

WORCESTERSHIRE
CHILDREN FIRST



Guidance for Worcestershire Schools:
Supporting children with medical
difficulties (including those who cannot
attend school)

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Introduction

Worcestershire's Education and Skills Strategy 2019-2024 describes our collective ambition for children and young people:

'We want to ensure an excellent education for every child in Worcestershire, based on a belief in equality, excellence and the very best for all. We want to ensure every child and young person enjoys their education and achieves the very best outcomes, so they become happy, healthy, independent and prosperous adults who will make a positive contribution to their communities and wider society.'

Children with medical difficulties often face challenges and barriers to achieving the very best outcomes, with school attendance being a key issue. This guidance is designed to help schools understand and act on their responsibilities to ensure attendance is maximised, reducing the impact of medical difficulties on their inclusion in and enjoyment of school life, leading to optimum progress and achievement.

The guidance is underpinned by Worcestershire Children First's Values:

Children at our heart:	We will keep children at the heart of everything we do
Value family life:	We will support and empower parents to care for their own children well
Quality education for all:	We will value education as the best start in life for all children
Protection from harm:	We will act in a professional and timely way to protect children from harm

Statutory duties

Schools and Local Authorities have a number of statutory duties which relate to the education of children with medical difficulties including those whose attendance is or may be affected as a result.

Schools

The Equality Act 2010

All schools in Worcestershire have duties towards children with medical conditions, many of whom are legally defined as being disabled. Governing bodies must make reasonable adjustments to ensure that children and young people with disabilities are not put at a substantial disadvantage compared with their peers. This duty is anticipatory, which means adjustments must be put in place in advance to prevent disadvantage from occurring.

This means that schools must make plans in advance to ensure that children with medical conditions are able to take part in all aspects of school life. This planning is likely to include consideration of staffing, support, physical adaptations and the curriculum and activities offered.

The Equality Act also states children with disability must not be discriminated against, harassed or victimised.

Children and Families Act 2014

The Children and Families Act 2014 outlines the duty on schools to support children with medical conditions. Schools must make arrangements for these children and in so doing have regard to the statutory guidance [Supporting children with medical conditions](#).

Local Authorities

The duties of local authorities for children with medical difficulties refer to all children in the local authority and do not depend on the kind of school the child attends. The key piece of legislation which helps schools to understand Worcestershire Children's First role with children who are unable to attend school because of medical difficulties is the Education Act 1996.

Section 19 of the Education Act 1996

When children and young people are unable to continue at school because of illness, the Education Act 1996 requires Local Authorities to provide them with 'suitable education' for example through home tuition or in a hospital school. Suitable education refers to efficient education suitable to the child or young person's age, ability and aptitude and to any special educational needs he or she may have.

Supporting children with medical difficulties in school

The majority of children and young people in Worcestershire with medical difficulties (including mental health difficulties) can, with proper planning and support, attend regularly and engage fully and successfully in school life.

The key practices underpinning successful support for children with medical difficulties are:

- Maintaining a close relationship with the child throughout
- Working closely with families (and taking a whole family approach to understanding needs)
- Partnership working with a range of professionals
- Detailed planning and review to ensure that children's needs are fully understood and acted upon

Individual Healthcare Plans are an effective way of ensuring that schools' efforts in this regard are successful.

Individual Healthcare Plans

Each child with medical difficulties (including significant mental health difficulties) in a Worcestershire maintained school and academy should have an Individual Healthcare Plan (IHP), see Appendix 1. An IHP is a detailed record of the agreement between parent/ carers, the school and healthcare professionals about what care the child needs and how it will be carried out.

Examples of IHPs for specific conditions such as epilepsy and diabetes are available on the Health Conditions in Schools Alliance website.

[Medical conditions at school online](#)

It is important however that when used, these examples are considered and adapted carefully with parent/carers and professionals to ensure that the agreed final plan describes the specific needs of the child rather than a generic approach.

IHPs include detailed information about:

- What care the child needs in school.
- When and how care and support is going to be provided and who will deliver this.
- The impact of the child's medical condition on their learning, behaviour and engagement in school activities.
- The child's medication including how this will be administered stored monitored and recorded.
- What the child can do for themselves and what they need help with.
- Procedures and practices for using any equipment needed as a result of the medical condition.
- Any testing or monitoring that is required, the procedures involved and the action to be taken depending on the result.
- Description of the symptoms and possible triggers of any emergency situation which requires urgent attention and what staff will do if any of these occur.
- When the parent/carer should be contacted and when an ambulance should be called.
- Up to date contact details for parent/carers, health care professionals and other key contacts.
- The things that need to be done before, during and after physical exercise.
- Arrangements needed for exams.
- The child's educational, emotional and social needs and how these will be met.
- Training undertaken by staff and the arrangements for keeping this up to date.
- Arrangements for meals and snack times including food shared in lessons, before and after school.
- Plans for school trips (including residential) or other school activities outside of the normal timetable.
- Any arrangements for periods of absence including the use of part time timetables, attendance at appointments and the use of alternative provision where appropriate.

