The Parkside School
learn grow thrive

Children with health needs who cannot attend school policy

Approved by:	Mr Paul Stanley Chair of Governors	**Date:** September 2026
Signed:		
Next review due: **by:**	September 2027 Mr Iain Mills Assistant Head	

1. AIMS

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs

- Pupils, staff and parents understand what the school is responsible for when this education is being provided by the local authority

2. LEGISLATION AND GUIDANCE

This policy reflects the requirements of the Education Act 1996.
It also based on guidance provided by our local authority:
https://www.norfolklscb.org/about/policies-procedures/5-27-joint-protocol-between-health-services-schools-in-respect-of-the-management-of-pupil-absence-from-school-when-medical-reasons-are-cited/
https://www.norfolk.gov.uk/children-and-families/send-local-offer/education-and-training-0-25/support-services/medical-needs-education-provision

See appendix 1: Norfolk County Council Medical Needs Service Policy
This policy should be read in conjunction with Parkside School Attendance policy.

3. THE RESPONSIBILITIES OF THE SCHOOL

When emerging patterns of absence or a pupil is considered persistently absent (see Attendance policy) Parkside School will follow Joint Medical Protocol Flowchart (Appendix 2).

In instances where medical advice has been sought, as per appendix 2, and the resulting advice from medical professionals is that the child cannot attend school but is able to access work elsewhere (eg. Home or hospital) then the below applies:

3.1 If the school makes arrangements

Initially, the school will attempt to make arrangements to deliver suitable education for children with health needs who cannot attend school.

Fiona Webster-Lee (Assistant Head) will be responsible for making and monitoring these arrangements. Such arrangements could include sending work home or liaising with hospital schools. Parents/Carers and where possible pupils will be consulted about these arrangements. Once a pupil is able to return to school Iain Mills (Assistant Head) will be responsible for ensuring a reintegration plan is in place for the pupil.

3.2 If the local authority makes arrangements

If the school can't make suitable arrangements, Norfolk County Council will become responsible for arranging suitable education for these children. Details of the arrangements they can offer can be found in appendix 1.

- In cases where the local authority makes arrangements, the school will:
- Work constructively with the local authority, providers, relevant agencies and parents to ensure the best outcomes for the pupil
- Share information with the local authority and relevant health services as required
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully
- When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

4. MONITORING ARRANGEMENTS

This policy will be reviewed annually bylain Mills (Assistant Head). At every review, it will be approved by the governing body.

APPENDIX 1

MEDICAL NEEDS SERVICE POLICY

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

- Alternative Provision: Statutory guidance for Local Authorities; January 2013
- 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. Statutory guidance for local authorities; January 2013
- Equality Act; 2010
- SEND Code of Practice 0-25 years Statutory guidance for organisations which work with and support children and young people with special educational needs or disabilities; January 2015
- Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England; December 2015
- Supporting pupils with medical conditions – templates; May 2014

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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-time[1] 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 type[2] or location[3] of the school they would normally attend and whether or not they are on the roll of a school. The law does not define full-time education, but children with health needs should have provision which is equivalent to the education they would receive in school.

[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.

[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.

Norfolk County Council's medical needs provision is commissioned via the Short Stay School for Norfolk [SSSfN]. Please see section 11 for further information. The Medical Needs Service at Norfolk County Council [NCC] sits within the Education Quality Assurance, Intervention and Regulation Service. The Norfolk Attendance Service is also located within this team and strong links are therefore in place. Where necessary, the Medical Needs Coordinator also liaises with colleagues (eg SEND Advisers) from the Inclusion and Opportunity Service; links to SEND support are 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 Medical Needs Service half-termly Medical Needs Panel which considers long-term and/or complex cases, includes representatives from SEND, 5-19 Healthy Child Programme team, CAMHS and GP services.

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:

David Hook, Medical Needs Coordinator
E-mail: medicalneeds@norfolk.gov.uk
Telephone: 01603 223609

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 in order 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 in order 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 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.

