



Academy Policy

Children and Young People with Health Needs who are unable to attend Education

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1. Introduction

- 1.1 This policy sets out how Academies / the trust 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.
- 1.2 This statutory duty applies to all children and young people of compulsory school age, who would normally attend mainstream schools or special schools, including academies, free schools and independent schools, or where a child is not on the role of a school.
- 1.3 The trust's 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 Academies 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.
- 1.4 The provision for children who are medically unfit to attend Academies will ensure that:
 - a) Pupils make good progress in their education and do not fall behind their peers, particularly in key subjects
 - b) Disruption to learning is minimised and there is a continuity of education provision within the Academy curriculum
 - c) Pupils are able to obtain qualifications as appropriate to their age and abilities
 - d) Pupils are able to reintegrate successfully back into the Academy and that this takes place as soon as their health permits
 - e) Pupils feel fully part of their Academy community and are able to stay in contact with classmates.

2. Legislation and guidance

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

- a) 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
- b) Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf
- c) Some complex and/or long-term health issues may be considered disabilities under equality legislation. This legislation provides that Academies / the trust 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 nondisabled children. Academies should make reasonable adjustments to alleviate disadvantage faced by disabled children, and plan to increase disabled children's access to premises and the curriculum.

2.2 Academies / the trust must have regard to statutory guidance when carrying out their Section 19 duty:

- a) Statutory guidance issued by the Department for Education:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf

3. Role of Academies

3.1 Local authorities are responsible for ensuring that there is a named senior officer with responsibility for education provision for children with health needs and parents should know who that person is. The named officer for NCC is Janine Walker.

3.2 Academies will work in partnership with the local authority to ensure continuity of access to education for all children unable to attend Academies because of serious illness or injury. The trust has a written policy and procedures for dealing with the education of children and young people with medical needs and has regard to relevant statutory guidance contained in the following:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

4. Identification of children who need provision

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

- a) Have an illness which will prevent them from attending the Academy 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
- b) 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
- c) 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 All referrals must be verified, in writing, by a consultant community paediatrician or specialist consultant psychiatrist from Child and Mental Health Adolescent Services (CAMHS). This should indicate:

- a) if the child/young person is unfit for school
- b) for how long support might be required
- c) recommended teaching hours
- d) an outline of what medical intervention is currently in place

5.2 Details of the Hospital and Home Education Learning Centre are as follows:

<https://www.hhe.nottingham.sch.uk/>

5.3 If a child has complexed long-term health issues and the pattern of illness may be unpredictable, regular liaison between the Academy, medical professionals and NCC will enable appropriate provision to be made.

5.4 Circumstances that may trigger requests for LA involvement or support include children and young people with the following needs:

- a) 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.'
- b) Pupils who are re-integrating into the Academy after a period of illness or injury, in accordance with the terms agreed at initial and on-going reviews

5.5 The education provision will be full time, unless this is not in the best interests of the child. Children with health needs should have provision which is equivalent to the value of education they would receive in the Academy. 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).

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

5.7 The child's progress will be reviewed at least every 8 weeks by NCC, in consultation with the parent / carer, the home school and other relevant services. Reviews will be made more frequently according to need. 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 Academies 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, NCC 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 Academies 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, Academies must consider whether they need to make any reasonable adjustments to provide suitable access for the child as part of their reintegration.

6.4 Children will be supported by both their home school and alternative provision to sit public examinations. Awarding bodies will make special arrangements for children with permanent or longstanding disabilities when they are taking public examinations.

7. Monitoring arrangements

7.1 This policy will be reviewed annually, or in line with any changes made to statutory guidance.