

<b>Report to:</b>	<b>EDUCATION ATTAINMENT IMPROVEMENT BOARD</b>
<b>Date:</b>	19 October 2021
<b>Reporting Officer:</b>	Catherine Moseley – Head of Access Services
<b>Subject:</b>	<b>CHILDREN WITH MEDICAL NEEDS PROTOCOL</b>
<b>Report Summary:</b>	Tameside MBC is committed to providing a good education to all pupils including those who are unable to attend school for medical reasons. The report outlines how the medical policy ensures that the local authority works alongside schools, health professionals and parents to provide an alternative provision, which will meet a pupil's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system. The Children with Medical Needs Protocol was originally launched to schools in December 2018. The following report outlines the updates to the medical protocol for pupils too ill to attend school and the improvements made to the process to support pupils.
<b>Recommendations:</b>	It is recommended that the board notes the content of the report
<b>Corporate Plan:</b>	The protocol described in this report will support the delivery of the Community Strategy, through the delivery of sufficient and suitable places and education.
<b>Policy Implications:</b>	The changes outlined in this report ensure that the revised protocol ensures the Council, schools and their partners are continuing to support pupils with medical needs to have full access to an education suitable to meet their needs.
<b>Financial Implications:</b>	There are no direct financial implications as a result of this report.
<b>(Authorised by the statutory Section 151 Officer &amp; Chief Finance Officer)</b>	Costs of provision for hospital school education is met from the High Needs Block of the Dedicated Schools Grant.
<b>Legal Implications:</b> <b>(Authorised by the Borough Solicitor)</b>	The Council, together with schools, have a statutory duty to ensure that pupils with medical needs are able to access suitable education to meet their needs. This duty is set out in detail in section 2 of this report.
<b>Risk Management:</b>	The Council and schools have a statutory duty to support pupils with medical needs to access an education that is suitable to meet their needs. The Protocol ensures that the Council and schools are able to meet that statutory duty. The risk of not delivering this is to fail to meet statutory obligations leading to reputational damage and financial penalty.
<b>Access to Information:</b>	<b>NON-CONFIDENTIAL</b>
	<b>This report does not contain information, which warrants its consideration in the absence of the Press or members of the public.</b>

**Background  
Information:**

The background papers relating to this report can be inspected by contacting Catherine Moseley, Head of Access Services



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## 1 INTRODUCTION

- 1.1 Tameside MBC is committed to providing a good education to all pupils regardless of circumstances or settings. Where a pupil is unable to attend school for medical reasons the local authority will work alongside schools, health professionals and parents to provide an alternative provision, which will meet a pupil's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system. Wherever possible the local authority will look at education provision being provided by school to ensure continuity for pupils. However, it is recognised that in some circumstances that is not possible and provision for such cases will be considered by a case management panel on an individual basis. The Children with Medical Needs Protocol was originally launched to schools in December 2018. The purposes of the report is to ask the board to consider the revised key updates in section 5 of this report.

## 2 ROLES AND RESPONSIBILITIES

### **Tameside Council**

- 2.1 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.

### **Tameside Schools**

- 2.2 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.
- 2.3 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.
- 2.4 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.

### **Health Professionals**

- 2.5 Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition, which will require support in school. Wherever possible, they should do this before the child starts at the school.
- 2.6 They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training to meet health needs.
- 2.7 School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### **3 KEY POINTS OF THE CHILDREN WITH MEDICAL NEEDS PROTOCOL**

- 3.1 Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- 3.2 Schools need to make 'reasonable adjustments' to accommodate pupils with medical needs.
- 3.3 Governing bodies, trusts and management committees must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- 3.4 Governing bodies, trusts and 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.
- 3.5 There should be clear communication with parents as to how the needs of their child will be met.

### **4 KEY UPDATES TO THE REVISED PROTOCOL**

- 4.1 The protocol was revised to ensure the Council, schools and their partners were continuing to support pupils with medical needs to have full access to an education. Colleagues worked with a group of Headteachers on the revision.
- 4.2 The section on guidance on school policies has been updated to reflect excerpts from the guidance from the DfE document 'Supporting pupils at school with medical conditions - statutory guidance policy for school and academies trusts'. Governing bodies must ensure that arrangements are in place in schools to support pupils with medical conditions.
- 4.3 There is updated advice on schools' responsibility when working with pregnant students to better reflect responsibilities relating to childcare arrangements has been enhanced. This should form part of the education planning process when a student is returning to school. 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 best interest of the pupil.
- 4.4 The Protocol includes a revised process for the operation of the case management panel. There is revised membership of the panel to include pupil support services and a robust process for the case management pathway to escalate cases with clearer expectations of outcomes for children and young people.
- 4.5 There is an addition of Annex C, which is a model parental agreement for schools to administer medicine in school.

