



Medical Needs Service Policy

September 2022

Review date:
July 2023



This policy is to be read in conjunction with the following statutory guidance and legislation:

- [Alternative Provision: Statutory guidance for Local Authorities](#)
- [Children and Families Act 2014](#)
- [Children and Young People privacy notice](#)
- [Education Act 1996; Section 19](#)
- [Ensuring a good education for children who cannot attend school because of health needs](#)
- [Equality Act; 2010](#)
- [Independent Schools Inspection Handbook](#)
- [Keeping children safe in education](#)
- [School Inspection Handbook](#)
- [SEND Code of Practice 0-25 years](#)
- [Supporting pupils at school with medical conditions](#)
- [Supporting pupils with medical conditions – templates](#)
- [Working together to improve school attendance](#)



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1. The underlying principles behind this policy

Norfolk County Council Children's Services are committed to ensuring that all children and young people in the county receive a good education to maximise their learning potential. A fundamental part of our Local Offer aims to ensure that all children and young people are given the opportunity of an inclusive education that meets their specific needs.

Children and young people who have additional health needs are, by the nature of their difficulties, at risk of failing to reach their true potential within an educational context. This is particularly the case for children and young people whose health needs prevent them from attending school for an extended period, or for those who are restricted by their health needs to attending school on a part-time or sporadic basis.

This guidance aims to outline the support available within Norfolk for children and young people with additional health needs. This includes details of when and how alternative provision may be arranged if required, and the respective roles and responsibilities of the local authority, schools, parents/carers, service providers and other agencies.





2. Role and responsibilities of Norfolk County Council

The statutory guidance is clear that there will be a wide range of circumstances where a child has a health need but may receive suitable education that meets their needs without the intervention of the local authority. For example, where the child can still attend school with some support or where the school has made arrangements to deliver suitable education outside of school for the child.

Norfolk County Council is responsible for arranging suitable full-time¹ education for children of compulsory school age who, because of illness, would not receive suitable education otherwise. This duty applies to all children and young people who live in the county of Norfolk, regardless of the type² or location³ of the school they would normally attend and whether or not they are on the roll of a school.

The Medical Needs Service at Norfolk County Council [NCC] sits within the Alternative Education Service in the Inclusion and Opportunity team. Where necessary, the Medical Needs Coordinator also liaises with colleagues (e.g., Attendance Entitlement Officers from the Education Quality Assurance Intervention and Regulation service). Attendance guidance is provided later in this policy. The NCC Medical Needs Service aims to work closely with NHS colleagues and meets regularly with representatives from the 5-19 Healthy Child Programme team (formerly known as the school nursing service), Clinical Commissioning Groups, GP representatives, CAMHS Tier 4 colleagues, and the National Association for Hospital Education [NAHE], for example. The NCC half-termly Medical Needs Panel which considers long-term and/or complex cases, includes representatives from SEND, social care, 5-19 Healthy Child Programme team, CAMHS and GP services.

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- ¹ Unless it is evident that a pupil's condition means that full-time provision would not be in their best interests.
 - ² Inclusive of pupils attending academies, free schools, special schools, independent schools or maintained schools. However, independent special schools are responsible for providing Medical Needs support as per their funding agreements within the contract with the local authority.
 - ³ Where a child is ordinarily resident in Norfolk but attends school outside the county, Norfolk retains responsibility for arranging medical needs provision for that child. Norfolk County Council may seek to recoup costs incurred from the home authority in relation to medical needs provision for Looked After Children placed in Norfolk by a different local authority.



2.1 **Named Person**

It is a statutory requirement that local authorities have a named person responsible for the education of children with additional health needs. In Norfolk the named person is:

Anna Duckworth, Medical Needs Coordinator
E-mail: medicalneeds@norfolk.gov.uk

The Medical Needs Coordinator is responsible, in liaison with schools and professionals, for ensuring that Norfolk County Council Children's Services fulfils its statutory duties in relation to medical needs provision for children and young people who cannot attend school for medical reasons.

Parents/carers can contact the Medical Needs Coordinator to discuss their child's specific circumstances relating to medical needs education provision. This may be particularly appropriate in instances where they feel their child's educational needs are not being addressed due to a medical condition or ill health.

Schools can contact the Medical Needs Coordinator to obtain support, advice and guidance in relation to medical needs education provision and their own statutory responsibilities in supporting children with additional health needs, both in general terms and in relation to specific cases.

The Medical Needs Coordinator will also liaise with professionals and colleagues within both health and education as appropriate to ensure children with additional health needs are able to access a suitable education.



