ST IVES JUNIOR SCHOOL

‘Learning together, free to fly’

Together we thrive in a nurturing,inspiring community,
Together we learn to succeed in an ever changing world.

Children with Health Needs Who Are Unable to Attend School Policy

Purpose

To secure suitable, ambitious and continuous education for pupils whose physical or mental health needs prevent or significantly limit attendance, while supporting recovery, inclusion and return to school.

Policy control	Details
Responsible leader	Ali Watts - Headteacher
Approval body	Full Governing Body
Status	Draft for approval - September 2026
Review cycle	At least annually; next scheduled review September 2027
Applies to	All pupils of compulsory school age on roll at St Ives Junior School whose physical or mental health needs prevent or significantly limit attendance
Read alongside	Supporting Pupils with Medical Conditions and Mental Health Needs Policy; Attendance Policy; SEND Policy and Information Report; Child Protection and Safeguarding Policy; Accessibility Plan; Remote Education arrangements; Complaints Procedure

Key changes in this version

Change	What this means for St Ives Junior School
Current statutory framework	Updates references to the December 2023 health-needs guidance, the 2024 registration regulations, current attendance guidance and Cornwall's 2025/26 Section 19 arrangements.
Earlier local-authority notification	The school contacts Cornwall Council as soon as it is clear that health-related absence is likely to reach 15 school days, consecutive or cumulative, rather than waiting for the fifteenth day.
Cornwall referral routes	Distinguishes CHES Group 1 referrals made by an eligible treating medical professional from Illness Group 2 referrals that the school may make.
Proportionate evidence	Removes the blanket requirement for consultant evidence. Decisions use all available evidence and must not be delayed by inflexible diagnosis or evidence rules.
Interim education	Clarifies that the school maintains suitable learning, contact, safeguarding and curriculum continuity while Cornwall assesses or arranges provision.
Mental-health needs	Confirms that physical and mental health needs are treated consistently; school staff support and observe but do not diagnose.
Part-time and remote education	Makes clear that both are individual, time-limited, regularly reviewed arrangements and not substitutes for suitable full-time education where this is possible.
Reintegration and oversight	Adds an individual reintegration plan, review measures, governor assurance questions and current official links.

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Core threshold

The school must notify Cornwall Council as soon as it is clear that a pupil is likely to miss 15 school days or more because of health needs, whether the days are consecutive or cumulative across the school year. The school does not wait until 15 days have elapsed.

1. Purpose, scope and principles

This policy applies when a pupil of compulsory school age on roll at St Ives Junior School cannot attend, or can attend only intermittently, because of a physical or mental health need. It covers short-term school arrangements, referral for Cornwall Council's Section 19 assessment, education arranged by the local authority and reintegration. It does not replace the school's duties to support pupils who can attend under the Supporting Pupils with Medical Conditions and Mental Health Needs Policy.

- Education remains ambitious, suitable to the pupil's age, ability, aptitude and any SEND, and equivalent to the Roots and Wings Curriculum as far as health allows.
- The pupil's welfare, recovery, safeguarding, voice and dignity are central to decisions.
- The school works early and jointly with the pupil, parents/carers, Cornwall Council, health professionals and any education provider.
- Physical and mental health needs are considered consistently. School staff do not diagnose or provide clinical treatment.
- Absence is not allowed to create avoidable educational, social or safeguarding isolation.
- Alternative provision is normally a short-term intervention with return to the home school kept under active review.

2. Legal and guidance framework

- section 19 of the Education Act 1996, under which the local authority must arrange suitable education where a compulsory-school-age child would otherwise not receive it because of illness or another reason;
- section 100 of the Children and Families Act 2014 and the statutory guidance Supporting pupils at school with medical conditions;
- Equality Act 2010 duties, including reasonable adjustments and the Public Sector Equality Duty;
- Arranging education for children who cannot attend school because of health needs, statutory guidance updated December 2023;
- School Attendance (Pupil Registration) (England) Regulations 2024 and current Working together to improve school attendance statutory guidance;
- Children missing education statutory guidance, updated September 2025;
- Providing remote education: guidance for schools;

- SEND Code of Practice: 0 to 25 years and duties for pupils with EHC plans; and
- Keeping Children Safe in Education 2026 and data-protection law.

3. Roles and responsibilities

3.1 Governing body

- approve this policy and ensure it is implemented consistently;
- ensure leadership capacity, resources and staff training are sufficient;
- seek assurance that pupils with health needs receive suitable education, remain safeguarded and are not unlawfully excluded or removed from roll; and
- monitor anonymised information about referrals, provision, attendance, progress, reintegration, complaints and delays.

3.2 Headteacher and operational lead

- Ali Watts retains overall accountability and designates a named operational lead;
- co-ordinate the school's response, including support plans, referrals, education, reviews and reintegration;
- ensure Cornwall Council is notified promptly where Section 19 may apply;
- maintain a single record of actions, evidence, decisions and review dates; and
- escalate any gap or delay that leaves a pupil without suitable education or creates a safeguarding risk.

