



## Children With Health Needs Who Cannot Attend School

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| <b>Reviewed by:</b>         | Henrietta Jordan, Schools Director |
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| <b>Approved by:</b>         | Tracey Storey, CEO                 |

## Statement of Intent

All schools are committed to ensuring that learners who cannot attend school because of physical or mental health needs continue to receive suitable, high-quality education, remain safeguarded and connected to their school community, and are supported to return to school as soon as their health allows.

The school recognises its continuing role in a learner's education while the learner is absent, including where the local authority arranges education under section 19 of the Education Act 1996. The school will work constructively and without delay with learners, parents and carers, local authorities, health professionals, hospital education services, and other providers.

## Aims

- Identify health-related barriers to attendance early and put appropriate support and reasonable adjustments in place.
- Ensure the local authority is notified promptly when its section 19 responsibilities may be engaged.
- Secure suitable education that is normally full-time, or as much education as the learner's health permits where full-time provision would not be in their best interests.
- Ensure education is suitable to the learner's age, ability, aptitude, and special educational needs, including the outcomes and provision in any education, health, and care plan (EHC plan).
- Involve the learner and their parents or carers in planning, reviewing, and evaluating provision in an accessible and meaningful way.
- Maintain safeguarding oversight, regular welfare contact and clear reporting arrangements for learners educated away from the school site.
- Maintain curriculum continuity, preparation for qualifications and access to examinations wherever possible.
- Support a planned, safe, and sustainable reintegration to school.
- Set out clear responsibilities for the school where education is arranged by the school, the local authority, or another provider.

## Legal and Regulatory Framework

This policy has been prepared with regard to the following legislation and guidance:

- **Education Act 1996, section 19:** the local authority duty to arrange suitable education for children of compulsory school age who would otherwise not receive it because of exclusion, illness, or other reasons.
- **The Education (Independent School Standards) Regulations 2014:** including the curriculum, safeguarding, welfare, supervision, and attendance requirements applying to independent schools.
- **School Attendance (Pupil Registration) (England) Regulations 2024:** including admission and attendance registers, national attendance codes, local authority returns and lawful deletion from roll.
- **Equality Act 2010:** including the duty not to discriminate and to make reasonable adjustments for disabled learners.
- **Children and Families Act 2014:** including EHC plan duties applying to local authorities and the need for the school's curriculum and support to take account of each learner's EHC plan.
- **UK General Data Protection Regulation and Data Protection Act 2018:** for the lawful and proportionate handling of health, education, and safeguarding information.
- **Working together to improve school attendance, July 2026:** statutory guidance for independent schools and local authorities.
- **Arranging education for children who cannot attend school because of health needs, December 2023:** statutory guidance for local authorities and relevant guidance for all schools.
- **Keeping Children Safe in Education 2026:** statutory safeguarding guidance effective from 1 September 2026.
- **Working Together to Safeguard Children 2026:** statutory multi-agency safeguarding guidance.
- **Arranging Alternative Provision: A Guide for Local Authorities and Schools, February 2025:** including commissioning, suitability, safeguarding, and monitoring expectations.

- **Providing remote education: guidance for schools, August 2024:** non-statutory guidance on high-quality and safe remote education.
- **Supporting pupils at school with medical conditions, 2015, updated 2017:** followed as relevant good practice. The section 100 duty does not apply to an ordinary independent school in the same way as it applies to maintained schools, academies, and pupil referral units.
- **Allergy safety in schools, July 2026:** followed as good practice. The DfE has stated that it is not yet a statutory requirement for independent schools, including independent special schools, although future regulatory standards are intended.

*(The school will review this policy earlier than the scheduled review date if legislation, the Independent School Standards or DfE guidance changes.)*

### Scope and Definitions

For this policy, "learner" includes a child or young person registered at the school. Legislation and national guidance may use the term "pupil." The section 19 duty applies to children of compulsory school age. The school will apply the principles of this policy as good practice to learners below or above compulsory school age where appropriate.