3. Roles and responsibilities of Norfolk schools

Schools (including maintained schools, maintained nursery schools, academies, and alternative provision academies) are required by law to make arrangements to support pupils at their school with medical conditions.

This duty is detailed in Section 100 of the [Children and Families Act 2014](#) and statutory guidance entitled [Supporting pupils at school with medical conditions](#) has been produced by the Department for Education to assist schools in understanding and complying with this legislation. Governors, proprietors and management committees should make themselves familiar with this guidance.

Independent schools are not obliged to follow the statutory guidance contained within Supporting pupils at school with medical conditions. However, the non-statutory advice within this document is intended to assist and guide these schools in promoting the wellbeing and academic attainment of children with medical conditions.

The key points detailed in the statutory guidance indicate that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Schools may need to make 'reasonable adjustments' to accommodate pupils with medical needs.
- Governing bodies/proprietors/management committees must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies/proprietors/management committees should ensure that school leaders consult health and social care professionals, pupils and parents/carers to ensure that the needs of children with medical conditions are effectively supported.



In addition, as per the [SEND code of practice: 0 to 25 years](#)

- The school's governing body must ensure that arrangements are in place in schools to support pupils at school with medical conditions and should ensure that school leaders consult health and social care professionals, pupils and parents to make sure that the needs of children with medical conditions are effectively supported. (section 3.66)

Schools also have duties to make reasonable adjustments for disabled children and young people, to support medical conditions and to inform parents and young people if SEN provision is made for them (p58).

The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions.

Individual healthcare plans (see templates at [Supporting pupils with medical conditions at school](#)) will normally specify the type and level of support required to meet the medical needs of such pupils. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan. Schools are required to have regard to statutory guidance [Supporting pupils with medical conditions at school](#) (section 6.11).

Ofsted

During an Ofsted inspection, schools may be asked to demonstrate how they are working with other agencies to support pupils with medical needs.

The Education Inspection [Framework School inspection handbook](#) states that:

285. Inspectors will evaluate the experience of particular individuals and groups, such as pupils for whom referrals have been made to the local authority (and check, for a small sample of these pupils, how the referral was made and the thoroughness of the follow-up), pupils with SEND, children looked after, those with medical needs and those with mental health needs. In order to do this, inspectors will look at the experience of a small sample of these pupils and consider the way the school is working with the multi-agency group to ensure that the child receives the support they need. For pupils with SEND, this will include ensuring that appropriate reasonable adjustments are made in accordance with the Equality Act 2010 and the SEND code of practice.



3.1 School Policies

The gov.uk guidance [Statutory Policies for Schools](#) includes the following which are relevant for pupils with medical needs:

- Accessibility plan
- Children with health needs who cannot attend school
- Supporting pupils with medical conditions
- First Aid in schools

The excerpts below are taken directly from the guidance.

Accessibility plan

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- sixth-form colleges
- pupil referral units (PRUs)
- non-maintained special schools

Review every 3 years.

The governing body is free to delegate approval to a committee of the governing body, an individual governor or the headteacher.

Non-statutory guidance on accessibility plans to help schools fulfil their duties under the act is included in our:

- [Equality act 2010 advice for schools](#)

Children with health needs who cannot attend school

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- where a child is not on the roll of a school

We advise that governing bodies review this requirement annually.

The governing body must approve.



Statutory guidance on education for children with health needs who cannot attend school:

- [Education for children with health needs who cannot attend school](#)

Supporting pupils with medical conditions

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies, excluding 16 to 19 academies
- pupil referral units (PRUs)

The governing body, proprietor and management committee is free to decide how often you review. However, it should be regularly reviewed and readily accessible to parents and school staff.

The governing body can approve for local-authority-maintained schools, proprietors of academies, and management committees for PRUs.

Statutory guidance about the support that pupils with medical conditions should receive:

- [Supporting pupils at school with medical conditions](#)

The NCC Medical Needs Service has produced a [template to assist schools to develop their own policy](#) for supporting pupils at school with medical conditions.

First aid in schools

Applies to:

- local-authority-maintained schools, including maintained special schools
- academies
- free schools, including university technical colleges and studio schools
- independent schools, not state-funded
- sixth-form colleges
- pupil referral units (PRUs)
- non-maintained special schools

Schools are not required to have a specific first aid policy, but we provide non-statutory advice you can follow.