### **5 CONCLUSION**

- 5.1 The protocol has been updated with a few key updates to ensure that all involved in supporting children with medical conditions to access education are aware of their roles and responsibilities. There is a clearer and enhanced case management pathway, a model parental agreement for school to administer medicine and the guidance around pregnant school students has been clarified to ensure childcare arrangements are part of the care plan for returning to school.

### **6 RECOMMENDATION**

- 6.1 As set out at the front of the report.



## **DRAFT Local Authority Protocol**

### **Supporting Pupils at School with Medical Conditions**



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

[Alternative Provision:](#) Statutory guidance for local authorities, as well as headteachers and governing bodies. January 2013 (updated June 2016)

[Children and Families Act 2014](#)

[Tameside Children and Young People's 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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## **Introduction**

Tameside MBC is committed to providing a good education to all pupils regardless of circumstances or settings. Where a pupil is unable to attend school for medical reasons the local authority will work alongside schools, health professionals and parents to provide an alternative provision which will meet a pupil's individual needs, including social and emotional needs and enable them to thrive and prosper in the education system.

Wherever possible the local authority will look at education provision being provided by school to ensure continuity for pupils. However, it is recognised that in some circumstances that is not possible and provision for such cases will be considered by a case management panel on an individual basis.

### **Pupils' medical needs may be broadly summarised as being of two types:**

Short-term affecting their participation in school activities because they are on a course of medication or recovering from an illness.

Long-term potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

### **Roles and Responsibilities of Tameside 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.

Tameside Council is responsible for arranging suitable full-time<sup>1</sup> 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 Tameside, regardless of the type<sup>2</sup> or location<sup>3</sup> 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.

### **The LA will provide:**

A contact e-mail for all initial enquiries to be sent. [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk)

A referral and tracking process of pupils who are absent from school for a period of 15 days, where the absence is caused by a medical condition.

Support to school staff in monitoring & challenging pupil absence.

Escalation to case management panel to ensure the pupil is receiving a suitable education in line with the law.

When agreed by the case management panel, alternative provision and transport to any base other than the pupil's main base may be considered.

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<sup>1</sup> Unless it is evident that a pupil's condition means that full-time provision would not be in their best interests.

<sup>2</sup> Inclusive of pupils attending academies, free schools, special schools, independent schools or maintained schools.

<sup>3</sup> Where a child is ordinarily resident in Tameside but attends school outside the county, Tameside retains responsibility for arranging medical needs provision for that child. Tameside Council may seek to recoup costs.



Re-integration process that focuses on the child's physical & emotional health and education needs.

### **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 Tameside the named person is:

**Name: Julie Waterhouse**

**E-mail: [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk)**

**Telephone: 0161 342 3568**

Parents/carers can contact the tracking officer 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 tracking officer 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 tracking officer 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.

### **Roles and Responsibilities of Tameside 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.

Schools must have a medical policy reflecting statutory guidance ([Supporting Pupils at School with Medical Conditions](#); December 2015) and will nominate a named person who is responsible for supporting pupils with a medical need.

School will notify the local authority when a pupil is absent for a period of 15 days. However, the pupil **must** remain on the school roll. The named person should liaise with the local authority and continue to review the IHP. In the event that there is a significant change in the condition of the pupil, or the attendance declines, school are required to notify EWS.

School remain responsible for all agreed examination entries and ensuring examination fees; arrangements should be made for pupils to sit GCSE examinations including invigilation & assessment of coursework;

Schools remain responsible for convening Annual Review meetings for those pupils who have an Education, Health and Care Plan (EHCP);

**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.

### **School Policies**

The government guidance [Statutory Policies for Schools and Academy Trusts](#) 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 headteacher.*

*Non-statutory guidance on accessibility plans to help schools fulfil their duties under the act is included in: [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.*  
[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](#)

### **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. We advise that governing bodies review this requirement annually.*

*Non-statutory guidance on first aid provision:*  
[First aid in schools](#)

### **Pupils who are not on a school roll**

Tameside Council retains responsibility for supporting 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 SEN Caseworker or alternatively Tameside Council's Medical Tracking Officer 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 Tracking Officer if they feel that there are exceptional circumstances to be considered.

### **Early years and Post-16**

Tameside 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, Tameside 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 Tracking Officer 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 SEN team in the first instance to seek advice.

### **Hospital in-patients**

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

At times, the NHS places young people in privately funded hospitals. Tameside Council 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 Tameside Council's Medical Tracking Officer 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 SEN Caseworker or alternatively Tameside Council's Medical Tracking Officer to discuss future educational provision.

