ROSSETT ACRE PRIMARY SCHOOL

Children with Health Needs who cannot attend School Policy

Name of School: Rossett Acre Primary School
Member of staff responsible: Kate Woodcock (Headteacher & Inclusion Manager) and Anna Ingle (Deputy Headteacher)
Date of Policy: September 2026
Date of next review: September 2027

Introduction

Rossett Acre Primary School aims to support the Local Authority and ensure that all children who are unable to attend school due to health needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, pupils should receive their education within their school and the aim of the provision will be to reintegrate pupils back into school as soon as they are well enough. We understand that we have a continuing role in a pupil's education whilst they are not attending the school and will work with the local authority, healthcare partners and families to ensure that all children with health needs receive the right level of support to enable them to maintain links with their education.

Named people responsible for policy's implementation

Kate Woodcock (Headteacher and Inclusion Manager) and Anna Ingle (Deputy Headteacher) are responsible for the implementation, monitoring and review of this policy, in liaison with the Designated Safeguarding Lead, SENCO, attendance lead, governors, parents/carers, the local authority and relevant health professionals.

Local authority duties

This policy has been reviewed against current Department for Education guidance and statutory expectations, including *Arranging education for children who cannot attend school because of health needs* (updated December 2023), *Working together to improve school attendance* (updated July 2026), *Keeping children safe in education* 2025 and the 2026 version which comes into force from 1 September 2026, *Alternative provision* (updated February 2025), *Supporting pupils at school with medical conditions*, the Children and Families Act 2014, the Education Act 1996, the Equality Act 2010, the SEND Code of Practice and relevant local authority procedures.
Education for children with health needs who cannot attend school - GOV.UK (www.gov.uk)

Safeguarding is central to this policy. Children who cannot attend school because of health needs may be more vulnerable because they are less visible to school staff, may have reduced peer contact, may be accessing education off site or online, or may have needs linked to mental health, SEND, disability, family stress or social care involvement. We will maintain regular contact, listen to the child's voice, share information lawfully and proportionately, and escalate any concerns in line with our Child Protection and Safeguarding Policy and local safeguarding partnership procedures.

Where a pupil's absence is linked to mental or physical ill health, SEND or disability, we will take a support-first approach, work with parents/carers and relevant professionals to understand barriers to

attendance, make reasonable adjustments where required, and ensure that any part-time or adapted timetable is time-limited, regularly reviewed, in the pupil's best interests and not used as a long-term substitute for suitable full-time education unless this is clinically appropriate.

Local authorities must:

- 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.

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 to ensure minimal delay in arranging appropriate provision for the child.
- Ensure that the education children receive is of good quality, in line with the current DfE statutory guidance on alternative provision, updated February 2025. Provision should allow pupils to access an appropriate curriculum, prevent them from falling behind their peers, support suitable qualifications or next steps where relevant, and enable successful reintegration back into school as soon as this is appropriate.
- 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 the offer of education a child receives may also breach statutory requirements.

The local authority remains responsible for arranging suitable education under section 19 of the Education Act 1996 where, because of illness or other reasons, a child of compulsory school age would not otherwise receive suitable education. This should normally be full-time unless the child's health condition means that part-time education is more appropriate. Provision should begin as soon as it is clear the child will be absent for 15 school days or more, whether consecutive or cumulative, and sooner where long-term or recurring absence is anticipated.

The local authority should have a named officer responsible for arrangements for children with health needs and a published policy statement. We will work with the local authority, provide information promptly and challenge or escalate concerns where we believe a pupil is not receiving suitable education or is at risk of missing education.

In North Yorkshire, requests for short-term medical education are made through the Inclusion Service using the North Yorkshire Medical Education Service request process. The Medical Education Service provides short-term support to help schools maintain continuity of education for children and young people who have been absent for 15 days or more, either consecutively or cumulatively, because of a physical or mental health need. The service is intended to support reintegration and is not a long-term alternative to school attendance.

