



Medical Needs Policy

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CYP Commissioning & Programmes Team

Children's Services

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1. Introduction

This policy outlines the standards for supporting the education of children and young people in Haringey who are unable to attend school due to health needs, which may include both physical and mental health conditions.

The aim of the Medical Needs Tuition Policy is to set out the respective roles and responsibilities of Haringey Council and Haringey schools, working within the relevant legislation and DfE statutory guidance to ensure that robust pathways and procedures are in place that support the delivery of a medical needs tuition service to promote positive outcomes for children and young people who face extended absences from school due to health reasons

The policy aligns with the Department for Education's [SEND and AP Improvement Plan Recommendations \(March 2023\)](#) ensuring that Medical Needs Provisions are delivered in accordance with Right Support, Right Place, Right Time principles.

While most school absences are short-term, this policy also addresses situations where students may miss school for longer periods. In such cases, Haringey is committed to exercising its statutory duty working in partnership with schools to ensure that access to suitable education, tailored to the child's individual needs in accordance with [Haringey's Part-Time Timetable Guidance](#).

2. Legislation and Statutory Guidance

This policy reflects the requirements of the Education Act 1996, section 19 which states:

“Each local authority shall make arrangements for the provision of suitable education at school or otherwise than at school for those children of compulsory school age who, by reason of illness, exclusion from school or otherwise, may not for any period receive suitable education unless such arrangements are made for them.”^[1]

This policy is also based upon guidance from the Department for Education published in December 2023 titled [“Arranging education for children who cannot attend school because of health needs”](#) which outlines how local authorities and schools can best support children who are unable to attend school due to physical or mental health complications. This duty applies to all children of compulsory school age who would normally attend maintained schools, including academies, free schools, special schools, alternative provisions and independent schools.

This policy also reflects the requirements of guidance from the Department for Education published in February 2025: [Arranging Alternative Provision: A guide for Local Authorities and Schools](#)

¹ The Education Act 1996, Section 19, Available at: <https://www.legislation.gov.uk/ukpga/1996/56/section/19> [Assessed on 03/10/24]

The statutory guidance highlights that many children with health needs will receive suitable education without the need for local authority involvement. In cases where a child can attend school with support or where the school has arranged suitable education outside of school, the local authority does not need to intervene unless there is concern that the education provided is unsuitable, not full-time, or does not offer the appropriate number of hours based on the child's capacity. Local authorities are responsible for ensuring that pupils with health needs who are at home or in hospital for more than 15 working days—whether consecutive or cumulative—have access to education. This does not apply to cases where:

“(a) a child will cease to be of compulsory school age within the next six weeks, and (b) does not have any relevant examinations to complete.”^[2]

This policy also considers the requirements of Section 100 of the Children and Families Act 2014, which outlines the appropriate authority for a school to:

“Support pupils with medical conditions” and to “make arrangements for supporting pupils at the school with medical conditions.”^[3]

In cases of planned absences, education should be provided from the first day, including virtual learning and face-to-face tuition, with effective coordination between schools and medical professionals to avoid delays in starting support. For pupils with medical needs, full-time or home tuition may not always be available. Each case will be evaluated based on the part-time timetable guidance. For further details, please visit the [Schools and Learning](#) page on the Haringey website.

3. Named Officer

It is a statutory requirement that the local authority have a named person responsible for the education of children with additional health needs, in this case, the responsible person is the Designated Medical Officer for SEND referred to as the DMO.

² DfE Guidance: Arranging education for children who cannot attend school because of health needs. (2023), Available at: https://assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf. [Accessed on 03/10/24].

³ Children and Families Act 2014, Section 100, Available at: <https://www.legislation.gov.uk/ukpga/2014/6/section/100>. [Accessed on 03/10/24].

4. Policy Scope

The Local Authority has a duty to ensure that children of compulsory school age who are unable to attend school due to illness receive a full-time education. This responsibility extends to all children, regardless of the type of school they attend, including Academies, Free Schools, special schools, independent schools, and maintained schools. The council must provide an education that is equivalent to what the child would receive in school. For one-to-one tuition, the hours may be fewer due to the concentrated nature of the education offered. Alternatively, part-time education may be offered if full-time education is assessed as not in the child's best interests due to health reasons, with the aim of achieving good academic attainment in core subjects such as English, Maths, and Science.

4.1. Roles and Responsibilities of the School

Schools have responsibilities to support pupils who are absent due to medical needs, in accordance with [DfE Guidance: Supporting Pupils at School with Medical Conditions](#). They must maintain the pupil's education and ensure effective communication with parents and service staff to meet the child's needs. Schools should have a written policy and designate a named person responsible for this area. They must inform the Local Authority if a pupil is or is likely to be absent for more than 15 school days due to medical needs. [Promoting Children's Health and Wellbeing: A whole school or college approach](#) provides national guidelines.

