



Children with health needs who cannot attend school

Legislative context

This policy is informed by:

- Children and Families Act 2014.
- Education Act 1996.
- Equality Act 2010.
- SEND Code of Practice (2015).
- Department for Education guidance: *Ensuring a Good Education for Children Who Cannot Attend School Because of Health Needs*

Statutory Guidance

At our school, we are committed to ensuring that pupils with health needs who are unable to attend school continue to receive an appropriate and high-quality education. We recognise that children who experience physical illness, mental health difficulties, injury, medical treatment or long-term health conditions may face barriers to school attendance and participation.

We will work collaboratively with pupils, parents/carers, healthcare professionals, the Local Authority and other agencies to minimise disruption to education and support pupils to remain engaged in learning, maintain social connections and successfully reintegrate into school when medically appropriate.

This policy reflects statutory guidance issued by the Department for Education and supports the principles of inclusion promoted through Halton's Alternative Provision Strategy 2025-2028, which emphasises belonging, early intervention and equitable access to education

Aims

The school aims to:

- Ensure pupils with health needs continue to access suitable education.
- Minimise the impact of absence on educational progress.
- Maintain contact with pupils and families during periods of absence.
- Support pupils' emotional wellbeing and sense of belonging.
- Facilitate a successful return to school.
- Work effectively with external agencies and healthcare professionals.
- Meet statutory responsibilities for pupils unable to attend school because of health needs.

This policy applies to pupils who are unable to attend school because of:

- Physical illness.
- Long-term medical conditions.

- Recovery from surgery or injury.
- Mental health difficulties.
- Hospital admission or treatment.
- Medical appointments related to ongoing health conditions.
- Other significant health needs supported by medical evidence.

The absence may be short-term, recurring or long-term.

Key principles

The school believes that:

- Children with health needs should have the same opportunities as their peers.
- Educational provision should begin as soon as it is clear that absence is likely to be prolonged.
- Pupils should remain connected to their school community.
- Decisions should be based on medical advice and individual circumstances.
- Education should be tailored to a pupil's needs, health condition and capacity for learning.
- Reintegration should be carefully planned and supported.

Roles and responsibilities:

Local Authority

LAs are responsible for arranging suitable full-time education for permanently excluded pupils, and for other children who – because of illness or other reasons – would not receive suitable education without such provision. This means that where a child cannot attend school because of health problems, and would not otherwise receive a suitable full-time education, the LA is responsible for arranging provision and must have regard to this guidance.

1. 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.

2. 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, 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.

3. Local authorities should not:

- Have processes or policies in place which prevent a child from getting the right type of provision and a good education.⁴
- • Withhold or reduce the provision, or type of provision, for a child because of how much it will cost (meeting the child’s needs and providing a good education must be the determining factors).
- • Have policies based upon the percentage of time a child is able to attend school rather than whether the child is receiving a suitable education during that attendance.
- • Have lists of health conditions which dictate whether or not they will arrange education for children or inflexible policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

4. The LA should:

- • Have a **named officer** responsible for the education of children with additional health needs, and parents should know who that person is.
- • **Have a written, publicly accessible policy statement** on their arrangements to comply with their legal duty towards children with additional health needs. The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.
- • Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- • Have clear policies on the provision of education for children and young people under and over compulsory school age.
- This legislation provides that LAs 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 should make every effort to minimise the disruption to a child’s education. For example, where specific medical evidence, such as that provided by a medical consultant, is not quickly available, LAs should consider liaising with other medical professionals, such as the child’s GP, and consider looking at other evidence to ensure minimal delay in arranging appropriate provision for the child.
- 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.
- LAs should work with schools to complement the education a child

- receives if they cannot attend school full-time but are well enough to have education in other ways.

School Responsibilities

To undertake our best endeavours to ensure that all children, regardless of their personal circumstance or education setting receive a good education.

As far as possible ensure, in cooperation with all relevant partners, that alternative provision, and the support framework which surrounds it, should enable a pupil to maintain academic progression and attainment, and allow them to thrive and prosper in the education system.

Local authorities, schools, providers, relevant agencies and parents should work together constructively in order to ensure the best outcomes for a pupil.

Children unable to attend school because of health needs should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

Schools can also play a big part in making sure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully.

A child unable to attend school because of health needs must not be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education.

Reintegration

When reintegration into school is anticipated, LAs should work with the school (and hospital school, PRU/home tuition services if appropriate) to plan for consistent provision during and after the period of education outside school.

LAs should work with schools to set up an individually tailored reintegration plan for each child. This may have to include extra support to help fill any gaps arising from the child's absence. It may be appropriate to involve the school nurse at this stage as they may be able to offer valuable advice. The school nurse will also want to be aware that the child is returning to school, so that they can be prepared to offer any appropriate support. Under equalities legislation¹⁰ schools must consider whether they need to make any reasonable adjustments to provide suitable access for the child.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence. While most children will want to return to their previous school routine at once, some will need gradual reintegration over a longer period.

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

The school recognises that pupils who are not regularly attending school may be more vulnerable.

The Designated Safeguarding Lead (DSL) will:

- Monitor wellbeing.
- Maintain appropriate contact.
- Consider safeguarding needs throughout the period of absence.
- Work with other agencies where necessary.

Equality and Inclusion

- The school will make reasonable adjustments in accordance with the Equality Act 2010 to ensure that pupils with health needs are not disadvantaged.
- No pupil will be excluded from educational opportunities because of a medical condition, disability or health need.

Woodside Primary School will make all reasonable efforts to meet its responsibilities by working with the Local Authority, parents and other appropriate parties to ensure each child is able to access a good education to enable each child to shape their own futures.

Contact Information

The named contact in regard to this policy is: Mr Richard Collings

Who can be contacted at: Head@woodside.halton.sch.uk

Monitoring and Review

The Headteacher, SENDCo and Governing Board will review:

- Attendance data.
- Educational outcomes.
- Reintegration success.
- Parent and pupil feedback.

- Effectiveness of support provided.

This policy will be reviewed annually or sooner if legislation or guidance changes.

Complaints and concerns –

Any concerns should in the first instance be raised with the Head Teacher or the school's named contact – following this you may contact Head Teacher or make use of the School's Complaints Procedure which is available on the school website.

This policy will be reviewed annually or in the event of changes to statutory guidance or relevant legislation.

Date: September 2026