This is not an exhaustive list and likewise not all the information will be needed for every child.

As children's needs change over time, IHPs should be reviewed at least annually but also in response to any changes in the child's condition or care needs. In addition to the information above, the IHP should outline:

- When the plan will be reviewed
- Who can alter the plan and which parts they can alter
- What is the process for reviewing the plan and how this will involve the child, parent/carers and professionals

Support for children with mental health difficulties

Children with significant mental health difficulties should have an Individual Healthcare Plan which outlines the adjustments and support in place to meet needs.

When writing an IHP for a child with mental health difficulties, schools should refer to Worcestershire's Emotional Health and Wellbeing Toolkit and the Emotional Health and Wellbeing Pathway. These documents provide a self-evaluation framework for mental health provision and guidance about how to support children experiencing difficulties respectively. Worcestershire Children First has also produced specific guidance for schools supporting pupils with anxiety.

[Emotional Health and wellbeing](#)

If the child is experiencing anxiety or low mood schools should consider referring to Reach for Wellbeing for a short-term group-based intervention.

[Reach for well-being](#)

Reach for Wellbeing is not currently available to children or young people experiencing anxiety as a result of Autism Spectrum Conditions. Support to schools is available from the Complex Communication Needs (Autism) team.

[Autism complex communication needs team](#)

The CAMHS CAST team are also able to support school staff working with children with anxiety or low mood through consultation, advice, supervision and/or training.

[CAMHS CAST team](#)

Finally, where a child is experiencing anxiety which is impacting on their school attendance, a referral to an educational psychologist should be considered in order to understand the triggers to the anxiety and how the school can make adaptations to the curriculum and school environment. This involvement should also focus on how the school can work effectively with the family in order to help manage triggers and any intervention needed to help the child learn to manage their anxiety more effectively.

[Educational psychology](#)

Medical conditions policy

Schools in England are required by law to have a medical conditions policy. This policy should describe how the school will care for any children with medical conditions, the procedures for getting the right support, care and training in place and who is responsible for making sure the policy is carried out and reviewed in school.

The medical conditions policy should recognise that some health conditions can be life threatening and that conditions can also affect how a child learns. Schools must regularly review their policy to make sure the arrangements for children with medical conditions are consistently applied and effective.

The policy statement should be developed with pupils, parent/carers, school nurse, school staff, governors, the school employer and relevant local health services. This policy statement should be made easily accessible on the school's website.

An example policy is available at the following link:

[Medical conditions policy](#)

It is important to note however that any exemplar policy will need to be adapted to reflect the Worcestershire context and the circumstances of individual schools, whilst also being coproduced with the school community.

Management of medication

The medical conditions policy should contain information about how the school manages medication. Clear guidance about the management of medication in schools is provided in [Supporting pupils at school with medical conditions](#) (2015).

Since 2014 schools have been allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler. Schools that choose to keep an emergency inhaler should include information about this in their medical conditions policy based on the following guidance:

[Emergency inhalers in schools](#)

Since 2017 schools have also been allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Schools choosing to keep an emergency AAI should follow Department of Health guidance should include information about their arrangements in their medical conditions policy.

[Adrenaline auto-injectors in schools](#)

Attendance

All children and young people are entitled to a full-time education unless a decision has been made by Worcestershire Children First that to provide this is not in the child's best interest. This decision would be made in consultation with relevant professionals involved with the child at the time.

In most cases schools are able to make suitable arrangements for children to secure regular full-time attendance in school. However, if the child is absent or likely to be absent for 15 days or more during an academic year, (consecutive or cumulative), then the school must inform Worcestershire Children

First. An officer will then work with the school to identify any additional adjustments that may be required to safeguard the child's education.

Children should not be sent home regularly because of their medical needs unless this is documented in the Individual Health Care Plan. If it is necessary to send the child home because of health needs, consideration must be made to making suitable alternative arrangements and Worcestershire Children First must be informed. Medical evidence should be sought where attendance is regularly affected. Part time timetables must be underpinned by medical evidence of the need for this approach.