3.3 Wider school team

Role	Key contribution
Attendance lead	Tracks consecutive and cumulative absence, applies attendance codes correctly, co-ordinates support and identifies when the 15-day threshold is likely to be reached.
SENDCo	Identifies SEND, co-ordinates the graduated response, reviews reasonable adjustments and links provision to any EHC plan.
DSL	Maintains safeguarding oversight, ensures safe contact and responds to welfare concerns or unexplained loss of contact.
Class teacher	Provides curriculum information, suitable work and feedback; maintains appropriate connection with the pupil and supports reintegration.
School staff	Share concerns promptly, follow agreed plans and maintain confidentiality.

3.4 Pupils, parents/carers and partners

Pupils are involved in decisions in a way appropriate to their age and understanding. Parents/carers provide timely information, participate in planning and reviews, and support the pupil to engage with arrangements that are suitable and reasonably practicable. Health professionals advise within their role. Cornwall Council assesses whether Section 19 applies and, where it does, arranges suitable provision. Any alternative provider works with the school and family on curriculum continuity, safeguarding, progress and reintegration.

4. Early identification and in-school support

The school responds as soon as health begins to affect attendance; it does not wait for absence to become prolonged. The operational lead brings together attendance, pastoral, SEND, safeguarding and health information and agrees an individual plan with the pupil and family.

- understand the pupil's strengths, health-related barriers, likely pattern of absence and ability to engage with learning;
- consider an Individual Healthcare Plan, SEND support, an EHC plan review and reasonable adjustments;
- provide pastoral support and adjustments aimed at safe attendance, including flexible routines, a trusted adult, access arrangements or a phased increase where appropriate;
- record agreed support, responsible staff, review dates and measures of impact;
- seek relevant professional advice without making a diagnosis a precondition for school support; and
- consult the pupil and parents/carers before new provision begins and at every significant change point.

Temporary part-time timetables

A temporary part-time timetable is used only in very exceptional circumstances, for the shortest necessary period, with agreement, safeguarding, regular review and a clear plan to restore full-time education. It is not used to manage behaviour or because the school has not arranged suitable support.

5. When Cornwall Council must be involved

The Headteacher or operational lead contacts Cornwall Council as soon as it is clear that a pupil is likely to be unable to access suitable education at school for 15 school days or more because of health needs. The days may be consecutive or cumulative during the school year. Earlier contact is made where a long or recurring absence is predictable, a pupil is receiving little or no suitable education, or the case is complex.

Not an automatic entitlement after day 15

Fifteen days is the point by which local-authority action should be under way when the criteria may be met; absence alone does not automatically determine Section 19 provision. Cornwall assesses whether the pupil would otherwise lack suitable education and whether attendance is not reasonably possible or practicable.

5.1 Cornwall's illness routes

Route	Current Cornwall arrangement
Illness Group 1 - CHES core offer	For pupils meeting CHES criteria. Referral is made by an eligible medical professional responsible for ongoing treatment, such as a paediatrician or CAMHS senior practitioner. The school supplies educational information and co-operates with the offer.
Illness Group 2	For health needs preventing access to education that do not meet CHES core criteria. The school may refer directly. Medical evidence may support the referral but is not an inflexible prerequisite.

- The school uses Cornwall Council's live Section 19 process and forms rather than retaining an obsolete form or named contact in this policy.

6. Evidence and decision-making

Evidence is proportionate to the individual case. The school shares a clear chronology and does not delay education while seeking a particular diagnosis or a consultant's letter. Available evidence may include:

- the pupil's and parents'/carers' views;
- attendance patterns and the cumulative number of school days affected;
- school observations, assessments, safeguarding information and records of contact;
- support, reasonable adjustments and graduated-response actions tried, with their impact;
- an IHP, SEND support plan, EHC plan or risk assessment;
- advice from a GP, paediatrician, CAMHS, school nurse, therapist or other appropriate professional; and
- the pupil's current ability to attend and engage with different forms and amounts of education.

Where evidence differs, the school records the differing views, seeks clarification where useful and continues safe, suitable interim arrangements. It does not investigate clinical matters beyond its role.

7. Education while a pupil cannot attend

Until Cornwall Council completes its assessment and any alternative provision begins, the school remains responsible for doing what is reasonably practicable to maintain education and connection.

Arrangements begin as soon as reasonably practicable and are proportionate to the anticipated duration, health needs and capacity of the pupil.

- provide meaningful, ambitious work linked to the Roots and Wings Curriculum, with clear priorities and feedback;
- agree an appropriate balance of teaching, independent activity, reading and rest;
- maintain regular, safe contact with a named adult and, where appropriate, peers and school life;
- make reasonable adjustments for SEND, fatigue, pain, treatment, concentration, screen time and the home environment;
- consider equipment, connectivity, accessible materials and free-school-meal arrangements;
- record engagement and progress without penalising health-related inability to complete work; and
- review promptly if the pupil cannot access the arrangement or if health changes.

