



# CHATHAM & CLARENDON GRAMMAR SCHOOL

## Policy for Children with Health Needs that Cannot Attend School

Agreed by Governors: **July 2020**

### 1. Introduction

This policy sets out how Chatham & Clarendon Grammar School will comply with its statutory duty to arrange suitable full-time (or part-time when appropriate for the child's needs) education for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

This statutory duty applies to all children and young people of compulsory school age, who would normally attend Chatham & Clarendon Grammar School (CCGS).

This policy should be read in conjunction with the following school policies:

- Anti-bullying Policy
- Attendance Policy
- Behaviour Management Policy
- Child Protection Policy
- Confidentiality Policy
- Complaints Policy, Accessibility Plan
- Equal Opportunities Policy
- Exams Policy
- Exclusions Policy
- Home School Agreement
- SEN & D Policy

### 2. Aim of the policy

2.1 Our intention is that all children, regardless of circumstances or education setting, should receive a good education to enable them to shape their own futures. Therefore, alternative provision for children medically unfit to attend school and the framework surrounding it should offer good quality education. This support should meet the child's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

2.2 The provision for children who are medically unfit to attend school will ensure that:

- Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects.
- Disruption to learning is minimised and there is a continuity of education provision within the school curriculum.
- 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 feel fully part of their school community and are able to stay in contact with classmates.

### 3. Legislation and guidance

3.1 Key legislation covering the duties and powers relating to this policy:

- Section 19 of the Education Act 1996, as amended by section 3a of the Children, Schools and Families Act 2014:

[www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](http://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)

- Equality Act 2010:

Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that academy trusts must not discriminate against disabled children and are under a duty to eliminate discrimination, foster equality of opportunity for disabled children and foster good relations between disabled and non-disabled children. LAs and academy trusts should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to premises and the curriculum.

[www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga\\_20100015\\_en.pdf](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf)

3.2 Local authorities must have regard to statutory guidance when carrying out their Section 19 duty. The relevant guidance is: *Ensuring a good education for children who cannot attend school because of health needs*:

<https://www.gov.uk/government/publications/education-for-children-with-healthneeds-who-cannot-attend-school>

### 4. Identification of children who need provision

4.1 This policy applies to all children and young people who:

- Have an illness which 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.

- Have a health need and their absence has been validated as necessary by a medical professional, either a consultant community paediatrician or specialist consultant psychiatrist from CAMHS.
- Health problems can include physical illnesses, injuries and clinically defined mental health problems certified by medical evidence, such as that provided by a medical consultant. From CAMHS consultants, the evidence would be in the form of letter and copy of Care Plan/Care Programme Approach Plan.

## 5. Referral and intervention

5.1 The school will liaise closely with the LA support teams to ensure pupils who are not able to attend school due to health needs to engage alternative provision where available. Where alternative provision, such as hospital schools or home tutoring service, is not available provision will be put in place to ensure the pupil has support in their home.

If a child has complex long-term health issues and the pattern of illness may be unpredictable, regular liaison between the school, medical professionals and Hospital School will enable appropriate provision to be made.

5.2 Children and young people on a school roll, with a diagnosed medical need that does not require in patient or day patient hospitalisation, are generally referred by the home school to KCC Hospital School as the alternative provider. It is the responsibility of the home school to collate the necessary evidence for the referral to the Outreach Teaching Service.

5.3 Circumstances that may trigger requests for the Outreach Teaching Service involvement or support include children and young people with the following needs:

- Those with medical / mental health needs who are or will be absent for more than 15 working days (consecutive or cumulative absence due to the same illness) and who are declared medically unfit, by a consultant clinician, to attend their usual place of learning in spite of support offered by an 'Individual Health Care Plan.'
- Pupils who are re-integrating into school after a period of illness or injury, in accordance with the terms agreed at initial and on-going reviews.

5.4 The education provision will be full time, unless this is not in the best interests of the child or where staffing or funding is prohibitive. Children with health needs should have provision which is equivalent to the value of education they would receive in school. If they receive one to one tuition, for example, the hours of face to face provision could be fewer as the provision is more concentrated. The education will be tailored to the child's age, aptitude and ability and any other individual need (for example, health, social and emotional needs, special educational needs or disability).

5.5 Children and young people who are registered at CCGS remain on roll at the school. Although such pupils are taught by the alternative provision, at all times, they remain the responsibility of the home school and will be recorded on the school's annual census return.

5.6 The child's progress within alternative provision will be reviewed by the

school, in consultation with the parent / carer and other relevant services. It should be recognised that a child's educational needs and ability to access education may change depending on their health and that the programme may need to be flexible to accommodate this.

## **6. Working in partnership**

- 6.1 The school and alternative providers should collaborate with parents/carers, the local authority and all relevant health services to ensure the delivery of effective education for children with additional health needs.
- 6.2 Parents and carers have a key role to play in their child's education and are to be involved in planning and on-going review. In the case of a looked after child, KCC and primary carers will fulfil this role. Children should also be involved in decisions to ensure they are engaged as much as possible in this process.
- 6.3 Relevant services including Special Educational Needs (SEN), Child and Adolescent Mental Health Services (CAMHS), Education Inclusion/Attendance/Improvement Services, educational psychologists and school nurses all have responsibilities to work together to support children who are medically unfit to attend school.
- 6.4 The School and alternative providers will make arrangements to reintegrate pupils at the earliest opportunity and as soon as they are well enough. Each child should have an individually tailored reintegration plan. Under Equalities legislation, schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.
- 6.5 The plans for the longer-term outcome and the next steps will be agreed at the start of the commissioned support, intervention or provision, according to the statutory guidance for Alternative Provision (2013);
- <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
- 6.6 Children will be supported by both the school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or long-standing disabilities when they are taking public examinations.

## **7. Complaints and review**

- 7.1 Complaints about provision for children who are medically unfit to attend school should be made to the child's school using the Complaints Procedures, published on the CCGS website.
- 7.2 This policy will be reviewed every year or in line with any changes made to statutory guidelines.