Part time timetables

In exceptional circumstances there may be a need for a temporary part-time timetable to meet a pupil's individual needs, for example where there is evidence that a medical condition prevents a pupil from attending full-time education and a part-time timetable is considered as part of a re-integration package. A part-time timetable must not be treated as a long-term solution and must be agreed with parent/carers. If the plan results in the child being absent for 10 days or more either consecutively or cumulatively the school must make suitable alternative arrangements and notify Worcestershire Children First using the 10-day absence form found on the Children Services Portal.

The IHP should clearly set out the point at which the pupil is expected to attend full-time or be provided with alternative provision. The arrangements described in the IHP should be reviewed regularly when a child is on a part time timetable or is accessing alternative provision.

The decision that a child is unable to attend school because of medical difficulties or is only able to attend part time must be supported Worcestershire Children First based on evidence from a health professional. This evidence will need to include:

- The nature of the child's illness that leads to the child being unable to attend school, including prognosis where possible.
- Advice as to whether the child can engage in learning and for what proportion of the week.
- The timescale that medical advice is relevant for or the timescale for which education, other than in school (for example home tuition or with the Medical Education Team) will be considered necessary.
- When a review of arrangements made for the child will take place

Alternative Provision

In order to ensure children access their entitlement to full time education, sometimes it is helpful or necessary to make alternative provision for the child. Alternative provision often allows for a more bespoke and flexible approach to education. This can work well for children whose medical difficulties mean for example that their energy levels fluctuate and therefore full-time attendance within a busy school environment is very challenging.

Alternative provision can be defined as education for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education (DfE, 2013).

[Statutory Guidance on Alternative Provision \(DfE, 2013\)](#)

Alternative provision for children with medical difficulties can be arranged by a school or by the Local Authority. In cases where the child's medical difficulties are likely to be short term (typically less than 15 days) schools should make these arrangements. This provision is likely to include sending work home and/or enabling access to online learning. In cases where the child is not able to attend school for long periods it may be necessary for Worcestershire Children First to make arrangements through the Medical Education Team.

If the absence has been or is likely to be longer than 15 days, the school must notify Worcestershire Children First.

Medical Education Team

In the majority of cases, children who are unable to attend school are referred to the Medical Education Team (MET). The MET consists of qualified teachers and teaching assistants who are skilled in teaching children / young people of statutory school age with a wide range of physical and emotional health and wellbeing needs.

The Medical Education Team service level agreement and referral form are available online:

[Medical education team](#)

Where it is not appropriate or possible for the needs of children with medical difficulties to be met by the Medical Education Team and the school has not made alternative arrangements, Worcestershire Children First will work with schools and families to agree provision. This may involve securing provision at a Pupil Referral Unit, at an Alternative Provision Free School or home tuition and/or access to a Virtual Learning Platform.

Monitoring the quality of Alternative Provision

Responsibility for monitoring the quality and appropriateness of alternative provision rests with the commissioner, (typically the school or Local Authority).

Schools should expect alternative provision to:

- Demonstrate good academic attainment on par with mainstream schools – particularly in English, maths and science (including IT) – with appropriate accreditation and qualifications.
- Ensure that the specific personal, social and academic needs of pupils are properly identified and met in order to help them to overcome any barriers to attainment.
- Result in improved pupil motivation and self-confidence, attendance and engagement with education.
- Have clearly defined objectives, including the next steps following the placement such as reintegration into mainstream education, further education, training or employment.

The nature of support to be provided, objectives and timelines for achieving these aims should be agreed, recorded and reviewed regularly. These discussions should include plans for the child's reintegration into school. Parent/carers should be fully involved in planning and review processes.

Schools should maintain on-going contact with the provider, parent/carers and pupil throughout, with clear procedures in place to exchange information, monitor progress and provide pastoral support.

Alternative provision should be good quality and delivered by high quality staff with suitable training, experience and safeguarding checks. Provision is expected to be registered with the Department for Education when it provides full-time education to five or more full-time pupils of compulsory school age, or one such pupil who is looked-after or has an Education Health Care Plan.

When planning to use alternative provision, schools must ensure that the arrangements are suitable and capable of meeting the needs of the child and intended objectives. This is particularly important where the setting is not registered with the Department for Education. Schools must check that there are appropriate safeguarding arrangements in place and the setting is not acting as an 'illegal school'.