- **Health need:** a physical or mental health illness, injury, condition, treatment, or recovery need that prevents or significantly limits attendance. A formal diagnosis is not always required before support begins.
- **Cannot attend school:** the learner cannot attend at all, can attend only intermittently, or cannot access suitable education at school despite reasonable adjustments.
- **Home school:** the school at which the learner is registered when the health need arises.
- **Suitable education:** efficient education suitable to the learner's age, ability, and aptitude and to any special educational needs they may have.
- **Full-time education:** education broadly equivalent to the education the learner would normally receive. Fewer face-to-face hours may be appropriate where one-to-one teaching is more intensive.
- **Alternative provision:** education arranged away from the home school, including hospital education, local authority medical provision, home tuition, or another suitable provider.
- **Remote education:** education delivered when the learner is not physically present at school. It is not attendance at school and is used only as a last resort within a wider support and **reintegration plan**.

This policy must not be used to reduce a learner's timetable for behaviour management, to avoid making reasonable adjustments, or to delay a referral to the local authority where suitable education is not otherwise available.

### Core Principles

- The learner's best interests, safety, welfare, education, and voice will remain central to all decisions.
- The school will not use a fixed list of conditions to decide who is eligible for support.
- Support will be based on individual need and the education the learner is well enough to access.
- The school will consider and implement reasonable adjustments before concluding that attendance is not possible.
- The learner will remain part of the school community and will not be penalised for absence, which is genuinely caused by ill health.
- Provision will begin as soon as possible. The school will not wait for 15 days to pass before notifying or working with the local authority.
- Provision will normally be full-time. Any part-time arrangement will be based on health needs and best interests, be time-limited where possible and be reviewed regularly.
- Digital learning will complement, rather than automatically replace, face-to-face teaching.
- A learner will not be removed from roll solely because of health-related absence or because education is being provided elsewhere.

## **Roles and Responsibilities**

### **Directors**

- Ensure that this policy is implemented consistently across the schools and is supported by sufficient leadership capacity and resources.
- Ensure compliance with the Independent School Standards, attendance, safeguarding, equality, and data protection requirements.
- Receive termly assurance about learners educated away from the school site, including their education, attendance, safeguarding, progress, and planned reintegration.
- Challenge delay, gaps or unsuitable provision and ensure concerns are escalated appropriately.
- Ensure staff with relevant responsibilities receive suitable training.
- Review this policy annually and after significant legislative or guidance changes.

### **Principal and Senior Attendance Champion**

- Have overall responsibility for implementing this policy at school level.
- Appoint a named Health Needs Lead, normally the SENDCo or another suitably senior member of staff.
- Ensure reasonable adjustments and school-based support are considered promptly.
- Ensure the local authority is notified as soon as it is clear that a learner is likely to miss 15 school days, consecutively or cumulatively, because of sickness.
- Ensure the statutory sickness return is submitted to the local authority where the learner is recorded using Code I and the 15-day threshold is expected to be reached.
- Ensure attendance codes are used accurately and learners receiving remote education are not recorded as present.
- Approve any temporary part-time timetable and ensure it meets the requirements in this policy.
- Ensure any school-commissioned alternative provision or home tuition is suitable, safe, and regularly monitored.
- Ensure the school does not remove a learner from roll except where a lawful ground is fully met.
- Escalate concerns about delayed, insufficient or unsuitable local authority provision.

### **SENDCo**

- Act as the central contact for the learner, family, local authority, health professionals, and education providers.
- Coordinate the learner's Health Needs Education Plan and ensure the learner's views are obtained accessibly.
- Ensure provision takes account of the learner's EHC plan, individual healthcare plan, communication needs, sensory needs, and reasonable adjustments.
- Liaise with the commissioning local authority and request an early EHC plan review where health needs materially affect the provision or outcomes in the plan.
- Provide providers with necessary curriculum, attainment, SEND, communication, safeguarding and examination information on a lawful need-to-know basis.
- Monitor education, attendance, engagement, progress, welfare, and reintegration at least half-termly, or sooner where needs change.
- Maintain clear records of decisions, referrals, plans, reviews, and professional advice.

### **Designated Safeguarding and Prevent Lead**

- Maintain safeguarding oversight for learners who are absent, receiving remote education or attending another provider.
- Agree the frequency and method of welfare contact, taking account of the learner's needs and risks.
- Ensure non-engagement, missed contact, unexplained absence or new concerns are followed up promptly.
- Make or coordinate referrals to children's social care, early help, the police, or other services where required.
- Ensure home visits and remote contact follow safeguarding, staff conduct, lone-working and data protection procedures.

- Share safeguarding information with alternative providers and local authorities lawfully and proportionately.

