

# SUTTON GRAMMAR SCHOOL



## CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY

<b>Staff member with responsibility:</b>	Kate Ross, Deputy Head
<b>Reviewed by:</b>	Board of Trustees
<b>Policy Agreed date:</b>	June 2025
<b>Next review date:</b>	June 2026

## **1. INTRODUCTION AND AIMS:**

This policy aims to ensure that:

- The school fulfills its statutory duty to ensure that suitable education is arranged for students on roll who cannot attend school due to health needs
- Students, staff and parents understand what the school is responsible for when this education is being provided by the local authority (LA)

## **2. LEGISLATION AND GUIDANCE:**

This policy reflects the requirements of the following:

- Education Act (1996)
- Equality Act (2010)

It is also based on the following statutory guidance from the Department for Education (DfE):

- [Alternative provision](#)
- [Education for children with health needs who cannot attend school](#)

This policy also includes the London Borough of Sutton policy Educating Children with Emotional, Wellbeing and Health Related Needs who Cannot Attend School

## **3. THE RESPONSIBILITIES OF THE SCHOOL:**

### **3.1 If the school makes arrangements**

Initially the school will attempt to make arrangements to deliver the same standard of education for children with health needs who cannot attend school.

- The SENDCo, HOY (Head of Year) or HOSF (Head of Sixth Form), and Deputy Head will liaise with parents/carers to put in place suitable arrangements to ensure the best continuity of learning possible.
- The SENDCO, HOY or HOSF, and Deputy Head will monitor arrangements between home and school, including liaison with Heads of Department and subject teachers.
- The Headteacher may delegate some tasks related to homeschooling to a specific member of staff, such as the tutor or head of year.
- The HOY/HOSF will ensure that appropriate work is sent home, or sent to hospital schools where this is relevant.
- The HOY/HOSF will monitor the student's engagement with the work and liaise with the student's parents/carers and teachers where necessary.
- Where a student is not attending due to ill health, it is important that they feel supported in their learning. It is also important that each student's situation is assessed on an individual basis and that the student's needs are met accordingly.
- The SENDCo, HOY/HOSF and Deputy Head will also be responsible for ensuring a supported reintegration of the student back into school after an extended period of illness. Again, this will include close liaison with parents/carers, Deputy Head, HOY, form tutor, Subject Leaders, teachers and the LA.
- When a student returns to school after an extended period of absence due to ill health, the HOY and tutor will closely monitor the student for one school term and support their settling back into their learning and school life.

- Should the student require further support, the HOY will make the necessary referrals, either to in-school support programmes (e.g. the school's Pastoral and Student Support Officer or school counsellor) or outside agencies. Again, this will be done in consultation with parents/carers, the SENDCo and the Deputy Head.

#### **4. RESPONSIBILITY OF THE LOCAL AUTHORITY:**

If the school cannot make suitable arrangements, the student's Local Authority (LA) will become responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision.

The school will make a referral to the local authority and inform parents. The LA should accept and act on their following criteria:

- Medical needs are such that the young person has missed 15 days of schooling (consecutive or cumulative).
- The young person's health has significantly reduced their ability to access their home school full time and this is reflected in their attendance record.
- A senior medical professional (such as a consultant, mental health practitioner etc) is providing support, diagnosis and/or advice. This applies to students whose cases are managed by hospitals as well as in more specialist hospitals in London and across the country; Please Note: GP referral is not sufficient.
- A change in medical advice or medication has meant that a young person requires increased medical review, intervention, support or flexibility to allow them to attend education full time.
- Health need can mean either physical health need, or mental health condition meaning it is disrupting the young person's ability to attend school full time
- A young person has been discharged from tier 4 Mental Health Service services and requires on-going support before full time reintegration to school.
- When further dialogue post-referral is required between the LA and schools there may be the need for further discussion with medical professionals to ensure correct decisions are reached in the best interest of all young people.

In cases where the local authority makes arrangements, the school will:

- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the student.
- Collaborate with the local authority to ensure continuity of provision and consistency of curriculum, including making available information about the curriculum
- Along with the local authority, review regularly the provision offered to ensure it continues to be appropriate for the child and it is providing suitable education
- Share information with the local authority and relevant health services as required
- When a child has complex or long-term health issues, work with the local authority parents/carers and the relevant health services to decide how best to meet the child's needs (e.g. through individual support; arranging alternative provision or by them

remaining in school, being supported at home and back into school after each absence)

- Liaise with the alternative provider over planning examinations and examination course requirements where appropriate. Awarding bodies may make special arrangements for students with permanent or long-term disabilities and learning difficulties, or temporary disabilities and illnesses. Applications for such arrangements will be submitted by the school, or LA if more appropriate, as soon as possible.
- .
- Help make sure the child can be reintegrated back into school successfully

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 student to access the same curriculum and materials that they would have used in school as far as possible including through digital resources
- Enable the student to stay in touch with school life (e.g. through Teams lessons online, newsletters, emails, invitations to school events) and, where appropriate, through educational visits
- Create individually tailored reintegration plans for each child returning to school which includes extra support to fill in any gaps arising from the absence.
- Consider whether any reasonable adjustments need to be made.

