



Tudor Grange Academies Trust

[School Name] Children who cannot attend school due to medical needs policy

Document title	Children who cannot attend school due to medical needs policy
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Highlighted sections of this policy to be localised by individual school (***delete this section when complete***):

- p1, Title and Author
- p2, para 4.2 – Name of staff member responsible for making and monitoring arrangements
- p3, para 5.1 – Name of Local Authority
- p3, para 5.3 – Delete all except own local authority

Date updated	Version	Change from last version
24.08.23	1.0	New document
22.08.23	2.0	Annual review 'Academy' changed to 'School' throughout. Update to:- section 1 (all), paragraphs 2.1, 2.2, 3.3, 4.4, 4.7, 5.1, 5.2, 5.3. New section 6 and subsequent renumbering.
22.08.24	2.0	Annual review
28.08.25	2.1	Annual review, update to paragraph 5.1.
09.07.26	2.2	Annual review. New paragraphs 3.2, 3.5-3.6 and subsequent renumbering. Update to paragraph 1.2, 2.1, 3.1, 3.3, 4.1 and 4.5. "We" and "Our" updated to "the Trust" or "the School" as appropriate.

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1 Aims

- 1.1 This policy sets out Tudor Grange Academies Trust's ('the Trust's') approach to children with physical or mental health needs who cannot attend school across the Trust.
- 1.2 It aims to ensure that suitable education is arranged for pupils on roll who cannot attend school due to health needs, focusing on continuity of education and successful reintegration into school.
- 1.3 The policy will ensure that pupils, staff and parents/carers understand what the school is responsible for when this education is being provided by the local authority.

2 Legislation and guidance

- 2.1 This policy reflects the requirements of the [Education Act 1996](#) and [DfE statutory guidance](#).
- 2.2 It is also based on guidance provided by the local authorities where the Trust's schools are located. Their guidance can be found in section 5.
- 2.3 This policy complies with the Trust's funding agreement and articles of association.

3 School responsibilities

- 3.1 DfE (Department for Education) statutory guidance makes it clear that the majority of pupils who experience medical needs are best provided for in their home school, with appropriate and reasonable adjustments. Where the medical needs are so significant that education off-site is required for a period, this should be for the shortest appropriate time to prevent pupils losing their links with friends and to reduce the impact on attainment and progress.
- 3.2 The Principal holds responsibility for overall compliance with this policy. The SENCo (Special Educational Needs Coordinator), Senior Attendance Champion and Designated Safeguarding Lead will be involved on a case-by-case basis, as appropriate.
- 3.3 The school will work collaboratively with families and external agencies to ascertain the best course of action.
- 3.4 Medical evidence will need to be provided from health care professionals and this must be updated to reflect any changes in the health needs of the pupil.
- 3.5 Provision will be regularly reviewed to reflect any change's in the pupil's condition.
- 3.6 The school will consult the local authority as soon as it becomes clear that absence will reach 15 school days (consecutive, or cumulative within a year).

4 If the school makes arrangements

- 4.1 Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. Suitable education is defined as efficient education suitable to the pupil's age, ability, aptitude and any special educational needs they may have. Where absence is linked to mental health needs, for example Emotionally Based School Avoidance (EBSA) or anxiety-related absence, the school will implement a graduated approach including pastoral support, external referrals and phased reintegration, as appropriate to each case.
- 4.2 In our school, [name] will be responsible for making and monitoring these arrangements.
- 4.3 In the short term, where a pupil is deemed well enough to undertake some learning at home by a medical professional, the school will set work that is most appropriate to the individual child's circumstances. This may be:
 - work sent home
 - practical items
 - electronic based tasks and remote learning: resources to facilitate education will be provided by the school.
- 4.4 At all points, the pupil and parents/carers will be engaged in discussion about what is best for their education and the school should seek regular updates about the pupil's wellbeing.
- 4.5 The reintegration process will be carefully planned and personalised, with an individualised plan taking into account the needs of the child. This may take the form of sending a staff member to their house to support a transition process back into school. Visits and gradually increasing contact might be necessary for some pupils in this position and in these circumstances a part-time timetable will be agreed and regularly reviewed. Reasonable adjustments will be considered, as appropriate. The focus will always be on a successful transition back to full-time education.
- 4.6 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 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.

- 4.7 Awarding bodies will make special arrangements for children with permanent or long term disabilities or learning difficulties, and with temporary disabilities, illness and indispositions, when they are taking public examinations. The local authority and the school will work together to submit applications for special arrangements to awarding bodies as early as possible.

5 If the local authority makes arrangements

- 5.1 Where a child cannot attend school because of a physical or mental health need, and the school cannot make suitable arrangements, [local authority] will become responsible for arranging suitable education for these pupils under Section 19 of the Education Act 1996. As soon as it is clear that school can no longer support the child's health needs and provide suitable education, they should speak to the local authority about putting in place alternative provision.
- 5.2 Suitable education may be different depending on the individual and their health concern. What is considered suitable will be discussed with parents/carers, the pupil themselves and members of staff that know the pupil well.
- 5.3 The amount of days that will trigger local authority involvement will vary due to the nature of illness or health concern. However, as soon as it becomes clear that a child will be absent for 15 or more school days because of their health needs, advice should be sought from the local authority. This may be 15 consecutive days, or 15 days over the course of a school year.

[Delete all except your local authority]

Schools situated in the Solihull Local Authority should make a referral to the Medical Alternative Provision team: [Solihull referral form](#)

Schools in Warwickshire should make a referral to the Flexible Learning Team: <https://www.warwickshire-flt.org.uk/referral.asp>

Schools in Worcestershire should make a referral to the Medical Education Team: <https://www.worcestershire.gov.uk/WCFEducationServices/info/1/support-services/22/medical-education>

Schools in Leicestershire should contact the Inclusion Service: <https://www.leicestershire.gov.uk/education-and-children/schools-colleges-and-academies/inclusion-service/get-advice-or-make-a-referral-to-the-inclusion-service>

Schools in Leicester should follow the Local Authority 'Supporting the education of children with medical needs' procedures: <https://www.leicester.gov.uk/schools-and-learning/school-and-colleges/attendance-behaviour-and-welfare/supporting-the-education-of-children-with-medical-needs/>

- 5.4 In cases where the local authority makes arrangements, the school and the Trust will:
- 5.4.1 Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil;
- 5.4.2 Share information with the local authority and relevant health services as required;
- 5.4.3 Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully;
- 5.4.4 When reintegration is anticipated, work with the local authority to:

- plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible;
- enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school);
- create individually tailored reintegration plans and/or part-time timetables for each child returning to school; and
- consider whether any reasonable adjustments need to be made.

6 Working together

- 6.1 Parents/carers have an important role to play and can provide necessary information about their child and their needs. If a parent/carer has concerns that their child's health is having an impact on their learning, they should contact school to discuss how the child could be properly supported to enable them to have full access to education. It is important that school is kept fully informed of any changes to a child's health needs.
- 6.2 Pupils should be involved in decision making where possible to encourage engagement and commitment. How a child is engaged will depend on their age and maturity.
- 6.3 In all cases, effective collaboration between relevant services (local authority, CAMHS, NHS, school, hospital school, etc.) is essential to delivering an effective education for children with additional physical or mental health needs.

7 Links to other policies

- 7.1 This policy links to the following school policies:
 - School Accessibility plan
 - Supporting pupils with medical conditions policy