### **Teachers and Support Staff**

- Provide curriculum plans, suitable work, resources, feedback, and assessment information in a timely way.
- Adapt teaching and materials to the learner's health, SEND, and communication needs.
- Maintain agreed educational contact without placing inappropriate pressure on the learner.
- Report concerns about engagement, progress, welfare or safeguarding immediately to the appropriate lead.
- Support reintegration and ensure the learner is not stigmatised or disadvantaged because of health-related absence.

### **Parents and Carers**

- Notify the school promptly when the learner cannot attend and provide updates about likely duration and changes in health.
- Participate in planning and review meetings and share relevant information that will help the school and local authority understand the learner's needs.
- Support the learner to engage with education as far as their health permits.
- Inform the school immediately of safeguarding concerns, changes in treatment, hospital admissions or changes affecting provision.
- Provide updated professional advice where reasonably available, while recognising that the school will not routinely demand medical evidence for ordinary illness.

### **Learners**

- Will be involved from the outset in decisions about their education, support and return to school.
- Will be supported to communicate through their preferred method, including symbols, visual materials, AAC, advocacy or a trusted adult.
- Will be encouraged to engage with education as their health allows and to explain what is or is not working.
- Will know how to report a concern about education, safety, or wellbeing.

### **Identification, Early Support and Referral**

The school will respond early where illness becomes prolonged, recurrent, or part of a pattern. It will not wait for a learner to become persistently absent before considering support, reasonable adjustments, early help, or local authority involvement.

- The school will discuss the learner's needs with the learner and parents or carers and, where appropriate, health and other professionals.
- The school will identify what reasonable adjustments, in-school support, flexible arrangements, or temporary education can be provided immediately.
- Where there are reasonable grounds to believe the learner will miss 15 school days because of sickness, consecutively or cumulatively in the school year, the school will submit the required sickness return and contact the local authority's section 19 or health-needs education service.
- The school will refer earlier where it is already clear that suitable education cannot be secured without local authority provision.
- For planned or recurrent hospital admission, the school will contact the local authority and hospital education provider as early as possible so education can begin from the first day where practicable.
- The school will not allow a short-term school package, worksheets, or remote work to delay a section 19 referral where that package is not suitable education.

### **Health Needs Education Plan**

A written Health Needs Education Plan will be created whenever absence is likely to be prolonged, recurrent, requires alternative provision or involves a part-time timetable. The plan may form part of an individual healthcare plan, attendance support plan, EHC plan review documentation or a multi-agency plan, provided all relevant information is clearly recorded.

The plan will normally include:

- The learner's views, aspirations, communication needs, and preferred contact arrangements.
- The nature of the barrier to attendance and the information or professional advice available.
- Reasonable adjustments and support considered or put in place.
- The education to be provided, including subjects, hours, teaching methods, resources, feedback, and assessment.
- The named school, local authority, health and provider contacts and the responsibilities of each party.
- Attendance registration and provider attendance-reporting arrangements.
- Safeguarding, welfare-contact, emergency, and non-engagement procedures.
- EHC plan, individual healthcare plan, risk assessment, and accessibility considerations.
- Arrangements for equipment, technology, transport, and access to specialist support.
- Examination entries, access arrangements, special consideration, and qualification planning where relevant.
- How the learner will remain connected with peers and school life.
- The review schedule, intended outcomes, reintegration steps, and proposed end date for any temporary arrangement.

### **Medical Evidence**

- Medical evidence will be used to understand the learner's needs and identify suitable provision, not as an unnecessary barrier to support.
- The school will not routinely require medical evidence for ordinary illness and will not operate a blanket rule requiring a GP letter.
- Reasonable evidence may be requested where there is genuine doubt about the reason for absence, or where prolonged, complex, or recurring health needs require the school to understand support and reasonable adjustments.
- The school will be flexible about the form of evidence. Evidence may include a parent or carer's account, appointment information, prescriptions, medication records, discharge information, letters from health professionals or information from services already involved.
- Where specific medical evidence is not readily available, the school will consider other evidence and, with appropriate consent or another lawful basis, liaise with relevant professionals.
- Once professional evidence has been supplied, continuing or repeated evidence will not be demanded without good reason.
- The absence of a diagnosis will not prevent early support, safeguarding action, or referral where the learner is unable to access suitable education.

