

# WILLIAM LILLEY INFANT AND NURSERY SCHOOL



## CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY

**Autumn 2024**

<b>Governors' Committee Responsible:</b>	<b>Finance &amp; Business</b>
<b>Policy Originator:</b>	<b>Jake Jenkins</b>
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## **Legislative Context**

Section 19 of the Education Act 1996 •  
Equality Act 2010

## **Statutory Guidance**

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

Statutory guidance for local authorities January 2013

## **Key points**

This is statutory guidance from the Department for Education. Local authorities (LAs) must have regard to it 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. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently.

Local Authorities are responsible for arranging suitable full-time education for permanently excluded pupils, and for other children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the LA is responsible for arranging provision and must have regard to this guidance.

### **Local authorities must:**

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.

### **Local authorities should:**

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 receive 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.

**Local authorities 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 (meeting the child's needs and providing a good education must be the determining factors).

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).

**Role and Responsibilities****Local Authority**

Local Authorities are 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. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. 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.

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

**The local authority should:**

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 - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.

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.

## **Ensuring children have a good education**

All children, regardless of their personal circumstance or education setting should receive a good education. To make this possible, alternative provision should address a pupil's individual needs whether they be health related, behavioural related, or otherwise. "Suitable" means suitable to the child's age, aptitude, ability and any special educational needs that he or she may have, unless the local authority considers that a pupil's condition means that full-time provision would not be in his or her best interests. through an appropriately tailored approach. This should also include social and emotional needs, for example ensuring that pupils feel fully part of their school community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers. Alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system. This support framework should work cohesively across organisational boundaries and include a structured understanding and assessment of the needs of a pupil, and appropriate referral and re-integration that focuses on the pupil's interest and appropriate outcomes rather than processes. Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.

Every child should have the best possible start in life through a high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend school should receive the same range and quality of education as they would have experienced at their home school.

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

The use of electronic media – such as 'virtual classrooms', learning platforms and so on – can provide access to a broader curriculum, but this should generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child's health needs may make it advisable to use only virtual education for a time).

LAs should maintain good links with all schools in their area and put in place systems to promote co-operation between them when children cannot attend school because of ill health. Schools can do a lot to support the education of children with health needs and the sharing of information between schools, health services and LAs is important. Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully. Parents also have a vital role to play, and LAs should encourage schools to have a publicly accessible policy that sets out how schools will support children with health needs; it is also helpful if schools have a named person who can be contacted by the LA and by parents.

LAs should ensure that teachers who provide education for children with health needs receive suitable training and support and are kept aware of curriculum developments. They should also be given suitable information relating to a child's health condition, and the possible effect the condition and/or medication taken has on the child.

Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that LAs must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children. LAs should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to Pupil Referral Unit (PRU) premises and their curriculum.

### **School Responsibilities**

To undertake their best endeavours to ensure that all children, regardless of their personal circumstance or education setting receive a good education.

As far as possible ensure, in cooperation with all relevant partners, that alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system.

Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully.

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 LA has become responsible for the child's education.

### **Reintegration**

When reintegration into school is anticipated, LAs should work with the school (and hospital school, home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school.

LAs 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. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation<sup>10</sup> 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.

### **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, for example, in a local mainstream school or other appropriate setting.

William Lilley Infant & Nursery School will make all reasonable efforts to meet its responsibilities by working with the Local Authority, parents and other appropriate parties to ensure each child is able to access a good education to enable each child to shape their own futures.