

EDUCATION FOR STUDENTS WHO HAVE PROLONGED ABSENCE DUE TO HEALTH NEEDS POLICY

Last Review: August 2025
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Review by: Deputy Head , School Governors

Refer also to:

Attendance and Absence Policy
Access Development Plan
Medical Policy
SEND policy

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Policy Statement

1. Godolphin believes that all our students must be given the best opportunities to study and to achieve their best. (This policy will refer to all as students).
2. The School fosters equality of opportunity for all its students regardless of disability.

Procedures for students who are absent for fewer than 15 days

3. If a student has been excluded from School for disciplinary reasons, that student may not attend lessons online during the period of the exclusion. Nonetheless, it is expected that the student will keep up to date with work by, for example, accessing tasks and worksheets available through Teams, OneNote and textbooks.
4. Godolphin recognises that illness – short or long-term – can affect and impede a student's ability to engage with education and progress.
5. If a student is absent for fewer than 15 days due to sickness or illness, it is the School's Policy that they should not normally engage in lessons online since this is likely to prolong the period of illness and/ or result in further illness. However, educational provision will still be made available throughout this period through the use of tasks and worksheets available through Teams, OneNote and textbooks.

Procedures for students who are absent for more than 15 days

6. Where a student is at home for at least 15 days consecutively or cumulatively, the reasons for absence must be accompanied by a medical certificate.
7. Where specific medical evidence, such as that provided by a medical consultant, is not quickly available, the School will consider liaising with other medical professionals, such as the child's GP, and consider looking at other evidence to ensure minimal delay in arranging appropriate provision for the child.
8. Once parents have provided evidence from a consultant, the School will not unnecessarily demand continuing evidence from the consultant without good reason, even where a child has long-term health problems. Evidence of the continuing additional health issues from the child's GP should usually be sufficient.
9. Where a medical certificate which confirms that a child is unable to attend School, the School will liaise with the medical professionals and parents to create a beneficial programme of studies which facilitates the student's academic progress within the limitations of their illness.
10. The School recognises the importance that parental input can bring and will consult parents before teaching begins. Parents have an important role to play, whether their child is at home or in hospital. Parents and carers can provide useful information that can inform the teaching approach.
11. It is recognised that this programme may vary over time in response to the child's needs.
12. Ideally, this education will be full-time; if not, it will be as much as the child's condition allows to allow the student to achieve and thrive.

13. Full or part-time education will normally focus on achieving good attainment in English, Maths and Science as a minimum. As far as possible, a full and balanced curriculum will be put in place.
14. The School will endeavour to ensure that the child is able to take appropriate assessments which lead to qualifications.
15. Where a student has one-to-one face-to-face support lessons in School, these will continue online if the child's conditions allow.
16. The students will continue to be supported by their tutor for social and emotional purposes although this role may be delegated by the Pastoral Deputy to a different member of staff.
17. If a student has been admitted to a hospital or a clinic on a long-term basis and is receiving education there, the School will endeavour to liaise with the education professionals in that institution in order to coordinate the programmes of studies that the student is able to access. The School will prioritise what is in the best needs of the student.
18. It may be the case that such a student can access lessons online, joining in with the class, or that the classes can be recorded for the student to be able to listen at a more convenient moment. The School will prioritise what is in the best interests of the student.
19. Where a student is under the care of the NHS or the Child and Adolescent Mental Health Services (CAMHS), for example, the School will endeavour to liaise with the health professionals in order to coordinate the academic, emotional and social support for the child concerned ensuring where appropriate, for example, that the student has the possibility of contact with classmates.
20. The School will liaise with the medical professionals, parents and the student to facilitate the child's return to education. This may be on a gradual basis, and a bespoke programme will be put in place for the student which will be flexible as their needs develop.

Reintegration to School

21. As they return to School, the tutor will liaise with the parents and the staff in order to ensure that the child is not overwhelmed with material to catch up. Rather, it will be determined how and when any catch-up tasks are needed and how the student can best engage swiftly with the materials being taught when they return.
22. Under equalities legislation, the School will consider whether any reasonable adjustments need to be made to provide suitable access for the child.
23. Education (Pupil Registration) England Regulations 20068, a school can only remove a student who is unable to attend school because of additional health needs where:
 - 23.1. the student has been certified by the School medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age, and
 - 23.2. neither the student nor their parent has indicated to the School the intention to continue to attend the school, after ceasing to be of compulsory school age.

24. A child unable to attend school because of health needs must not, therefore, be removed from the school register without parental consent and certification from the school medical officer, even if the LA has become responsible for the child's education.