Different local authorities have different provision.

The London Borough of Sutton's policy for Educating children with emotional, wellbeing and health related needs who cannot attend school can be found in Appendix A.

This defines the policy, organisation, and arrangements for cooperating with parents and health professionals to ensure children and young people with medical conditions have full access to education.

The policy identifies how the local area partnership will ensure a good education for children who cannot attend school because of mental and/or physical health needs, and clarify how this will be delivered in practice, ensuring a consistent approach across phases and settings.

The Secondary Vulnerable Pupil Panel acts in support of this policy and is held in two parts

Part 1: includes problem solving and recommendations of support allocation for children at risk of exclusion or where there are 'stuck' attendance cases.

Part 2: In line with the Local Authority policy for supporting pupils at school with medical conditions, decisions are made about support, and or advice and guidance is given where education is identified as no longer suitable in meeting the needs of pupils experiencing challenges attending school due to difficulties with their mental health and wellbeing.

An element of the support may include access to Sutton Tuition And Reintegration Service (STARS) wider offer and acts as multi-agency admissions panel.

## **5. LINKS TO OTHER POLICIES:**

This policy works alongside the following school policies:

- Accessibility Plan
- SEND Policy
- Medical Needs Policy
- Equality Policy

#### **6. MONITORING AND EVALUATION**

This policy will be reviewed annually by the Deputy Head and then approved by the Trust.

**Policy**

<b>Title</b>	<b>Educating Children with Emotional, Wellbeing and Health Related Needs who Cannot Attend School</b>
<b>Description</b>	<b>The purpose of this policy is to identify how we, as a local area partnership, will ensure a good education for children who cannot attend school because of mental and/or physical health needs, and clarify how this will be delivered in practice, ensuring a consistent approach across phases and settings. This policy applies to all children who are resident in the London Borough of Sutton of compulsory school age.</b>
<b>Document Owner</b>	<b>Strategic Lead for Education</b>
<b>Previous Version</b>	<b>Part 1 and Part 2 Sutton Medical Needs Policy</b>
<b>Updated on the Local Offer?</b>	
<b>Date Created</b>	<b>March 2024</b>
<b>Date to be Reviewed</b>	<b>March 2025</b>

**1. Purpose**

1.1 Attendance is everyone’s business, and it is essential that all partners work together to provide appropriate support that meets the needs of the child/ren and families, and that reasonable adjustments are made within school to support ongoing needs and to ensure improved attendance is maintained.

1.2 The purpose of this document is to identify how we as a local area partnership will ensure a good education for children who cannot attend school because of mental and/or physical health needs, and clarify how this will be delivered in practice, ensuring a consistent approach across phases and settings. This policy applies to all children who attend school in the London Borough of Sutton. If alternative education is required for an out of borough child the responsibility for the provision of this is with the child’s resident authority.

**2. Duties**

**Local Authorities must:**

2.1 In accordance with Section 19 of the Education Act 1996, *“Arrange suitable full-time education (or as much education as the child’s health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education unless arrangements are made for them.”*

2.2 The law does not specify the point during a child's illness when it becomes the LA's responsibility to secure for the child suitable full-time education. More generally, LAs should be ready to take responsibility for any child whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

2.3 This duty does not apply to children under or over compulsory school age. However, where a child is in a setting it is expected that schools, supported by the multi-agency network would provide early help and support as set out in the policy to identify and address barriers to school attendance and support the management of health needs and follow the principles detailed below.

2.4 The London Borough of Sutton is responsible for ensuring that there is a named senior officer with responsibility for the provision of education for children and young people who are unable to attend school because of medical needs.

**The named person is: Beverly Williamson, Head Teacher of STARS, [tuition@starservice.org.uk](mailto:tuition@starservice.org.uk)**

### **2.5 Local authorities should:**

- Provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals, such as mental health or physical health practitioners to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, as defined in the statutory guidance Alternative Provision (2013), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible.
- Address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

### **2.6 Schools should:**

- Schools should inform the LA where pupils are likely to miss more than 15 days, and work with the family to ensure work is provided/provide educational provision whilst determining with the LA whether alternative provision should be provided under section 19 of the Education Act 1996.
- Schools signed up to Studybugs will not need to take any action, as a report will be created from Studybugs with all the relevant information. Schools not signed up will need to manually provide data monthly, shared with the named officer (Beverly Williamson, Head Teacher of STARS, [tuition@starservice.org.uk](mailto:tuition@starservice.org.uk)).
- Ask for medical evidence in instances of long term or repeated absences to assist in identifying what if any additional support the child requires to help them attend more regularly and whether the illness is likely to prevent the child from attending for extended periods, for example if they are recovering from surgery. Medical evidence does not imply an absence unless explicit in the letter/evidence.
- Inform the School Nurse and seek guidance/make a referral for support. School Nurses play a critical role in supporting improved attendance and reducing chronic absence.