To align with North Yorkshire procedures, the school will seek advice from the relevant Medical Education Service locality coordinator as early as possible where a pupil's medical needs are beginning to affect attendance or where the pupil may be at risk of becoming unable to attend school. Where a formal request is required, we will ensure that parental consent is obtained, relevant school information is completed, and the required section is completed by the health professional currently supporting the child or young person. We understand that GP notes alone are not sufficient for a Medical Education Service request because the service requires specific professional information about the pupil's medical need, intervention, likely duration, prognosis and what the pupil can manage educationally.

The Inclusion Manager will coordinate the North Yorkshire Medical Education Service request process in school. This will include seeking early advice from the locality coordinator, obtaining parental consent, gathering school evidence, requesting the required health professional information, completing the school section of the request, submitting the request through the agreed North Yorkshire route, and storing all correspondence, evidence and decisions securely on the pupil's record. Where a pupil's absence is approaching 15 school days, or where longer-term or recurring absence is anticipated, this process will be started without delay.

Where the Medical Education Service is involved, we will work in partnership with the service, parents/carers, health professionals and any other relevant professionals through Personalised Reintegration Education Plan meetings. These meetings will be used to agree shared outcomes, clarify roles, review the school's offer and reasonable adjustments, monitor engagement and progress, plan any English and mathematics tuition or technology support, and support transition back into school.

North Yorkshire's approach emphasises that pupils should, wherever possible, remain connected with their school community and access education on the school site or in a suitable public setting rather than at home, where this is appropriate and safe. We will therefore work with the Medical Education Service to maintain school belonging, peer links and a planned route back into school, including small-group or supported opportunities where these are suitable for the pupil's needs.

Provision for siblings
When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered a place, where provision is available, for example, in a local mainstream school or other appropriate setting.

Safeguarding and welfare expectations
For any pupil absent because of health needs, we will identify a named school contact who will maintain appropriate communication with the pupil and family, check welfare, record agreed actions, and ensure that safeguarding concerns are shared with the Designated Safeguarding Lead without delay. Contact arrangements will be proportionate to the pupil's age, needs, circumstances and any professional advice.

The named school contact will agree a contact plan with parents/carers and, where appropriate, the pupil. As a minimum, school will make regular welfare contact during any extended health-related absence, normally at least weekly unless a different frequency is agreed through a multi-agency plan. If parents/carers do not respond, if the pupil cannot be seen or heard from, or if there are concerns about safety, welfare, engagement or access to education, the named contact will escalate this to the Designated Safeguarding Lead the same day so that appropriate safeguarding, attendance or local authority action can be considered.

Pupil voice will be sought in a way that is appropriate to the child's age, communication needs, health and wellbeing. This may include direct conversation, written or visual feedback, communication through a trusted adult, or information gathered through parents/carers and professionals. The pupil's views will inform welfare planning, reasonable adjustments, curriculum access and reintegration. Where education is provided off site, through hospital education, home tuition, alternative provision, remote learning or another provider, we will satisfy ourselves that safeguarding arrangements are appropriate, attendance and engagement are monitored, information is shared securely, and any concerns about the placement, provider, online safety or welfare are followed up promptly.

Before and during any off-site, hospital, home tuition, remote or alternative provision, the school will complete proportionate quality assurance checks. These will include confirmation of the provider's

safeguarding arrangements, safer recruitment and DBS assurance where relevant, named provider contact, attendance reporting arrangements, curriculum offer, supervision, risk assessment, online safety arrangements where remote learning is used, communication routes for concerns, and planned review of academic progress, wellbeing and reintegration.

The Designated Safeguarding Lead will consider whether early help, social care consultation, a referral to children's social care, or multi-agency planning is required, particularly where there are concerns about neglect, unmet health needs, mental health, family stress, persistent or severe absence, children missing education, or a pupil with a social worker.

We will ensure staff understand that children absent from education can be a safeguarding concern. Staff must follow school procedures for recording and reporting concerns, including concerns about a child's safety, welfare, attendance, online learning, medical neglect, peer isolation or changes in presentation.