We advise that governing bodies review this requirement annually. Non-statutory guidance on first aid provision:

- [First aid in schools](#)



4. 5-19 Healthy Child Programme

Prior to making a Medical Needs Service referral, schools should consult the 5-19 Healthy Child Programme (formerly known as the school nursing service) via [Health Advice & Support for Children - Just One Norfolk](#) or by calling the Just One Number [JON] on **0300 300 0123**. Just One Number should be contacted in the early stages of an attendance issue where health reasons are cited. Schools must obtain consent from the parent/carer prior to calling JON.



Schools may refer directly to the service for a variety of reasons. Primary reasons for referrals (as listed on the form) are:

- Emotional wellbeing
- Transition support
- Attendance issues for health reasons
- Sexual health
- Health literacy/Healthy lifestyles
- Health promotion/Community event
- Hearing test



Contact details:

- Just One Number **0300 300 0123** – this is a central contact point which has a mixture of administrators and healthcare practitioners
- For young people (11-19) there is also a confidential text messaging service: Chat Health **07480 635060**
- More information is available via the Just One Norfolk website: [5-19 Healthy Child Programme](#).

HCP Core Offer (all children in Norfolk):

- Health condition advice for children and young people
 - Direction to online courses and resources
 - Direction to educational videos
 - Connections with specialist nurses
- Smoking cessation
- Health assessments for students with attendance issues
- Signposting to iCaSH (Integrated Contraception and Sexual Health Services) and C Card

HCP Enhanced Offer:

- In addition to the Core Offer
- Targeted at children and young people who need it most
- Comprises:
 - 1-1 appointments available with a practitioner from the skills mix team
 - Time-limited intervention
 - Themed drop ins
 - Group interventions
- Referral criteria apply



5. Pupils who are not on a school roll

Norfolk County Council retains responsibility for supporting Norfolk children who are not on roll at a school ([Children Missing Education](#)) whose health needs prevent them from accessing education.

In these instances, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator or alternatively Norfolk County Council's Medical Needs Coordinator to discuss future educational provision.

The children of parents/carers who have registered them as being electively home-educated [EHE] are not regarded as Children Missing Education [CME]. Their parents/carers have elected to accept responsibility for their education. Therefore, home-learning support is not available in these cases.

In rare circumstances, referrals may be considered. Parents/carers should contact the Medical Needs Coordinator if they feel that there are exceptional circumstances to be considered.

6. Early Years and Post-16

Norfolk County Council will normally provide support for pupils who are between the ages of 5 and 16 (Reception to Year 11). However, where pupils who would normally be in Year 12 are repeating Year 11 due to medical reasons, requests for support will be considered on an individual basis.

For post-16 pupils attending mainstream provision, Norfolk County Council would look to the host school, college or training provider to make any necessary reasonable adjustments for pupils who are unwell over a prolonged period. Schools, colleges and training providers may contact the Medical Needs Coordinator for further advice if required. If the young person is in Y12-13 and has an Education Health and Care Plan [EHCP], the provider should contact the EHCP Coordinator in the first instance to seek advice.

If a pupil is reaching/has reached the end of Year 11 and is at risk of not being in education or employment (NEET), schools should consult [Guidance adviser \(GA\) - Norfolk County Council](#).



7. Hospital in-patients

Pupils who are inpatients in hospitals or Tier 4 settings (e.g., for mental health, an eating disorder etc.) are usually educated within schools on the hospital site. In certain instances, young people may be placed in specialist residential hospitals outside of Norfolk by the National Health Service (NHS). Many of these facilities have access to an on-site education provision or Ofsted-registered school that can offer education as part of the package of care. Norfolk County Council retains responsibility for the education of these children whilst they remain in hospital and upon their return to Norfolk following discharge.

At times, the NHS places young people in privately funded hospitals. The Medical Needs Service requires evidence of a hospital admission, timetable, and attendance records to ensure that all invoices for education in privately funded hospitals are paid. It is the responsibility of the hospital school to provide this, not the parent/carer or home school. Hospital schools are expected to liaise with the young person's home school to ensure a relevant curriculum and reintegration. Parents/carers and home school representatives can contact the Norfolk County Council's Medical Needs Coordinator for further support in this area if required.

In advance of a proposed discharge, particularly in the instance that an alternative educational provision is being proposed, parents/carers or professionals working with a child who falls into this category should contact either their Education, Health and Care Plan Coordinator or alternatively Norfolk County Council's Medical Needs Coordinator to discuss future educational provision.