### **2.7 Parent/carers must:**

- Parents/carers have a duty, under section 7 of the Education Act 1996, to ensure that their child of compulsory school age (5 to 16) receives an efficient full-time education either by attendance at school or otherwise, and so share in the responsibility of ensuring good and regular attendance. The legal responsibility of all parents/carers to ensure their child receives that education by full-time attendance at school or otherwise.

### **2.8 Parent/carers should:**

- Work with the school and other partner organisations such as the early help, social care, health, voluntary and community organisations etc to establish a shared understanding of perceived barriers to attendance, with a view to supporting their child/ren to maintain full-time attendance at school.
- Proactively engage with any support offered and keep in touch with the school, providing regular updates, and be open in communicating information that will help improve the quality and nature of support being provided.

### **2.9 Evidence:**

Medical evidence should be used to better understand the needs of the child, to identify support and reasonable adjustments that may be beneficial to support their education and recovery, and to identify, where appropriate provision

Schools will not be requesting medical evidence routinely or unnecessarily, particularly if the illness is one that does not require treatment by a health professional. However, if the school has a genuine doubt about the authenticity of illness, medical evidence can be requested to support the absence. Evidence may include prescriptions, appointment cards, medical letter, this list is not exhaustive.

If a medical condition is long-term, ongoing, or where the impact on learning and/or access to learning is unclear, medical evidence may be requested and/or advice and guidance from a suitable medical professional.

GPs should not/cannot provide sickness certifications for school children. However, where a condition is ongoing or long-term they can advise how the condition impacts the child and make recommendation of support they may find beneficial.

### **2.10 Health Should**

- Health partners should reinforce the health and wellbeing benefits gained from good school attendance and emphasise the importance of attendance for a child's long-term outcomes, whilst continuing to support health needs.
- Partners should provide advice and guidance on health needs of a child and the impact they have or may have on access to education, acting in consultation to schools and contributing to multi-agency discussions and meetings.
- Work with partners to identify specific support approaches for pupils with health needs where applicable and contribute to the development of wider plans to support effective reintegration.
- Where health needs of family members, for example parents, carers and siblings may be impacting school attendance, health partners are required to support discussions and provide advice and guidance to families and professionals and help facilitate access to necessary support.

## **3. Other Partners**

3.1 Barriers to attendance are broad and complex and it is understood that no single service can address all concerns alone. It is therefore imperative that multi-agency partners work together to address those barriers and support the development and implementation of reintegration plans that address needs holistically. There are a range of medical providers in the borough who also provide specialist medical support for children and young people. They have their own admission arrangements.

## 4. Principles

4.1 It is expected that in most cases suitable education for children absent from school, due to medical conditions, will be met by the school where they are on roll. Schools may use a range of delivery styles, approaches, and reasonable adjustments to support the delivery of education during periods of absence due to ill health.

4.2 Maintaining a sense of connection to the school community is essential to supporting a child's reintegration. It is expected that schools keep in touch with the child and family during periods of absence to ensure a connection is maintained, this includes maintaining connection with classmates as well as school staff.

4.3 While the section 19 duty sits with the local authority, schools should work closely with them and all relevant health professionals to ensure that children with health needs are fully supported at school, including putting in place [individual healthcare](#) (IHC) plans if appropriate and proportionate. This may involve, for example, programmes of study that rely on a flexible approach which may include agreed periods of remote education.

4.4 In exceptional cases where schools cannot provide a suitable education, and/or when it is clear that a child will be absent for 15 or more days, cumulative or consecutive, schools must notify the LA. The LA will maintain a list of absent pupils, provide oversight and monitoring, and where appropriate provide additional help to support the school in their delivery or provide alternative education as an interim arrangement.

4.5 It is generally understood that managing a child's health needs and their attendance requirements can be challenging for parent/carers, it is therefore essential that a holistic approach to supporting both the child/ren and family will be taken to support good attendance underpinned by early identification to understand root causes and to remove barriers to good attendance. An effective and co produced reintegration plan, with milestones, should be developed that includes parent and child voice and with support from the multi-agency partnership where appropriate, and in particular involvement from health partners such as school nurses, and may include CAMHS, GPs, Educational Psychologist, the Virtual School if the child is a Child Looked After (CLA) or Social Care if the child is a child with a social worker (CWSW).