A School's responsibility extends to Emotionally Based School Avoidance (EBSA), which refers to difficulties in attending school due to emotional factors, often leading to prolonged absences. Haringey's Emotionally Based School Avoidance Training can be accessed [here](#).

Schools should provide relevant information, including a record of progress, schemes of work, books, and materials to tutors, and regularly review the pupil's progress and the need for continued tuition. They should actively engage in reviewing, monitoring, and reintegrating the pupil into school, keeping them connected through social activities, peer support, and other engagements.

Additionally, schools must ensure that pupils have the opportunity to participate in national curriculum tests and public examinations and inform the Education Welfare Service (EWS) if a pupil is or is likely to be away from school for more than 15 school days due to medical needs.

Whilst Haringey may be responsible for ensuring that alternative education arrangements are made for pupils whose absence extends to 15 days or more, children with additional health needs must remain on the roll of their school throughout their absence, with the school retaining their duty to support such pupils.

A school can only remove a child from roll for medical reasons if:

- (a) The school medical officer has certified the pupil as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age.
- (b) Neither the pupil nor their parent has indicated to the school the intention to continue to attend the school, after ceasing to be of compulsory school age.

4.2. When Does Haringey Intervene?

Haringey will intervene where it is apparent that a child's health needs is preventing them from attending school for 15 or more school days, consecutively or cumulatively over the course of a school year, where suitable education is not otherwise being arranged. Intervention may include supporting the child's school to comply with its duties in relation to managing the child's medical condition and / or arranging provision for a temporary period.

If full-time education is not in the best interests of a child due to physical or mental health reasons, part-time education will be accepted, based on advice from health practitioners working with the child. This arrangement will be regularly reviewed, and a graduated plan for increasing the hours will be developed when appropriate. Both full-time and part-time education will focus on ensuring positive academic progress, particularly in English, Maths, and Science, as well as improving the child's social and emotional wellbeing.

The Medical Needs Tuition intervention plan should clearly outline its purpose, objectives, expected outcomes, and timeline for achieving these goals supported by a thorough assessment of the pupil's needs. If reintegration into school is a goal, there must be an agreed plan for assessing the child's readiness to return, with the school providing or commissioning support to facilitate this process. Objectives and plans must be documented and regularly reviewed.

A personalised intervention plan should be developed, setting clear goals for improvement and attainment, along with a timeline and methods for tracking progress.

This plan should be linked to any relevant documents, such as Education, Health, and Care plans for children with SEND. The responsible officer will regularly review the medical needs tuition provision in collaboration with the family and all professionals involved, ensuring it remains suitable and continues to provide appropriate education for the child.

5. Referral and Assessment Process

If a school, health professional, social worker, or any other professional working with a child becomes aware that the child has missed or is likely to miss 15 days of school due to health reasons, a referral should be made to Haringey's Education Welfare Service. This referral is required even if the school is already making alternative educational arrangements. For details on how to make a referral, please email education.welfareservice@haringey.gov.uk.

To support the referral and assessment process, medical evidence will be required. This may include a consultant's letter. Upon receiving the referral, the Education Welfare Officer will contact the child's parent to discuss the case. If no medical evidence is provided, the officer will seek consent to contact the family's GP or health professional to verify the child's condition. Typically, evidence comes from the treating consultant or professional, but if unavailable, the local authority will consult other medical professionals to prevent delays in education provision. Medical professionals involved must not be privately commissioned and should be UK-based.

Once the child's condition is verified and if the school is not providing alternative educational arrangements, the attendance or medical needs officer will work with the parents, school, and health professionals to agree on the most suitable provision. If no agreement is reached, the matter will be referred to the Haringey Alternative Provision Panel to determine appropriate provision. The agreed education should begin promptly, considering the child's health, to minimise disruption.

For short-term solutions where the school sends work home, it must be properly supervised, and absences should be marked with the C code (authorised absence), not the B code (educated off-site).

Medical alternative provisions may include:

- Hospital Schools: Educational provision for children who are in hospital for short or long-term stays.
- Virtual Learning: Online learning platforms that allow the child to access education remotely from home or hospital. (Digital technology should be used to complement face-to-face education, rather than be used as sole provision. In some cases, the child's health needs may make it advisable to only use digital learning for a limited period of time.)

- **Alternative Provision Schools or Units:** These are specialised settings that provide education for children with a variety of needs, including health-related absences.
- **Small group home tuition** to be provided at the child's home or another suitable location by a qualified teacher.

Medical needs provision should maintain continuity of quality education, offer a balanced curriculum suited to the child's age, ability, and aptitude, address any special educational needs, and support the reintegration process back into school as soon as the child's health allows.