Schools using unregistered settings should have particular regard to the following guidance:

[Unregistered independent schools and out of school settings](#)

If a school has concerns about the suitability of a setting the school should contact

alternativeprovision@worcschildrenfirst.org.uk

Special Educational Needs and Disabilities

A child or young person has special educational needs (SEND) if they have learning difficulties or disabilities that make it harder for them to learn than most other children and young people of about the same age.

Children and young people with medical conditions don't necessarily have SEN, but there are significant overlaps between children with disabilities and medical conditions and those with SEN.

Children with SEN require special educational provision to be made for them. Special educational provision is any educational or training provision that is additional to, or different from, that made generally for other children or young people of the same age.

Some children or young people with medical difficulties may need additional support which is not special educational provision; for example, they might need certain treatments or medicines administered at school. In order to be classed as having SEN, they must require support with education or training which is different from that given to other children or young people of the same age.

The Children and Families Act 2014 places a duty on maintained schools and academies to make arrangements to support children / young people with medical conditions. Individual healthcare plans will normally specify the type and level of support required to meet the medical needs of such children / young people. Where children and young people also have SEN, their provision should be planned and delivered in a co-ordinated way with the healthcare plan.

Worcestershire's Graduated Response guidance sets out schools' responsibilities for children and young people with SEND as described in the 2015 SEND Code of Practice.

[SEND education provision](#)

Health, Early Help and Social Care

The role of health services

In addition to providing evidence where a child's medical difficulties mean they are unable to attend school, health services have a key role in helping schools and families to understand and meet children's needs.

Community Children's Nursing (Orchard Service)

The Orchard Service is a Children's Community Nursing and Palliative Care Team. It is a multi-disciplinary team that provides holistic care to patients with a nursing need, this may be an acute illness or a long-term complex health need. Children and young people must be registered with a Worcestershire GP to access this service.

[Orchard service](#)

Community paediatrics

The Community Paediatric Team are medical staff and advanced clinical practitioners who have experience in child health between 0 to 18 years. They see children in a community setting and provide ongoing care if there is a clinical need. They do clinical assessments for children and young people with long term disability, developmental delay, neurodevelopmental conditions for example, Attention Deficit Hyperactivity Disorder and Autism.

Community Paediatricians work closely with schools, teachers, school nurses and educational psychologists to ensure that a child is looked after in a joined-up way in every environment they experience.

Community paediatricians have close links with doctors in general practice and in hospital. They refer to and liaise with a wide variety of health professionals with specialist expertise.

[Paediatric team](#)

Occupational Therapy

Paediatric Occupational Therapy enables children or young people to take part in daily life which is made up of many activities which they may be finding more difficult to participate in. These activities include self-care, being productive (going to nursery or school) and leisure activities like playtime.

[Paediatric occupational therapy](#)

Physiotherapy

The paediatric physiotherapy team work with children who have neurological, developmental, and orthopaedic conditions who may also have complex long-term medical, social and learning needs. The focus is on maximising a child or young person's physical ability, self-management and independence within their everyday activities at home, in education and in their community.

Treatment sessions vary greatly depending on children's individual needs and include:

- Regular reviews to identify change of need and treatment plan, specific to individual needs
- Demonstration and guidance to other people involved in children's care on how to carry out treatment advice
- Assessment and advice to identify any specialist equipment need that will help children to improve their functional ability and mobility
- Provision of a Physiotherapy report for Educational Health and Care Plans for children who are already receiving support from the service

The team work with children and young people between 0-18 years, or 19 years if a child is in full time education within a Worcestershire special school.

[Paediatric physiotherapy team](#)

School health nursing

School Health Nurses provide opportunities for children and young people in secondary schools and Pupil Referral Units to access confidential advice and support via a weekly nurse led Time 4 U clinic. This can include health concerns such as emotional worries and stress to alcohol and drug dependency. In mainstream schools the School Health Nurse can provide sexual health advice which includes, emergency contraception, condom supply, pregnancy testing, and signposting to other agencies.

Additionally, School Health Nurses work with young people who may have issues such as weight concerns mental and emotional health, accident prevention; attendance at A&E, domestic violence concerns, substance misuse. The safeguarding of children and young people is paramount.

In mainstream schools the Health Care Support Workers also weigh and measure all reception and year 6 children on an annual basis and each parent/carer receives the results and a contact number, if they wish to discuss their child's results with the School Health Nurse.

Certain children within school are prescribed auto injectors due to having had a severe allergic reaction. The School Health Nurses train the teaching staff on an annual basis on how to administer auto injectors when required.