4.6 It is expected that all schools have a virtual/online education offer, for example Oaks National Academy, and that information about this offer is shared with and available for parent/carers on the schools website. Digital technology should be used to complement face to face education rather than the sole provision. Any alternative education/tuition provision/packages must not be provided in isolation and should have due regard to any SEND support or EHCP needs provision, alongside the annual reviews and outcome progress. To effectively improve school attendance, alternative education packages should only be used as an interim arrangement and as part of a package of support, which may include multi-agency contributions to compliment a robust holistic action plan led and monitored by school. The plan may include:

- Identification of barriers and how they will be addressed
- Clear plan of education delivery which may be a mixed package of onsite in school and offsite education,
- Consideration of a part time timetable with clear milestones as appropriate
- Support for health needs, physical and/or mental wellbeing
- Pastoral support and/or outreach plan, including opportunities to remain connected to the school body, pupils and staff
- Input from Virtual School if the child is a Child Looked After or Social Worker for a Child Looked After or child with a social worker
- Other support in school and/or support from external professionals, including the SEND team as appropriate

## 5. Expected Parent/Carer Arrangements

5.1 Parent/carers play a crucial role in supporting the good attendance of their child/ren and have a duty under section 7 of the Education Act 1996 to ensure that their child of compulsory school age receives an efficient full-time education either by attendance at school or otherwise and share the responsibility for good attendance.

Parent/carers are expected to:

- Work with schools and other professionals to develop an attendance plan that fits with the needs of the child, helping professionals to understand barriers to attendance.
- Parent/carers should engage with support offered including practical, whole-family support and/or early help support, where necessary, by school and other professionals, in order to try to address the causes of poor attendance.
- Keep school up to date with changes and provide requested medical evidence in instances of long term or repeated absences for the same reason.
- Act as best they can to support their child(ren) to recognise and manage their social, emotional, and mental health and wellbeing.
- Support their child's attendance, access, and engagement in education.

## 6. Expected school arrangements

6.1 If a child is absent from school, and in addition to the usual support schools are expected to provide to support good attendance. They should have a co produced reintegration plan with clear milestones, and it is expected that schools will provide access to education using a range of methods that may include those detailed below as appropriate, this list is not exhaustive, and is part of a planned provision with regular reviews:

- Provide a part time timetable for a short period of time and as part of a reintegration plan, focusing on core subjects and/or a child's preferred subjects.
- Use electronic media such as 'virtual classroom' learning platforms, generally used to complement face to face education rather than as a sole provision.
- Provide remote education. Provision of remote education should be made as a short-term solution allowing absent pupils to keep on track with their education and stay connected to their teachers and peers. Online video lessons do not necessarily need to be recorded by teaching staff at the school. If preferred, high quality lessons developed by external providers such as Oaks National Academy can be provided instead of school led video content.
- Send work home, printed packs or through online platforms.
- Provide at home/community tuition using school staff as appropriate or a suitable tuition organisation.

## 7. Children with an EHCP

7.1 If the child has an EHC plan, school staff should consider communicating with the LA at an early stage once they become aware of barriers to attendance that relate to the child's needs. In many cases the school may be able to agree with parents/carers adjustments to its policies and practices that are consistent with the special educational provision set out in the EHC plan. In other cases, the additional or different attendance support identified may require the LA to review and amend the EHC plan.

7.2 If school staff identify that anxiety about attending is being driven by another medical need, then they should work with the relevant health professionals and parents/carers to review that support and consider putting in place or updating an Individual Healthcare plan.

7.3 Schools are expected to use their own resources such as notional budget and where possible their National Tutoring Programme (NTP) grant, where eligible, to fund support in the first instance. Schools may submit a request to the LA on a case by case basis once school funding has been exhausted, for time limited periods, and must be supported by a reintegration plan to remove barriers/support attendance.

## 8. Expected LA arrangements

8.1 There will be a wide range of circumstances where a child has a health need but will receive a suitable education that meets their needs without the intervention of the LA – for example, where the child can still attend school with some support; where the school has made arrangements to deliver a suitable education outside of school for the child; or where arrangements have been made for the child to be educated in a hospital by an onsite hospital school. It is not expected that that the LA becomes involved in such arrangements unless it had a reason to think that the education being provided to the child was not suitable or, while otherwise suitable, was not full time or for the number of hours the child could benefit from without adversely affecting their health, for example a child that can attend school but only intermittently.

8.2 Where the LA identifies that education is not meeting the needs of the child and where attendance has not improved with the support of an appropriate reintegration plan, the LA may make recommendations about improving suitability and/or identify additional support that may be required. Where a school identifies that they feel the mainstream education is no longer suitable, they may make a request to the LA for additional support via the Vulnerable Pupil Panel (VPP). The LA multi-agency panel will consider each request for support on a case-by-case basis and will look at the evidence for each individual request and determine if alternative education provision/financial support will be provided under section 19 of the Education Act 1996.