### **Children with life-limiting and terminal illness**

Tameside 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.

### **Pregnant pupils**

The school's aim should be to keep the pregnant schoolgirl or school age mother in learning; this means keeping the student on the school roll, even if she may not be able to attend for a period of time. A pupil who becomes pregnant is entitled to up to 18 calendar weeks of authorised absence to cover the time immediately before and after the birth.

Schools have a responsibility to ensure a girl returns to school after no more than 18 weeks leave. Parents of teenage parents are obliged under the Education Act 1996 to ensure their child regularly attends school.

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. Evidence of the baby's estimated due date must be provided.

Childcare arrangements should form part of the education planning process. Funding is available through the "Care to Learn" scheme and applications will need the support of the school. Learners under 20 years can access the 'Care to Learn' grant. This provides a sum to meet Ofsted registered childcare and transport costs to and from a childcare provider. More information can be found at <https://www.gov.uk/care-to-learn>

## **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 ensure that all 'reasonable adjustments' have been made for pupils with medical needs (even if the young person does not have diagnosed SEND). Schools can contact the SEN team 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 Tameside Local Offer, then an application for EHC Needs Assessment should be made.

### **Role of Health Professionals**

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school.

They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs – for example there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### **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](#).

### **Things to Consider Before Making a Medical Referral**

Prior to making a medical referral, schools should seek advice from the Education Welfare Officer for their area. Schools should seek consent from the parent/carer prior to calling. Schools are encouraged to contact the school nursing team 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 before intervening.

School colleagues may find it useful in employing different strategies to support young people with medical conditions and reintegrate pupils into school.

These could include:

- GP/School Nurse/Other medical professional e.g. nurse specialist
- Meeting with parent/carer
- [Individual healthcare plan](#) if appropriate
- SENCO assessment if [SEND](#) identified
- SEN Support for potential strategies
- [Mental Health and Behaviour in schools](#) guidance checked (if appropriate)
- Use of SEN notional budget e.g. how has SEN funding been used to support this child as per the statutory [SEND Code of Practice](#). Is an application for additional funding required?
- Contact the SEN team 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
- Online learning programmes
- Reduced exam offer (KS4-5 only)
- Use of Alternative Provision/off-site education.
- Other support if applicable e.g. Early Help Assessment (EHA)

### **Notifying a Medical Referral**

Schools may be able to access additional 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 referral in the first instance. During the time period between sending the referral form to Tameside Council and any provision being agreed, schools must continue to provide work and carry out any necessary welfare checks.

Where a pupil is absent for a period of 15 days due to a medical condition, schools are required to notify the local authority tracking officer. All referrals should be accompanied by an individual healthcare plan where appropriate (IHP) and must be supported by medical evidence.

Medical referrals will ordinarily be made by the school at which the child is on roll. All referrals should be made using Annex B and sent to Tameside Council's Medical Tracking Officer via [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk)

Schools should have made reasonable steps to meet the short-term needs of the pupil. Education provision should continue to be provided by school where possible.

Where a pupil requires alternative provision, the overall aim, in all cases, is to reintegrate pupils back into mainstream education as soon as possible, through an individually tailored reintegration plan. The aim will be to increase education provision so as to provide as much education as a pupil's medical condition allows.

Medical 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.

Referrals will only be accepted if all of the following documents are submitted:

- Medical referral form
- Medical evidence
- Current Registration certificate (and previous academic year if appropriate)

### **Medical 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 Tracking Officer.

## 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.

Tameside 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 letter alone will 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:

- HYM professional (i.e. mental health nurse/mental health practitioner)
- 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 Tracking Officer 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
- Details of the barriers to the young person attending school
- Information regarding referrals to other services (e.g. HYM)
- How the young person may best be supported to reintegrate into full-time education

## Current attendance certificate

Schools should attach a copy of the young person's attendance/registration certificate 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 attendance/registration certificate from the previous year

If schools are unsure how to code absence due to health needs, colleagues can contact the Tameside Council Education Welfare Service by telephone on 0161 342 2112 or by email [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk)

## 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. 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 exactness or frequency of an illness.

Where there are concerns schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied that the illness warrants time off school 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 and should try to attend before and/or after an 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 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.

### **Referral acceptance**

Once the Tracking Officer receives notification of a pupil, this will be recorded on the pupil's record and an Education Welfare Officer (EWO) will be allocated to liaise with school.