### **Education Arranged by the School**

The school may provide temporary or complementary education while the learner is absent, particularly during a short initial period or while local authority arrangements are being established. Any package must be proportionate to the learner's health and educational needs.

- Education may include adapted schoolwork, live or recorded teaching, access to the school's digital platform, structured teacher contact, hospital liaison, or appropriately commissioned tuition.
- Work will be meaningful, ambitious, and linked as closely as possible to the learner's curriculum and next steps.
- The school will provide feedback and monitor progress, rather than only sending unmarked worksheets.
- Where the school arranges home tuition, the teacher or tutor must be appropriately qualified or competent, safer recruitment requirements must be met, and safeguarding, home-visit, lone-working, insurance and risk-assessment arrangements must be documented.

- A teaching assistant will not be expected to deliver unsupervised home tuition beyond their competence, contractual role, or training.
- Where the school cannot provide suitable education, it will notify and work with the local authority immediately rather than maintain an inadequate arrangement.

### **Local Authority Section 19 Arrangements**

Under section 19 of the Education Act 1996, the local authority is responsible for arranging suitable and normally full-time education for a child of compulsory school age who, because of physical or mental ill health, would not otherwise receive suitable education. This applies to learners registered at independent schools and whether the learner is on a school roll or not.

- As soon as it is clear that the learner will be away for 15 school days or more, consecutively, or cumulatively in the school year, the local authority should arrange suitable alternative provision.
- Local authority provision should begin as soon as possible and, where the local authority is arranging alternative education, no later than the sixth day of absence.
- For planned or recurrent hospital admission, suitable and timely arrangements should be made in advance to allow provision to begin from day one unless exceptional circumstances apply.
- The school will supply curriculum, attainment, safeguarding, SEND, health, examination, and reintegration information promptly.
- The school will maintain agreed contact with the learner and continue to monitor the quality and impact of the provision.
- Where local authority provision is delayed, insufficient or unsuitable, the Principal will raise the concern with the named local authority officer and use appropriate escalation or complaints routes.

### **Full-Time and Part-Time Education**

- The starting point is suitable full-time education. Provision should be equivalent, as far as health allows, to the education the learner would receive at school.
- Where one-to-one tuition is provided, fewer contact hours may represent an appropriate full-time equivalent because teaching is more intensive.
- Part-time education may be arranged only where full-time education would not be in the learner's best interests because of physical or mental health needs.
- Part-time provision must continue to promote progress, including in English, mathematics, and science where relevant, and access to an appropriate broad curriculum.
- The hours, content and method of education must be responsive to changes in the learner's health.
- Part-time provision will be reviewed regularly with the aim of increasing education and returning to full-time attendance as soon as health allows.

### **Remote Education**

- Remote education will only be considered as a last resort after reasonable adjustments and other attendance support have been considered.
- It must form part of a wider support, health or reintegration plan and must not become an open-ended substitute for attendance or suitable section 19 provision.
- Remote education will be high quality, meaningful, appropriately ambitious and adapted for SEND, communication, sensory and accessibility needs.
- Digital learning should normally complement face-to-face education rather than operate as the sole form of provision for an extended period.
- The school will monitor engagement separately, but a learner receiving remote education will still be marked absent using the most appropriate national attendance code.
- Remote teaching and contact will comply with the Safeguarding and Child Protection Policy, Staff Code of Conduct, Online Safety Policy, filtering and monitoring arrangements and data protection requirements.
- Failure to engage will be explored sensitively and may trigger additional support or safeguarding action; it will not automatically be treated as misconduct.

### **Temporary Part-Time Timetables**

All learners of compulsory school age are entitled to a full-time education. A temporary part-time timetable may be used only in very exceptional circumstances where it is in the learner's best interests and is required to meet individual health needs. It must never be used to manage behaviour.

Any temporary part-time timetable must:

- Be agreed by the school and the parent or carer with whom the learner normally lives.
- Involve the learner in an accessible and age-appropriate way.
- Have a clear rationale, ambition and link to the learner's wider support, healthcare, or reintegration plan.
- Enable the learner to access as much suitable education as their health permits.
- Include agreed attendance times and dates, a proposed end date and regular review dates.
- Be in place for the shortest time necessary, while recognising that a small number of learners with long-term conditions may need a longer arrangement.
- Keep the learner's social worker involved where the learner has one.
- Be discussed promptly with the commissioning local authority where the learner has an EHC plan so the support package and plan can be reviewed if needed.
- Be recorded accurately in the attendance register, normally using Code C2 for the sessions the learner has leave not to attend, in accordance with the Attendance Policy and current statutory guidance.