8.3 If provision is made the local authority may:

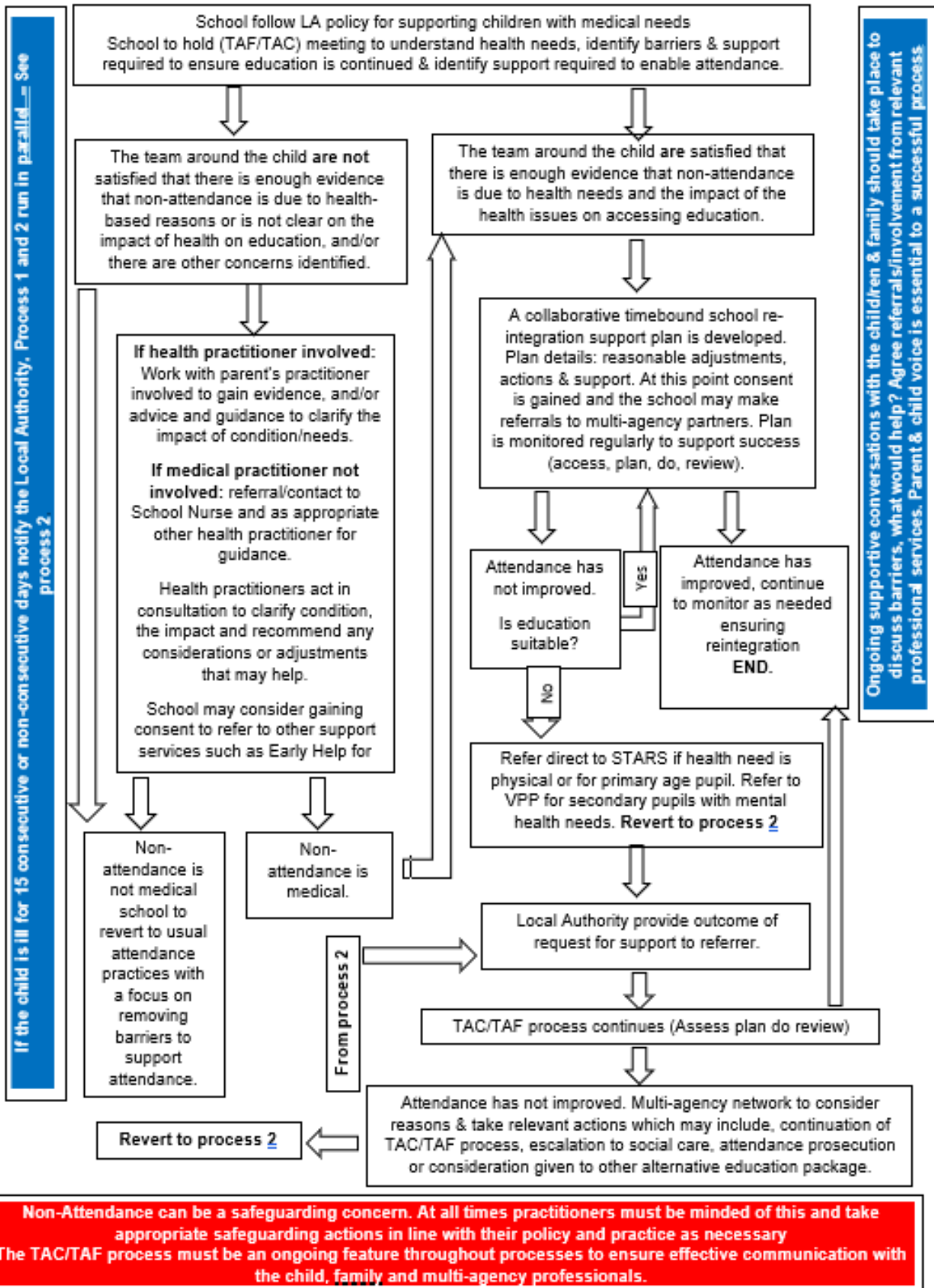
- Provide time-limited access to STARS alternative provision, to access onsite education.
- Provide time limited access to outreach support from STARS.
- Provide time limited additional support to the school to help them meet the needs of the child.
- Provide time limited tuition support.
- Provide information, advice and guidance to the school to improve suitability of education package and support

