Children with Health Needs who cannot attend school Policy

Policy Number:	
Approval date:	
Review date:	

Adopted by the Board of Trustees/Governing Body

Signed Chair of Governors	
Signed Chair of Trustees	
Signed CEO	

The review of this policy will be as and when required in response to national requirements and in light of continuous school based monitoring and evaluation data.

1. Purpose and Scope

This policy sets out how the school will ensure that pupils who cannot attend school due to health needs continue to receive suitable education and support, and how we will work with the local authority (LA), health services, parents/carers, and other partners to facilitate reintegration when pupils are well enough to return.

It applies to compulsory school-age pupils whether or not they are on roll, who cannot attend school or can only attend intermittently due to physical or mental health needs. It complements our policy on supporting pupils with medical conditions for children who can be supported to attend school.

2. Legal and Statutory Framework

- Education Act 1996 (Section 19): Local authorities must arrange suitable full-time education (or part-time if appropriate to the child's needs) for pupils who, because of illness (or other reasons), would not otherwise receive suitable education.
- DfE Statutory Guidance – Education for children with health needs who cannot attend school (December 2023): Clarifies when and how support should be provided, use of medical evidence, hospital education, exams, working with other services, reintegration, and raising concerns.
- DfE Statutory Guidance – Supporting pupils at school with medical conditions (December 2015): Sets duties on governing bodies/proprietors to make arrangements to support pupils with medical conditions at school, including individual healthcare plans and staff training.
- Working together to improve school attendance (August 2024): Expects schools and LAs to be particularly mindful of pupils absent due to mental or physical ill health, consider part-time timetables only where appropriate, and maintain effective tracking, support, and joint working.

3. Policy Principles

- Early identification & prompt action: The school will identify pupils whose health needs are impacting attendance and act swiftly to avoid gaps in learning, liaising with families and health professionals.
- Suitable education at the right time: Where a pupil cannot attend school, the LA will arrange suitable full-time education as soon as it is clear they will be absent for 15 school days or more (consecutive or cumulative), or sooner where appropriate; provision may be part-time if a medical professional judges full-time unsuitable.
- Personalised provision: Education will be tailored to age, aptitude, ability and special educational needs, with flexible arrangements including tuition, hospital education, or digital resources, reviewed regularly.
- Continuity and reintegration: The aim is to maintain progress and prepare for a successful return to school at the earliest safe opportunity, supported by a plan agreed with the pupil, family, LA and health services.
- Safeguarding and attendance: Pupils educated off-site or via alternative provision remain within the scope of the school's safeguarding duties and attendance monitoring expectations.

4. Roles and Responsibilities

4.1 Governing Body / Trust Board

Ensure this policy is in place, understood, and reviewed; challenge leaders on the effectiveness of arrangements for pupils with health needs.

4.2 Headteacher / Named Senior Leader

- Appoint a senior leader to coordinate cases, liaise with LA/health, oversee Individual Healthcare Plans (IHPs), and monitor provision and reintegration planning.
- Ensure timely referral to the LA for alternative provision when medical evidence indicates the pupil cannot attend school.
- Maintain safeguarding oversight and information-sharing in line with statutory guidance.

4.3 Attendance Lead / SENCO

- Coordinate attendance tracking and early help for pupils with health-related absence; ensure reasonable adjustments and SEN support are in place for partial attendance.
- Develop or update IHPs and, where relevant, SEN support or EHCP liaison, working with families and clinicians.

4.4 Class Teachers / Pastoral Staff

- Provide curriculum information, learning materials, and assessment data to the LA/tuition provider/hospital school to support continuity and exam arrangements.
- Maintain regular contact with the pupil and family (agreed frequency), promoting a sense of belonging and encouraging reintegration.

4.5 Local Authority

- Arrange suitable education promptly and review provision; consider hospital education, tuition, online learning and full/part-time options depending on medical advice.
- Work with the school to plan for reintegration and to escalate concerns if provision appears unsuitable or insufficient.

4.6 Parents/Carers and Pupils

- Provide or facilitate medical evidence and consent to information sharing; engage with planning and reviews; support reintegration steps as health allows.

5. Identification, Referral and Medical Evidence

5.1 Identification

The school will identify patterns of health-related absence and trigger targeted support meetings with families to understand barriers and agree actions, in line with attendance guidance.

5.2 Medical Evidence

We will request appropriate medical evidence to inform decisions about provision (not necessarily a formal fit note), and will review evidence periodically to adjust the package of support.

5.3 Referral to the Local Authority

Where a pupil cannot attend or can attend only intermittently and cannot receive suitable education through school-based adjustments, the school will refer to the LA with supporting medical evidence and recent attainment data, to enable prompt provision.

6. Education Provision

6.1 Nature of Provision

Provision may include one-to-one or small-group tuition, hospital school programmes, digital/remote resources, and flexible timetables. Provision will be as full-time as the pupil's health allows, recognising that concentrated one-to-one learning may be educationally equivalent to more hours in class.

6.2 Curriculum and Assessment

Provision should broadly follow the core curriculum, prepare pupils for exams and assessment, and maintain links with school schemes of work; teachers will share necessary materials and reasonable adjustments (e.g., reduced workload, rest breaks).

6.3 Review and Quality Assurance

Provision arranged by the LA should be reviewed regularly with input from the pupil, parents/carers, school, and health professionals to ensure suitability and to support progress.

7. Safeguarding, Attendance and Data

Pupils educated off-site remain under the umbrella of Keeping Children Safe policies; the school and LA will agree information-sharing and attendance monitoring processes, including escalation where attendance becomes severe/persistent.

The school will comply with data protection requirements when sharing medical and educational information with the LA and health providers; the minimum necessary information will be shared for the purpose of education and safety.

8. Reintegration to School

Reintegration planning will start as early as possible and include graduated steps, reasonable adjustments, and pastoral support; the plan will be agreed with the pupil, family, LA, and health professionals.

Any part-time timetable will be time-limited, medically informed, and kept under review, with a clear trajectory to full-time attendance when appropriate.

The school will brief staff and peers as appropriate (respecting confidentiality) to facilitate a supportive return.

9. Exam and Qualifications Arrangements

We will liaise with the LA, hospital education providers, and exam boards to arrange access arrangements, appropriate venues, and timing so pupils can achieve qualifications despite their health needs.

10. Training and Competencies

Staff will receive training to understand duties under this policy and under Supporting pupils with medical conditions guidance, including developing and implementing Individual Healthcare Plans and emergency procedures.

Leaders will ensure sufficient trained staff are available to manage health-related needs and liaison tasks.

11. Complaints and Escalation

Concerns about provision should be raised with the Named Senior Leader in the first instance. If unresolved, parents/carers may use the school's complaints procedure and/or contact the Local Authority if they believe Section 19 duties are not being met.

12. Monitoring and Review

The Governing Body/Trust Board will receive an annual report on: numbers of pupils supported; timeliness of LA provision; reintegration outcomes; and any patterns or issues requiring improvement.

This policy will be reviewed annually to reflect updates to DfE guidance and local arrangements.

13. Linked Policies and Documents

- Supporting pupils at school with medical conditions (DfE) and the school's local policy/IHP templates.
- Working together to improve school attendance (DfE).
- Education for children with health needs who cannot attend school (DfE).