


<b>Headteacher</b>	<b>Chair of Governing Board</b>
	
Dr David Moody	Mr Mark Hurst

<b>Published Date</b>	<b>Staff</b>	<b>Review Date</b>
March 2026	Dr David Moody	March 2027

## 1. Aims of this Policy

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs.
- Pupils, staff, and parents understand the school's responsibilities when education is being provided by the local authority.
- The school follows the latest DfE statutory guidance on medical health needs, alternative provisions, and reduced timetables.

## 2. Legislation and Guidance

This policy reflects the statutory requirements of:

- Education Act 1996 (Section 19) – duty of local authorities to arrange suitable education for children unable to attend school due to health needs.
- Ensuring a good education for children who cannot attend school because of health needs (DfE, 2023).
- Equality Act 2010 – ensuring reasonable adjustments and accessibility.
- SEND Code of Practice (2015) – for pupils with special educational needs and disabilities.
- Alternative Provision Statutory Guidance (DfE, 2013, updated 2023).
- Working Together to Safeguard Children (DfE, 2018, updated 2023).
- DfE Guidance on Reduced Timetables (2024).

This policy should be read alongside:

- Medical Policy
- SEND Policy
- Attendance Policy
- Safeguarding and Child Protection Policy
- Accessibility Policy

## 3. Responsibilities of the School

### 3.1 Initial Arrangements

- The school will make every effort to deliver suitable education for children with significant and/or chronic health needs who cannot attend school.
- The Director of Academic Intervention (Head of Year) will be responsible for arranging and coordinating all educational provision from the school.
- The school will provide a personalised approach based on the child's needs, which may include:
  - Sending work home.
  - Providing online learning via approved platforms.
  - Liaising with hospital schools or alternative provisions.
  - Contacting the Local Authority to support with educational provision
- Parents/carers must provide a medical letter from an NHS professional that clearly states that the child's medical condition prevents them from attending school or specifies the amount of school they are likely to miss as a result of the condition.
- NHS medical updates will be required throughout the process to ensure that provisions are appropriate and remain in the child's best interest.
- Short-term illness (e.g., flu, colds, minor infections) will not qualify as a medical absence requiring additional educational provision. Parents of students absent due to short-term illness must use the learning objectives

sent to parents to see what is being covered in class and access Satchel One for assigned homework. The link to sign up for the objectives if you do not currently receive them is: <https://forms.gle/4fcKjQQKnBiggAA66>

### **3.2 Local Authority Involvement**

- If the school cannot provide suitable arrangements, the local authority will be responsible for ensuring full-time education (or part-time if medically appropriate).
- This applies to children who are unable to attend school entirely or those with intermittent attendance due to a medical condition.
- The local authority must provide education as soon as it is clear that a child will be absent for 15 days or more (consecutive or cumulative).
- The school will work closely with the School Attendance Support Officer (SASO) for Brent to ensure all necessary steps are taken to support attendance and educational continuity.
- Where necessary, the Attendance Lead or Safeguarding Team will make referrals to Children's Services for additional support and educational provision, particularly if concerns arise regarding safeguarding, family support, or unmet needs

### **4. Reduced Timetables for Medical Needs (Including Mental Health)**

- A reduced timetable should only be considered in exceptional circumstances as a short-term measure for pupils whose health conditions prevent them from attending full-time.
- Any reduced timetable must have a clear plan and agreed time frame for full reintegration, with formal reviews every three to six weeks.
- Reduced timetables will be time-limited and not exceed six weeks unless there is a clear medical justification reviewed by health professionals.
- A multi-agency approach should be taken, including CAMHS, medical professionals, school staff, and parents/carers.
- Schools must record the risk assessment for any child on a reduced timetable to ensure their safeguarding and educational needs are met.
- Any part-time timetable must be recorded as authorised absence for the portion of time the student is not in school, and parents must agree in writing.

### **5. Working with External Organisations**

The school will collaborate with external professionals, including but not limited to:

- CAMHS (Child and Adolescent Mental Health Services).
- Hospital education services and home tuition providers.
- NHS and private medical professionals (GPs, consultants, therapists).
- Social care teams and SEND services.
- Local Authority that the student resides in.

### **6. Provision of Education**

- Arrangements must be flexible and regularly reviewed to ensure they continue to meet the student's needs.
- The school will work in partnership with parents, carers, the local authority, medical professionals, and educational staff.
- A key worker from the school (Director of Academic Intervention, a member of the attendance or safeguarding team, or SENCO) will coordinate support.
- The education provided should enable pupils to keep up with their studies and successfully reintegrate into school when appropriate.

## **7. Public Examinations**

- Arrangements should be made for students to sit public examinations if medical professionals deem it appropriate.
- Access arrangements (e.g., extra time, special seating, or a quiet room) will be facilitated in line with JCQ guidelines.

## **8. Working with Parents, Carers, and Students**

- Parental involvement: Parents and carers will be engaged in discussions about their child's education and will provide valuable insight into their needs.
- Student voice: Pupils will be encouraged to share their views on their learning experience, adjusted to their age and maturity.
- For looked-after children, their social worker and virtual school head will be involved in discussions and decision-making.

## **9. Safeguarding and Mental Health Considerations**

- Students who are self-harming, coping with an eating disorder, or experiencing severe mental health difficulties must be assessed by a CAMHS consultant (or equivalent) to confirm their readiness to return to school.
- If a student cannot access CAMHS or a specialist immediately, the school will ensure alternative support is in place while awaiting professional input.
- The school will implement risk assessments where needed to ensure student safety and wellbeing.
- Safeguarding Officers will arrange weekly check-in calls or home visits, as appropriate, to ensure the welfare of students absent due to health needs.

## **10. Monitoring and Review**

- The school will review all cases of medical absence at least once every half term.
- This policy will be reviewed annually by the Headteacher, DSL, and Governing Board to ensure compliance with the latest guidance.