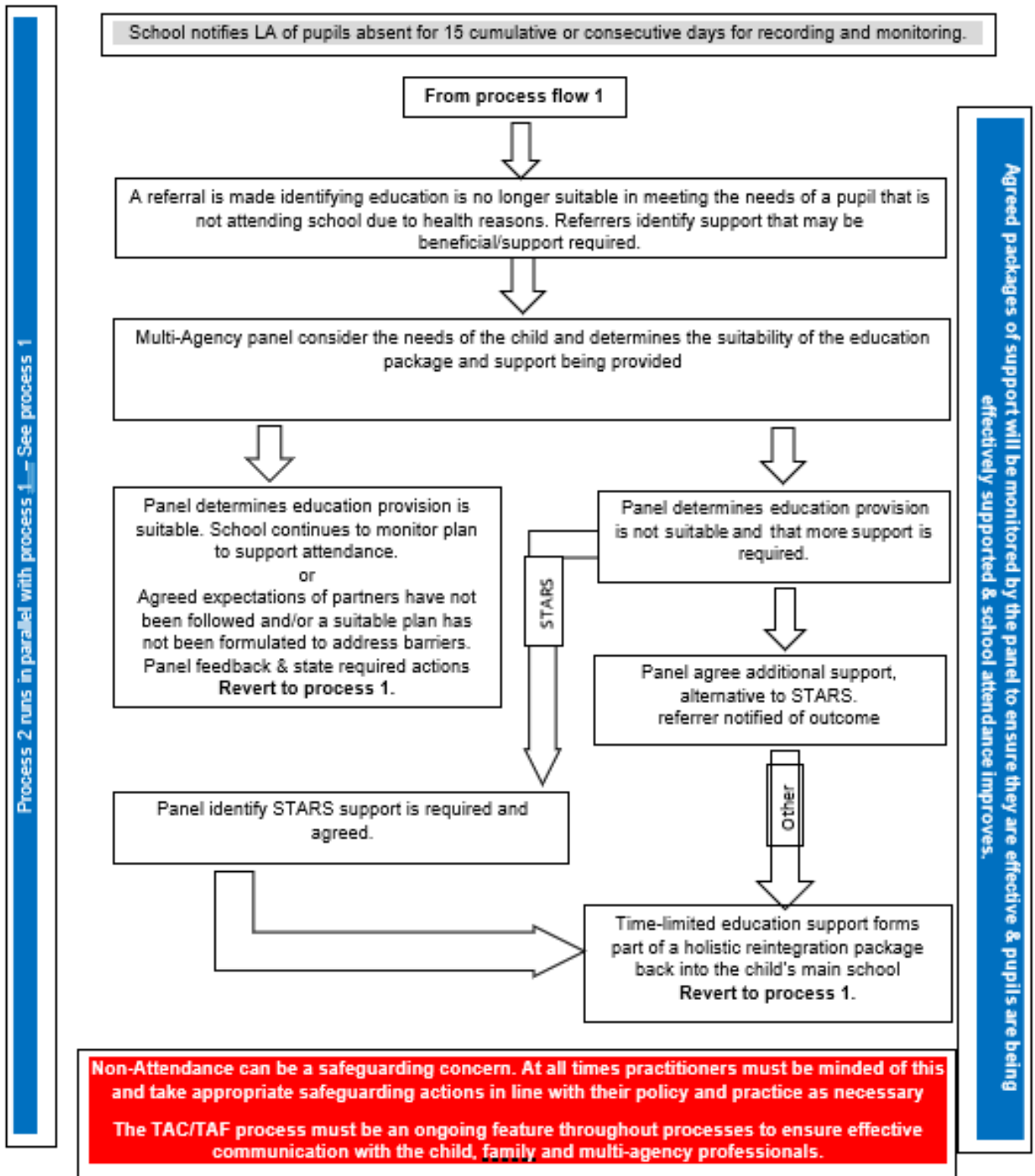
## 9. Flowcharts

**Process 1** School follows LA policy for supporting children with medical needs and holds a Team Around the Family or Team Around the School meeting.

**Process 2** School notifies LA of pupils absent for 15 consecutive or cumulative days for recording and monitoring.

Process One





## 10. STARS

[STARS Referral and Reintegration Process FINAL.pdf](#)

[Service Level Agreement Jan 2024 \(1\).docx](#)

10.1 In line with the statutory guidance, STARS will ensure that provision offered is regularly reviewed, is bespoke to the needs of the individual and continues to be appropriate for the pupil. The aim of this provision is to:

- minimise disruption to learning;
- deliver an appropriate and personalised education
- enable a pupil to maintain their academic progress and attainment, and
- successfully reintegrate pupils into mainstream provision at the earliest opportunity when they are well enough to return.

10.2 STARS will deliver suitable personalised provision based on the level of need and age which will include:

- Individual one to one teaching in the home or hospital or other suitable venue such as a public library.
- Small group teaching and personalised learning delivered at The Drapers Centre.
- Education in the Hospitals: The Royal Marsden Hospital for Children and Queen Mary's Hospital for children.

10.3 Full-time education is not defined in law but it should equate to what the pupil would normally have in school – for example, for pupils in Key Stage 4 full-time education in a school would usually be 25 hours a week. If they receive one to one teaching, the hours of face to face provision will be fewer as the provision is more concentrated. Consideration will need to be made with due regard to the pupil's condition as full-time provision might not be in the pupil's best interests.

10.4 The focus of the provision will be on core and examination entry subjects, however STARS will provide a broad and balanced curriculum including the social and emotional aspects of learning. Provision will be personalised and respond to the changing health status of the child.

10.5 Regular meetings will be held at schools to discuss attendance, engagement and readiness for reintegration of each pupil.

