

Children with Health Needs Who Cannot Attend School Policy Fairfax Multi-Academy Trust

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1. Introduction

- 1.1. Fairfax Multi-Academy Trust (FMAT) has a responsibility to ensure that all academies within the Trust are welcoming and supportive to students with medical conditions and those that may attend in the future.
- 1.2. This policy relates to:
 - 1.2.1. 'Supporting Pupils at School with Medical Conditions' DFE - April 2014
 - 1.2.2. The Children Act – 2004
 - 1.2.3. The Equality Act – 2010
 - 1.2.4. The Education Act 1996
- 1.3. FMAT is an inclusive community that aims to support and welcome students with medical conditions, to ensure that all students have the same opportunities as each other.
- 1.4. It is the intention of the Trust that all should have the best possible start in life through high quality education, which allows them to achieve their full potential. A child who has health needs should have the same opportunities as their peer group, including a broad and balanced curriculum. As far as possible, children with health needs and who are unable to attend their academy should receive the same range and quality of education as they would have experienced at the academy.
- 1.5. Academies will work closely with the child, parent/ carers and health professionals to ensure the child's needs are at the centre of all decision-making regarding education. Academies will make reasonable adjustments in line with the Equality Act.

2. Identification and Intervention

- 2.1. Academies will provide support to children who are absent because of illness or a short period of time, for example when a child is experiencing chicken pox or influenza by working closely with the parents, for example, sending work home as required and supporting the child when they return by providing appropriate work for them to do at home to catch up.
- 2.2. In some cases where a child is hospitalised, the hospital may provide education for the child. In this case, academies will work closely with the hospital to ensure continuity of education.
- 2.3. Where an absence is planned, for example for a stay in hospital, academies will work with parents/carers and the hospital to arrange suitable work for that absence.
- 2.4. Academies will pay due regard to any medical advice given by the hospital when they discharge a child, as to how much education will be appropriate for them after discharge, when they might be ready to return to their academy and whether they should initially return on a part time basis only.
- 2.5. Where a child is not well enough to attend the academy on a full-time basis, the academy will work with the hospital school to appropriately complement the child's education.



3. Long term medical conditions – provision at home or in hospital.

- 3.1.** Where a child has a complex or long-term health issue, the pattern of illness can be unpredictable. The academy will discuss the child's individual needs and how these may be best met within the academy with the parents/ carers and relevant health care professionals. This maybe through reduced timetables, additional support from staff when returning to the academy after each absence.
- 3.2.** Where a child has been in hospital for a longer period and returns home, if appropriate then James Brindley (Hospital school) may make provide education at home. This decision will be made with parents/ carers/ health care professionals / the child and the academy. If not, the academy will work with all parties to ensure a smooth and appropriate transition back into full time education.

4. Reintegration into an academy after a long-term illness.

- 4.1.** When reintegration into the academy is anticipated the academy will work with the hospital school, appropriate professionals, parents and the child to plan for consistent provision during and after the period of education outside of the academy day.
- 4.2.** While absent, as far as possible, the child should be able to access the curriculum and materials that he or she would have used in the academy. The academy will liaise with the Hospital School and send work as appropriate to support.
- 4.3.** The academy will keep in touch with the child while they are aware. This could be through In the Know, emails, invitations to school events, show my homework etc.
- 4.4.** There should be regular updates on how the child is progressing with their learning from the Hospital school.
- 4.5.** Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the 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 the normal academy routine, some will need a gradual reintegration over a longer period.

5 Roles and responsibilities

5.1 Parents/carers

- 5.1.1** Parents, as defined in the Education Act 1994, are a child's main carers. They are responsible for making sure that their child is well enough to attend the academy.

Parents/carers have a duty to:

- Provide the academy with sufficient information about their child's medical condition, medical treatment/special care needed at the academy (emergency contact numbers, names and contact details of GP, details of hospital consultants, medicine details, and allergies).
- Reach an agreement with the academy on the academy's role in assisting with their child's medical needs. In some cases, this will be the formation of an individual health care/management plan.
- Ensure that all medication is within use-by-date.
- Inform the academy if there are any changes to their child's condition.
- Inform the academy of any medication their child requires while taking part in offsite activities.



- Where parents/carers have difficulty understanding or supporting their child's medical condition themselves, the Local Health Authority can often provide additional assistance.
- Parents'/carers' religious and cultural views should always be respected.

5.2 .Students

5.2.1 All FMAT students have a responsibility to:

- Treat other students, with and without a medical condition, equally.
- Tell their parent/carer, teacher or nearest staff member when they are not feeling well while in the academy.

5.3 The Academy Association

5.3.1 The Associates have a duty to:

- Ensure health and safety policies and risk assessments are inclusive of the needs of students with medical conditions.
- Ensure this Policy is effectively monitored and evaluated and regularly updated.

5.4 The Principal

5.4.1 The Principal is responsible for implementing this Policy in practice.

The Principal delegates, as appropriate, day to day decisions on individual cases.

The Principal is also responsible for:

- Making sure parents/carers are aware of this policy.
- Arranging appropriately trained cover when the member of staff responsible for students with medical needs is absent or unavailable.

5.5 Teachers and other academy staff

All Trust staff have a responsibility within their academy to:

- Understand the children with health needs who cannot attend the academy.
- Know which students have medical needs/Individual health care/management plans in their class; understand the nature of the condition and what to do should the student need extra attention.
- Ensure that students with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Be aware that student absence can affect a student's learning and therefore will provide appropriate extra support as necessary. For example, teachers will provide work to be complete at home / hospital school.

5.6 Other health professionals

Academies will receive support and advice, as necessary, from the following, in conjunction with meeting the needs of students with medical needs:

- The Local Health Authority e.g. physiotherapists.
- The School Nurse Service.
- The General Practitioner (GP), with the consent of the child's parents/carers.



6 Public Examinations

- 6.1** It is important to ensure reasonable adjustments in the form of access arrangements are in place when required for a child, in line with JCQ guidelines. It is the SENDCo's responsibility to ensure that these are applied for in the appropriate time scale.
- 6.2** Where a child is not in attendance at the academy, it is the responsibility of the body providing the education to provide evidence and advice to assist with applications for access arrangements.

7 Removal from Academy Role

- 7.1** Academies will only remove a student who is unable to attend the academy because of additional health needs where:
- the student has been certified by the academy medical officer as unlikely to be in a fit state of health to attend the academy, before ceasing to be of compulsory school age, and
 - neither the student nor their parent has indicated to the academy the intention to continue to attend the academy, after ceasing to be of compulsory school age.
- 7.2** A child who is unable to attend their academy because of health needs must not be removed from the academy register without parental consent and certification from the academy medical officer, even if the LA has become responsible for the child's education. FMAT recognises the importance of continuity for children and their knowledge that they can return to their familiar surroundings and school friends can help their recovery and their educational progress.

8 Confidentiality

- 8.1** Academies will treat medical information confidentially. The Principal or staff with delegated responsibility will agree with parents/carers who will have access to records and information about a student (if information is withheld from staff they cannot be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith).

9 Complaints

- 9.1** Should parents/carers or students be dissatisfied with the support provided by Fairfax Academy, they should discuss their concerns directly with the academy. If for whatever reason this does not resolve the issue, they may make a formal complaint via the Trust's Complaints Procedure.

10 Monitoring and review

- 10.1** FMAT's Children with Health Care Needs who cannot attend School Policy is reviewed, evaluated and updated every year. The views of students with various medical conditions are also actively sought and considered central to the evaluation process.