8. Children with life-limiting and terminal illness

Norfolk County Council will continue to provide education for as long as the child's parents/carers and the medical staff deem it appropriate. If the pupil and parents/carers wish to withdraw from education their wishes will be respected if the decision is supported by medical advice.



9. Pregnant Pupils

It is an expectation that pupils who are pregnant will continue to be educated at school whilst it is reasonably practical, and it is in the interests of the pupil. The Pregnant Pupils policy for schools and supporting planning document are available at www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service. Pregnancy is not an illness and as such, it will not usually be necessary to make a referral to the Medical Needs Service. However, if the pregnant pupil is too unwell to attend school, then a referral may be made in the usual way. The pupil will remain on roll at their school. If the pupil has not reached statutory school leaving age, it is expected that she will reintegrate into school, with appropriate arrangements made as necessary (e.g., for breastfeeding). Evidence needs to be provided to the school to confirm when the baby is expected so that an appropriate Medical Needs referral can be made.

For further advice, schools may contact the [Just One Number](#) on **0300 300 0123**.





10. Pupils with SEND

Pupils with a Special Educational Need or Disability (with or without an Education Health and Care Plan [EHCP]) who are absent for health reasons may require a review of their provision/plan to agree reasonable adjustments, accommodate need and facilitate attendance.

Schools should check the [SEN Support Guidance](#) (Provision Expected at SEN Support - PEaSS) for potential strategies for pupils with medical needs to ensure that all 'reasonable adjustments' have been made (consult this guidance for strategies even if young person does not have diagnosed SEND).

Schools can seek additional guidance by contacting SEND support at **inclusionandsend@norfolk.gov.uk**

If the school is implementing provision that is 'additional to' or 'different from' that which is already available to meet the needs of most children, is maximising the use of the school's core offer and the Norfolk Local Offer, then an application for Element 3 funding may be appropriate to meet need. Further information can be found at www.schools.norfolk.gov.uk/school-finance/send-funding/high-needs-element-3-funding. For any general SEND funding queries, please email **element3funding@norfolk.gov.uk**

Designated Clinical Officer

In line with the [SEND Code of Practice](#) (3.45-3.48), the Designated Clinical Officer for SEND supports Clinical Commissioning Groups [CCG] 'in meeting its statutory responsibilities for children and young people with SEN and disabilities, primarily by providing a point of contact for local partners, when notifying parents and local authorities about children and young people they believe have, or may have SEN or a disability, and when seeking advice on SEN or disabilities.'

Where there are significant health needs which impact on a child's education, (eg a disability, or medical need such as a tracheostomy) schools should contact either the Medical Needs Coordinator, or the Inclusion Helpline above. These teams can then work with the Designated Clinical Officer for the Norfolk and Waveney CCG to establish the best support for the child.



11. Medical Needs Service provision

11.1 Schools' checklist – prior to making a Medical Needs Service referral

The following checklist can be found within the Medical Needs Referral Form; school colleagues may find it useful in employing different strategies to support young people with medical conditions and reintegrate pupils into school:

- The school's own Medical Needs policy⁴ checked and all procedures followed.
- Contact health professionals to seek advice and set up a Health Care Plan.

These could include:

- Contact [Just One Number](#) on 0300 300 0123
- Specialist services if applicable (via the [Joint Medical Protocol](#))
- GP (via [Joint Medical Protocol](#))
- Meeting with parent/carer
- Individual healthcare plan if appropriate⁵
- SENCO assessment if SEND identified
- [SEN Support Guidance](#) checked for potential strategies
- [Mental Health and Behaviour in schools](#) guidance checked (if appropriate)
- Use of SEN notional budget (find your school's budget [here](#)). Eg how has SEN funding (beyond the notional £6,000) been used to support this child as per the statutory [SEND Code of Practice](#) and the SEN Support Guidance above. Is an application for additional funding required?
- Contact SEND support at inclusionandsend@norfolk.gov.uk if the young person has SEND
- Provision of keyworker/access to a preferred staff member in school who can support this child
- Attendance action plan
- Safe space/break-out room
- Time-out card/exit strategy
- Temporary reduced timetable; see [Reduced timetables - Schools](#)
- Reduced exam offer (KS4-5 only)
- Outreach support/use of Alternative Provision – use of off-site education. Please check [Unregulated alternative provision templates - Schools for guidance](#)
- Provision of online learning

⁴ See statutory guidance [here](#)

⁵ See statutory guidance [here](#)



Schools can access additional home-learning support for a child who cannot attend school because of health needs where they will be away from school for 15 days or more, whether consecutive or cumulative. To access this service, schools need to make a Medical Needs Service referral (see 10.1). During the time between completing the Norfolk County Council online referral form and provision beginning, schools must continue to support the pupil's learning, with access to work and resources, and carry out any necessary welfare checks. If a school or parent/carer has any queries around planning and/or provision, they must contact the Medical Needs Service.

