# Maiden Erlegh Trust CHILDREN WITH HEALTH NEEDS WHO CANNOT ATTEND SCHOOL POLICY



# **BIRCH HILL PRIMARY SCHOOL AND NURSERY**

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### **Aims**

This policy aims to ensure that:

- Suitable education is arranged for pupils/students on roll who cannot attend school due to health needs
- Pupils/students, staff and parents understand what the school is responsible for when this
  education is being provided by the local authority

# Legislation and guidance

This policy reflects the requirements of the Education Act 1996.

It also based on guidance provided by the local authority. This policy complies with our funding agreement and articles of association.

## The responsibilities of the school

When a child is unwell and absent over a short period (less than a week), the School will assume that they are not well enough to complete work. In this event, teachers will not normally provide work for children to complete but will support them to catch up on their return.

When a child is absent over a longer period due to an illness which is supported by a medical note the School will work with child and their family to arrange work for them as appropriate.

### If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school. This will be done either by sending work home for completion or by setting work to be completed electronically.

As part of any provision and/or as part of a reintegration plan it may be that the pupil/student will need a modified or part-time timetable. This would be negotiated with all relevant parties and agreed in writing. See Annex 2.

### If the local authority makes arrangements

If the school can't make suitable arrangements, the local authority will become responsible for arranging suitable education for these children.

In cases where the local authority makes arrangements, the school and Trust will:

- Work constructively with the local authority, providers, relevant agencies and parents as well as the pupil/student themselves in order to ensure the best outcomes.
- Share information with the local authority and relevant health services as required.
- Help make sure that the provision offered to the pupil/student is as effective as possible and that the child can be reintegrated back into school successfully. This includes appropriate support for their emotional wellbeing.
- When reintegration is anticipated, work with the local authority to:
  - Plan for consistent provision during and after the period of education outside the school, allowing the pupil/student to access the same curriculum and materials that they would have used in school as far as possible
  - o Enable the pupil/student to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
  - o Create individually tailored reintegration plans for each child returning to school which are likely to involve a modified or part-time timetable.
  - o Consider whether any reasonable adjustments need to be made

See Annex 1 for school specific details.

This policy is to be read in conjunction with:

- Accessibility Plan
- Attendance Policy
- Supporting Pupils with Medical Conditions Policy

# **Annex 1 – School and Local Authority Contacts**

At Birch Hill Primary School, the person responsible for ensuring that suitable education is arranged for pupils/students on roll who cannot attend school due to health needs is:

| Mrs McAllister | SENDCo |
|----------------|--------|

The local authority for this school is Bracknell Forest.

At present Bracknell Forest Local Authority do not have a policy for this, but take their guidance from the government document found here:

https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school

# **Annex 2 – Modified Timetable MTT Agreement**

### **MODIFIED TIMETABLE AGREEMENT**

To be completed for any child who is not attending all lessons on their original timetable.

| Name  |                                     | Attendance %         |      |
|---|-------------------------------------|----------------------|------|
| SEN   | Medical needs                       | LAC                  | PP   |
| <del></del>   |                                     | Y/N                  | Y/N  |
| Context of Modified Timeta  | ıble                                |                      |      |
| Please briefly outline the o  | circumstances behind the need for a | modified timetable   | ).   |
|   |                                     |                      |      |
|   |                                     |                      |      |
| Modified Timetable Key Inf  | ormation                            |                      |      |
| Modified Timetable Key Inf  |                                     | and details          |      |
| ·   |                                     | and details          |      |
| Monday  |                                     | and details          |      |
| Modified Timetable Key Info<br>Monday<br>Tuesday<br>Wednesday   |                                     | and details          |      |
| Monday<br>Tuesday   |                                     | and details          |      |
| Tuesday<br>Wednesday  |                                     |                      |      |
| Monday<br>Tuesday<br>Wednesday<br>Thursday  |                                     | and details  MTT end | date |
| Monday Tuesday Wednesday Thursday Friday  | Timings a                           |                      | date |
| Monday Tuesday Wednesday Thursday Friday MTT start date   | MTT review date(s)                  |                      | date |
| Monday Tuesday Wednesday Thursday Friday MTT start date  Alternative Provider Inform                              | MTT review date(s)                  |                      | date |
| Monday Tuesday Wednesday Thursday Friday MTT start date  Alternative Provider Inform Name of Provider Description | MTT review date(s)                  |                      | date |
| Monday Tuesday Wednesday Thursday Friday MTT start date  Alternative Provider Inform                              | MTT review date(s)                  |                      | date |

| Additional information about the provision and objectives of the MTT |
|--|
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### Consent

I understand that my child will follow a Modified Timetable for a limited period of time. I have discussed the matter fully with the school and agree, during the period of the modified timetable to:

- take full responsibility for my child when not attending school/alternative provision
- ensure there is supervision of school work during school hours\*
- ensure there is a flow of work between school and home for marking and guidance\*

\*Delete if not appropriate

|              | Name | Signature | Date |
|--------------|------|-----------|------|
| Child        |      |           |      |
| Parent/carer |      |           |      |
| School       |      |           |      |

# MTT Review Meeting(s)

| Review date         |      |  |       |          |      |
|---------------------|------|--|-------|----------|------|
| Present at meetin   | g    |  |       |          |      |
| What has gone we    | ell? |  |       |          |      |
| Cause for concer    | n?   |  |       |          |      |
| Next steps          |      |  |       |          |      |
| Action(s) to be tal | ken  |  |       | By whom? |      |
|                     |      |  |       |          |      |
|                     |      |  |       |          |      |
|                     |      |  |       |          |      |
|                     |      |  |       |          |      |
|                     | Name |  | Signa | ature    | Date |
| Child               |      |  |       |          |      |
| Parent/carer        |      |  |       |          |      |
| School              |      |  |       |          |      |