



## Children with health needs who cannot attend school 2023

The Link Academy Trust is a company limited by guarantee and an exempt charity, regulated by the Education & Skills Funding Agency (ESFA). All Members of the Board of Trustees of the exempt charity are also Directors of the company; the term 'Trustee' used in this Policy also means Director. This Policy applies to all academies within the Link Academy Trust.

This policy is in line with government/Local Authority guidelines –

[Devon County Council – “Education for children with additional health needs, unable to attend school”](#) August 2022

[“Ensuring a good education for pupil who cannot attend school because of health needs”](#) May 2013

[“Supporting pupils at School with medical conditions”](#) December 2015

[“SEND Code of Practice”](#) January 2015

[“Working together to improve school attendance”](#) May 2022

[The Equality Act 2010](#)

[Education Act 1996](#)

[Education \(Pupil Registration\) England Regulations 2006](#)

[Pupil, Academies and Families Act 2010](#)

[National Framework for Pupil and Young People’s Continuing Care](#)

### Introduction

This policy sets out what the Link Academy Trust (the Trust) will do to provide full-time education for any pupil of the Trust, who, because of health reasons (physical or emotional), would not receive suitable education without such provision. This policy needs to be read in conjunction with the Devon County Council policy - Education for Children with Additional Health Needs, unable to attend school [Education for children with additional health needs, unable to attend school](#) (2022)

The Trust aims to support its academies and the Local Authorities (LA) to ensure that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some pupils/students may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, children should receive their education within their academy and the aim of the provision will be to reintegrate them as soon as they are well enough. We understand that we have a continuing role in a child's education whilst they are not attending school and will work with all relevant parties to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

A pupil's additional health needs may be related to a physical or mental health condition or both, with a medical diagnosis.

Whether education is suitable, the pupil's age, aptitude, ability and additional need will be considered. Suitability will be tailored to meet the needs of the individual, including emotional and social needs. The aim is for all pupils to have the same opportunities to develop through a broad and balanced curriculum. The Trust will assist with access to services that will support the pupil back towards full time education.

Full-time education should be equivalent to what a pupil would normally receive in an academy, unless the pupil's additional health needs mean that full-time education would be detrimental to his or her health. The law does not define full-time, but this should be equivalent to the education they would receive in academy. If a pupil receives one-to-one tuition for example the hours of face-to-face provision could be fewer as the provision is more concentrated.

The use of virtual classrooms and electronic media, and online learning may assist the pupil in accessing a broader curriculum. This should generally be used to complement face-to-face education rather than as sole provision though a pupil's health needs may make it advisable to use virtual education only for a time.

Where full-time education is not in the best interests of a pupil because of their medical conditions, part-time education should be provided. All education of any duration should still aim to achieve good academic attainment, particularly in English, Maths, Science and IT.

## **1. Responsibilities of the Trust**

The Trust must:

- 1.1. Ensure that arrangements are in place to support pupils with medical conditions so that they have the fullest access possible to all aspects of education, including physical education, school trips, careers and other advice, and extra-curricular activities open to other pupils.
- 1.2. Take into account that many of the medical conditions that require support at an academy will affect quality of life and may be life-threatening. Some will be more obvious than others. Academies should therefore ensure that the focus is on the

needs of each individual pupil and how their medical condition impacts on their school life.

- 1.3. Ensure that its arrangements give parents and pupils confidence in the academy's ability to provide effective support for medical conditions in the academy.
- 1.4. Ensure that the arrangements are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented.
- 1.5. Ensure they develop a plan to support any pupils with medical conditions that is reviewed regularly and is readily accessible to parents and academy staff.
- 1.6. Ensure the arrangements they set up include details on how the academy's plan will be implemented effectively, including a named person who has overall responsibility for the plan implementation. The academy's plan must clearly identify the roles and responsibilities of all those involved in the arrangements they make to support a pupil at school with medical conditions.
- 1.7. Ensure the academy's policy sets out the procedures to be followed whenever an academy is notified that a pupil has a medical condition.
- 1.8. Ensure the academy's plan covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- 1.9. Ensure that plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They should be developed with the pupil's best interests in mind and ensure that the academy assesses and manages risks to the pupil's education, health and social wellbeing, and minimises disruption.
- 1.10. Make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions.
- 1.11. Ensure that the academy's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. This should specify how training needs are assessed and how and by whom training will be commissioned and provided. The policy should be clear that any member of academy staff providing support to a pupil with medical conditions should have received suitable training.
- 1.12. Ensure that prescription medicines are not administered and healthcare procedures are not undertaken without appropriate staff training (updated to reflect requirements within individual healthcare plans).
- 1.13. Ensure that the academy's policy covers arrangements for pupils who are competent to manage their own health needs and medicines and is clear about the procedures to be followed for managing medicine.

