Every Child Achieving and Thriving

DfE Whitepaper

What this means for school healthcare departments, first-aid rooms and safeguarding teams.

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Key point

Attendance is now statutory

The DfE has set ambitious targets for attendance rates by the 28/29 academic year.

Contextualising the ambition

- This target remains below the 95% attendance average in the 6 years prior the pandemic.
- The target requires the fastest improvement in a decade.
- The differences in attendance rates, in recent years, has been due to the challenges posed by persistent and severe absences.
- The use of AI to create "baseline improvement" reports represents an ambitious digital future for schools and their analysis.

Now integrating with CPOMs!
One integration. Zero duplication.

- The CPOMS integration with Medical Tracker is now an industry first. The interoperability between two leading products for safeguarding and healthcare breaks down administrative barriers for school staff. **Learn more.**

What are the targets?

92%	94%	1 in 5	20M
Current attendance rates	Attendance target	Persistent absence	AY 28/29 more school days

What is the implication for schools?

Interestingly, **schools will receive AI-powered attendance reports from the DfE that benchmark them against 20 similar schools.**

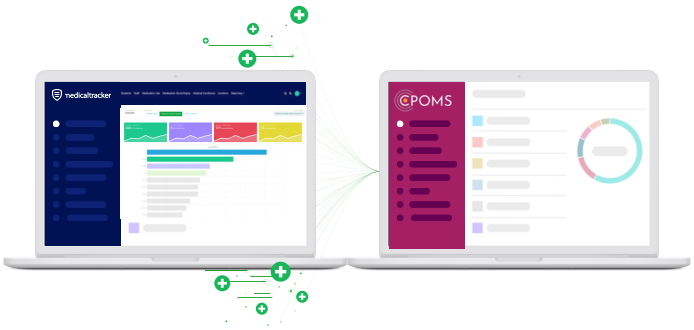
Every school gets a personalised minimum improvement target.

Implications for your safeguarding teams and medical departments.

The white paper explicitly links health to attendance.

The paper states that children's mental health is a significant barrier to attendance and that health-related absence is a growing concern.

For most schools in the UK, safeguarding tools are well-embedded, highly functional, and impactful.



At Medical Tracker, we're extremely proud of our data integrations with CPOMS. Equipped with the UK's leading healthcare and safeguarding tools, schools can capture both the health and safeguarding sides of the attendance story.

When a school asks, 'Why are our pupils absent?', access to health data is the missing piece of the puzzle. With an integration between two platforms, such as Medical Tracker and CPOMS, administrative tasks get slashed. One integration. Zero duplication.

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Key point

Wellbeing is now measured

A new Pupil Engagement Framework sets the expectation that by 2029, every school will monitor pupils' sense of belonging and engagement.

Contextualising the ambition

- Analysis shows there may be a shortfall in educational psychologists (1,400) needed to deliver the SEND reforms. It is thought there would need to be a 40% increase on current capacity.
- Training for psychologists takes three years to reach full service operation.
- A key tool for the government, and schools, in their ambitions for attendance and wellbeing is the use of 'enrichment' or extra-curricular opportunities to foster a sense of belonging.

What are the targets?

Of schools with access to Mental Health Support by 29/30.

1/2

Halve the disadvantage-related attainment gap by 2040.

Of 5-year-olds in England to have "good level of development" by 2028.

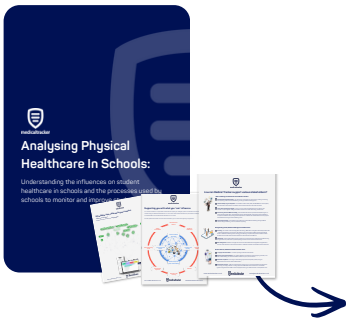
What is the implication for schools?

The DfE will publish a standard set of well-evidenced questions covering areas such as wellbeing, relationships, safety and belonging. Schools will be expected to collect and act on this data.

At the same time, **Mental Health Support teams are being expanded from 60% of schools to every school and college by the end of this Parliament.**

Implications for your safeguarding teams and medical departments.

Medical Tracker health incident data is a natural component of any wellbeing monitoring system.



This research paper examines an often-overlooked aspect of schools: students' physical healthcare and how first aid, healthcare, and medical data are monitored, evaluated, and used.

Furthermore, what impact these could have on pupil outcomes and school budgets.

Read now or save for later

The new mental health professionals in schools will need access to pupil health histories. In our research paper last year, 'Analysing healthcare in schools', we examined the monitoring processes of school medical departments, assessed their efficacy, and proposed a digital health intelligence framework.