3.1 School Policies

The gov.uk guidance Statutory Policies for Schools includes the following which are relevant for pupils with medical needs (key section in brackets):

- Accessibility plan (7.1)

- Children with health needs who cannot attend school (7.3)

- Supporting pupils with medical conditions (7.7)
- First Aid in schools (10.2)

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 Head Teacher.

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 contact the 5-19 Healthy Child Programme (formerly known as the school nursing) 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, the SSSfN 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.

7. HOSPITAL IN-PATIENTS

Pupils who are inpatients in hospitals or Tier 4 settings (eg 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. Medical Needs referrals for pregnant pupils will be considered on a case-by-case basis. 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 (eg 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 contact the Norfolk County Council Inclusion Helpline by telephone (01603 307736) or by email inclusionhelpline@norfolk.gov.uk for further advice if the young person has SEND.

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. For any general SEND funding queries, please email cs.educationvssendfunding@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 policy[4] 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

- GP (via Joint Medical Protocol)

- Meeting with parent/carer
- Individual healthcare plan if appropriate[5]
- 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 the Inclusion Helpline 0333 313 7165 for advice if the young person has SEND
- Provision of key-worker/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 LA guidance

- Reduced exam offer (KS4-5 only)

- Outreach support/use of Alternative Provision – use of off-site education. Please check Alternative Provision directory for options.
- Provision of e-learning

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 period between sending the referral form to Norfolk County Council and provision beginning, schools must continue to provide work and carry out any necessary welfare checks.

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.

Norfolk County Council commissions the Short Stay School for Norfolk (SSSfN) to support the home-learning of children that are unable to attend school because of health needs. This might consist of a blended package of:

- Small hub working where available. This may involve working at a location away from school, in small groups, for example, to begin to rebuild confidence to a full reintegration, and continued links with the home school. Small hub working may include opportunities to attend the home school on a part-time basis initially, or to attend social events and/or trips as appropriate, for example.

- E-learning (remote access to a trained teacher with work completed on a computer)

- Home learning support (with a visiting Home Learning Support Assistant or HLSA); 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 coordinated by the SSSfN. The planning meeting will normally take place in the home environment and be attended by the parent/ carer, SSSfN representative, home-school representative, the young person if s/he is able and other professionals as appropriate (eg CAMHS key worker, Medical Needs Coordinator etc).

11.2 Medical Needs Service Referral

All forms referred to in this section can be located via the Medical Needs Service website.

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 sent to Norfolk County Council's Medical Needs Coordinator via medicalneeds@norfolk.gov.uk. 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 Form

Forms must be completed fully to avoid delays in processing. Incomplete forms will be returned. 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 medical 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 in order to accurately code a child's absence.

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. Schools should refer to the Joint Protocol between health services and schools in respect of the management of pupil absence from school when medical reasons are cited for guidelines on liaising with GPs. However, schools should note (and make parents/carers aware), that repeat referrals based on a GP letter 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 other 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.

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 (eg telephone contact between a health professional and the Medical Needs Coordinator).

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 also 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 School attendance Guidance for maintained schools, academies, independent schools and local authorities; July 2019. This document provides guidance on coding absent pupils. Typically, young people with medical issues may be coded as follows:

Code I: Illness (not medical or dental appointments) Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied of the authenticity of the illness but should advise parents of their intention. Schools are advised not to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards etc rather than doctors' notes.

Code M: Medical or dental appointments Missing registration for a medical or dental appointment is counted as an authorised absence. Schools should, however, encourage parents to make appointments out of school hours. Where this is not possible, the pupil should only be out of school for the minimum amount of time necessary for the appointment.

Code D: Dual Registered - **at another educational establishment** This code is not counted as a possible attendance in the School Census. The law allows for dual registration of pupils at more than one school. This code is used to indicate that the pupil was not expected to attend the session 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. It can also be used when the pupil is known to be registered at another school during the session in question.