10.6 STARS seeks individual pupil's voice throughout, from when a pupil is first referred up to transition and the support needed to reintegrate. STARS also carries out regular pupil surveys and any highlighted worries are addressed on an individual basis.

10.7 STARS will ensure that high quality educational provision is provided and staff are provided with appropriate professional development and are kept up to date with educational developments and current good practice.

#### **School responsibilities:**

10.8 STARS will support schools to ensure a pupil will stay on the roll of their mainstream school.

10.9 In some rare occurrences, a pupil may transfer onto the roll of STARS where it is inevitable that the pupil's health is such that they will not be able to return to their mainstream school before they leave STARS at the end of year 11. Grounds for removing a pupil of compulsory school age from the school admission register are set out in the Education (Pupil Registration) (England) Regulations 2006. In line with these regulations, this would not occur without parental consent, and certification from the school medical officer.

10.10 Prime responsibility for the pupil's education lies with their school, even if STARS has become responsible for providing the pupil's education. Continuity is important for the pupil: knowing that they can return to their school friends can help their recovery and educational progress. Where the pupil is receiving education via STARS the school will B code absence in the school register for the sessions accessed by the pupil.

10.11 Schools should have one named contact person to liaise with STARS, parents and health professionals. This works best where the named contact is a member of the senior management team and has the authority to agree support on reintegration for example the Inclusion Manager. STARS will hold reintegration reviews with the named member of staff.

10.12 The named school contact will ensure that class teachers/heads of department provide STARS, as requested, with all necessary curriculum resources in order that the pupil can complete courses and prepare for assessments and examinations. The school will provide opportunities for the pupil to maintain contact with their peers and the wider school community through newsletters, invitations to performances and events etc.

10.13 The school will provide STARS with all relevant educational information, including prior assessments, attainment and achievement, curriculum details, public examinations entered, dates of examinations etc. and with information on any reasonable adjustments, and any support or differentiation that is required.

10.14 STARS is an examination centre and will enter pupils who have been attending the centre as agreed with the school. Where pupils are referred to STARS late into year 11 after initial examination entries have been made, STARS will liaise with the schools to agree how examination entries are managed.

#### **10.15 Reintegration:**

- For most pupils, school is the best learning environment, because it provides them with access to the full National Curriculum and support, activities and social interaction. Whatever the reasons for pupils attending Alternative Provision, reintegration to a mainstream setting will almost always be in the pupil's best interests. The best outcomes will be secured through a pupil-centred approach which involves early planning and regular review of progress and which maps out options and identifies the support required for this to be successful.
- Therefore the aim of STARS' support is to reintegrate pupils back into mainstream education at the earliest appropriate opportunity and planning for reintegration will begin as soon as the pupil enters STARS. Arrangements for reintegration will be discussed with school staff and each pupil will have a personalised reintegration plan. STARS will keep readiness for reintegration under continual review so that planning for this is revised and updated when required.
- STARS will support the reintegration of a pupil where necessary by allocating a suitable member of staff appropriate for the needs of the pupil. Schools will facilitate the successful reintegration of pupils by making any necessary reasonable adjustments under equalities legislation which may include, for example, a gradual (but time-limited) reintegration, appropriate differentiation of the curriculum, additional adult support or attendance at a learning support facility within the school.

#### **10.16 Reintegration plans will involve:**

- Advice from STARS in collaboration with health professionals, the home school, the young person and parents which will determine the appropriate time and pace of reintegration.
- The package and process will be agreed by all parties and regularly reviewed.
- The home school will provide support as needed to facilitate the pupil's successful return to school.

#### **Hospital in-patients:**

10.17 Support can be provided through the Hospital School for children and young people who are in-patients at hospitals in the local area (The Royal Marsden Hospital for Children and Queen Mary's Hospital for Children). STARS offers teaching on the first day of admission regardless of how long the admittance may be.

10.18 In certain instances, particularly in the case of severe mental health needs, children may be placed in specialist residential hospitals outside of the Local Authority by the National Health Service (NHS). Many of these facilities have access to an onsite education provision or school that can offer education as part of the package of care. The Local Authority retains responsibility for the education of these children whilst they remain in hospital and upon their return to the Local Authority following discharge. In advance of a proposed discharge, planning with all relevant professionals will be key, particularly in the instance that an alternative educational provision is being proposed, parents/carers or professionals working with a pupil who falls into this category should contact The Local Authority's named senior person to discuss future educational provision and plans to ensure a smooth transition into the school/setting.

## **Pupils with life limiting and terminal illness:**

10.19 The Local Authority will continue to provide education for as long as the pupil's parent/carers and the medical staff wish it. If the pupil and parent/carers wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.

## **11. Advice to schools and education providers on their responsibilities to support children and young people with long term medical needs.**

11.1 The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

11.2 Every setting must have a designated person with responsibility for children/young people with medical conditions. The setting is responsible for ensuring that staff who volunteer to administer medication are properly trained.

