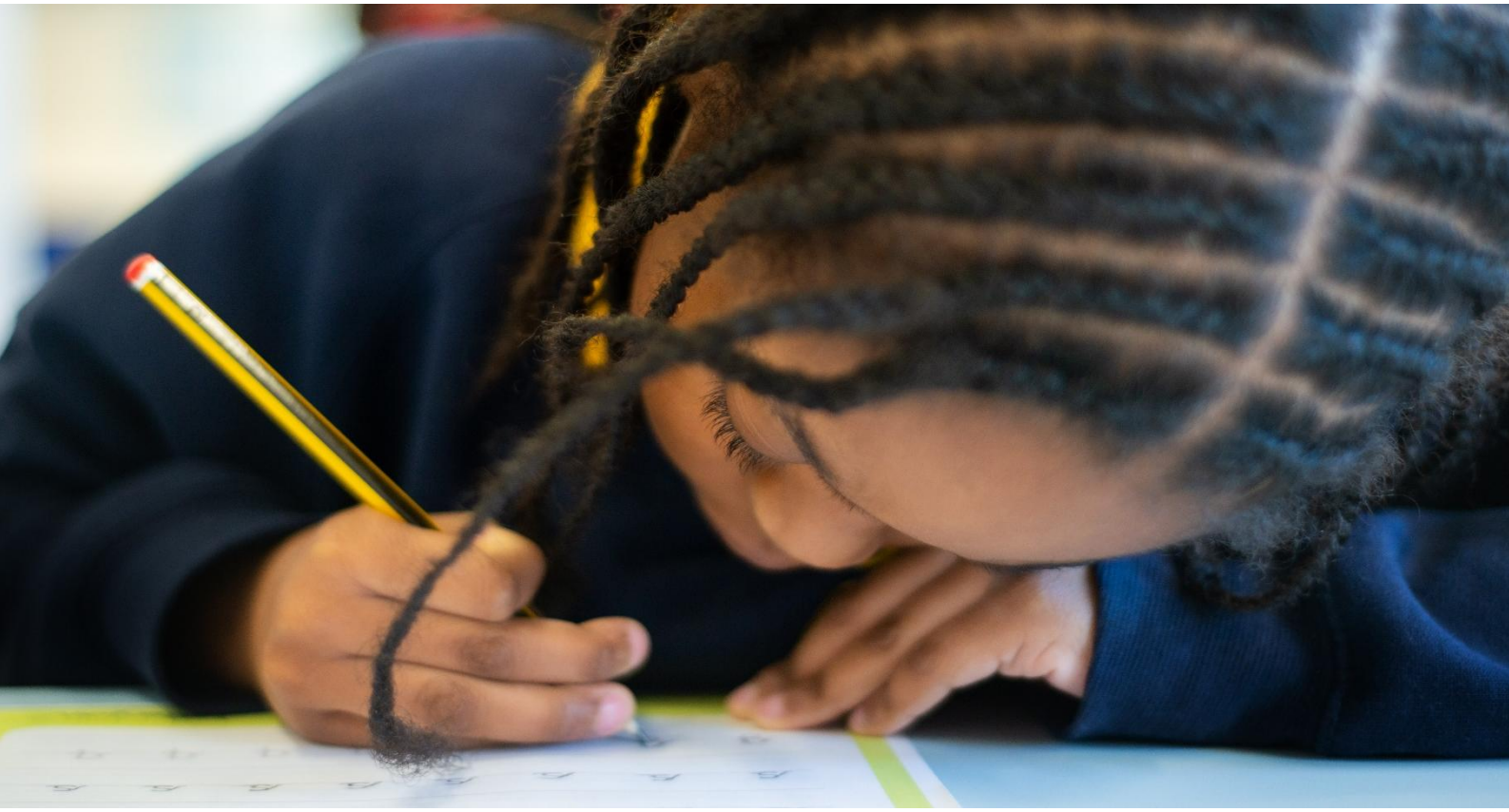
Laycock Primary School



Children With Health Needs That Cannot Attend School Policy

Approved by IEB:	Prudence Barnes-Kemp
Ratified and reviewed on:	February 2026
Next review due by:	February 2027

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1.Introduction

Children and young people may miss school due to health reasons. This may be illness (physical or mental health), injury or a planned admission to hospital. The health problem may be time-limited or a child may have a long-term condition.
Most absences from school will be for minor, short-term health problems, and absences from school will be short and infrequent. The child's school will arrange any educational support relating to such absences. However, some children may miss school for longer periods due to health reasons. This document sets out Islington Council's policy for making alternative education arrangements for those children, including when and how alternative education provision will be arranged.
The local authority (LA), schools, parents/primary carer, providers and other agencies will need to work together to plan and provide suitable alternative provision in these circumstances. This policy therefore also sets out their respective roles and responsibilities.
The policy applies to all children of compulsory school age, that is those between the ages of 5 – 18 (or up to the age of 25 for those with an EHCP).