Prior to making a Medical Needs Service referral, schools should seek advice by calling Just One Number **0300 300 0123**. Schools must seek consent from the parent/carer prior to calling Just One Number. **The 5-19 Healthy Child Programme** should be contacted in the **early stages of an attendance issue where health needs are cited**. Schools are advised not to wait until 15 days of absence have passed.

The package of support offered following an approved referral may include:

- Home learning, work is set and marked by the home school

The ratios of the package are not pre-determined and should be agreed during the planning meeting. The planning meeting will usually be attended by the parent/ carer, commissioned provider representative, home-school representative, the young person if s/he is able and other professionals as appropriate (e.g., CAMHS key worker, Medical Needs Coordinator etc.).

AV1 robots

Norfolk County Council have a small number of AV1 robots available for schools to use with pupils who are too unwell to attend. The robot sits in the classroom and the pupil accesses the lesson(s) remotely via a tablet. The pupil can see and hear what is going on in the class and interact via the robot (e.g., ask questions).

The pupil is not visible to others in the room, and there are stringent safeguarding mechanisms in place to prevent any screen shots or recording of lessons. The AV1 can be extremely successful but this very much depends on the individual case and school. Further information on how the robot works can be found at [AV1 ↓ No Isolation](#). Schools and/or parents or carers who think that the AV1 robot may be appropriate for a medical needs case should contact the Medical Needs Service for advice.



11.2 **Medical Needs Service Referral**

Referral and Continuation forms, and evaluations are available online. Links to the forms can be found at <https://www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service>.

Medical Needs Service referrals can be made by schools to support pupils who are too unwell to attend school. The service should not be used as an interim measure for a pupil awaiting a special school place, or to avoid attendance procedures.

Medical Needs Service referrals will ordinarily be made by the school at which the child is on roll. All referrals should be completed online (see above). If the child is not on a school roll, please contact the Medical Needs Coordinator to discuss. Referrals will be accepted if the following documents are submitted:

11.2.1 **Medical Needs Referral (online)**

Forms must be completed fully for them to be submitted. Incomplete forms will not be processed. Any questions regarding the completion of the forms can be addressed to the Medical Needs Coordinator.

11.2.2 **Appropriate Medical Evidence**

Medical evidence should come from a qualified health professional who has physically seen the young person during an appointment for diagnosis and/or treatment.

Appointment cards/letters do not always verify that a child has attended an appointment; schools should use their discretion when accepting these to accurately code a child's absence.

The local authority recognises that for minor ailments and short-term absences due to illness, schools should not seek medical evidence. However, it is expected that for pupils who are absent for longer periods, some form of consultation with a health professional will have taken place. For reasons of SAFEGUARDING, schools should



communicate with the health professional(s) using the forms at [5.27 Joint Protocol between Health Services & Schools in respect of the management of pupil absence from school when medical reasons are cited - Norfolk Safeguarding Children Partnership \(norfolklscb.org\)](#)

The Joint Medical Protocol was created following a Serious Case Review (Case P 2016). The school in this case had accepted parentally-asserted medical evidence which proved to be false, putting the child at risk. The protocol enables education and health professionals to work together with families to support children in attending school. Likewise, health professionals seeking to communicate with school or other education colleagues may use the protocol; see the flowchart within the document for details.

Evidence provided which shows that the health professional has not seen or spoken to the young person will be challenged.

Norfolk County Council recognises that there are waiting lists for some services, which means that on occasion, GP/practice nurse/surgery confirmation of diagnosis/treatment/referral to a specialist service is appropriate.

However, schools should note (and make parents/carers aware), that repeat referrals based on a GP's completion of the Joint Medical Protocol alone may not be accepted. It is expected that a young person who is too unwell to attend school for more than 12 weeks will have been referred to or have had contact with other health services.

Medical evidence may be considered from at least one of the following medical professionals:

- CAMHS professional (ie mental health nurse/mental health practitioner)
- Norfolk and Suffolk ME/CFS service (ie Specialist Physiotherapist)
- School nurse
- Paediatrician
- Clinical Child Psychologist
- Consultant Child Psychiatrist
- Other specialist NHS service
- Primary Care Health Professional
- General Practitioner

Medical evidence **should not** be in the form of an adult Statement of Fitness for Work ('sick note'). Medical evidence which names SEND but no illness or medical diagnosis, will not be accepted.

