Supporting Children with Health Needs Who Cannot Attend School

This document is informed by:

Statutory Guidance/Legislation:
DfE Guidance Supporting Pupils at school with Medical Conditions (Aug 2017)
DfE Working Together to Improve Attendance Statutory Guidance (Aug 2024)
DfE Arranging Alternative Provision – A Guide for Local Authorities and Schools (Feb 2025)
Equality Act 2010
DfE Working Together to Safeguard Children (Dec 2023)
The Education Act 1996 & amendments 2002 & 2011
The School Attendance (Pupil Registration) (England) Regulations 2024
Children Act 1989, 2004 & 2014
DfE Guidance Children Missing Education Statutory (Aug 2024)
Keeping Children Safe in Education Statutory Guidance (KCSiE) (Sept 2024)
Data Protection Act 2018 & GDPR

Non-Statutory Guidance:
DfE Guidance Arranging education for children who cannot attend school because of health needs (Dec 2023)
DfE Guidance Summary of responsibilities where a mental health issue is affecting attendance (Feb 2023)
DfE Support for pupils where a mental health issue is affecting attendance: Effective practice examples (Feb 2023)
DfE Guidance Providing Remote Education (Aug 2024)
Meridian Trust Attendance Policy
Regional Local Authority Early Help Pathways
Meridian Trust Guidance on Reasonable Adjustments and Timetables (Sept 2024)
Meridian Trust Supporting Pupils with Medical Conditions Policy
DfE Working Together to Safeguard Children (Dec 2023)

Document Control

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Revisions

Version	Page/Para No.	Description of Change	Approved On
2	p1	Addition of new Guidance from DfE that relates to supporting Students & Attendance	
2	all	Change of CMAT to either Meridian or Trust as appropriate	
2	p4 2)	Addition of reference/links to new guidance, removal of extra 'that' in sentence, swap of medical with health,	
2	p4 2)	Addition of remote education guidance and clarity of reasonable adjustments duties	
2	p5 4)	Addition of 'health needs' to include those children who may not have yet been diagnosed with a 'medical condition'	
2	p5-6 5) a. ii)	Clarification of re medical evidence	
2	p7 6) a. vii)	Added (15 days or more) to specify time period threshold as per guidance	
2	p8 6 c. iii)	Wording changed to signpost to new Annex	
2	p9 6) d. v)	Added – 'and whether they are engaging/attending it as required'	
2	p9 6) d. vi)	Addition of reference to Regulation 8 for removal from roll	
2	All	Updated wording to reflect consistent use of academy, school/academy, student, parent/carer, trust and adjusted grammar and clarified trust responsibilities (as per trustees advice/feedback)	
3	Front Page	Update of Guidance referred to as new guidance released	
3	Throughout the document	Update of new language and terminology used to describe those who cannot attend school for different reasons in line with new Arranging Education for children who cannot attend school DfE Guidance.	
3	p.4 para 2	Addition of Guidance to be read in conjunction with this policy along with links to documents.	
3	p.10 7 d) v.	Update of new regulation (reg 8 current, reg 9 from Aug 24).	
4	Front Page	Update of reference docs/guidance docs	
4	Throughout Document	Update of wording to new terminology from updated guidance documents.	

Contents page

1) **Aims:**

This trust wide policy **must** be read & used in conjunction with each **specific** Local Authority (LA) guidance and local protocol for each academy within the Meridian Trust; this is due to procedures and resources being different within each LA. This policy aims to ensure that:

- Suitable education is arranged for students on roll who **cannot** attend 'school' due to exclusion, illness (physical or mental) or other reasons; ensuring they have full access to their education.
- Students, staff and parents/carers understand their **responsibilities** for communicating, supporting, supplying supportive information to enable education to be put into place, and engaging with the education.
- The **process** is clear and the respective roles and responsibilities of the local authorities, schools/academies, parents/carers, alternative education providers, health providers and other agencies is transparent.

2) **Introduction/rationale:**

Statutory guidance requires all schools/academies (including maintained schools, maintained nursery schools, academies, and alternative provision academies) **must** ensure that **all** children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

This duty is detailed in *Section 100 of the Children and Families Act 2014,* and the statutory guidance entitled *"Supporting pupils at school with medical conditions"* has been produced by the Department for Education to assist schools/academies in understanding and complying with this legislation.

http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

The above is also supported by several **statutory** guidance documents for local authorities and schools *"Arranging education for children who cannot attend school because of health needs"* December 2023, *"Arranging Alternative Provision (Feb 2025)"* and *"Working Together to Improve School Attendance* (Aug 2024).

