



Wessex

Learning Trust

We Learn Together

**Children with Health Needs
Who Cannot Attend School
Policy**



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Children with Health Needs Who Cannot Attend School Policy

This policy will be reviewed by the Board of Trustees every two years.

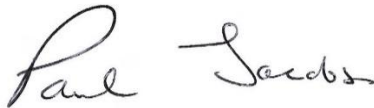


Signature:

Name: Mr Gavin Ball

Date: 12/11/2025

Position: Chief Executive



Signature:

Name: Mr Paul Jacobs

Date: 12/11/2025

Position: Chair of the Board

Date approved by Trust Board: November 2025

Review Date: November 2027

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1. Aims

This policy aims to ensure that:

- Suitable education is arranged for children on roll who cannot attend school due to health needs.
- Children, staff and parents understand what the school and the local authority (LA) are responsible for when this education is provided.

Wessex Learning Trust is committed to working with local authorities, health professionals, families and other partners to ensure that children with health needs receive the right level of support to access education and achieve their 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.

2. Legislation and Guidance

This policy reflects the requirements of:

- [Section 19 of the Education Act 1996](#)
- Statutory guidance: [Education for children with health needs who cannot attend school \(DfE, December 2023\)](#)
- [Supporting Pupils with Medical Conditions \(DfE\)](#)
- [Equality Act 2010](#)
- [Section 100 of the Children and Families Act 2014](#)

It also complies with the Wessex Learning Trust's Articles of Association and Funding Agreement(s).

3. Roles and Responsibilities

3.1 The Trust Board

The Trust Board is responsible for:

- Ensuring arrangements are in place for children who cannot attend school due to their health needs.
- Overseeing the implementation and regular review of this policy.

3.2 The Headteacher

The headteacher is responsible for:

- Ensuring compliance with statutory duties.

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- Appointing a named member of staff in each school to liaise with parents, children, healthcare professionals and the local authority.
- Ensuring effective communication between school, parents and other professionals to develop a plan that meets the best interests of the child.
- Providing suitable information to staff about Children's health conditions and how these may affect learning.

3.3 Named Member of Staff (School)

The person identified by the Headteacher in the school will:

- Monitor and support children who cannot attend school due to medical needs.
- Liaise with the LA, health professionals, parents and external providers to coordinate education.
- Ensuring the regular (4-6 week) review of the arrangements made for learners who cannot attend school due to their medical needs.
- Facilitate communication between the school, family and relevant services.
- Oversee the development of reintegration plans for the child returning to school.

3.4 Named Officer (Local Authority Level)

The local authority will appoint a named officer responsible for the education of children with health needs. The named officer will:

- Work closely with schools, relevant agencies, medical professionals and parents/carers.
- Ensure parents know who to contact regarding their child's education.
- Be a key point of contact for schools and families.

3.5 Teachers and Support Staff

All teaching and support staff are responsible for:

- Understanding confidentiality and safeguarding procedures regarding the child with medical needs.
- Adapting lesson plans to allow for participation of the child with health needs.
- Keeping parents informed of their child's progress and any concerns.

3.6 Parents and Carers

Parents and carers are expected to:

- Inform the school about their child's health condition as soon as possible.
- Work in partnership with the school and local authority to support their child's education.
- Attend meetings and contribute to discussions about support and reintegration.

4. Managing Absences

4.1 Short-term Absence (Less than 15 Days)

- Parents should notify the school on the first day of absence.
- The school will provide work for the child to complete at home as soon as they are able.
- The named member of staff will monitor the pupil's progress and maintain communication.

4.2 Long-term Absence (15 Days or more)

- Where a child is expected to be absent for 15 or more days with a significant medical condition (either consecutively or cumulatively across the school year), the named member of staff will notify the local authority.
- The local authority will take responsibility for arranging suitable education, which may be provided through:
 - Home tuition
 - Medical pupil referral units (PRUs)
 - The school will continue to monitor progress and provide relevant curriculum information to external providers to ensure continuity

5. Use of Medical Evidence

Decisions about provision will be made using **medical evidence** from GPs, consultants, or relevant practitioners. In all cases of long-term medical absence, written evidence is required to support the absence. Ideally this should be from a specialist medical consultant, however where primary care remains the responsibility of the GP, or where waiting lists are would mean that the young person is significantly disadvantaged, supporting evidence from the GP will be sufficient.

Parents will not be asked to provide ongoing medical evidence without good reason but need to be satisfied that ongoing tuition is necessary and in the best interests of the child.

The school or local authority may seek further advice where necessary to ensure that the appropriate provision is in place.

6. Provision for the child with Health Needs

The education provided will be of high quality and match the pupil's age, ability, and individual needs, allowing them to maintain progress and reintegrate successfully. Where possible, the curriculum will be aligned with what the pupil would be studying in school.

The school will work collaboratively with the local authority and healthcare professionals to ensure that:

- Arrangements meet the pupil's needs.
- Plans for reintegration are personalised, flexible, and timely.

7. Medical Care Plans (MCPs)

Children with ongoing or complex health needs may require Medical Care Plans (MCPs).

MCPs will be developed in collaboration with parents, healthcare professionals, and relevant school staff. They will be reviewed regularly to reflect any changes in the child's condition or needs.

8. Digital Resources and Remote Learning

Digital resources may be used to support learning and maintain continuity of education where face-to-face provision is not possible.

Remote learning should complement, not replace, face-to-face education, where reasonably possible.

The suitability and effectiveness of digital resources will be reviewed regularly.

9. Provision for Looked After Children (LAC)

The Designated Teacher (DT) will liaise with the **Virtual School Head (VSH)** to ensure that looked after children with health needs receive suitable provision.

Additional support may be provided to overcome barriers to attainment and ensure consistency in education.

10. Siblings and Family Relocation

Where a child's health needs require the family to temporarily relocate near a hospital, efforts will be made to ensure that any siblings of compulsory school age are provided with suitable education in the new area.

11. Exams and Assessments

Arrangements will be made to allow children with health needs to take examinations at the same time as their peers where possible.

The school will liaise with awarding bodies to apply for special access arrangements.

Relevant information will be shared with alternative provision providers to ensure exam requirements are met.

12. Reintegration into School

A tailored reintegration plan will be developed by the named member of staff in collaboration with the pupil, parents, healthcare professionals, and the local authority.

The plan will include:

- A phased return if required.
- Support for the pupil's emotional wellbeing.
- Reasonable adjustments to accommodate the pupil's health needs.
- Staff and peers will be prepared to welcome the pupil back and provide appropriate support.

13. Reviewing and Monitoring Provision

Provision for children with health needs will be reviewed regularly to ensure it remains appropriate and effective.

Reviews will involve input from:

- the young person
- parents or carers
- relevant agencies and medical practitioners
- the local authority's SEND team where appropriate

14. Raising Concerns and Complaints

Parents and carers should raise any concerns about their child's provision directly with the school in the first instance.

If concerns are not resolved, they may be escalated via the school's formal complaints procedure.

In cases involving local authority provision, concerns may be raised with the **Local Government and Social Care Ombudsman (LGSCO)**.

15. Links to Other Policies

This policy links to the following policies:

- Accessibility Plan
- Supporting Children with Medical Conditions
- Safeguarding and Child Protection Policy
- SEND Policy