[School health nurses](#)

Specialist CAMHS

Specialist CAMHS is a multi-disciplinary team made up of Psychiatrists, Nurses, Social Workers, Psychologists all with specialist training of working in mental health with children and young people. The aim of the team is to assess and treat those with significant mental ill health in order to promote recovery.

[Specialist CAMHS](#)

Special school nursing

The Special School Nursing service provides support to Special Schools to enable the school to meet the holistic care needs of children and young people when attending school. Although this is primarily through training and supporting school staff, all children can access direct support and advice from the Special School Nurse if they choose. This can be alone or with a parent/carer present. Each school has a linked named Special School Nurse; however, the nurse is not always on site.

The Special School Nurse will assess the health care needs of children and young people on school entry. They will provide training to school staff to ensure school staff can provide care needs safely within the school setting. This will support the child or young person to achieve their full potential in both education and wellbeing. The team also provides Health Education to promote healthy lifestyles.

[Special school nursing](#)

Speech and Language Therapy Service

Speech and language therapists work in partnership with children, their families and other professionals in a variety of friendly settings. Every mainstream school has a named speech and language therapist who visits on a regular basis.

[Speech and language therapy service](#)

The Worcestershire Speech, Language and Communication Needs (SLCN) Pathway has been developed to support anyone who has an interest in children's speech, language and communication development. It includes guidance and information to help ensure that all children at risk of, or presenting with SLCN will be:

- Supported to development their speech, language and communication skills to ensure they can access learning, social interactions and to make a positive contribution to the world around them
- Able to benefit from timely and integrated support and services that can best meet their needs

[Speech, language and communication needs pathway](#)

Early Help and Social care

Where there are emerging welfare or well-being concerns about a child with medical difficulties, parental consent should be gained to carry out an assessment using the Early Help Framework. This assessment may in some cases identify the need for a family plan.

[Early help assessment](#)

Whilst not all children will need an early help assessment, it is important to recognise the additional pressures that medical conditions may create for family members, including siblings, parent/carers and other close relatives. Open and honest communication with parent/carers is crucial to making good provision in schools and ensuring that children's needs are met and that the needs of the family as a whole are recognised.

Escalating welfare concerns

If an Early Help assessment has been undertaken and there are needs that can't be met by the early help arrangements in school or any other early help agency and there is a role for family support, then a referral to Level 2 or 3 services may be appropriate. Worcestershire's Levels of Need Guidance (2019) describes the indicators which may suggest that a child needs additional or targeted support from services providing intervention at these levels.

[Worcestershire level of needs guidance](#)

As with all children if there is a risk of significant harm to a child with medical difficulties, an immediate referral should be made to the Family Front Door

9.00am-5.00pm – Monday to Thursday

9.00am-4.30pm – Friday

01905 822666

Out of hours or at weekends: 01905 768020

Fabricated and/or induced illness

In a very small number of cases there may be concerns that a child's medical difficulties may be fabricated or induced.

Parents/carers may fabricate or induce illness in a number of ways:

- Fabrication of signs and symptoms. This may include fabrication of past medical history
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids, including falsification of letters and documents
- Induction of illness by a variety of means

As with any other form of abuse, where schools are concerned that a child may be experiencing or be at risk of harm, advice should be sought from the Family Front Door. In cases where Fabricated

and/or induced illness is a consideration, evidence of medical difficulties such as medical appointment letters and multiagency working as part of the child's IHP will be key.

Further advice regarding this area of safeguarding is available as a supplement to Working Together to Safeguard Children:

[Safeguarding children in whom illness is fabricated or induced](#)

Children with Disabilities team

The Children with Disabilities (CwD) Social Work Team provide services designed to meet the needs of children and young people who have complex disabilities.

The CwD team offer services to those children and young people requiring additional resources in respect of their disability, where the disability has a profound impact on the child or young person's life.

An assessment will be offered where the child has a condition which is substantial, long lasting or permanent, is a physical and/or learning disability or a life limiting, life threatening condition. These may include:

- Severe learning disabilities
- Severe physical disabilities
- Severe developmental delay in motor and or cognitive functioning
- Profound multiple disabilities
- Severe sensory impairment (registered blind and/or profoundly deaf)
- Complex and severe health problems that arise from the disability, that are life threatening, degenerative illness or organic disorder resulting in severe disability
- A diagnosis of Autistic Spectrum Condition with an associated learning disability and where the condition severely affects day to day functioning

The Children with Disabilities website contains more information about the team, including a list of diagnoses such as controlled epilepsy where the team does *not* offer an assessment.