This policy also needs to be read in conjunction with the **non-statutory** guidance for schools *"Summary of Responsibilities where a Mental Health issue is affecting attendance (Feb 2023)", "Support for pupils where a mental health issue is affecting attendance: Effective practice examples (Feb 2023)"* and *"Providing Remote Education (Aug 2024)" – Links are below:*

https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf

https://assets.publishing.service.gov.uk/media/65f1b048133c22b8eecd38f7/Working_together_to_improve_school_attendance__applies_from_19_August_2024_.pdf

https://assets.publishing.service.gov.uk/media/5fcf72fad3bf7f5d0a67ace7/alternative_provision_statutory_guidance_accessible.pdf

Summary of responsibilities where a mental health issue is affecting attendance (publishing.service.gov.uk)

Support for pupils where a mental health issue is affecting attendance: effective practice examples (publishing.service.gov.uk)

https://assets.publishing.service.gov.uk/media/662a6aefe8c75df17da7e593/Providing_remote_education_non-statutory_guidance_for_schools.pdf

3) **Meridian Trusts Commitment:**

Meridian Trust and its academies are **committed** to ensuring the above duty is fulfilled so that all students within their care who are unable to attend their school/academy due to suspension, illness (physical or

mental) or other reasons, and who would not receive suitable education without support, continue to have **access** to as much education as their medical condition/health/other reason allows, to enable them to reach their full 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, students should receive their education within their academy and the aim of the support will be to **reintegrate** students as soon as they are well enough. There will be some **limited** circumstances where a student is unable to attend their academy but is able and well enough to continue their education remotely. Provision of **remote** education should be a **short-term** solution allowing absent students to keep on track with their education and stay connected to their teachers and peers. Students with **long-term** medical conditions or any other **physical** or **mental** health needs affecting attendance **may** require additional support to continue their education.

The trust and academies also commit to working in **partnership** with local authorities, healthcare partners and families to **ensure** that all children receive the right level of reasonable **adjustments** and **support**. Reasonable adjustments should **enable** students to maintain links with and engage in their education, and they include any **actions** taken to support attendance at, and/or access to, education. The term 'reasonable adjustments' are used as per *"Summary of responsibilities where a mental health issue is affecting attendance"* and *"Working Together to Safeguard Children Statutory Guidance"* to describe **actions in general terms** that will support **equity** for a student to **access** their education, as opposed to a school's duty to make reasonable adjustments for students with a **disability** under *section 20 of the 2010 Equality Act*.

Some children with medical conditions **may** be considered disabled under the definition set out in the Equality Act 2010, some **may** also have special educational needs (SEN) and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEND, this policy should be read in **conjunction** with the *Special Educational Needs and Disability (SEND) Code of Practice* which outlines the duties of local authorities, health bodies, schools/academies and colleges to provide for those with special educational needs under *part 3 of the Children and Families Act 2014.*

4) **Definition of a 'Parent/Carer':**
The term 'Parent/Carer' is used to address those with responsibilities for children. For the **purposes** of education and attendance matters and identifying those with **legal** responsibilities for student care and attendance, 'Parents/Carers' are determined as per *Section 576 of the Education Act 1996* which defines them as:

- *the natural parents of a child, whether they are married or not;*
- *anyone who although not a natural parent, has parental responsibility for a child;*
- *any person who has care of a child or young person i.e. lives with and looks after the child.*

5) **Responsibilities of the 'Parent/Carer':**
Parents/Carers can often be **concerned** that their child's health or circumstances will deteriorate when they attend school. This is because students with long-term and complex health needs **may** require ongoing support, medicines or care while on site to help them manage their condition and keep them well. Others **may** require monitoring and interventions in emergency circumstances. It is also the case that children's health needs **may** change over time, in ways that cannot always be predicted, sometimes resulting in extended absences.