The EWO will:



- Ensure school have completed an IHP and that every effort is being made to enable the pupil to attend school. This may include an element of challenge.
- Ensure there is a date scheduled so that the IHP is reviewed at least termly.
- Ensure that school have made reasonable adjustments to allow the pupil to access a suitable full time education (or as much as the child's health condition can manage) in line with the statutory guidance [Supporting pupils at school with medical conditions](#). This may include arrangements for school work being sent home for short periods of absence, a part-time time table or online learning.
- Monitor that the pupil's level of attendance is reviewed regularly and that appropriate codes are being used on the school register.
- Ensure that regular contact is made with the parent/carers and pupil.
- Where a pupil's school attendance declines, or at the discretion of any professional involved in the IHP, who is of the opinion that the child may not be receiving suitable education in line with the law, the EWO will escalate the matter to the case management panel.

### **Case Management Panel**

Following consultation with school, where the allocated EWO feels that the pupil may benefit from intervention by the local authority they will complete a referral to the medical case management panel. This panel will be made up of local authority education officers & health professionals.

The panel will consider evidence provided by the child's school, parents/carers & medical professionals and any other information available which details the reasons the pupil is unable to attend school.

The panel will determine whether alternative provision such as virtual/face to face tuition or online learning should be provided on a temporary basis.

The panel will assign a lead professional who will coordinate the pupil's temporary education plan in collaboration with the pupil, home and school.

The type and amount of alternative provision offered will be determined by the health and educational needs of the pupil.

For all cases requiring alternative provision, the pupil will remain on the school roll. School will assume responsibility for maintaining regular contact with the pupil during their absence. The intention in all cases will be to reintegrate the pupil back into mainstream school on a full time basis as soon as possible.

All alternative provision provided by the local authority will be reviewed on a regular basis no longer than 12 weeks. Where a medical need becomes long term, the school should consider making a referral for statutory assessment.

The local authority may consider recouping some of the pupil's age weighted pupil unit funding (AWPU).

## ANNEX A

### Pathway for supporting pupils at school with medical conditions

Schools are made aware of a pupil with a medical condition from parent or health professional.

School to ensure they meet their statutory responsibilities as set out in the [statutory guidance](#). This will involve liaising with Health professionals to develop an Individual Health Care Plan (IHP). Within the IHP school will need to establish if any absence relating to the medical condition is to be authorised or otherwise.

School must inform the Local Authority Tracking Officer when a pupil is absent for 15 days over any academic year if the absence relates to the medical condition. This information will be recorded on the ONE system.

An Education Welfare Officer (EWO) will be made aware of the pupil within 5 days by the tracking officer and will work with the school to ensure that:

- School have made reasonable adjustments to allow the pupil to access a full time education. This may include arrangements for school work being sent home for short periods of absence, part time timetable or online learning.
- That an IHP is in place (where appropriate) and has been written having taken the views of the health professionals/ parents or carers / pupils.
- There is a date scheduled so that the IHP is reviewed at least termly.
- The level of attendance is reviewed regularly.
- Regular contact is made with the parent/carers and pupil.

Where necessary, the case can be referred, via the Senior EWO, to the Case Management Panel. The Panel will consider each case on individual need and will allocate appropriate provision. The school will be notified of the outcome.

**ANNEX B**

<b>Name of Referrer:</b>	
<b>Email address:</b>	
<b>Contact Telephone:</b>	
<b>Date of Referral</b>	

**ABSENCE FOR PUPILS WITH MEDICAL CONDITIONS  
Notification Form**

<b>Name of Pupil</b>		<b>Date of Birth</b>		<b>Year</b>	
<b>School Name</b>					
<b>Current Attendance</b>	%	<b>No. of Authorised absences</b>		<b>No. of Unauthorised absences</b>	
<i>Please attach an up to date attendance certificate</i>					
<b>Please provide details of child's medical condition</b>					
<b>Please provide details of any adjustments made at school</b>					
<b>Have school completed an individual healthcare plan for this child?</b> <i>Please attach a copy</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Does the child already have a care plan from a medical professional e.g. asthma, diabetes etc.</b> <i>please attach a copy</i>				Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p><b>Checklist - Have you attached the following?</b></p> <p>Attendance certificate <input type="checkbox"/></p> <p>Individual Healthcare Plan (or other care plan) <input type="checkbox"/></p> <p>Medical evidence (if available) <input type="checkbox"/></p>
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Please return this form to Tameside Education Welfare Service via [medicalenquiries@tameside.gov.uk](mailto:medicalenquiries@tameside.gov.uk)

## ANNEX C

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE			
Name of Child			
Date of Birth		Year Group	
Medical Condition / Illness			
Medicine Name / Type of medicine (as described on the container) & Expiry Date			
Dosage & Method			
Time(s) to Administer			
Are there any side effects that the school needs to know about?			
<b>Medicines will only be accepted in the original container as dispensed by the pharmacy</b>			
Parent Name			
Contact Number			
Home Address			
<i>The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</i>			
Signature(s):			
Date:			