2. Legal Framework

Local authorities have a duty to make arrangements for children of compulsory school age who, due to illness or for other reasons, may not receive a suitable full-time education unless alternative education is arranged. The Department for Education (DfE) has published statutory guidance, Education for children with health needs who cannot attend school, which has been taken into account in preparing this policy.

3. Role and Responsibilities of Schools

Nationally, all schools must by law make arrangements for supporting pupils who attend their school with a medical condition.
This duty is set out in Section 100 of the Children and Families Act 2014. The DfE has also published statutory guidance - Supporting pupils at school with medical conditions - to help schools understand and comply with this duty.
All education providers are also expected to comply with the Disability Discrimination Equality Acts, so that those with a disability because of a medical condition should expect the same level of support as their peers.
The following are key points detailed in the statutory guidance produced by the DfE:

- Pupils at school with a medical condition should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.

School Governing Bodies have a duty to make arrangements to support pupils with medical conditions in school. They must make sure that a policy for supporting pupils with medical conditions in their school is developed and implemented. Also, there should be a named person who is responsible for the practical implementation of the medical policy in each school.

4. Circumstances in which alternative education will be commissioned by the local authority

The statutory guidance is clear that in most circumstances where a child and young person has a health need, they will receive suitable education from their school without the need for the intervention of the LA. The LA also provides advice and guidance to schools and families on minor illness and school attendance.
In many cases the children and young people can still attend school with some support, or the school can make arrangements to deliver suitable education to support the child or young person while they remain out of school.

Schools should liaise with Health Professionals to bring together an Individual Health Plan that aims to maintain the attendance of the child in school and to determine how the child or young person can best be supported. Schools can also ask for further advice and support on coordinating and developing a Health Care plan from the Outreach Team at Richard Cloudesley School, or in the case of mental health, with the Outreach Team from New River College and the local Mental Health Support Team.
However, for a small number of children and young people with medical conditions, it may be necessary for the LA to consider providing short term support to help integration back into school, for example if a child or young person is recovering from an operation and is unable to attend school for a period of time.

This policy therefore applies to children and young people:

- who are of statutory school age **and**
- who are permanently resident in Islington (including children who attend schools outside the borough) **and**
- who are not in school for 15 days or more, whether consecutive or cumulative due to ill health **and**
- where the health need and necessity for absence has been validated as necessary by a medical doctor **and**
- will not receive a suitable full-time education unless the local authority makes arrangements for this.
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Health problems may include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the local authority will liaise with other medical professionals (e.g., the child's GP), so that provision of education is not delayed. Normally, the medical professional cannot be privately commissioned and must be UK based.

This policy applies to pupils at schools of all types (maintained schools, Academies, Free schools, special schools, independent schools, alternative provision). Arrangements for alternative education will not normally be made for children and young people below or above compulsory school age.
Arrangements for alternative provision will be made as soon as it is known that a child has not attended school for 15 days for health reasons or as soon as it is clear that a health-related absence from school will be 15 days or longer, and has been verified by a medical doctor. The provision will commence as quickly as possible.
There may be circumstances in which suitable alternative education is already in place e.g., if the school has made arrangements for a pupil or the child is receiving education at a hospital school. In such circumstances,

the LA will intervene only if it has reason to think that the education provision being made is unsuitable or insufficient.

If a child is in hospital in a different borough for a long period, education provision would usually be arranged through the local education service, with the cost being met by the borough in which the child lives.

5. Named Officer

Local authorities are responsible for making sure that there is a named senior officer with responsibility for educational provision for children with long-term health needs. In Islington the named Officer with this responsibility is Gabriella Di-Sciullo, Head of Admissions and Children Out of School.

The named person acts as a link officer for notifications from schools and can signpost schools to support and offer advice on the process and thresholds for securing interim provision where appropriate.

In Islington, we also ask schools to report to the LA any child who is absent from school for ten consecutive days or more where there has been no contact with the family as part of the Council's 'Children Missing from Education' procedures.

6. Alternative Education Provider

In Islington, we commission New River College to make arrangements for alternative education. Arrangements are made via the Pupil Services Team.

New River College can also be commissioned by individual schools to meet the needs of pupils who have shorter health-related absences.

