



JFS School

The Mall, Kenton, Harrow, Middlesex, HA3 9TE.

CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY

Approved by CSWAB on 25 February 2020

Next due for review in Spring 2023, subject to intervening legislative changes

Aim

This policy applies to students who are unable to attend school because of medical needs, who are physically ill or injured, and those who may be experiencing periods of mental ill health. It draws upon the statutory guidance, “Ensuring a good education for children who cannot attend school because of health needs” (DFE 2013) and the school ethos of enabling every student to receive an education that embodies the school vision and values enshrined in the motto ‘Orah Viykar’, Light and Honour.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf

The Equality Act 2010 (<http://www.legislation.gov.uk/ukpga/2010/15/contents>) is also an important part of the legal framework around children and young people with significant medical needs.

This policy should be read in conjunction with:

- Medical Policy
- SEND Policy
- Attendance Policy
- Safeguarding Policy

1. Principles

- 1.1. JFS is committed to educating every child including when students have succumb to medical situations which preclude them from attending school on a regular basis.
- 1.2. The Deputy Headteacher for Student Wellbeing will lead in any relevant cases with the support of Head of Year and any other appropriate JFS staff.
- 1.3. The primary aim of educating children and young people who cannot attend school due to illness or medical reasons is to minimise, as far as possible, the disruption to normal schooling by continuing education as normally as their health needs allow.
- 1.4. Students who are unable to attend school because of medical needs should be able to access suitable and flexible education appropriate to their needs and the nature of the educational provision made must be responsive to the demands of a changing medical status.
- 1.5. JFS, working with the relevant Local Authority, must arrange suitable full-time education (or part-time when appropriate for the child's needs) for children of compulsory school age who, because of illness, would not receive suitable education without such provision. It applies equally whether a child cannot attend school at all or can only attend intermittently.

- 1.6. 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 the hours of face-to-face provision could be fewer as the provision is more concentrated.
- 1.7. 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, LA's 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.
- 1.8. There will be a wide range of circumstances where a child has a health need but will receive suitable education that meets their needs without the intervention of the LA – for example where the child can still attend school with some support or where the school has made arrangements to deliver suitable education outside of school for the child. (See 'Supporting pupils at school with medical conditions', Statutory Guidance, (DfE; 2014)).
- 1.9. All students should be treated as individual cases.
- 1.10. As far as possible, students should be involved in any decisions from the start with the ways in which they are engaged, reflecting their age and maturity.

2. Working with External Organisations

- 2.1. JFS will work with all external organisations as necessary. These include, but are not limited to:
 - CAMHS
 - Professional medical services
 - Private or NHS GPs/specialists
 - Hospital schools
 - Local Authority
- 2.2. In Brent, students may be referred to the [Brent Children's Specialist Community Nursing Team](#) (or a similar body) which aims to support parents and carers to deliver nursing intervention to children with acute and chronic complex health needs. Their role includes:
 - teaching, training and assessment of carers and parents
 - supporting inclusion
 - reducing hospital admission and re-admission
 - reducing absence from school by delivering nursing care such as intravenous antibiotic therapy
 - chronic disease management promoting self-care
 - advocate support
 - working in partnership with the family to meet their child's health care needs.
- 2.3 JFS will ensure that any external educational provision meets the required safeguarding standards prior to a student commencing study with that organisation.

3. Provision

- 3.1. Any arrangements made should be flexible and reviewed regularly to ensure that they continue to meet the needs of the student. JFS should work in partnership with students, parents/ carers, the local authority, medical and educational professionals to ensure the best possible outcome for each student.

4. Public examinations

- 4.1. Arrangements should be made for children to sit public examinations, at an appropriate level, if a consultant feels this is in the child's best interest. Appropriate access arrangements will be organised in agreement with the host school/provision.

5. The education of children with life limiting and terminal illness

5.1. The 2013 guidance states that LA is expected to continue to provide education for as long as the student's parents and the medical staff wish it.

5.2. If the student and parents wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

6. Working together – with parents/carers, children, health services and local authority

6.1. Any educational provision for a child with additional health needs will be discussed with parents/carers first. 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. In the case of a looked after child, local authority representatives and primary carers would fulfil this role. Children will also be involved in decisions, their engagement dependent on their age and maturity. This supports the Service and the school in providing the right educational provision with which the child is able to engage.

6.2. The Service will act on behalf of the local authority to remind schools that they cannot remove pupils from their roll because of an additional health need without parental consent and certification from the school medical officer, even if they are being supported by the Hospital and Home Tuition Service (Education (Pupil Registration) England Regulations 2006).

7. Reintegration into School

7.1. When reintegration into school is anticipated, the School will work closely with any external organisations – for example the Hospital and Home Teaching Team - to ensure that students receive the necessary support they need to facilitate this process. A member of the school will hold a meeting with the appropriate external organisation and the student's parent(s).

7.2. In many cases a gradual reintegration will take place with a reduced timetable. Appropriate external professionals may work alongside a student when they are returning to school so a good handover takes place and the student feels confident in their return.

7.3. Students who are self-harming/coping with an eating disorder will be expected to attend an appointment with a CAMHS consultant or similar, to assess and ensure that the student is safe to attend school before they return. Appropriate work will be provided if there is a delay in the ability to have an appointment with a suitably qualified medical professional.