Consent is required to allow the Medical Needs Coordinator to contact health professionals for further guidance as required. Consent may be withdrawn at any time. Withdrawal of consent should be provided in writing to the referring school.



Written medical evidence should contain the following in writing:

- Details around the health condition and treatment, so that schools can understand how these may impact on school attendance
- Information regarding referrals to other services (eg CAMHS)
- How the young person may best be supported to reintegrate into full-time education

Medical evidence can be verbal (e.g., telephone contact between a health professional and the Medical Needs Coordinator. Medical evidence can also be provided during multi-agency meetings (with parental consent) and the advice recorded in writing. The health professional should confirm any recorded guidance is an accurate summary of their recommendation.

11.2.3 **Current attendance herringbone**

Schools should attach an electronic copy of the young person's attendance herringbone for the year to date; this enables the service to correctly assess the referral. If a referral is being made early in the academic year, it may be appropriate to attach the herringbone from the previous year (if appropriate).

If schools are unsure how to code absence due to health needs, colleagues can contact the Norfolk County Council attendance service on **csattendance@norfolk.gov.uk** or by telephone at **01603 223681**.

Attendance coding

The guidance in this section is taken directly from [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/442222/Working_together_to_improve_school_attendance_-_GOV.UK.pdf)

Typically, young people with medical issues may be coded as follows:

Code I: Illness (not medical or dental appointments)

219. Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools must record absences as authorised where pupils cannot attend due to illness (both physical and mental health related).
220. In the majority of cases a parent's notification that their child is ill can be accepted without question or concern. Schools should not routinely request that parents provide medical evidence to support illness. Schools are advised not to request medical evidence unnecessarily as it places additional pressure on health professionals, their staff and their appointments system particularly if the illness is one that does not require treatment by a health professional.



Only where the school has a genuine and reasonable doubt about the authenticity of the illness should medical evidence be requested to support the absence.

221. Pupils with long term illness or other health needs may need additional support to continue education, such as alternative provision arranged by the local authority. Local authorities are responsible for arranging suitable education for children of compulsory school age who, because of health reasons, would otherwise not receive suitable education. This applies whether or not the child is registered at a school and whatever type of school they attend. The education must be full-time or as close to full-time as the child's health allows. DfE's statutory guidance on ensuring a good education for children who cannot attend school because of health needs sets out that local authorities should provide education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. Local authorities should have a named officer responsible for the education of children with additional health needs.

Code M: Medical or dental appointments

222. Schools should encourage parents to make appointments out of school hours. Where this is not possible, they should get the school's agreement in advance and the pupil should only be out of school for the minimum amount of time necessary for the appointment.
223. If a pupil is present at registration but has a medical appointment during the session in question, no absence needs to be recorded for that session.

Code D: Dual Registered - at another educational establishment

247. The law allows for a pupil to be registered at more than one school. This code is used to indicate that the pupil was not expected to attend the school in question because they were scheduled to attend the other school at which they are registered. The main examples of dual registration are pupils who are attending a pupil referral unit, a hospital school or a special school on a temporary basis.
248. Each school should only record the pupil's attendance and absence for those sessions that the pupil is scheduled to attend their school. Schools should ensure that they have in place arrangements whereby all unexpected and unexplained absence are promptly followed up.

Code B: Off-site educational activity

249. Attending an off-site educational activity that has been approved by the school and supervised by someone authorised by the school
250. For pupils of compulsory school age, schools must also record the nature of the activity, examples are:
- attending taster days at other schools
 - attending courses at college
 - attending unregistered alternative provision arranged or agreed by the school.
251. The educational activity must take place during the session for which it is recorded.
252. Ultimately schools are responsible for the safeguarding and welfare of pupils educated off-site. Therefore, by using code B, schools are certifying that the education is supervised, and measures have been taken to safeguard the pupil⁶. Schools should ensure that they have in place arrangements whereby the provider of the educational activity notifies the school of any absences by the pupil. The school should record the pupil's absence using the relevant absence code.
253. This code must not be used for any unsupervised educational activity i.e., when a pupil is at home doing some schoolwork.

11.2.4 Individual Healthcare Plan

Not all young people who are medically unfit for school require an Individual Healthcare Plan. Schools should check the statutory guidance (and templates) which are available within [Supporting pupils at school with medical conditions](#).