Education provided will be full-time, unless this is not in the best interests of the child. 'Full-time' education means the equivalent amount of education that a pupil would expect to receive if they were in school e.g., 25 hours for pupils in Key Stage 4. Full time education will not always mean providing the same amount of hours of face-to-face provision. For example, a provision equivalent to full time education could be achieved with fewer hours if a pupil is receiving one to one tuition as the provision is more concentrated. Where a child is not well enough for full-time education, arrangements can be made for fewer hours.

The education provided will be tailored to the child's age, aptitude and ability (including any special educational needs) and any other individual needs (such as health, behaviour, social and emotional needs and any disability).

The aim of the provision will be to ensure, as far is possible in the context of the child's health needs that:

- Pupils make good progress in their education and do not fall behind their peers, especially in the key subjects of English, Maths and Science
- Disruption to learning is minimised and that there is continuity of education provision with their school curriculum
- The quality of education provided is good and meets the child's individual learning and other needs
- Pupils have access to a broad and balanced curriculum and continue with subject options
- Pupils are able to obtain qualifications (as appropriate to their age and abilities)

- Pupils are able to reintegrate successfully back into school and that this takes place as soon as their health permits
- Pupils keep in touch with their school

Therefore, the arrangements made will combine educational and reintegration support.
Children will have different needs, to which their provision will be tailored. However, as a guideline, the education provision will include at least 5 hours of one-to-one tuition. It will take place in an appropriate location e.g., at home, in hospital, or in a local community facility. The education provided may include setting of work and the use of electronic media (including e-learning).

7. Process of setting up alternative education

As soon as a request for educational support has been received by Islington's named officer, the LA will request baseline assessment information and curriculum plans from the child's school to inform the planning of educational provision. This information, together with advice from medical professionals, will ensure that the education provided is effectively matched to the child's needs.

This information will be channelled through one of two pathways:

- A direct referral to the relevant multi-agency primary or secondary Securing Education Board, which includes consideration of access to Alternative Provision, including New River College Medical Pupil Referral Unit.
- A partnership planning meeting arranged by the school, to include the school, an appropriate LA representative, health partners, the parents and the child and young person as appropriate. The objective of such meetings is to agree and set out detail of the support arrangements required by the child or young person. This will include the nature and level of education and health provision that will be made that is consistent with the child or young person’s needs and any additional support that the family may need. Dates of Review meetings and how progress will be reviewed will also be agreed.

Where support in addition to or outside school is agreed, New River College will deliver / oversee this, including provision for pupils in alternative suitable venues, or where appropriate, in the pupil’s home.
It is important for all parties to agree that the aim of any support and interim provision will be to return the child or young person to school as soon as is practicable.

Before it is agreed that teaching can take place in the home, it will be necessary to carry out appropriate risk assessments. This would be completed by a relevant professional(s) to be agreed between the Parents/Carers/School/Medical Professionals and the Local Authority.

Where a pupil is taught at home it is necessary for there to be a responsible adult in the house at all times. Close liaison with the pupil’s school is essential and pupils should be kept informed about school activities and events. The pupil will remain on the school roll and the school will be expected to arrange review meetings. Up to date medical evidence will be required for these meetings.

It is also important for school or education provider to continue to link with other agencies to support the pupil's educational opportunities. Where support is agreed, there is an expectation that all parties will engage with and contribute to delivery of the agreed plan.

8. Roles and responsibilities of respective parties

The **School's** role is to:

- Work with Health Professionals to maintain attendance at school
- Maintain a plan, such as a Health Plan, with Health Professionals that identify any reasonable adjustments that can be made to maintain attendance at school
- Request medical evidence from the parent/ carer when it is clear a child or young person's health condition is preventing them from attending school regularly
- When it is clear a child or young person's health condition is preventing them from attending school, school will refer and provide supporting evidence to the LA to consider making Alternative Provision
- Host and chair regular review meetings (normally every 6 weeks); produce action plans and distribute notes of these meetings
- Provide materials for an appropriate programme of work and work plans
- Maintain a plan, such as a Health Plan, which records progress made towards a return to school.
- Ensure all staff are kept informed.
- Ensure appropriate arrangements, including entry and invigilation are made for all examinations
- Provide the pupil's academic attainment levels including any relevant examination requirements such as permissions for extra time and scribes, for example
- Make arrangements for SATs or examinations
- Assess coursework
- Provide a named teacher with whom each party can liaise
- Provide a suitable working area within the School, where necessary
- Request that the LA provide alternative provision where it is clear that the support outlined in the child or young person's Health Plan has not secured regular attendance at school
- Be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- Ensure that pupils who are unable to attend school, are kept informed about school social events, are able to participate, for example, in homework clubs, study support and other activities as their medical condition allows.
- Encourage and facilitate liaison with peers, for example, through visits and on-line activity.