Information sharing, confidentiality and records

Information about a pupil's health needs will be shared with staff and external partners on a need-to-know basis, in line with data protection requirements, safeguarding expectations and the best interests of the child. We will keep clear records of professional advice, parental communication, pupil voice, decisions made, reasonable adjustments, attendance coding, referrals, review meetings and reintegration planning.

Definitions

Children who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties, emotionally based school avoidance, anxiety-related absence or other emotionally based barriers to attendance.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Children who are unable to attend mainstream education for health reasons may attend any of the following:

- Hospital school: a special school within a hospital setting where education is provided to give continuity whilst the child is receiving treatment.
- Home tuition: a tuition service that acts as a communication channel between schools and pupils on occasions where pupils are too ill to attend school and are receiving specialist medical treatment.
- Medical PRUs: local authority establishments that provide education for children unable to attend their registered school due to their medical needs.

Roles and Responsibilities

The Governors are responsible for:

- Ensuring arrangements for pupils who cannot attend school as a result of their health needs are in place and are effectively implemented.
- Ensuring the termly review of the arrangements made for pupils who cannot attend school due to their health needs.
- Receiving termly information about the number of pupils supported under this policy, length of absence, timeliness of referrals to the local authority or Medical Education Service,

safeguarding and welfare monitoring, use and duration of part-time timetables, SEND or EHCP considerations, alternative provision checks and reintegration outcomes.
- Ensuring the roles and responsibilities of those involved in the arrangements to support the needs of pupils are clear and understood by all.
- Ensuring robust systems are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
- Ensuring staff with responsibility for supporting pupils with health needs are appropriately trained.

The Headteacher is responsible for:
- Working with the Governors to ensure compliance with the relevant statutory duties when supporting pupils with health needs.
- Working collaboratively with parents and other professionals to develop arrangements to meet the best interests of children.
- Ensuring the arrangements put in place to meet pupils' health needs are fully understood by all those involved and acted upon.
- Appointing a named member of staff who is responsible for coordinating support for pupils with health needs, maintaining regular contact with parents/carers and pupils, liaising with the local authority, health professionals, education providers, key workers, the DSL, SENCO and attendance lead, and ensuring agreed actions are reviewed.
- Ensuring the support put in place focuses on and meets the needs of individual pupils.
- Arranging appropriate training for staff with responsibility for supporting pupils with health needs.
- Providing teachers who support pupils with health needs with suitable information relating to a pupil's health condition and the possible effect the condition and/or medication taken has on the pupil.
- Providing reports to the Governors on the effectiveness of the arrangements in place to meet the health needs of pupils.
- Notifying the local authority when a pupil is likely to be away from the school for a significant period of time due to their health needs.
- Ensuring safeguarding, attendance, SEND, equality and medical needs duties are considered together when planning support, including for pupils with an Education, Health and Care Plan, pupils with a social worker, looked-after or previously looked-after children, young carers and pupils at risk of persistent or severe absence.
- Ensuring that any alternative provision, hospital education, home tuition or remote provision is subject to appropriate oversight, including safeguarding checks, attendance monitoring, curriculum continuity, communication arrangements and regular review of impact.

Inclusion Lead is responsible for:
- Dealing with pupils who are unable to attend school because of health needs.
- Actively monitoring pupil progress and reintegration into school.
- Supplying pupils' education providers with information about the child's capabilities, progress and outcomes.
- Liaising with the Headteacher, education providers and parents to determine pupils' programmes of study whilst they are absent from school.
- Keeping pupils informed about school events and encouraging communication with their peers.
- Providing a link between pupils and their parents, and the local authority.
- Ensuring the pupil's views are sought and considered when planning provision, support, reasonable adjustments and reintegration, taking account of age, understanding, communication needs and wellbeing.