- 1.14. Ensure that written records are kept of all medicines administered to pupils.
- 1.15. Ensure that the academy's policy sets out what should happen in an emergency.
- 1.16. Ensure that the academy's policy is explicit about what practice is not acceptable.
- 1.17. Ensure that their arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- 1.18. Ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.
- 1.19. Ensure that the academy's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.
- 1.20. Note that pupil and young people with medical conditions have the same rights of admission to school as other pupils. This means that no pupil should be prevented from taking up a place because arrangements for their medical conditions have not been made (unless on safeguarding grounds the academy can evidence that it would be detrimental to the pupil's health to do so. The academy should then take all steps possible to address this in order to facilitate admission and access to education).
- 1.21. Academy arrangements must be formulated to promote the educational progress and attainment of all pupils, regardless of health conditions and to give parents and pupil confidence that they will provide effective support for medical conditions in school. Where attendance is not possible, academies should ensure that their pupils can continue to feel a part of the school community and that they are working with them to return to school as soon as that is appropriate. This will involve regular contact with best practice including face-to-face contact with the pupil and family.
- 1.22. Ensure there are procedures in place to cover any transitional arrangements between academies and for a process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.
- 1.23. For pupils starting at a new school, arrangements should be in place **as soon as possible**. In all cases, including a new diagnosis or pupil moving to a new school midterm, every effort should be made to ensure that arrangements are put in place **within two weeks**. Academies do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.
- 1.24. When deciding what information should be recorded on individual healthcare plans, academies should consider the following:
  - the medical condition, its triggers, signs, symptoms and treatments;

- the pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed (some pupils will be able to take responsibility for their own health needs) including in emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the academy needs to be aware of the pupil's condition and the support required;
- arrangements for written permission from parents and the Academy Head for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

The named person in the academy will have responsibility for:

- ensuring that sufficient staff are suitably trained;
- that part-time or online packages are available to support pupil's learning where appropriate;
- a commitment that all relevant staff will be made aware of the pupil's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing supply teachers;
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable;
- monitoring individual healthcare plans.
- notifying the LA if the pupil is unable to attend school due to medical conditions.

Academies must not remove a pupil with medical conditions from its roll unless:

- a. he or she has been certified by the school medical officer as unlikely to be in a fit state of health to attend school before ceasing to be of statutory education age;

AND

- b. neither the pupil nor parent has indicated the intention to continue to attend the academy, after ceasing to be of statutory education age; OR
- c. the parent has written to the academy to inform the academy that other arrangements are in place for the pupil's education.

Where a pupil is taken off roll, the academy must inform the LA of the pupil's destination. The LA will monitor all pupils who are Electively Home Educated.

1.25 Although academy staff should use their discretion and judge each case on its merits with reference to the pupil's individual healthcare plan, it is not generally acceptable practice to:

- prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every pupil with the same condition requires the same treatment;
- ignore the views of the pupil or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the academy is failing to support their pupil's medical needs; or
- prevent pupils from participating or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the pupil.

1.26. Pupils who suffer from long term medical conditions may face greater barriers to attendance than their peers. Their right to an education is the same as any other pupil and therefore the attendance ambition for these pupils should be the same as they are for any other pupil. In working with their parents to improve attendance, academies should be mindful of the barriers these pupils face and put additional support in place where necessary to help them access their full-time education. This should include:

- Establish strategies for removing the in-school barriers these pupils face, including considering support or reasonable adjustments for uniform, transport, routines, access to support in school and lunchtime arrangements.

- Ensure joined up pastoral care is in place where needed and consider whether a time-limited phased return to school would be appropriate, for example for those affected by anxiety about school attendance.
- Ensure data is regularly monitored for these groups including at board and governing body meetings and in Targeting Support Meetings with the local authority so that additional support from other partners is accessed where necessary.

1.27. Academies should be sensitive and avoid stigmatising pupils and parents and they should talk to pupils and parents and understand how they feel and what they think would help improve their attendance to develop individual approaches that meet an individual pupil's specific needs.

## **2. Links with other Trust policies**

This policy is linked to the

- SEND policy
- Risk assessment policy
- Supporting pupils with medical conditions policy
- Safeguarding policy
- Health and safety policy
- Missing pupil policy and procedure

This policy will be reviewed on an annual basis by S&C Committee

**Reviewed by S&C Committee:** 9<sup>th</sup> May 2023

**Next Review:** Summer 2024