The **pupil's** role is to:

- Engage with the education provider
- Be prepared to communicate their views
- Attend necessary meetings if appropriate
- Engage with other agencies as appropriate; prepare for reintegration as soon as possible.

The **parents'/carers'** role is to:

- Commit to a plan of reintegration
- Secure medical evidence from Health Professionals
- Be willing to work together with all concerned
- Provide early communication if a problem arises or help is needed

- Attend necessary meetings
- Reinforce with their child, the value of a return to school.

The **Local Authority's** role is to: .

- Keep a record of all children and young people with long term medical needs that have been notified to the LA
- Ensure that cases are channelled through the appropriate professional support pathways e.g., SEND, Early Help
- Ensure that an appropriate professional is assigned to each case
- Consider referrals from school for children or young people who are medically unfit to attend school
- Make education provision for a child or young person who is deemed medically unfit to attend school
- Support reintegration back into school placement
- Keep provision under review.

Health Professionals Role is to:

- Provide health records of an individual child or young person to parents – information will detail any diagnoses, treatment plan, detail of all health professionals working with the CYP, detail of further referrals to Specialist Health Services to support the child or young person, and identify the named professional overseeing the child or young person's care.
- Identify Health Professionals to contribute to development of the child or young person's Health Plan Identified Health Professionals to contribute to the decision making around the support required to support the child or young person into provision
- Provide clear communication routes for schools to gather medical evidence
- Identify Health Professionals to contribute to and provide updated evidence to support the review of the child or young person's provision

Other Agencies

Other involved agencies' are expected to work with others for the benefit of the child or young person. Examples of other involved agencies could include Children's Social Care, Early Help, CAMHS, Targeted Youth Support.

The expectation is that where necessary, they:

- Attend review meetings
- Provide written reports
- Give appropriate advice and support.

9. Reintegration to school

The aim of the pupil support provision will be to reintegrate pupils back into mainstream education at the earliest opportunity as soon as they are well enough. Arrangements for reintegration will be discussed with school staff and each child or young person will have a reintegration plan.

In some cases, it may not be possible for the child to return to school on a full- time basis initially. Arrangements for reintegration (or other future education arrangements) will need to take into account any ongoing health problems or disabilities that they may have.

The LA retains responsibility for supporting children living within the area who are not on roll at a school whose health needs prevent them from accessing education. These may include children who are awaiting a school placement.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either the SEND Team (for children with an Education, Health and Care Plan) or the LAs named contact to discuss future educational provision.

10. Specific Health Needs

Pupils with Chronic Conditions

For pupils with chronic conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome (CFS), Juvenile Arthritis, Sickle Cell, Crohn's disease (please note that this is not an exhaustive list) or similar conditions, provision put in place will be guided by the medical advice provided by relevant professionals. This may include, for example, periods of school attendance, periods of rest, periods of individual tuition in hospital or at home or on-line learning.

Pupils with mental health concerns

For pupils with mental ill health there is an expectation that referrals and support will be provided by the Child and Adolescent Mental Health Service (CAMHS). It is expected that any recommendations about fitness to attend schools or levels of participation will be informed by a clinician.

Emotionally Based School Avoidance (EBSA)

It is recognised that there has been an increase in the number of families reporting that their child is too anxious to attend school, particularly post pandemic. There are lots of within school, home or community factors that may make it difficult for children to attend school. Schools are therefore encouraged to adopt a flexible approach to support and reintegrate pupils back into school, working closely with partner services, for example CAMHS, Mental Health Support Teams, the Education Psychology Service, Early Help and Children's Social Care to build individual packages of support for a child's return. During this period of reintegration there is an expectation that the child or young person will remain on the roll of their current school.

Pupils who are pregnant

It is an expectation that pupils who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil. Each case will be considered on an individual basis.

However, where there are extenuating circumstances, supported by appropriate medical evidence, it is possible to consider support outside the normal arrangements. The young person will remain on roll of their

school. If the young person has not reached statutory school leaving age, it is expected that she will reintegrate back into school. Evidence needs to be provided by a Health Professional to the school to confirm when the baby is expected so that an appropriate arrangements can be made.

Children with life limiting and terminal illness

The Local Authority will continue to provide education for as long as the child, 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.

11. Useful contacts

There is a range of provision in Islington for children and young people who may need specialist medical support, including:

New River College Medical and Hospital Class
Whittington Health Hospital @ Home
Richard Cloudesley outreach service
New River College outreach service
Mental health support services