### **SEND, EHC Plans and Reasonable Adjustments**

- The school will take account of the learner's EHC plan, special educational needs, communication profile, sensory needs, and required specialist provision when planning education away from school.
- Reasonable adjustments will be considered and implemented promptly. A learner will not be denied education because adjustments are difficult or costly without proper consideration of the Equality Act duties.
- Where health needs prevent or materially affect delivery of the EHC plan, the SENDCo will contact the commissioning local authority and request an early review where appropriate.
- The school will work with the local authority to review or amend the EHC plan where additional or different attendance support or provision is required.
- Accessible learner voice will be obtained through the learner's preferred communication methods.
- Where a learner is not at a section 41-approved school, the school will still take account of the EHC plan, meet the Independent School Standards and Equality Act duties, and cooperate with the commissioning local authority.

### **Mental Health-Related Barriers to Attendance**

The school will use the terms "mental health-related barriers to attendance" or "emotionally based barriers to attendance" rather than assuming that the learner is choosing to refuse school. Support will be based on need and will not depend solely on a diagnosis.

- The school will listen to the learner and family, consider in-school barriers, and make reasonable adjustments.
- Attendance, SEND, pastoral, safeguarding and mental health support will be coordinated rather than managed as separate issues.
- Early help or multi-agency support will be considered where absence is a symptom of wider family or welfare needs.
- Mental health concerns that may have developed into safeguarding concerns, including self-harm, suicide risk, abuse, neglect or exploitation, will be referred immediately to the DSPL.
- Attendance enforcement will not be pursued where the statutory tests are not met or where support, safeguarding or section 19 provision is the appropriate response.



### **Alternative Provision, Hospital Education and Home Tuition**

Whether provision is commissioned by the school or the local authority, education must be suitable, safe, of good quality and regularly reviewed. The learner must not be placed and then left without school oversight.

Before the school commissions or agrees a placement, it will consider and record:

- The provider's legal and registration status and whether it is operating lawfully.
- Safeguarding and child protection arrangements, safer staffing, staff suitability, and reporting routes.
- Health and safety, insurance, premises, emergency procedures, and risk assessments.
- The qualifications, competence, and experience of staff, including their ability to meet SEND and medical needs.
- The curriculum, hours, teaching, assessment, qualifications, and intended outcomes.
- Named school and provider contacts, daily attendance reporting and same-day follow-up of unexpected absence.
- Transport, accessibility, communication, personal care, and reasonable adjustments.
- How progress, welfare, incidents, exclusions, or restrictions will be reported and reviewed.
- The review schedule, reintegration plan, and arrangements for ending the placement.

The school will not commission a provider that is operating as an unregistered independent school where registration is legally required. Where registration status is uncertain, the Principal will seek advice from the local authority or DfE before placement.

Where the local authority commissions the provision, the school will continue to share information, maintain contact, monitor the learner's experience, and escalate concerns. The local authority retains responsibility for the suitability of section 19 provision it arranges.

### **Learners with a Social Worker and Looked-After Learners**

- Where a learner has a social worker, the social worker will be informed and involved in significant changes to education, welfare contact, alternative provision, and part-time timetable arrangements.
- Where a looked-after learner is likely to enter alternative provision, the Designated Teacher will contact the Virtual School Head as soon as possible and work with the social worker, carers, and provider.
- The learner's personal education plan will be updated where required and education, safeguarding and pastoral needs will be considered together.
- The school will also consider whether Virtual School support may be available for a child with a social worker or a previously looked-after child.

### **Curriculum, Qualifications and Examinations**

- The learner will have access, as far as health permits, to the curriculum, resources, and assessment they would have received at school.
- The school and provider will prioritise continuity in core and examination subjects while maintaining an appropriate broad education and pastoral support.
- The learner will be supported to take appropriate qualifications and remain on track for intended destinations.
- The Exams Officer, SENDCo, teachers, local authority and provider will co-ordinate exam entries, access arrangements, special consideration, and examination venues.
- Applications for access arrangements and special consideration will be made as early as possible, and providers will supply relevant evidence.
- Planned hospital or alternative provision will take account of examination timetables and preparation needs.

