



SIKH ACADEMIES TRUST
Faith Inspired Education

Arranging Education for Children with Health Needs Who Cannot Attend School

1. Key Statutory Guidance & Legal Requirements

Education for children with health needs who cannot attend school

- Statutory guidance from the DfE, updated 14 December 2023. [GOV.UK](https://www.gov.uk/government/publications/statutory-guidance-for-schools-education-for-children-with-health-needs-who-cannot-attend-school)
- Applies to all children of compulsory school age, whether on a school roll or not; covers those who cannot attend at all or attend only intermittently due to health needs. [GOV.UK](https://www.gov.uk/government/publications/statutory-guidance-for-schools-education-for-children-with-health-needs-who-cannot-attend-school)

Section 19 of the Education Act 1996

- Local authorities have a duty to make arrangements for suitable education for children of compulsory school age who, because of illness (or other reasons), would otherwise not receive suitable education.

“Working together to improve school attendance”

- Guidance (statutory as of 19 August 2024) that includes expectations around medical / health-related absence. It makes clear schools should notify local authorities when a pupil is absent for 15 school days (consecutive or cumulative) due to illness and when medical needs affect attendance.

Supporting pupils with medical conditions at school

- From the Children and Families Act 2014 (section 100): schools must make arrangements to support pupils with medical conditions. childlawadvice.org.uk+1
- Schools must have individual healthcare plans for pupils with medical needs.

This policy sets out how SAT will ensure that all children of compulsory school age who cannot attend school due to health needs continue to receive suitable, full-time education or as much education as their health condition allows. The policy reflects the Department for Education’s statutory guidance (December 2023). It is designed to ensure consistency, fairness, and high-quality support for all affected pupils.

2. Aims

The aims of this policy are to:

- Ensure pupils with health needs are not denied their right to education and are able to achieve their potential.
- Provide clarity on the process for arranging education when a child is absent due to health needs.
- Set out roles and responsibilities to avoid delays or confusion.
- Promote early intervention and minimise disruption to learning.
- Support emotional wellbeing and reduce the risk of social isolation during absence.
- Plan carefully for reintegration to minimise barriers when the child is ready to return.

3. Scope

This policy applies to pupils who cannot attend school because of short-term illness, chronic conditions, long-term or recurring medical conditions, and mental health needs. It applies whether the absence is

full-time or intermittent. The duty covers all children of compulsory school age, whether on the roll of a maintained school, an academy, or not registered at any school.

4. Principles

- Education will begin as soon as it becomes clear that an absence will last for 15 school days or more, consecutive or cumulative.
- Education will be provided in consultation with medical professionals to ensure it is appropriate and safe.
- Provision will be personalised and flexible, reflecting the pupil's changing health and capacity.
- Education will be equivalent in breadth and quality to that available to peers, enabling continuity and progression.
- Reintegration will be actively planned, with reasonable adjustments made where necessary.
- Pupil voice will be considered in planning to ensure the child's views are respected.

5. Responsibilities

5.1 Local Authority

- Make arrangements for suitable education for pupils absent for 15 days or more due to health needs.
- Ensure education is provided without delay and reviewed regularly to ensure quality and suitability.
- Maintain oversight, ensure arrangements are of appropriate quality.
- Commission provision through home tuition services, hospital teaching, or approved providers.
- Provide clear information to parents/carers about available support.
- Appoint a named officer responsible for pupils with health needs and act as a key point of contact.
- Ensure safeguarding procedures are followed and maintain regular oversight of provision.
- Plan for reintegration in partnership with schools, parents, and health professionals.

5.2 Schools

- Identify pupils who are, or are likely to be, absent due to health needs and notify the local authority promptly.
- Accept notification of medical needs; communicate with parents/carers and health professionals.
- Make reasonable adjustments for pupils with disabilities or chronic health conditions under the Equality Act.
- Implement reasonable adjustments on return, such as reduced timetables, quiet spaces, or extra pastoral support.
- Where appropriate, work with LA to provide remote education or alternative provision.
- Avoid using part-time timetables or sending pupils home unreasonably (e.g. at lunchtime) without formalised agreement or plan.
- Not routinely request medical evidence for short illness absences; only where there are reasonable doubts.
- Liaise with parents/carers and health professionals to prepare Individual Healthcare Plans (IHPs).
- Share information with the local authority to avoid delay in securing alternative provision.

- Maintain academic and pastoral contact with pupils during absence (e.g., newsletters, tutor calls, online platforms).
- Ensure safeguarding obligations are met for pupils absent from school.
- Work collaboratively with the local authority to support provision, monitoring, and reintegration.

5.3 Parents / Carers

- Notify the school promptly of their child's health condition and provide updates on prognosis and attendance.
- Provide medical evidence when reasonably required to support absence and provision planning.
- Engage positively with the school and local authority in reviewing education and healthcare plans.
- Support their child in attending arranged education (home tuition, online provision, hospital school) as health allows.
- Raise concerns if education provision is delayed, unsuitable, or not meeting needs.

5.4 Health Services

- Provide accurate medical advice on the child's condition, prognosis, and capacity to engage with education.
- Contribute to the design of Individual Healthcare Plans and reintegration plans.
- Communicate promptly with schools and local authorities to avoid delays in provision.
- Ensure confidentiality and sensitivity when sharing medical information, with parental consent where required.

6. Suitable Education

Education will be considered suitable if it:

- Is broadly in line with the curriculum available to peers in school.
- Is flexible to allow for fluctuating health conditions.
- Includes core subjects (English, mathematics, science) and access to wider curriculum where possible.
- Is sufficient to prevent the pupil from falling significantly behind their peers.
- Reintegration planning: once the child is well enough, there should be active work to get them back into school including adjustments, catch-up support, recognizing that absence may cause gaps academically, socially, emotionally.
- Supports emotional wellbeing, social connection, and preparation for reintegration.

Provision may include, individually or in combination:

- Home tuition delivered by qualified teachers.
- Hospital-based education services.
- Remote education platforms and digital resources.
- Small group provision or specialist centres where appropriate.

7. Common Challenges - Areas to Watch Out for:

- Delays in establishing or implementing individual healthcare plans or alternative education when children are out for long periods.
- Variability across local authorities in how quickly they act, and in resources available for home tuition, hospital teaching, etc.
- Ensuring remote education isn't misused in place of returning to in-school learning, when the child's health allows.
- Balancing attendance pressure with genuine health needs, especially where mental health or complex medical conditions are involved.
- Ensuring schools don't force parents to provide more medical evidence than reasonably needed.

8. Reintegration

Reintegration will be actively supported. Plans will be personalised and involve consultation with the pupil, parents/carers, health professionals, and school staff. Adjustments may include phased return, flexible timetables, reasonable adjustments under the Equality Act 2010, or additional academic/pastoral support. The aim is to build the pupil's confidence, reduce anxiety, and ensure sustained attendance once medically able.

9. Monitoring and Review

The local authority will monitor quality, timeliness, and effectiveness of education provided to children with health needs.

Schools will report regularly on pupil progress, engagement, and wellbeing during absence. Feedback will be sought from parents and pupils to evaluate effectiveness.

This policy will be reviewed annually, or sooner if there are changes in statutory guidance or legislation.