Whenever the word 'data' is mentioned, we think of laborious Excel spreadsheets, graphs, filters and pie charts. In medical teams, access to important data can be the difference between a positive and negative outcome.

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Key point

SEND is being rebuilt

The government is overhauling how schools support children with special educational needs and disabilities.

Contextualising the ambition

- The proposed system is due to be phased in rather than a strict implementation date. Legal changes are not expected until 28/29.
- No changes to existing EHCP support are expected to before at least September 2030.
- Individual Support Plans (ISPs) are to be introduced for every child with SEND. This will, in turn, create a statutory requirement for schools to monitor and record provision.
- There will be a shift away a 'One-size-fits-all' approach to a tiered system:
  - Targeted: Support with mainstream settings (small group work).
  - Targeted Plus: Enhanced access to specialists through a new "Experts at Hand" service.
  - Specialist: Specialist Provision Packages (SPPs) for children with the most complex needs.

What are the targets?

£2.6B

Of schools with access to Mental Health Support by 29/30.

£200M

Designed to deliver training to staff in every nursery, school and college for improved SEND support.

What is the implication for schools?

Key changes include:

- A new statutory duty on nurseries, schools and colleges to record and monitor SEN provision through Individual Support Plans (ISPs).
- Reformed Education, Health and Care Plans (EHCPs).
- A commitment to developing digital solutions that improve the flow of information about a child's needs across services.

The white paper is explicit that information about children's needs is currently fragmented across multiple systems. The government wants to develop a digital solution so that key information travels with the child, requiring interoperable systems across education, health and social care.

Implications for your safeguarding teams and medical departments.

Medical Tracker stores health data directly relevant to SEND assessments and support plans.

> We have a special resource unit in school for children with special needs [...] **we're able to evidence whether or not this setting is the right one for that child**.
>
> It's part of the child's story if we're looking for further assistance, further help, and, in some cases, further funding to support a particular child. **It definitely gives us information we didn't immediately have to hand before.**
>
> Carol Rowlands, School Business Manager, Edward Wilson Primary School

As the DfE develops digital solutions for SEND information sharing, data stored in Medical Tracker will need to feed into these systems. At present, we have seen a sharp increase in the number of schools using Medical Tracker for this purpose. Most recently, Carol Rowlands at Edward Wilson Primary School in Westminster shared a compelling story of this wider use for Medical Tracker. [Read Carol's case study here.]

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Key point

Education becomes a strategic partner

Contextualising this change

- This change integrates schools, colleges and early years providers into the existing local safeguarding partnerships.
- By putting 'Education' and, more specifically, schools, into a more prominent position, the motivation is to recognise education professionals as best-placed to identify early signs of harm and shift from reactive to proactive care.
- Schools will work within new multi-agency teams, where access to specialists such as educational psychologists and therapists.

The DfE are further integrating schools into child safeguarding with education as a strategic partner in multi-agency safeguarding arrangements and by including education in new multi-agency child protection teams

What is the implication for schools?

The SAFE (Support, Attend, Fulfil, Exceed) Taskforces programme is already being piloted in 10 serious violence hotspots, bringing schools together with local education, safeguarding and police professionals.

Implications for your safeguarding teams and medical departments.

The records stored on Medical Tracker (injuries, medical incidents, patterns of concern) are exactly the type of information that multi-agency safeguarding teams need to make their job less administratively challenging and more bespoke to each student.

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Key point

The Trust drive continues

The government is moving to a system where every school is to be part of a school trust.

Contextualising the ambition

- With every school to be part of a Trust, the government is including new trusts that local authorities can establish. Trust-level accountability, collaboration and data sharing are central themes throughout the Whitepaper.
- This policy aims to put collaboration at the heart of the school system in the UK. By including Local Authorities in their plans, the government is requiring remaining local authority-maintained schools to convert to academy status.
- The definition of a strong Trust: High quality education, effective school improvement and robust financial management.

What are the targets?

"Quality over pace"

The government has not set a specific deadline for moving to a Trust.

What is the implication for schools?

The white paper emphasises collaboration and executing this in a variety of ways. The DfE will work with 55 Education Investment Areas (EIAs) to manage the transition for, and with, schools.

Schools will be expected to be "anchors" in their communities, working with public services to improve outcomes. In addition, councils will be given additional powers to establish and maintain their own MATs.

Ofsted will implement Trust-level inspections and proportionate intervention for underperforming Trusts.