Teachers and support staff are responsible for:

- Understanding confidentiality in respect of pupils' health needs.
- Designing lessons and activities in a way that allows those with health needs to participate fully and ensuring pupils are not excluded from activities that they wish to take part in without a clear evidence-based reason.
- Understanding their role in supporting pupils with health needs and ensuring they attend the required training.
- Ensuring they are aware of the needs of their pupils through the appropriate and lawful sharing of the individual pupil's health needs.
- Ensuring they are aware of the signs, symptoms and triggers of common life-threatening medical conditions, know what to do in an emergency, and understand when absence, isolation, reduced engagement or changes in presentation may indicate a safeguarding or welfare concern.
- Keeping parents/carers informed of how their child's health needs are affecting them in school, while also reporting any safeguarding, welfare or attendance concerns through school procedures without delay.

Parents are expected to:

- Ensure the regular and punctual attendance of their child at the school where possible.
- Work in partnership with the school to ensure the best possible outcomes for their child.
- Notify the school of the reason for any of their child's absences without delay.
- Provide the school with sufficient and up-to-date information about their child's health needs.
- Attend meetings to discuss how support for their child should be planned.

Managing Absences

- The school will provide support to pupils who are absent from school because of illness for a period of less than 15 school days by liaising with the pupil's parents to arrange schoolwork as soon as the pupil is able to cope with it or part-time education at school. The school will give due consideration to which aspects of the curriculum are prioritised in consultation with the pupil, their family and relevant members of staff.
- For periods of absence that are expected to last for 15 or more school days, either in one absence or cumulatively over the course of a school year, the Inclusion Manager will inform the Headteacher and contact the local authority promptly so that suitable education can be arranged without unnecessary delay. Where long-term or recurring absence is anticipated, we will involve the local authority as early as possible and will not wait until the 15-day point if earlier planning is needed.
- Where absences are anticipated or known in advance, the school will liaise with the local authority to enable education provision to be provided from the start of the pupil's absence.
- For hospital admissions, the Headteacher/Inclusion Lead will liaise with the local authority regarding the programme that should be followed while the pupil is in hospital.
- Where North Yorkshire Medical Education Service support is agreed, the local authority may coordinate a Personalised Reintegration Education Plan or equivalent planning process. We will contribute information about the pupil's curriculum, attainment, SEND, medical needs, safeguarding context, reasonable adjustments, attendance history, pupil voice, school offer and reintegration needs.
- Where a pupil does not yet meet the criteria for a formal Medical Education Service request, we will consider seeking informal advice, consultation or early support from the locality coordinator and will continue to put in place reasonable adjustments, pastoral support and a suitable school-based offer.
- The school will monitor pupil attendance and mark registers to ensure it is clear whether a pupil is, or should be, receiving education otherwise than at school.

- Attendance and admission registers will be completed accurately in line with current attendance regulations and DfE guidance. Where a pupil is receiving approved education off site, attending medical appointments, unable to attend because of illness, or accessing provision arranged by the local authority, the appropriate attendance code will be used and reviewed regularly.
- Examples of attendance coding that may apply include illness, medical or dental appointments, approved off-site educational activity, dual registration where relevant, or education provision arranged by the local authority. Where the local authority arranges provision under section 19 of the Education Act 1996, the school will record this accurately and ensure there are arrangements for the provider to report attendance and absence back to school promptly.
- Where absence is persistent, severe or increasing, we will work with the family and relevant partners to identify barriers, agree support, review risk and consider whether early help, SEND review, medical advice, attendance support, safeguarding action or local authority involvement is required.
- If a pupil is placed on a reduced or part-time timetable as part of a reintegration or health-related support plan, this will only be used where it is necessary, proportionate, time-limited, agreed with parents/carers and, where appropriate, informed by medical or professional advice. The plan will include the sessions to be attended, education to be provided when the pupil is not in school, safeguarding and welfare arrangements, attendance coding, a named school champion, clear review dates and a route back to full-time education unless this would not be in the pupil's best interests because of their health needs.
- In line with North Yorkshire part-time timetable guidance, a reduced timetable will only be used in very exceptional circumstances, such as part of a planned reintegration package or where it is necessary to meet a pupil's individual health needs. It will not be used to manage behaviour. Before agreeing a part-time timetable, we will consider whether all appropriate support and reasonable adjustments have been explored, identify a named school champion, seek and consider the child's wishes and feelings, involve parents/carers, and ensure that review arrangements are clear. The timetable will be recorded and reported through the required North Yorkshire process, including completion of the relevant online notification form where required.
- Part-time timetable arrangements will be reviewed frequently and formally at least fortnightly, or sooner where there are safeguarding, attendance, wellbeing or progress concerns. If the timetable is not increasing as planned, the school will review barriers, seek further professional advice, consider SEND or safeguarding escalation, and involve the local authority where appropriate.

