognised that some will need gradual reintegration over a longer period.

Provision for education of children under compulsory school age

Education for children under or over the compulsory school age will be provided, with the same admission criteria.

Appendix 1: Links to documentation referred to in this policy –

Department for Education (2013) *Ensuring a good education for children who cannot attend school because of health needs.* –

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

Department for Education (2014, update 2017) *Supporting children at school with medical conditions* - <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Also has the templates for use by schools and links to other resources.

Department of Education (2013) *Alternative provision*

<https://www.gov.uk/government/publications/alternative-provision>