[Social care support for children with disabilities](#)

Useful documents

Ensuring a good education for children who cannot attend school because of health needs, Department of Education (2013)

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

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England Department of Education (2015)

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

Templates accompanying 'Supporting pupils at school with medical conditions' (2015)

[Government guidance for supporting children at school with medical conditions](#)

Alternative provision: Statutory Guidance for Local Authorities, Department of Education (2013)

[Government guidance for alternative provision](#)

Governors Handbook for academies, multi-academy trusts and maintained schools Department of Education (2019)

[Governance handbook](#)

Example medical conditions policy

[Sample medical conditions policy](#)



Appendix 1: Individual Healthcare Plan

1. Child/ young person details

Child's name:	
Education Health Care Plan	Yes or no
SEND support	Yes or no
Looked after child	Yes or no
Date of birth:	
Year group:	
Educational setting:	
Address:	
Medical condition(s):	Brief description of the medical condition(s) including description of signs, symptoms, triggers, behaviours.
Allergies:	
Date:	
Date and arrangements for review:	

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2. Family contact details

Contact 1 details:

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Address if different to child:	

Contact 2 details:

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Address if different to child:	

Contact 3 details:

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email:	
Address if different to child:	

3. Other key contacts

	Name	Contact details
Person with overall responsibility for implementing plan (including agreement to any changes)		
Specialist nurse		
Consultant paediatrician		
GP		
Health visitor/ school nurse		
Other health professional(s)		
SEN co-ordinator		
Class teacher		
Other key school staff		
Alternative provision		

4. Medical condition and medication

Medical condition	Drug	Dose	When	How is it administered?

5. Impact of medication

Impact of medication on behaviour and/or concentration	
Side effects of the medication	
Any ongoing treatment administered outside of school and side effects of this	

6. Storage of medication

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7. Routine monitoring of medical condition

What monitoring is required?	
When does it need to be done?	
Does it need any equipment?	
How is it done?	
Is there a target?	
If so, what is the target?	
Actions to be taken based on monitoring results	

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8. Emergency situations

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	

9. Impact on child's learning

How does the child's medical condition effect learning? (Memory, processing speed, coordination etc)
Does the child require any further assessment of their learning?

10. Impact on child's activities including meal and snack times

	Time	Notes
Arrive at school		
Morning break		
Lunch		
Afternoon breaks		
School finish		
After school clubs/activities		
Other		

11. Care at meal and snack times

What care is needed?	
When should this care be provided?	
How's it given?	
If medication is required, how much is needed?	
Any other special care required?	

12. Physical activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

13. Trips and activities away from school

What care needs to take place?	
When does it need to take place?	
If needed, is there somewhere for care to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	
Who will take overall responsibility for the child/young person on the trip?	

14. School environment

How does the school environment affect the child's medical condition?	
What changes can the school make to deal with these issues?	
Location of school medical room	

15. Educational social and emotional needs

Does the child require extra time for keeping up with work?	
Does the child require any additional support in lessons? If so what?	
Is there a situation where the child/young person will need to leave the classroom?	
Does this child require rest periods?	
Does this child require any emotional support?	
Does this child have a 'buddy' e.g. help carrying bags to and from lessons?	
What support is required during exams?	
Is the child/young person likely to need time off because of their condition (including intermittent/ continuous absence, appointments and part time time-tables)	
Who will provide medical evidence of need for time off?	
How will the need for time off from school be monitored and reviewed?	
What is the process for catching up on missed work caused by absences?	

16. Alternative provision and off-site arrangements*

	Purpose	Agreed provision
Part-time timetable		
Specialist/home teaching service (including Medical Education Team)		
Alternative Provision (including PRU, AP Free School, AP Academy, Hospital School)		
Virtual Learning		
Regular/routine medical appointments		
Other (please specify)		

*Settings must alert Worcestershire Children First when there is evidence to suggest that a child is unable to attend school and alternative provision is not yet in place to ensure they access full time education: Vulnerablelearners@worcchildrenfirst.org.uk.

17. Training and development

What training is required?
Who needs to be trained?
Has the training been completed? If so, please sign and date:

18. Additional information

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	Name	Signature	Date
Young person			
Parents/ carer			
Healthcare professional			
School representative			
School nurse			
Date and arrangements for review:			

This document is based on the Health Conditions in Schools Alliance Individual Healthcare Plan template