11.3 The governing body for a school is responsible for ensuring their school develops a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parent/carers and school staff. The policy will set out the procedures to be followed when a setting is notified that a child/young person has a medical condition, and the arrangements for how the policy will be implemented, including a named person who has overall responsibility for policy implementation. In addition a setting may seek advice from relevant healthcare professionals when developing their policy. Procedures should also be in place to cover transitional arrangements between schools, and for the reintegration process.

11.4 Schools 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 parent/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Individual Health Care Plans:**

11.5 Governing bodies should ensure that the school's policy covers the role of individual healthcare plans and who is responsible for their development, in supporting pupils at school with medical conditions. The setting, healthcare professional and parent/carers should agree, based on evidence, when a healthcare plan would be appropriate. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is available in the Supporting Pupils with Medical Conditions at School guidance.

11.6 When deciding what information should be recorded on an individual healthcare plan, schools should refer to section 14 of the DfE Supporting pupils with medical conditions at school guidance.

11.7 Individual healthcare plans can help to ensure settings effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one.

11.8 Plans need to be reviewed at least annually, or earlier if needs have changed. They should be developed with the child/young person's best interests in mind and ensure settings assess and manage risk to their education and wellbeing and minimise disruption.

## 12. Complaints

12.1 The school policy should set out how complaints may be made and will be handled concerning the support provided to children/young people with medical conditions. Should parent/carers or children/young people be dissatisfied with the support provided they should discuss their concerns directly with the setting.

12.2 London Borough of Sutton complaints process. You can submit your complaint along with any supporting documents by email to [complaints@sutton.gov.uk](mailto:complaints@sutton.gov.uk) or write to: Sutton Council, Civic Offices, St Nicholas Way, Sutton, SM1 1EA. If we are unable to resolve a customer's dissatisfaction at the first point of contact, there is a two-stage complaints process to follow. Once you've submitted your complaint, we will let you know that it's been received within 5 working days. Complaints will be investigated and a response will be sent to you within 20 working days. If you are unhappy with the response from stage 1, you have 28 days to request a stage 2 review. You will need to email or write to us explaining why you are dissatisfied and this request will then be reviewed by a senior council officer who has not been involved in your case before to reconsider your complaint. We will send you a response within 20 working days or tell you if it will take longer and let you know when you can expect a full reply. If you are still not happy you can refer your complaint to the Local Government Ombudsman.

## 13. Legislation

13.1 This policy and guidance is based on the DfE statutory guidance: Supporting pupils at school with medical conditions, December 2015, Working together to improve school attendance, May 2022, and Arranging education for children who cannot attend school because of health needs, December 2023. The statutory guidance applies to any appropriate authority as defined in section 100 of the Children and Families Act 2014. That means governing bodies in the case of maintained schools, proprietors of academies and management committees of Alternative Provision (AP).

13.2 Appropriate authorities must have regard to the DfE guidance when carrying out their statutory duty to make arrangements to support pupils at school with medical conditions. The guidance also applies to activities taking place off-site as part of normal educational activities. No guidance can be expected to cover or predict every eventuality, therefore settings will need to consider their own particular circumstances. Early years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage (EYFS) - GOV.UK

13.3 Relevant Legislation:

**Under Section 19 of the Education Act 1996 3 Local Authorities have a duty to:** 'Make arrangements of the provision of suitable full-time or part time education otherwise than at school (EOTAS) for those children of compulsory school age who, by reason of illness (...) may not for any period receive suitable education unless such arrangements are made for them'

**Children and families act:** Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions. In meeting the duty, the governing body, proprietor or management committee must have regard to guidance issued by the Secretary of State under this section. This guidance came into force on 1 September 2014. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

**Equality Act 2010:** Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act.

**SEND Code of Practice 2015:** The Special educational needs and disability (SEND) code of practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs in light of the Children and Families Act 2014. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

## **14. Guidance and Links**

[Arranging education for children who cannot attend school because of health needs December 2023](#)

[Ensuring a good education for children who cannot attend school because of health needs Statutory guidance for local authorities January 2013](#)

[Providing remote education non-statutory guidance for schools January 2023](#)

[Summary of responsibilities where a mental health issue is affecting attendance February 2023](#)

[Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015](#)

[School attendance parental responsibility measures Statutory guidance for local authorities, school leaders, school staff, governing bodies and the police January 2015](#)

[What's working well in remote education](#)

[Templates: Supporting pupils with medical conditions](#)

[Supporting pupils with medical conditions: links to other useful resources August 2017](#)

[Promoting and supporting mental health and wellbeing in schools and colleges November 2022](#)

[School nursing: Looking after the health and wellbeing of school children](#)

[School nursing: Creating a healthy world in which children can thrive](#)

[Letter to school leaders on mild illness and school attendance September 2023](#)

[Keeping Children Safe in Education 2023](#)