11.3 Referral acceptance

Following the acceptance of a referral, an initial planning meeting will be arranged. It is the responsibility of the school to liaise with families and the Medical Needs Service to identify an appropriate time/date for the planning meeting.

The acceptance letter will include a link to the Initial Planning and Review Record and a copy of the timeline which schools and parents/carers can use to track progress.

⁶ Note: some online learning is supervised (e.g., contact with a live tutor) and can therefore be coded as B. It is the school's responsibility to ensure the correct attendance coding.



11.4 Initial Planning Meeting (prior to provision commencing)

The planning meeting will determine the structure of the provision for an initial period of 12 school weeks (or for the period that the student is absent from school, whichever is shorter; see below). Planning meetings may take place within the child's home, online, or in the school which submitted the referral.

Attendees should include:

- Child
- Parent/carer
- Home school representative (if on a school roll)
- Representative from the commissioned provider
- Local Authority Medical Needs Coordinator (where possible)
- An invite may also be sent to the health professional who provided the medical advice
- Parents/carers may also wish to invite the child's EHCP Coordinator, social worker, or other relevant professional, as appropriate. If the young person has an EHCP, a copy of the latest review should be brought to the meeting to inform planning

During the meeting, attendees will establish the most appropriate package of education for the young person. There should be a clear focus on the learning needs and expectations, and these should be agreed and logged on the Medical Needs Service Initial Planning and Review Record. This record will clearly state who is responsible for each action, to include targeted support from the school and an agreed 'joint approach' with the local authority, as per [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/Working_together_to_improve_school_attendance_-_GOV.UK.pdf) (page 33).

The form is in two parts:

Part A should be completed during the Initial Planning Meeting which takes place prior to Medical Needs Service provision commencing.

Part B should be completed/updated at each review stage (typically every six weeks). Schools are responsible for arranging review meetings and completing and/or updating provision plans. This is in line with Section 31 of the guidance, [Working together to improve school attendance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444444/Working_together_to_improve_school_attendance_-_GOV.UK.pdf) which states that the school should hold regular meetings with the parents of pupils who the school consider to be vulnerable or are persistently or severely absent to discuss attendance and engagement at school.



An example is provided on the [Medical Needs Service](#) website to help support colleagues/parents/carers in completing the form; please note that suggestions are examples only. Provision should best meet the needs of the young person.

Provision may consist of a blended package of:

- Continued links with the home school
- Education provided by school, such as a part-time timetable, online lessons, access to subject-specific eLearning, break/lunch visits etc.
- Home learning support (with a visiting home-learning support assistant HLSA); the HLSA will assist the young person in completing work set by the home school
- Online-learning - some may be delivered through the home school, some via a commissioned service led by trained teachers. This should be thoroughly discussed during the planning meeting as it may not be suitable for all pupils
- Off-site working (where available and appropriate)
- Alternative provision as commissioned by the home school (e.g., visit to a care farm). Schools commissioning unregulated alternative provision are advised to use the Norfolk County Council templates available at [Unregulated alternative provision templates - Schools \(norfolk.gov.uk\)](#)
- A clear plan for reintegration.

The ratios of the package are not pre-determined and should meet the needs of the young person (agreed during the planning meeting).

Where support from an HLSA is agreed, it must be made clear during the planning meeting that it is the responsibility of the parent or carer to ensure that the young person is ready to learn at the agreed time.

Once finalised, the Initial Planning and Review Record should be copied to:

- Parent/carer
- Home school representative (if on a school roll)
- Medicalneeds@norfolk.gov.uk
- The health professional who attended (if relevant)
- EHCP Coordinator, social worker, or other relevant professional, as appropriate



11.5 Provision

Off-site/HLSA provision

The home school is responsible for setting and marking work to be completed off-site and/or with an HLSA. This is to ensure that the young person's learning remains in line with the curriculum being delivered at school. Schools may provide pre-existing lesson plans, schemes of work, worksheets, PowerPoints etc. as would be in place for the young person's usual subject classes.

Schools may also use online platforms to support learning. While it is not an expectation that teachers produce individual bespoke plans for each young person medically unfit to attend school, schools must make 'reasonable adjustments' where necessary (as per the SEND Code of Practice). See also section 3 above.