Remote education

Remote education is considered case by case and may form part of a flexible package. It is not used to justify keeping a pupil away from school where safe attendance can be supported, and live contact follows the school's safeguarding and online-safety arrangements.

8. Working with Cornwall and alternative provision

Where Cornwall Council arranges education, the pupil remains on the school roll unless a lawful ground for deletion applies. St Ives Junior School retains safeguarding responsibilities and works closely with Cornwall, the provider, the pupil and family.

- share timely information about the pupil's curriculum, attainment, SEND, health-related adjustments, safeguarding and communication needs;
- agree who teaches, assesses, provides resources, records attendance, reports concerns and communicates with the family;
- ensure provision is suitable and normally full-time or equivalent, unless part-time education is in the pupil's best interests for health reasons;
- review any part-time arrangement regularly with the aim of increasing education as health permits;
- enable access to the same curriculum and materials as far as possible, including suitable participation in visits or school events;
- monitor educational progress, engagement, welfare and social connection; and

- raise concerns promptly with Cornwall Council where provision is delayed, unsuitable, inaccessible or not being delivered.

9. Attendance, safeguarding and pupil records

- Attendance is recorded using the current statutory codes and guidance; the school does not use an attendance code to conceal an unsuitable or absent education offer.
- The pupil is not removed from roll simply because the local authority or another provider is arranging education, and off-rolling is never used.
- The DSL ensures regular safe contact, follows up missed contact or unexplained non-engagement and acts immediately on safeguarding concerns.
- Information is shared lawfully, securely and proportionately with those who need it to educate or safeguard the pupil.
- Records include referrals, evidence, provision, attendance, contact, reviews, decisions, progress, safeguarding actions and reintegration planning.

10. Reintegration

Planning for return begins when alternative or remote education starts, not only when the pupil is ready to come back. The operational lead co-ordinates an individual reintegration plan with the pupil, parents/carers, Cornwall Council, the provider and relevant professionals.

- the pupil's views, anxieties, strengths and preferred communication;
- health advice, safety arrangements, medicines and an updated IHP where required;
- reasonable adjustments, SEND provision and any temporary timetable;
- curriculum priorities, assessment, gaps in learning and manageable expectations;
- relationships, belonging, peer contact and a trusted adult;
- a phased increase towards full-time attendance where needed, with clear review dates; and
- contingency action if health deteriorates or the plan is not working.

11. Complaints, monitoring and review

Concerns about the school's arrangements should be raised promptly with the operational lead or Headteacher and may then be pursued under the school's Complaints Procedure. A complaint about Cornwall Council or commissioned provision follows Cornwall's published process. Immediate action to secure education or safeguard a pupil is not delayed by a complaint.

The Headteacher reviews implementation and reports anonymised assurance to governors. This includes the timeliness of support and referrals, days without suitable education, attendance, curriculum access, progress, safeguarding, pupil and family views, reintegration, complaints and actions. The policy is reviewed at least annually and sooner after a material legal or local-process change, serious incident or evidence that arrangements are ineffective.

Appendix A - School action checklist

- Identify the health-related barrier and immediate education and safeguarding needs.
- Name the lead, consult the pupil and family, and record a plan and review date.
- Put reasonable adjustments, IHP/SEND support and attendance support in place.
- Count consecutive and cumulative school days affected and predict likely duration.
- Notify Cornwall promptly when 15 days is likely, or sooner if suitable education is already at risk.
- Use the correct CHES Group 1 or Illness Group 2 route and provide school evidence.
- Maintain suitable interim learning, feedback, safe contact and curriculum connection.
- Agree responsibilities with Cornwall or the provider and monitor delivery and progress.
- Keep the pupil on roll unless a lawful deletion ground applies.
- Plan and review reintegration from the outset.

Appendix B - Individual provision-plan checklist

Plan field	Record
Pupil and contacts	Pupil voice; parent/carer; school lead; health, Cornwall and provider contacts.
Needs and capacity	Health-related barriers, strengths, SEND, current capacity and likely pattern of change.
Education offer	Subjects, teaching, resources, hours/equivalence, location or platform, feedback and assessment.
Welfare and safeguarding	Safe contact, DSL oversight, missed-contact action, emergency arrangements and information sharing.
Inclusion	Reasonable adjustments, peer/school connection, meals, equipment, visits and wider opportunities.
Review and return	Measures of progress, review dates, reintegration steps, intended full-time return and contingency plan.

Appendix C - Current references

Education for children with health needs who cannot attend school - DfE statutory guidance updated December 2023

Cornwall Council Section 19 Policy - approved November 2025

Cornwall Council's local Section 19 offer - guidance note dated March 2026

Cornwall medical and health needs information - maintained local information page

Working together to improve school attendance - statutory guidance updated July 2026

Providing remote education - DfE guidance

Mental health issues affecting a pupil's attendance - DfE guidance

Supporting pupils at school with medical conditions - current statutory guidance

Children missing education - statutory guidance updated September 2025

Reference list checked: 27 August 2026. Staff must use Cornwall Council's live process, forms and contact details at the point of referral.