



# Education of Children with Health and Medical Needs who Cannot Attend School

Last Reviewed	March 2025
Next Review Date	March 2027
Ratified by the Trustee Board	March 2026

## 1 Aims

Horsforth School's aim is for all students to be able to access full time education in our setting.

Where this is not possible and is supported by regularly reviewed and appropriate medical evidence, school works in partnership with students, parents/carers, medical services such as the Medical Needs Teaching Service (MNTS) and other education providers/professionals to enable young people with long term evidenced medical needs who are unable to attend Horsforth School, to receive suitable education. The education may be in a hospital setting, or at another appropriate setting in line with the student's needs and medical professionals' advice.

When a student is deemed medical well enough to attend school by a medical professional the expectation is that they will return to full time education.

We will be proactive in promoting the educational entitlement of students on our roll and in securing effective provision.

This applies to students unable to attend school for reasons of prolonged illness, injury or mental health needs where professional support is in place and a medical practitioner considers that a child should or cannot attend Horsforth School at that time. This will be reviewed regularly by professionals involved.

The aim must be to ensure effective long-term provision, enabling students to progress academically, socially and emotionally. It must also be effective in safeguarding students. Whilst students are on roll at Horsforth the aim will always be to reintegrate them back onto a full timetable as soon as possible, acting on medical advice.

## 2 Context

This policy is based upon the statutory guidance for Local Authorities from the DfE: *'Ensuring a good education for children who cannot attend school because of health needs'*, January 2013.

The principles underlying this policy are:

- The school recognises that young people absent for evidenced medical reasons are entitled to continuity of education as far as their condition permits and acknowledges that it has a central role to play in securing and ensuring the continuity of education.
- The education provided shall be of high quality and as broad and balanced as possible such that reintegration is achievable as smoothly as possible.
- The goal must be to reintegrate into a suitable educational setting when needs permit and medical evidence suggests it's suitable.

## 3 Evaluation

This policy will be evaluated annually by the Trustee Board to ensure it is still fit for purpose. Circumstances may require more frequent modifications

## 4 Authors

This policy has been reviewed and updated by KLM in March 2025

## 5 Appendix

Appendix I Procedures

## Appendix I: Procedures

- The person holding responsibility for the education of children with health and medical needs is the Assistant Headteacher Inclusion (SEND lead)
- Parents/carers should always contact school where there are medical or health needs so that the school is aware and can then offer appropriate support based on individual need and circumstance.
- When an absence is known to be more than 15 days or exceeds 15 days, parents/carers should contact the relevant Year Team (Pastoral Behaviour Officer or Year Coordinator) at school as soon as possible and provide medical evidence where possible to explain the absence
- When absence is consecutive over 10 days, a welfare check, home visit may be conducted in line with safeguarding protocols.
- A meeting will be arranged with the Pastoral Team and Attendance Leads and possibly the SENDco where applicable to discuss the absence and the young person's needs. The Pastoral Team and Attendance Leads will liaise with the Assistant Headteacher Inclusion following this initial meeting. The school will make a decision on the most appropriate level of support for education following this. This may mean: working from home with access to resources online in the short term, it could mean working in our LINK provision as part of a phased **return** plan, or a bespoke package of school intervention, reduced timetables or a referral to another agency; MNTS (Medical Needs Teaching Service) or Pupil Tuition Team (PTT). Any reduced timetable would only be short term and in exceptional circumstances and deemed appropriate and proportionate by the school. Any home learning would be supported by medical evidence and a medical professional's advice. School also works with a range of external agencies to combine support, such as CAMHS, SENDIASS/SENIT/SENSAP, school nursing team and Horsforth Children's Services.
- We will support with referrals to the MNTS (Medical Needs Teaching Service) or PTT if deemed appropriate by all parties and recommended by medical professionals with supporting evidence and will explain what this service provides in a meeting with parents at school. We will require up to date medical evidence to support the referral. Absence of 15 days due to medical or mental health need must be documented and appropriate medical evidence will be needed in support of the application. For this application to be successful, active medical/mental health intervention must be in place and ongoing. For mental health referrals, CAMHS will need to be actively involved with the young person.

When an MNTS /PTT referral is successful, the school will liaise with the teaching service to inform them of the student's current curriculum offer, relevant exam board and access arrangements information and attainment data to ensure as much continuity of education as possible. School will keep in regular contact with the relevant professionals with regards to progress and health updates. School will keep in contact with parents/carers throughout the absence and parents/carers have a responsibility to keep school updated on progress and changes. Where school is invited, a representative will endeavour to attend review meetings. Other services must provide school with regular updates on attendance and progress.

- Parents/carers should also keep school informed of any health updates and/or concerns regarding their child's educational provision during the absence or alternative education provision and should provide paper documentation to support this
- For planned admission or re-admission to hospital, school will provide a pack of work on request where appropriate and when notified. Parents/carers must inform the school and provide medical evidence for the hospital stay.

- Any plan in place must be reviewed regularly by all key stake holders. Plans will be made in line with medical evidence and reviewed periodically. Daily changes cannot be made to proposed plans-agreed review periods must be adhered to by all parties to ensure effective communication and suitable time periods for efficacy to be reviewed. Any party can request a review of the provision in reasonable timescales.

### **Reintegration into the School**

- The aim must be for full time reintegration into Horsforth School or another suitable setting when possible in accordance with medical advice and guidance. This medical advice and guidance must be in place or it will be assumed that full time education is suitable at that time.
- The School will work with all relevant professionals, the parents/carers and the student to plan a suitable reintegration into school. This can be gradual, phased and bespoke according to need. It must demonstrate incremental increases in attendance over time.
- This may involve a reduced mainstream timetable supplemented by some learning at home, again in line with medical evidence and advice. Students must be able to access either a medical needs teaching offer, or Horsforth School on a part time basis to meet their academic and pastoral needs, and also to meet safeguarding requirements. A solely home learning package is not available over a prolonged period.
- The School will ensure that the students and staff who have maintained contact with the young person who has been absent play a significant role in helping the young person to settle back into school and its routines.
- The School will accept part-time attendance where pupils are medically unable to cope with a full day, until the young person is able to attend for full school days within an agreed timeframe, which will be reviewed. This should be supported by medical evidence and advice. All parties would need to agree that this was suitable and proportionate.
- The school will make reasonable adjustments for pupils with mobility difficulties to return to school, taking account of health and safety issues and organising a risk assessment and Individual Health Care Plan (IHP) where applicable.
- Throughout the absence, school will maintain contact with parents/carers and this should be reciprocated. Regular information emails will still be sent from school. This will also include invitations to events and productions in the interest of maintaining contact. Parents/carers and school representatives whether that be the year team, teachers or SEND team share responsibility for maintaining this contact.
- The school should expect to receive regular reports and assessment of pupil progress from the service provider during the pupil's absence and a folder of work on return to school. This will be sought if not readily available.
- The Pastoral Behaviour Officer (PBO) and Year Coordinator, usually in conjunction with the Attendance Teams or Alternative Provision Lead, will ensure that all relevant staff are aware of a student's absence and their responsibility towards maintaining continuity of education for the student and for their pastoral care on their return. They will liaise with the AHT inclusion SEND lead to keep them updated on any current situations and plans for reintegration