Implications for your safeguarding teams and medical departments.

As schools consolidate into trusts, decision-making about technology purchases increasingly happens at the trust level.

The white paper argues that the current system lacks clarity on how local authorities, schools, health and other services should work together.

Medical Tracker has been building towards this future to ensure scalability while maintaining usability. Medical Tracker now serves over 120 Trusts and one London Borough. In Spring 2026, Medical Tracker welcomed E-ACT and REAch2 Multi-Academy Trust (the largest primary-only Trust in the country).

At the trust level, the metrics and accountability need to be clear, accessible and actionable. Medical Tracker can serve trust-wide needs through consolidated dashboards and reporting across multiple schools. Not only can MAT leaders see a bird's-eye view of the healthcare picture in each of their schools, but they can now act quickly and provide support in real time when a school needs additional resources.

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Key numbers and timelines

Frameworks

New frameworks will be introduced for:

- Enrichment (civic engagement, arts, nature, sport and life skills).
- Pupil engagement (belonging, safety and relationships).
- Behaviour and bullying, including refreshed guidance.

Place-based missions

- **Mission North East**: improving outcomes for white working-class children and increasing collaboration between similar schools.
- **Mission Coastal**: improving outcomes in coastal communities.

Workforce measures

- Doubling the length of full maternity pay (four to eight weeks) for teachers and similar changes for support staff.
- Retention incentives of up to £15,000 for headteachers in high-need areas.

Statistic	Context
Over 94% national attendance target.	20 million more days of school per year by 2028/29.
1 in 5 children persistently absent.	1 in 5 children miss 10%+ of school sessions throughout the year.
60% to 100% mental health coverage.	Mental health support teams expanding to every school.
1 in 3 children identified with SEN	At some point in their schooling. Earlier identification has previously been stressed.
82% to 58% liking school 'a lot' (2014-2022)	Positive school perceptions nearly halved. Underpins new framework.
6,500 additional teachers	Recruitment plan published alongside the Whitepaper.

When	What Happens
2026	Attendance guidance already statutory. EdTech standards consultation begins. Pupil Engagement Framework published.
2026-2027	Children's Wellbeing and Schools Bill progresses. Education becomes safeguarding partner. SEND consultation outcomes.
2027-2028	SEND digital solutions begin development. Trust structures expand. New Ofsted framework with Report Cards.
2029	Pupil Engagement Framework fully operational. All schools expected to monitor belonging and engagement.

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Why listen to us?

Don't just take our word for it...

"If you are thinking about using Medical Tracker for your school, my advice would be to go for it!"
School Business Manager
Russell Lower School

"Medical Tracker has transformed first-aid across our schools."
Gary Smart, Trust Head of Capital & Compliance
Matrix Academy Trust

"Our medical rooms cannot operate without this."
Serin D'Ogullari, Lead Medical Officer
Cuckoo Hall Academies Trust

"10/10! It's just fantastic. Parents love it!"
Paula Simmons, Welfare Officer
Regents Park Community School

"I would recommend Medical Tracker without reservation to all. It's the best value software a school could purchase."
Carol Rowlands, School Business Manager
Edward Wilson Primary School

"10/10 would recommend Medical Tracker to another school. Accident reports can be created easily, and parents are much more involved in the first aid process (all whilst reducing staff workload)."
Claire Noble-Barton, Head of School
St Nicholas Catholic Primary School

"Our experience with Medical Tracker has been excellent! Everyone loves it, from staff to parents, and it has hands down improved EVERY aspect of accident and record keeping."
Louise Orange, School Business Manager
Jesse Gray Primary School

Read more case studies

The leading healthcare infrastructure for schools

3,300+
Schools

18.5M+
Incidents tracked

120+
Multi-Academy Trusts

1.8M+
Students' health tracked

Medical Tracker digitises first-aid and healthcare, saving time and funds and keeping pupils and staff safer, all while installing a future-proof, strategic healthcare infrastructure.

Security, data and compliance

Put simply, we take security, compliance and data as seriously as the functionality of Medical Tracker itself.

Interoperability and connectivity

In the age of one-stop shops and all-in-one platforms, we're seeing the government and the DfE opt for more specialist and specific approaches and frameworks for all learners.

Medical Tracker operates as the specialist healthcare infrastructure in schools, but we recognise that the other platforms, teams and solutions are just as important to schools as ours.

Knowing this, we make sure our infrastructure is as bespoke as possible, with opportunities for integration, connectivity, and best-practice sharing.

A selection of our partners: