



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. STARS (a short stay school) is responsible for undertaking this role on the Local Authority's behalf. STARS will arrange provision as soon as they are notified by a school or the LA that an absence will last more than 15 days; it should do so at the latest by the sixth day of the absence, but aims to do so by the first day of absence.
- STARS conducts a weekly referrals meeting and will write to the school via email to advise as to whether the referral has been accepted. If the referral is not accepted a reason will be given and the school may be signposted to another agency.
- The provision agreed will be informed by advice from medical professionals, the school, the views of the parents and the pupil. Where the pupil's illness is protracted, updated medical evidence will be requested.
- Where there is no medical evidence from a consultant, in order to avoid delay in provision the school should coordinate a multi-agency meeting or Team Around the Family (TAF) with the

Local Authority's named senior officer, the head of SEN support, a representative from STARS and any other professional considered appropriate, in order to establish what support is needed. Medical evidence from a GP may be accepted but will need to state that further investigation from a medical consultant has been sought

- 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.
- The London Borough of Sutton is responsible for ensuring that there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs. The named person is: Beverly Williamson, Head Teacher of STARS, tuition@starservice.org.uk
- 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 STARS -

- In line with the statutory guidance, STARS will ensure that provision offered is regularly reviewed, is bespoke to the needs of the individual and continues to be appropriate for the pupil. The aim of this provision is to:
 - minimise disruption to learning;
 - deliver an appropriate and personalised education
 - enable a pupil to maintain their academic progress and attainment, and
 - successfully reintegrate pupils into mainstream provision at the earliest opportunity when they are well enough to return.
- STARS will deliver suitable personalised provision based on the level of need and age which will include:
 - Individual one to one teaching in the home or hospital or other suitable venue such as a public library.
 - Small group teaching and personalised learning delivered at The Drapers Centre.
 - Education in the Hospitals: The Royal Marsden Hospital for Children and Queen Mary's Hospital for children.
- Full-time education is not defined in law but it should equate to what the pupil would normally have in school. If they receive one to one teaching, the hours of face to face provision will be

fewer as the provision is more concentrated. Consideration will need to be made with due regard to the pupil's condition as full-time provision might not be in the pupil's best interests.

- The focus of the provision will be on core and examination entry subjects, however STARS will provide a broad and balanced curriculum including the social and emotional aspects of learning.
- Provision will be personalised and respond to the changing health status of the child.
- STARS will provide educational progress reports at least three times a year to parents and schools and feedback at regular review meetings.
- Regular, and at least termly, meetings will be held at schools to discuss attendance, engagement and readiness for reintegration of each pupil.
- STARS seeks individual pupil's voice throughout, from when a pupil is first referred up to transition and the support needed to reintegrate. STARS also carries out regular pupil surveys and any highlighted worries are addressed on an individual basis.
- STARS will ensure that high quality educational provision is provided and staff are provided with appropriate professional development and are kept up to date with educational developments and current good practice.

2.3 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.

2.4 School –

- Schools should make a referral to STARS at the earliest date when a pupil is too sick to attend school by using the STARS referral form.
- STARS will support schools to ensure a pupil can stay on the roll of their mainstream school where possible.
- In some rare occurrences, a pupil may transfer onto the roll of STARS where it is inevitable that the pupil's health is such that they will not be able to return to their mainstream school before they leave STARS at the end of year 11. Grounds for removing a pupil of compulsory school age from the school admission register are set out in the Education (Pupil Registration) (England) Regulations 2006. In line with these regulations, this would not occur without parental consent, and certification from the school medical officer.
- Prime responsibility for the pupil's education lies with their school, even if STARS has become responsible for providing the pupil's education. Continuity is important for the pupil: knowing that they can return to their school friends can help their recovery and educational progress. Where the pupil is receiving education via STARS the school will B code absence in the school register for the sessions accessed by the pupil.
- Schools are responsible for providing support to pupils who are absent from school because of illness for a shorter period than 15 days for example by enabling access to the school virtual learning platform or sending work home.
- All schools must have a publicly accessible policy that sets out how pupils with health needs will be supported, which is covered in more detail under the statutory guidance 'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England', 2015.
- Have one named contact person to liaise with STARS (SENCO), parents and health professionals. This works best where the named contact is a member of the senior

management team and has the authority to agree support on reintegration. STARS will hold termly reintegration reviews with the named member of staff.

- The SENCO will ensure that class teachers provide STARS, as requested, with all necessary curriculum resources in order that the pupil can complete courses and prepare for assessments and examinations. The school will provide opportunities for the pupil to maintain contact with their peers and the wider school community through newsletters, invitations to performances and events etc.
- The school will provide STARS with all relevant educational information, including prior assessments, attainment and achievement, curriculum details, public examinations entered, dates of examinations etc. and with information on any reasonable adjustments, and any support or differentiation that is required.
- 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.

2.5 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

- Whatever the reasons for pupils attending Alternative Provision, reintegration to a mainstream setting will almost always be in the pupil's best interests.
- The best outcomes will be secured through a pupil-centred approach which involves early planning and regular review of progress and which maps out options and identifies the support required for this to be successful.
- Therefore the aim of STARS' support is to reintegrate pupils back into mainstream education at the earliest appropriate opportunity and planning for reintegration will begin as soon as the pupil enters STARS.
- Arrangements for reintegration will be discussed with school staff and each pupil will have a personalised reintegration plan.
- STARS will keep readiness for reintegration under continual review so that planning for this is revised and updated when required.
- STARS will support the reintegration of a pupil where necessary by allocating a suitable member of staff appropriate for the needs of the pupil.
- Schools will facilitate the successful reintegration of pupils by making any necessary reasonable adjustments under equalities legislation which may include, for example, a gradual (but time-limited) reintegration, appropriate differentiation of the curriculum, additional adult support or attendance at a learning support facility within the school.
- Reintegration plans will involve:
 - Advice from STARS in collaboration with Health professionals, the home school, the young person and parents which will determine the appropriate time and pace of reintegration.
 - The package and process will be agreed by all parties and regularly reviewed.
 - The home school will provide support as needed to facilitate the pupil's successful return to school.

12. Hospital In-Patients

- Support can be provided through the Hospital school for children and young people who are in-patients at hospitals in the local area.
- STARS offer teaching on the first day of admission regardless of how long admittance may be.
- In certain instances, particularly in the case of severe mental health needs, children may be placed in specialist residential hospitals outside of the Local Authority by the National Health Service (NHS). Many of these facilities have access to an onsite education provision or school that can offer education as part of the package of care. The local authority retains

responsibility for education of these children whilst they remain in hospital and upon their return to the local authority following discharge.

- In advance of a proposed discharge, planning with all relevant professionals will be key, particularly in the instance that an alternative education provision is being proposed, parents/carers who fall into this category should contact the Local Authority's named senior person to discuss further educational provision and plans to ensure a smooth transition into the school/setting.

13. Children with life limiting and terminal illness

- The local authority will continue to provide education for as long as the child's parents and the medical staff wish it.
- If the pupil and parents wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

14. 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.

15. 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.

Policy adopted: December 2019

This Review: October 2022

Next Review: October 2023