It is important that parents/carers feel confident that schools/academies will provide **effective** support for their child's health needs and that students feel **safe**. It is also important that parents/carers feel comfortable in contacting the academy and **discussing** their child's needs, and that they, and their child wherever possible, are **part** of making decisions about support that can be provided. With the above in mind, parents/carers should:

a. Ensure they have **notified** the academy of their child's **absence** due to illness on the first day of absence and continue to keep in contact as per their individual academy expectations or circumstances required.
b. **Discuss** evolving issues or concerns with the academy as early as possible.
c. Work together with the academy to resolve barriers to attendance and **attend** necessary meetings.
d. **Encourage** their child to communicate their views.
e. **Provide** supportive information to guide decisions regarding health/medical needs, support or education.
f. **Reinforce** with their child, the **value** of attending and/or returning to the academy following absence.
g. Take responsibility for **safeguarding** their child when they are not attending the academy.
h. **Encourage** their child to be ready to work with the academy or education provider.

6) **The responsibilities of Local Authority (LA)**

The Local Authority has a duty set out in *Section 19 of the Education Act 1996* and in the **statutory** guidance, *"Arranging education for children who cannot attend school because of health needs (Dec 2023)*". The *Equality Act 2015* is also an important part of the legal framework around children and young people with significant medical needs.

a. Local authorities **must**:

i) Arrange suitable full-time **education** (or as much education as the child's health condition allows) for children of compulsory school age who, because of suspension, illness or other reasons, would otherwise not receive suitable education. This duty applies to **all** children and young people who live within their area, **regardless** of the type or location of the school/academy they would normally attend, and whether they are on the roll of a school/academy, or not.
ii) Have processes or policies in place which **enable** a child to obtain the right type of provision and a good education easily, timely, and not dependent on how much it will cost. LAs must have a flexible policy which **does not require** medical evidence before making their decision about alternative education. They must look at the evidence for each **individual** case, even when there is no medical evidence, and make their decision about providing education ensuring there is **no delay** due to lack of medical evidence (meeting the child's needs and providing a good education must be the determining factors).
iii) Have policies based upon whether the child is receiving a **suitable** education during their attendance rather than the percentage of time a child can attend their provision.
iv) **Not** have lists of health conditions which dictate whether they will arrange education for children or **inflexible** policies which result in children going without suitable full-time education (or as much education as their health condition allows them to participate in).

b. Local authorities **should**:

i) Have a written, publicly accessible policy statement on their arrangements for complying with the Section 19 duty and a named officer **responsible** for the education of children with additional health needs and ensure parents know who the named officer is. Schools/Academies should also know who that person is, so they can easily make contact to obtain support, advice and guidance, both in general terms and in relation to specific cases.
ii) Where the LA Named Officer does not consider the **threshold** for alternative provision has been met, the case will be referred back to the school/academy who **may** wish to continue to support the child's education at home, or in alternative ways, or consider proceeding with their attendance policy procedures for non-attendance (see section '7) c' - Support and Absence due to Medical Needs of this policy).
iii) There is no absolute legal deadline by which LAs must have started to **provide** education for children with additional health needs (**unlike** for suspended children, where provision **must** begin by the sixth day of suspension) however, provision **should** be arranged as soon as possible when it is **clear** an absence **may** last 15 days or more, either in one continuous absence or accumulatively over the course of an academic year. Where an absence is **planned**, for example for a stay or recurrent stays in hospital, LAs should make **advance** arrangements to allow provision to begin from day one.
iv) Liaise with appropriate medical professionals to ensure **minimal** delay in arranging appropriate provision for the child. In some cases, where a child is hospitalised, the hospital

may provide education for the child within the hospital and the LA would not need to arrange any additional education, provided it is satisfied that the child is receiving suitable education.

v) Provision **should** be full time **unless** the LA considers that a student's needs means that full-time provision would not be in their best interests. As detailed in *"Arranging education for children who cannot attend school because of health needs"* guidance, **many** LAs offer a provision that is one-to-one support within the home environment by a tuition service which, due to its level of **concentrated** learning time can be significantly fewer hours than a "normal school day". This would be **agreed** between the parent/carer, school/academy and the LA and normally be reviewed on a six-weekly basis.

vi) Ensure that the education children receive is of good **quality**, as defined in the statutory guidance *"Arranging Alternative Provision (2025)",* allows them to take appropriate **qualifications**, **prevents** them from being disadvantaged and **allows** them to reintegrate successfully back into their school/academy as soon as possible.

vii) Address the needs of **individual** children in arranging provision. Strict rules that **limit** the offer of education a child receives may **breach** statutory requirements and are deemed **inappropriate** as they **may** prevent children with a given condition to access the right level of educational support which they are well enough to receive.