The school will only remove a pupil who is unable to attend school because of additional health needs from the school roll where:

- The pupil has been certified by a Medical Officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

A pupil unable to attend school because of health needs will not be removed from the admission register unless the legal grounds for deletion are met. Before any removal from roll is considered, the school will consult the local authority, follow children missing education expectations where applicable, consider safeguarding risks, and ensure that the pupil's right to suitable education is protected.

Support for Pupils

To help ensure a pupil with additional health needs is able to attend school following an extended period of absence, the following adaptations will be considered:

- A personalised or part-time timetable, drafted in consultation with the Headteacher/Inclusion Lead.
- Access to additional support in school.
- Online access to the curriculum from home.
- Movement of lessons to more accessible rooms where possible.
- Places to rest at school.
- Special exam arrangements to manage anxiety or fatigue.
- An Individual Healthcare Plan, risk assessment, accessibility adjustments, SEND support plan or Education, Health and Care Plan review where required.
- For pupils with SEND, consideration of whether the SEND support plan remains appropriate, whether additional reasonable adjustments are needed, and whether advice from the local authority SEND team or external professionals is required.
- For pupils with an Education, Health and Care Plan, consideration of whether an early annual review is required, whether Section F provision remains deliverable, whether interim arrangements are needed, and whether the local authority SEND team should be involved in planning provision.
- Where remote education is used, safe and appropriate access arrangements, clear expectations, regular engagement monitoring and online safety considerations.
- Pastoral, nurture, wellbeing or mental health support, including a trusted adult, safe space, check-ins and carefully planned peer connection where appropriate.

Reintegration
When a pupil is considered well enough to return to school, the school will develop a tailored reintegration plan in collaboration with the local authority and, where involved, the North Yorkshire Medical Education Service. This may be recorded through a Personalised Reintegration Education Plan meeting or equivalent planning process. The school will work with the local authority and relevant partners when reintegration into school is anticipated to plan for consistent provision during and after the period of education outside school.

As far as possible, the child will be able to access the curriculum and materials that they would have used in school.

All relevant agencies will be involved in the development of the pupil's reintegration plan and informed of the timeline of the plan by the appointed named member of staff, to ensure they can prepare to offer any appropriate support to the pupil.

The school will consider whether any reasonable adjustments need to be made to provide suitable access to the school and the curriculum for the pupil.

For longer absences, the reintegration plan will be developed near to the pupil's likely date of return, to avoid putting unnecessary pressure on an ill pupil or their parents in the early stages of their absence.

The school is aware that some pupils will need gradual reintegration over a long period of time and will always consult with the pupil, their parents and key staff about concerns, medical issues, timing and the preferred pace of return.
Where appropriate, health professionals will be invited to attend reintegration review meetings or provide written updates and next steps in advance. These updates will inform the pupil's provision, reasonable adjustments and reintegration plan.

The reintegration plan will include:
- The date for planned reintegration, once known.
- Details of regular meetings to discuss reintegration.

- Details of the named member of staff who has responsibility for the pupil.
- Clearly stated responsibilities and the rights of all those involved.
- Details of social contacts, including the involvement of peers and mentors during the transition period.
- A programme of small goals leading up to reintegration.
- Agreed safeguarding and welfare arrangements, including how concerns will be recorded, shared and escalated.
- Review points to check attendance, engagement, academic progress, wellbeing, peer relationships, workload, fatigue and the effectiveness of reasonable adjustments.

The school will ensure that a welcoming environment is developed and will encourage pupils and staff to be positive, proactive and supportive during the reintegration period.