If a child is hospitalised, the school must confirm whether they are well enough for tuition, determine if the hospital is providing educational support, and ensure educational provision is arranged either during the hospital stay or after discharge.

Children with health conditions should, where possible, sit their exams at the same time as their peers. The local authority will collaborate with the school to ensure special arrangements are in place, such as applying for extra time or alternative exam settings, depending on the child's medical needs. Hospital schools or home tutors will focus on preparing the child for exams in coordination with the child's mainstream school.

6. Review and Reintegration

The child's provision should be reviewed at least every half-term by the school and local authority in collaboration with the parents, health professionals, and other relevant services. Written updates on the child's progress must be sent to the responsible officer. Information may be shared with the Haringey Alternative Provision Panel. Reviews may be more frequent based on the child's needs. Educational support must remain flexible, as the child's ability to engage may vary with their health.

The school should keep the child connected to the school community to aid future reintegration. This includes facilitating peer interaction, updating the child on school activities, and encouraging participation when health permits.

Schools and medical needs alternative providers should work together to reintegrate the child as soon as they are well enough. Each child should have a tailored reintegration plan, including any necessary adjustments (such as a part-time timetable) to ensure they can fully access their education and sustain academic progress.

7. Funding

Where a child remains on the roll of their home school but requires a period in medical needs alternative provision due to their health needs, the home school will contribute from the school's funding in accordance with the councils' Money following pupils' policy. This would ensure that the funding follows the child. This arrangement would cease when the child is reintegrated back to their home school. The Money Following Pupils Policy is available upon request.

8. Collaborating with Parents and Carers

Haringey Council recognises the vital role that parents and carers play in supporting the education of children with health and medical needs. If a parent or carer has concerns that their child's health is affecting their learning, they should first contact the child's school to discuss how the school can effectively support the child and ensure full access to education.

Schools, through their governing bodies, must ensure that suitable arrangements are in place to support children with medical conditions, allowing them to access the same opportunities as their peers. Further guidance is available in the ["Supporting Pupils at School with Medical Conditions"](#) document.

If it becomes evident that the child's health needs prevent them from attending their school, the school must inform Haringey Council as soon as possible. This ensures that the council can make timely arrangements to minimise any disruption to the child's education.

Haringey Council has a statutory duty to provide suitable alternative education for children who cannot attend school due to physical or mental health needs. This alternative provision will be of high quality and, as far as the child's health allows, equivalent to what is provided in mainstream schools. The education provided will be tailored to the child's age, ability, and any special educational needs.

Collaboration between the council, the school, the child, and their parents or carers is essential when planning education arrangements for children unable to attend school due to illness. Parents, carers, and, where appropriate, the child themselves, should be closely involved and consulted before any new education provision is put in place. They should also be part of discussions at key points, such as when there is a change in the child's provision or when the child is ready to return to mainstream education.

9. Raising Concerns About Provisions

Haringey Council encourages parents and carers to address any dissatisfaction with the support their child receives from their home school directly with the school. Open communication is the first step toward resolving concerns. If issues remain

unresolved, parents or carers may proceed to make a formal complaint through the school's established complaints procedure.

For issues related to medical needs alternative provision—whether it be the arrangements, timing, or other matters—parents and carers should first contact their child's school to discuss their concerns. If dissatisfaction persists after reaching out to the school, parents/ carers may consider escalating the matter to the local authority.

Following this, should the issue remain unresolved, advice may be sought via the Local Government and Social Care Ombudsman. Detailed information on how to make a complaint to the Ombudsman can be found at www.lgo.org.uk/make-a-complaint.

If concerns remain inadequately addressed, parents and carers also have the option to raise their issues directly with the Department for Education via the link: <https://www.gov.uk/complain-about-school>.

Haringey Council is committed to ensuring that parents and carers feel heard and supported throughout this process.

10. Policy Review

The policy will be reviewed every two years. The next policy review will be due in May 2027.

11. Useful Links

SEND Education Local Offer: <https://www.haringey.gov.uk/children-and-families/local-offer/education>

Training and professional learning for SENDCOs and education practitioners: <https://haringey.gov.uk/children-young-people-families/send-local-offer/sendco-space/professional-learning>

Social, Emotional and Mental Health (SEMH) Guidance for Schools: https://haringey.gov.uk/sites/default/files/2024-09/send_social_emotional_mental_health_pathway_final_2024_compressed.pdf

Social, Emotional and Mental Health (SEMH) Graduated Response Provision Grid: https://haringey.gov.uk/sites/default/files/2024-10/send_social_emotional_mental_health_provision_grid_final_190924_compressed_0.pdf

Department for Education's Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1139561/SEND_and_alternative_provision_improvement_plan.pdf

Guidance on Promoting children and young people's mental health and wellbeing: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

SEND Code of Practice: [SEND Code of Practice January 2015.pdf](#)