7) **The responsibilities of Trusts, Schools/Academies, Governing bodies/Academy Councils:**
Meridian Trust, Academy Councils and Academy Principals must ensure there is a **named** person who is responsible for the practical implementation of this policy & the above actions within **each** academy.

All the above mentioned have a **duty** to work together with parents/carers and other agencies to **preserve** a student's right to education. Due to absence from school/academy being a **safeguarding** concern, consistent **communication** between home and school/academy is important to ensuring appropriate information and documentation is available so that **support** can be put into place (see Section '7) c' - Support and Absence due to Medical Needs of this policy for further details).

All Meridian Trust academies track student attendance to **identify** and highlight where support **may** be required so that timely actions can be put into place. This is done using the trust's Attendance Support Procedures, which is designed to **support** the removal of barriers to attendance at the **earliest** possible stage. This process identifies absences that are **unavoidable** due to medical, health or other needs so that support within the school/academy and/or external early help pathways (N.B. specific resources differ between LAs) can be put into place. This process also **promotes** 'working together' and information sharing. All academies also have **access** to trust level attendance welfare guidance to discuss cases that may need additional support or resources.

Although all efforts will be made to work together to ensure absences are verified as unavoidable, it is important to note that where concerns due to reasons given, pattern or frequency arise, the academy **may** have to record the absence as unauthorised and follow the trust attendance procedures to address the absence which **could** lead to the LA fulfilling their statutory duty of prosecution under *Section 444(1) or (1a) of the Education Act 1996 (*please see Meridian Trust Attendance Policy for more detailed information).

As previously stated, the law does **not** specify the point during a child's absence when it becomes the LA's **responsibility** to secure the child suitable full-time education, schools/academies would **usually** provide support to children who are absent because of illness for a shorter period, for example when experiencing chicken pox or influenza, **unless** as above, there are concerns that the absence reasons cannot be verified.

There is an **expectation** that schools/academies will support students with health needs to attend full-time education wherever possible and use reasonable **adjustments** to support access to education by working with the family to provide educational provision **whilst** determining with the LA whether **alternative provision** should be provided under *section 19 of the Education Act 1996*. There **may** be medical information/evidence to support the need for those adjustments, however, provision **should not**

be delayed due to lack of medical information/evidence. Schools/Academies **should** also use individual healthcare plans (IHPs), in accordance with DfE guidance to support any medical related actions.

Although medical information will **not** be requested unnecessarily, where it can be provided easily, it **assists** the academy to authorise absences appropriately. Especially where absence **requires** verification due to concerning frequency, reasons or awaiting confirmation from specialist health professionals; evidence **can** be correspondence regarding GP involvement or onward referral to hospital, prescription advice, appointment information etc.

Where absence has been identified as a concern to parents/carers, an Attendance Contract will be offered as a supportive framework to ensure all relevant support or adjustments have been considered. However, if a student's attendance is within the legal arena, meaning an official warning/notice to improve has been given; medical evidence **will** be requested to support authorisation of future absences. However, the academy can help to **obtain** evidence if required, in the interests of 'working together to safeguard children'.

a. Medical needs within school responsibilities:

i) Ensure **enough** members of staff are suitably **trained** to manage student health needs within the academy; and staff with specific responsibility for supporting student groups or individual students with health needs, are appropriately trained.
ii) Ensure robust **systems** are in place for dealing with health emergencies and critical incidents, for both on- and off-site activities.
iii) Ensure cover arrangements are in place for staff absence or staff turnover to **ensure** someone is always available that is trained in health needs; and that supply teachers are appropriately briefed.
iv) Ensure teachers have suitable **information** relating to a student's needs and the **possible** effect those needs may have.
v) Appoint a **named** person who is responsible for students with healthcare needs, to liaise with parents/carers, students, the LA, healthcare providers, key workers and others involved in the student's care to **ensure** the roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
vi) Where a student has a **complex** or long-term health issue, where the pattern of absence can be unpredictable, the academy, the LA, and relevant medical or healthcare professionals will **discuss** how best to meet the student's needs. This process should also capture the student's and the parents'/carers' voices too. An Individual Health Plan (IHP) will be put into place to support the student and ensure that staff understand what the child needs to be able to be in school as regularly as possible.
vii) Notify the LA when a student is **likely** to be away from the academy for a significant time period (15 days or more as per guidance) due to their health needs.
viii) Have a named person who is responsible for ensuring **education is arranged** for students who cannot attend school as a result of their health needs by liaising with the LA and/or providers to ensure it is in place and **effectively** implemented.
ix) Ensure students who are admitted to **hospital** are receiving education as **determined** appropriate by the medical professionals and hospital tuition team at the hospital concerned.
x) Complete **risk** assessments for academy visits/holidays, and other academy activities outside the normal timetable; and **monitoring** of individual healthcare plans.
xi) Establish **relationships** with relevant local health services to help ensure that information sharing can be done to support the student's needs. It is crucial that academies receive and fully consider **advice** from healthcare professionals and **listen** to and **value** the views of parents/carers and students.
xii) Monitor the student's absence from the academy regularly to **determine** whether additional support is required to enable them to access their education.
xiii) Where an academy is **seeking** support on medical grounds for a student with SEND, whether they have an Education, Health and Care (EHC) plan or not, but who are on roll at a mainstream or special school/academy, they **should** first discuss the situation with the LA SEN & Inclusion Services (SENI) to determine the most **appropriate** route to follow. The

academy **may** also wish to advise the parents/carers to contact the impartial Parent Partnership team (SENDIASS).

xiv) Pregnant students will remain on the roll of their academy, and it is an **expectation** that they will **continue** to be educated at the academy whilst it is reasonably practical, and it is in the interests of the student. A support **plan** will be put into place to ensure appropriate **risk** assessments are in place. On a case-by-case basis, where the pregnancy causes medical issues that **prevent** attendance on site at the academy, a **referral** to the LA for medical needs education **may** be appropriate. Generally, if this is provided it will be limited to 6 weeks prior to, and 6 weeks following the birth of the baby. Where a student has **not** reached compulsory school leaving age following the birth of the baby, the student will be supported to **reintegrate** into the academy.

b. Individual Teachers and Support Staff responsibilities:

i) Understanding **confidentiality** in respect of students' health needs.
ii) Designing lessons and activities in a way that **allows** those with health needs to participate fully and ensure students are **not** excluded from activities that they wish to take part in without a clear evidence-based reason.
iii) Understanding their role in **supporting** students with health needs and ensuring they attend the required training.
iv) Ensuring they are **aware** of the needs of '**their'** students through the appropriate and lawful sharing of the individual student's health needs.
v) Ensuring they are **aware** of the signs, symptoms and triggers of **common** life-threatening medical conditions and know what to do in an emergency.
vi) Keeping parents/carers **informed** of how their child's health needs are affecting them whilst in the academy.

c. Support and Absence due to Illness/Medical or Other Needs:

i) Following parental **notification** of absence, where this is due to illness, the academy **will** record the absence as **authorised** unless there is genuine cause for **concern** about the authenticity or frequency of the illness.
ii) Where the academy develops initial **concerns**, these will be discussed with parents/carers as soon as they become apparent. This may be by telephone, email, letter, or face to face discussion; **discussions** will involve students where appropriate, and **meetings** with parents/carers will be held regularly to make necessary **plans** or arrangements for education and support.
iii) Support and reasonable **adjustments** for attendance **must** be made (alongside adjustments expected for the support of SEND under the Equality Act 2010), these are most commonly:
- Personalised or part-time/reduced timetable, drafted in consultation with the named person, Principal and local LA protocols.
- Movement of lessons to more accessible rooms.
- Places to rest within the academy.
- 'Time Out' arrangements.
- Access to additional support within the academy.
- Special exam arrangements to manage anxiety or fatigue.
- Online **remote** access to the curriculum from home (not as part of a planned alternative provision) to enable keeping up to date with learning; Keeping children **safe** online is essential, refer to guidance https://www.gov.uk/guidance/safeguarding-and-remote-education. The academy's safeguarding policy **should** reflect the potential need for **remote** online education provision and the fact that students might be learning both online and in the classroom.