This work can be sent via email to the HLSA or parent/carer, via an online portal, posted, delivered by hand, or collected by the parent/carer. It is strongly recommended that the school maintains contact with the young person through the delivery or collection of work and/or telephone calls. Young people too unwell to attend school can easily begin to feel forgotten and devalued without such contact. It may be advisable, for instance, for a young person to visit the home school, when other pupils have left the building (especially if the health need relates to anxiety, for example). A 10-minute catch up with a preferred member of staff can greatly encourage the young person and ensure that contact is maintained, aiding recovery and reintegration. As aforementioned, Ofsted inspectors may scrutinise how well a school has engaged with other agencies in supporting pupils with medical conditions.

Furthermore, the school's continued involvement with the education provision fulfils the following DfE guidance:

Where an intervention is part-time or temporary, to help minimise disruption to a pupil's education, it should complement and keep up with the pupil's current curriculum, timetable and qualification route.⁷



Welfare checks

In addition to maintaining an overview of the pupil's curriculum, schools should ensure that they carry out any necessary welfare checks. There are no firm recommendations around the frequency of welfare checks; schools must make this decision based upon their knowledge of the child and family. Safeguarding responsibilities will continue to be based within the home school. Where an HLSA, alternative provision/off site colleague, or e-learning professional has concerns about safeguarding, they should contact the school's Designated Safeguarding Lead [DSL] (as named on the Initial Planning and Review Record). If the Medical Needs Coordinator has safeguarding concerns, she will liaise directly with the school's DSL.

Lack of engagement

If the young person/parent repeatedly cancels or refuses to engage with the support offered, the Medical Needs Coordinator must be informed.

A review meeting may be necessary to reconsider the package originally agreed. Parents/carers should make every effort to avoid making medical appointments during the time of a planned session.

Persistent cancellations and/or refusal to engage may result in the provision being withdrawn.

Parents/carers and/or schools should report any concerns about the provision to the Medical Needs Coordinator.

If provision is due to cease prior to 12 weeks, schools should inform the Medical Needs Coordinator immediately. Please then proceed to step **11.8 End of provision.**



11.6 **Review/Reintegration Action Plan**

This is Part B of the Initial Planning and Review Record

A Review/Reintegration Action Planning Meeting should take place halfway through the 12-week provision. The purpose of this meeting is to:

1. Review and propose potential amendments to the provision
2. Begin to discuss planned reintegration into school, short or long-term. The plan could include the following (these are suggestions, and the school should be flexible in its approach):
 - a. Opportunities to attend on a part-time basis initially, including social events and/or trips as appropriate
 - b. Coming into school for break or lunchtimes
 - c. Visiting school after other pupils have left the building
 - d. Being met on arrival by a key worker/preferred staff member

Attendees should include:

- The young person (if possible)
- Parent/carer
- Home school representative
- Health professional (if appropriate)

This form is the Initial Planning and Review Record and can be found via the [Medical Needs Service](#) website. A copy of the review plan should be emailed by the end of week 7 to medicalneeds@norfolk.gov.uk



11.7 Continuation

If it becomes evident that following the 12-week period, the pupil will be unable to return to school, further updated medical advice will be required for the provision to continue. Schools should submit an online Medical Needs Continuation Request (available on the Medical Needs Service website) to medicalneeds@norfolk.org. This form should be accompanied by:

- Updated medical evidence (see also section 11.2.2)
- Attendance herringbone
- Updated Individual Healthcare Plan (if appropriate)
- Updated Initial Planning and Review Record

If a Continuation is agreed, the timeline recommences. If the school does not submit a Continuation request within the timescale, provision may cease.

11.8 End of provision

Medical Needs Service provision will end when one or more of the following applies:

- the school does not submit a Continuation request within the 12-week period
- the local authority receives information that the pupil is well enough to return to school and/or has returned to school
- there is no additional health evidence to support a continued absence from school
- the pupil is not well enough to engage with the package offered
- the pupil is unwilling to engage with the provision offered, even after attempts to adapt the package
- the pupil reaches the end of statutory school age

Norfolk County Council retains the statutory duty around provision and, following liaison with parents/carers and health professionals, makes the final decision on provision ending.

At this stage, a formal End of Provision letter will be issued. Neither schools nor commissioned providers can issue End of Provision notifications. Where a school representative, health professional or commissioned provider feels that the Medical Needs provision should cease, they must contact the Medical Needs Coordinator without delay. At the end of the medical needs provision, schools and parents/carers (with the views of the young person) should complete the online Medical Needs Provision Evaluation available here www.schools.norfolk.gov.uk/pupil-needs/health-needs/medical-needs-service. Evaluations enable us to review and improve the service.



For any additional queries:

- Website: [Medical Needs Service](#)
- E-mail: medicalneeds@norfolk.gov.uk