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 unexplained and unexpected absence is followed up in a timely manner.

Code B: Off-site educational activity This code should be used when pupils are present at an off-site educational activity that has been approved by the school. 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[6] and measures have been taken to safeguard pupils. This code should not be used for any unsupervised educational activity or where a pupil is at home doing schoolwork. Schools should ensure that they have in place arrangements whereby the provider of the alternative activity notifies the school of any absences by individual pupils. The school should record the pupil's absence using the relevant absence code.

11.2.4 Individual Healthcare Plan

Not all young people who are medically unfit for school require an Individual Healthcare Plan (IHP). Schools should check the statutory guidance (and templates) which are available within Supporting pupils at school with medical conditions. All pupils at Parkside have an EHCP which includes 'Health' within it. IHP is therefore not needed unless in exceptional circumstances.

11.3 Referral acceptance

Following the acceptance of a referral, the Medical Needs Coordinator will contact the SSSfN to request that interim medical needs provision is implemented without delay. The first step in this process is an initial 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.

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 will ordinarily take place within the child's home, or in the school which submitted the referral.
Attendees should include:

- Child

Note: some e-learning is supervised (eg contact with a live tutor) and can therefore be coded as B. Where a pupil completes learning on their own, this should not be coded B. Where a pupil is enrolled with the commissioned e-learning service, the company will notify the school and the Medical Needs Coordinator if/when the young person is not engaging.

- Parent/carer
- Home school representative (if on a school roll)
- Representative from SSSfN
- 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 and the allocation of the most suitable Home Learning Support Assistant (HLSA)

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.

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).

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 be as bespoke as possible to the needs of the young person.

Provision may consist of a blended package of:

- Small hub working (where available and appropriate)
- Home learning support (with a visiting HLSA from the SSSfN); the HLSA

  will assist the young person in completing work set by the home school

- E-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

- Continued links with the home school

- Alternative provision as commissioned by the home school
- (eg visit to a care farm)

- A clear plan for reintegration

The ratios of the package are not pre-determined and should be bespoke to 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 the young person should be 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)

- Representative from SSSfN

- Medicalneeds@norfolk.gov.uk

- The health professional who attended (if relevant)

- EHCP Coordinator, social worker, or other relevant professional, as appropriate

11.5 Provision

Small hub/HLSA provision

The home school is responsible for setting and marking work to be completed in the small hubs 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 after 4pm, 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.

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, small hub 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.

Commissioned e-learning is delivered via the YMCA and provide access to trained teachers. The YMCA service plans and marks the work for the e-learning subjects. The YMCA will inform the school and the Medical Needs Coordinator if/when the pupil is not engaging with the work. A review meeting to amend/adapt the provision may then be required.

[7] Alternative Provision Statutory guidance for local authorities; January 2013; P11

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 an HLSA visit or small hub meeting. 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

- SSSfN
- 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 and to Nicky.Butterworth@sssfn.org.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 a Medical Needs Continuation Request (available on the Medical Needs Service website) to medicalneeds@norfolk.org by the end of week 11 of the provision. 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.

11.8 End of provision

Medical Needs Service provision will end when Norfolk County Council receives guidance that the young person is well enough to return to school, or there is no longer appropriate health evidence to support absence from school. Provision may also be ceased if it becomes clear that the young person is not well enough, or willing, to engage with the work. 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 the SSSfN will issue End of Provision notifications. Where a school representative 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 Medical Needs Provision Evaluation Form and email it to medicalneeds@norfolk.gov.uk. Evaluations enable us to review and improve the service.

For any additional queries:

- Website: Medical Needs Service
- E-mail: medicalneeds@norfolk.gov.uk
- Telephone: 01603 223609

Appendix 2 Flow chart for schools, school nursing and health professionals when health reasons are cited for poor school attendance.

At all stages consider impact on child, wider context and case history and follow safeguarding processes if applicable. At any stage if attendance improves monitoring and appropriate support should continue.