For more **extensive** ideas on reasonable adjustments see **Annex A** of this policy.

iv) The Academy's **Named** Person will ensure the academy holds regular **review** meetings (minimum of every 6 weeks) to monitor effectiveness of adjustments; **produce** action plans and distribute notes of these meetings and **ensure** that the support provided is suitable.
v) If it is agreed a student is **unable** to attend the academy due to medical needs:

- For periods of absence that are expected to be **less** than 15 school days, the academy will **provide** support by arranging access to learning as soon as the student is able to cope with it and the above adjustments will be considered.
- The student will be kept **informed** about academy social events and **encouraged** to maintain contact with their peers.
- The academy will **consider** which aspects of the curriculum are prioritised in consultation with the student, their family, and relevant members of staff. Where **appropriate** technology such as 'virtual classrooms', learning platforms will be used to allow the student to **participate** in educational environments as much as possible, but this **should** generally be used to complement face-to-face education, rather than as sole provision (though in some cases, the child's health needs **may** make it advisable to use only virtual education for a time).
- For periods of absence that are expected to last for **15 days or more** (either as one **continuous** period or an **accumulation** due to a specific medical condition) pastoral staff will **notify** the 'named person' in the academy; a **referral** to the LA will be considered and a discussion **may** take place with the LA Named Officer as to who will take responsibility for the student and their education (this can vary in different LAs dependent on devolved funding).
- Where absences are **anticipated** or known in advance, the academy will **liaise** with the LA Named Officer to **enable** education provision to be provided from the start of the student's absence.
- For hospital admissions, the Academy's Named Person will **liaise** with the LA & hospital regarding the programme that **should** be followed while the student is in hospital.
- The academy will **seek**, where appropriate, **guidance** from the LA regarding whether it is **appropriate** to engage with the EHCP process, particularly where insufficient evidence of the graduated approach exists.
- For **post-16** students, the academy will make any necessary **reasonable** adjustments for students who are unwell over a prolonged period (due to being of non-compulsory school age a referral to the LA is **not** possible).

d. <u>Where Alternative Education is in Place:</u>

i) The academy will **provide** the student's education provider with relevant information, curriculum materials and resources, as appropriate.

ii) Where the LA have **arranged** the provision, the academy will work with the LA constructively along with providers, relevant agencies and parents/carers to ensure the best **outcomes** for the student; sharing information with the LA and relevant health services as required.

iii) The academy will **provide** a suitable working area within the academy for the student/education provider where necessary.

iv) The Academy's Named Person will **ensure** that the provision offered to the student is appropriate, good quality and effective, and the aim (health allowing) will be that the student can be **reintegrated** back into on site learning within the academy successfully.

v) The academy will **monitor** the student's attendance and engagement with the education provision and mark registers to **ensure** it is clear where the student is at each registration session, and whether they are engaging/attending it as required. The academy will **only** remove a student who is unable to attend from the academy roll in line with Regulation 9 of *'The School Attendance (Pupil Registration) (England) Regulations 2024'* where: The school and the Local Authority have jointly made reasonable efforts to find out the pupils location and circumstances and they have succeeded but agree that there are no reasonable grounds to believe that the pupil will attend the school again, taking into account any reasonable steps they could take to secure the attendance; **and** neither the student nor their parent/carer has indicated the intention to continue to attend the school, after ceasing to be of compulsory school age.

vi) The academy **will** ensure regular meetings (6 weekly is recommended in the DfE guidance) are held to **review** the arrangements made for students who cannot attend due to their medical/health needs.

e. Reintegration of Students (either after academy-based initiatives or alternative education):

i) The Academy's Named Person will **consider** how the student can be reintegrated back into the academy **sensitively** and proactively consider whether any reasonable **adjustments** are required to do so.

ii) The process will involve **all** appropriate staff, parents/carers, health professionals and the student (where appropriate) and previously mentioned adjustments Section 6) c. iii) will be considered.

iii) The students' progress, attendance, and reintegration will be **actively** monitored and **reviewed** regularly.