### **Maintaining Connection and Reintegration**

- The school will help the learner remain part of school life through agreed contact, newsletters, Key person contact, peer links, invitations, digital platforms, or other appropriate methods.
- Contact will be sensitive to the learner's health and will not create pressure or guilt.
- A reintegration plan will be developed with the learner, family, local authority, provider, and health professionals where appropriate.
- The plan may include a gradual return, reasonable adjustments, transport, a safe space, changes to lessons or unstructured times, staff briefing and additional pastoral support.
- The learner will not be punished for work missed because suitable education was not available or because health prevented completion.
- Reintegration will be reviewed and adjusted, with the continuing ambition of full-time attendance when the learner's health permits.

### **Attendance Registration and the School Roll**

- Attendance will be recorded in accordance with the School Attendance (Pupil Registration) (England) Regulations 2024, current statutory guidance, and the school's Attendance Policy.
- Code I will be used where the learner is unable to attend because of physical or mental illness and the statutory criteria are met.
- A learner receiving remote education will be marked absent using the most appropriate absence code and will not be recorded as present merely because they engage online.
- Where a learner is dual registered, including at a hospital school, Code D will be used only for sessions when the learner is scheduled to attend the other registered school.
- Where a temporary part-time timetable is agreed, Code C2 will normally be used for the agreed sessions of leave, subject to current guidance.
- The school will obtain and act on daily or agreed attendance information from alternative providers and follow up unexpected absence promptly.
- A learner will not be removed from the admission register solely because of health-related absence, remote education, hospital education, or section 19 provision.
- Any deletion from roll will occur only where a lawful ground in the 2024 Regulations is fully met and after all required consultation, notice and EHC plan processes have been completed.

### **Information Sharing, Confidentiality and Records**

- Health, safeguarding and education information will be handled lawfully, fairly, securely, and only for necessary purposes.
- Relevant information will be shared with the local authority, health professionals and providers on a proportionate, need-to-know basis.
- Consent will be sought where appropriate, but safeguarding information may be shared without consent where there is a lawful basis, and this is necessary to protect a child.
- The school will not promise absolute confidentiality to a learner or parent where information must be shared for safeguarding, health, or education purposes.
- Plans, referrals, provider checks, reviews, attendance records, decisions, and communications will be retained in line with the school's Records Retention Policy.

### **Concerns, Complaints and Escalation**

- Concerns about school-arranged education should first be raised with the SENDCo or Health Needs Lead and then the Principal.
- If unresolved, parents or carers may use the school's Complaints Policy.
- Concerns about section 19 education arranged or not arranged by the local authority should be raised with the local authority's named officer and through its complaints procedure.
- After the local authority complaints process is completed, a complainant may be able to approach the Local Government and Social Care Ombudsman.
- Safeguarding concerns must be reported immediately to the DSPL and will not wait for a complaints process.
- The Principal will record and escalate concerns where provision is delayed, not full-time, without health justification, unsuitable, unsafe, or not regularly reviewed.

**Monitoring and Review**

- Each active Health Needs Education Plan will have a named lead and a scheduled review date, normally at least every half term and sooner where health, risk, or provision changes.
- Reviews will include the learner, parents or carers and relevant professionals and will consider education, attendance, progress, safeguarding, wellbeing, SEND, qualifications, and reintegration.
- The Principal will review school-level arrangements and provider quality at least termly.
- Directors will receive termly assurance information, including the number of learners educated away from school, provision in place, progress, safeguarding oversight, delays, complaints, and reintegration.
- The policy will be reviewed annually and earlier if legislation, statutory guidance, the Independent School Standards or DfE requirements change.

**Links to Other Documentation**

- Attendance Policy and School-Specific Attendance Information
- Safeguarding and Child Protection Policy
- SEND Policy
- Accessibility Plan
- Allergies Policy
- Alternative Provision Policy and Commissioning Procedures
- Remote Education Policy or Procedures
- Online Safety Policy
- Health and Safety Policy
- Home Visits and Lone Working Procedures
- GDPR Policy
- Examinations and Access Arrangements Policies
- Complaints Policy
- Behaviour Policy
- Staff Code of Conduct and Behaviour Policy