



# Kirklington Primary School

2025

## Education of children with health or medical needs who are unable to attend school

### 1. Introduction

Kirklington Primary School will work in partnership with pupils, parents/carers, medical services, other professionals and education providers to enable children and young people with medical needs who are unable to attend school to receive education in a hospital setting or at home. We will be proactive in promoting the education entitlement of pupils on roll and in securing effective provision.

This applies to pupils unable to attend school for reasons of sickness, injury or mental health needs where a **medical practitioner** considers that a child should or could not attend school.

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

This comes under the category of 'education otherwise' when the child remains on the

school roll and is educated temporarily in a hospital setting or through home tuition.

The principles underlying this policy are:

- The School recognises that children absent for 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 smoothly.

## **2. School's Responsibility**

Where a child is absent from school for medical reasons, the School will provide education tasks and resources for use at home when the child is well enough to engage in education.

When an absence is known to be more than 15 days or exceeds 15 days, then home tuition should be offered to the child. This may be provided through the School's resources or via an outside agency such as the HRET (Health Related Education Team) based at Fountaindale, or First Class (Home tuition). There is no charge for HRET, but should home tuition exceed 3 months then charges may begin to apply and school may need to seek emergency funding through SEND avenues.

Referrals for HRET can be made by telephone or electronically via Jill Priddle. Medical evidence may be required and should be attached, if possible, at this stage.

Where a child is admitted to hospital, the School will liaise with the teaching service to inform them of the curriculum areas the pupil should be covering during their absence.

Where possible, school will plan the educational programme of the pupil with the service provider, taking account (as appropriate) of the medical condition, treatment, effects of medication, therapeutic programmes provided and the duration of absence from school.

The School will aim to ensure maximum continuity of education for the pupil by providing:

- Medium term planning
- Programmes of study/schemes of work
- Appropriate resources
- Information relating to the pupil's ability, progress to date, assessment data, SATs results and special educational needs.

Where practical, the School will host review meetings as the pupil remains on the school roll and is therefore the School's responsibility.

Where pupils have recurrent admissions or have a planned admission to hospital, the School will aim to provide a pack of work for the pupil to take into hospital with them.

The School will foster communication and sharing of best practice between teaching staff at the school and the staff providing the education otherwise.

### **3. Reintegration into the School**

The School will work with providers of education, doctors, educational psychologists, Personal Advisers, all relevant professionals, the parents/carers and the pupil themselves to plan a gradual and sensitively orchestrated reintegration into school.

The School will ensure that the pupils and staff in the School who have maintained contact with the pupil who has been absent will play a significant role helping the pupil to settle back into school.

The School will accept part-time attendance where pupils are medically unable to cope with a full day, until the pupil is able to attend for full school days.

The School will make arrangements for pupils with mobility problems to return to school, taking account of health and safety issues, organizing risk assessment and seeking advice on lifting and handling procedures where necessary. The impact on staff will be taken into account and additional support may be required from the SEN devolved budget or via review and referral to the Family of Schools SEND panel (Springboard).

Throughout the absence, the School will maintain contact with both parents/carers and the pupil. This will include invitations to events and productions at the School as well as regular communication via letters, newsletters or e-mail. Both the School and the education providers will support and advise pupils and their parents/carers, as appropriate, during the absence.

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.

The Head teacher, usually through the liaison member of staff, will ensure that all relevant staff are aware of a pupil's absence and of their responsibility towards maintaining continuity of education for the child. The Heads teacher will report to the Governors on the educational provision which has been made for pupils absent for medical reasons through the termly head's report.

### **4. Safeguarding**

Throughout the absence, the School will maintain contact with both parents/carers and the pupil. This will include:

- Phone calls, at least weekly with direct contact made with the child by their allocated key worker for pastoral support
- Contact through Teams by the class teacher for academic/learning support, at least weekly
- Consider a home visit if there are concerns, bearing in mind the lone working and staff code of conduct policies
- Regular updates to DSL or deputies, including a log of contact made and interactions with the child, plus notes on pastoral or academic support.
- DSL should log any concerns in line with the Child Protection policy and contact MASH as necessary – see also Child protection policy
- DSL should contact the NCC Children Missing Education officer for further advice if necessary.

### **4. References**

- Access to Education for Children and Young People with Medical Needs, DfES 0025/2002.
- The Education of Children with Medical Needs, Ofsted HMI 1713, pub. 2003