8) **Responsibilities of others:**

a. External Education Providers (if used by the school/academy or LA) Responsibilities:

i) Liaise with the Academy's **Named** Person to determine specific areas of study.

ii) Liaise, where **appropriate**, with outside agencies.

iii) Provide a **flexible** teaching programme.

iv) Provide regular **reports** on the student's progress and achievements.

v) Provide an **opportunity** for the student to comment on their report.

vi) Provide **reports** for review meetings.

vii) Help set up an appropriate **reintegration** programme as soon as the student is ready

b. Where Health Professionals and other support services are involved their responsibilities:

i) Offer **medical** treatment, advice, and support where appropriate.

ii) Attend or **provide** advice to review meetings to support planning and decision making.

iii) Provide written **reports** where necessary to enable the school to access education for the student.

iv) Work **collaboratively** with the school/academy, parent/carer and the LA to support the **reintegration** of the student back into the school/academy as soon as practically possible.

ANNEX A – Additional Examples of Reasonable Adjustment for Attendance Support
(To be used alongside reasonable adjustments for disability law)

Below is a non-exhaustive list of sector-led examples of the kinds of support and reasonable adjustments that schools/academies **may** have in place or consider using, to **support** social, emotional, physical or mental health issues affecting attendance, and to **prevent** students' missing out on their education by supporting them to attend their school/academy.

Reasonable adjustments:
- Students can pre-order lunch and it is **collected** by the staff and distributed to them to eat in a space the student feels safe in.
- Students are supported by staff members to **integrate** into the canteen to build their confidence with eating in the assigned area. This gives them the confidence to **meet** friends and make friendships that ease their anxiety.
- Seating at **breaks** and **lunches** can be provided to support those with anxiety or social challenges.
- Students can be **withdrawn** from lessons on a short-term basis and do work on **emotional regulation**, to build their **resilience** and alleviate anxiety about attending the school/academy.
- Students can be **provided** with "Early Leave" cards, that will allow them to avoid main **transition** times in corridors between classes.
- Where required, a short period of **phased** timetabling to allow a transition back into school/academy and to attend full-time, where the child is on site but does **not** attend all lessons, working with the student to support with any anxiety they are experiencing during time not spent in class.
- Some students will sit exams in **smaller** examination venues, e.g., smaller rooms of 10 or 12 students.
- Ear defenders are **provided** to students who are particularly **sensitive** to noise. They wear these in and out of lessons as needed.
- Children with **sensory** difficulties are **considered** as part of the school/academy **uniform** policy, such as allowing them to wear shorts instead of trousers, which helps to alleviate anxiety about attending.
- Quiet 'fiddle toys' are used to support children's sensory and concentration levels.

Reasonable Adjustments to Build confidence:
- Interventions that build relationships, self-awareness and confidence such as 'Draw and Talk', baking and gardening therapy sessions, as well as groups for building social skills, emotional literacy or emotion coaching/mindfulness lessons.
- Some students are **offered** a "meet and greet" at the school/academy gate to support transition back into school/academy after period of absence.
- Students are made aware that they can **speak** with anyone they have confidence in, and staff know that, where they need help, they should contact a member of the trained mental health team.
- Students can be paired up with **buddies/mentors** from older year groups who have received specific training to support, e.g. meet 6th form mentor during registration.
- Students are **encouraged** to take part in after-school/academy clubs, to help build confidence in attending school and/or improve belongingness.
- Students can **access** a pastoral/safeguarding 'drop-in chat'.
- Students are offered **1-1 coaching support** to "catch-up" on core **content** for English/Maths. Often a barrier to returning as they can become overwhelmed with content they have missed.
- Students are offered **1-1 or group sessions** with a **pastoral** coach using mindfulness, therapeutic art or sport etc., which can be an escape from the pressures of school/academy life and help the student with any feelings of anxiousness they are experiencing.

Leadership:
- Staff account for the needs of **all** children, including offering a **safe** place, someone to **talk** with and liaising with parents/carers at home.
- Staff who have the requisite training **wear** 'Mental Health Matters' lanyards, which lets students know that we are trained and available to support directly if required.
- Staff take a **bespoke** approach to **each** child with an emphasis on helping students feel they belong to reduce **barriers** to attendance, so that children are ready to learn, feel safe and grow in confidence.
- The school/academy has in place a well-trained, dedicated **Mental Health team**.

- Mental Health **awareness** days and sessions are arranged for students.
- Whole school culture is one of welcome, nurture, belonging and kindness with fair and reasonable expectations to be and do our best.