HILLINGDON
LONDON

Guidance on the Education of Children Unable to Attend School due to Additional Health Needs

Operational guidance to support Hillingdon Council's Section 19 Policy Statement

London Borough of Hillingdon

2026 - 2028

London Borough of Hillingdon

EDUCATION FOR CHILDREN UNABLE TO ATTEND SCHOOL DUE TO ADDITIONAL HEALTH NEEDS

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1. Purpose

1.1 This guidance is intended to establish agreed approaches for all maintained schools, academies, free schools, special schools, alternative provisions and independent schools when a child is unable to attend their home school because of their health. 'Home school' refers to the school where the child was on roll at the time of becoming unwell, in some cases the child will not have a home school. This may be illness (physical or mental health), injury or a planned admission to hospital. The health problem may be time-limited, or a child may have a long-term condition.

1.2 This guidance should be read alongside Hillingdon Council's Section 19 Policy Statement: Education under Section 19 of the Education Act 1996. It provides more detailed operational guidance for children who are unable to attend school because of additional health needs.

1.3 The Section 19 duty of the Education Act 1996 requires the local authority to arrange suitable education for children of compulsory school age who cannot attend school because of illness, and who would not receive suitable education without the local authority making such arrangements. This applies whether or not the child is on the roll of a school and whatever the type of school they attend.

1.4 Education arranged under Section 19 should be full-time unless the local authority considers that full-time education would not be in the child's best interests for reasons relating to their physical or mental health.

1.5 Full-time education does not always mean the same number of hours as a school timetable, particularly where one-to-one tuition is provided. The level of provision should be based on the child's age, ability, aptitude, health, special educational needs, and ability to engage, and should be reviewed regularly to ensure it remains suitable.

1.6 The local authority should, alongside the child's home school where applicable, regularly review the provision offered to ensure it continues to be appropriate for the child and that it is providing suitable education. Reviews should seek input from:

- The child
- Parents or carers
- Relevant agencies such as social care
- Medical practitioners where possible
- The local authority EHCP team, where children have an Education, Health, and Care Plan (EHCP).

1.7 Hillingdon Council remains committed to all children's right to a full-time education offer and makes clear the requirement that medical needs should not become a barrier to education for any child.

1.8 Hillingdon Council will arrange such education as soon as it is clear that the child will be away from school for 15 days or more as a result of medical needs,

whether consecutive or cumulative. We will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child.

1.9 The child should remain on the roll of their home school unless there are lawful grounds for removal. Schools have a safeguarding responsibility for pupils on their roll and must maintain oversight while a child is receiving hospital education or other alternative education because of health needs. The home school should remain actively involved in planning, review and reintegration.

1.10 Schools remain responsible for pupils on their roll and should take reasonable steps to support pupils with health needs to access education wherever possible. This may include reasonable adjustments, use of the school's medical needs policy, work sent home, remote learning, pastoral support, a part-time timetable where appropriate, and advice from relevant health professionals.

2. Cohort

2.1 Hospital Learners

2.1.1 In this guidance, a child is referred to as a hospital learner when they are an inpatient and are receiving education whilst admitted to hospital for 15 or more school days.

2.1.2 This guidance relates to all children who are inpatients in hospital; the named professional from the local authority will depend on the social care status of the child:

Group	Named Professional / Team
Children without social care involvement	Vulnerable Learners Support Team
Children with a social worker - Child Protection or Child in Need plan	Children with a Social Worker Team
Cared for Children and previously Cared for Children	Allocated Virtual School Officer (VSO) via the Personal Education Plan

2.1.3 The Section 19 duty applies to children of compulsory school age. Where a young person is beyond compulsory school age, support may be considered through other relevant statutory, discretionary, Virtual School or post-16 arrangements, depending on the circumstances.

2.1.4 Where a Cared for Child or previously Cared for Child is in hospital beyond compulsory school age but before the end of Year 13, the allocated Virtual School Officer will continue to provide education oversight through the Personal Education Plan process, where applicable, until the young person is reintegrated into education in the community or finishes Year 13.

2.1.5 Hillingdon Virtual School provides education oversight and advice for Cared for Children, previously Cared for Children, children with a social worker and children subject to kinship arrangements. Where a child in one of these groups is unable to attend school due to health needs, the relevant Virtual School Officer or Virtual School team should be involved in planning, review and reintegration as appropriate.

2.2 Individually Commissioned Alternative Provision

2.2.1 Where a child is not an inpatient in hospital but is unable to attend school because of physical or mental health needs, Hillingdon Council will consider whether alternative provision should be commissioned on an individual basis through the Council's Dynamic Purchasing System (DPS). The provision commissioned will be based on the child's assessed needs, health, ability to engage, SEND profile where relevant, and the intended route back into education.

2.2.2 From the outset, planning should focus on maintaining education, supporting wellbeing, and preparing for reintegration to the home school or transition to an appropriate setting when this is in the child's best interests.

2.2.3 Where a child has special educational needs and/or disabilities (SEND), including where they have an Education, Health and Care Plan (EHCP), any education arranged because of health needs must take account of their special educational needs. For children with an EHCP, the local authority remains responsible for securing the special educational provision specified in Section F of the plan. The EHCP team should be consulted where the child's health needs may require a longer-term change to education arrangements, where the suitability of the named placement is in question, or where the special educational provision in the EHCP may need to be reviewed. An Individual Healthcare Plan (IHP) may be provided as part of the review process where relevant and, where appropriate, may be attached to the EHCP as supporting information within Section K. A short-term or temporary health-related arrangement will not require an EHCP review; however, this should remain under consideration where the child's circumstances change or the arrangement becomes extended.

2.2.4 Health problems include physical illnesses, injuries and clinically defined mental health needs. Medical evidence or advice will be considered as part of the decision-making process. This may include information about the child's health need, the expected duration of the condition, the likely impact on school attendance and engagement, and any treatment or support plan. Evidence may come from an appropriate medical or health professional, such as a GP, paediatrician, consultant, CAMHS care coordinator or other relevant professional involved in the child's care. Where formal medical evidence is not immediately available, the local authority may liaise with relevant health professionals so that consideration of suitable education is not unnecessarily delayed.

2.2.5 Where alternative provision is required, the Attendance Support team will consider the individual circumstances of the child, the evidence available, the support already provided by the school, any reasonable adjustments considered or implemented, and any relevant medical or professional advice before determining the most appropriate provision to commission through the DPS.

3. How we Monitor Children Requiring Health-Related Alternative Education

3.1 The local authority is not automatically made aware when a child requires hospital tuition, therefore we need partners to alert us when a child becomes an inpatient.

3.2 This is important for tracking and monitoring purposes but also to ensure adequate payment arrangements are in place, where needed.

3.3 Where a professional becomes aware that any child, with or without a social worker, is admitted to hospital, they should alert the local authority. The table below identifies who may share this information and how, it is not exhaustive.

Professional	Notification Method
School	Email vulnerablelearners@hillingdon.gov.uk and submit an Alternative Provision notification form through the establishment portal
Social Worker	Email including the following information (if available) - Name - Date of Birth - Hospital of Admission - Date of Admission - Hospital Contact Please send all notifications emails to: vulnerablelearners@hillingdon.gov.uk
Hospital	
Virtual School Officer	

3.4 Monthly notices are sent to all schools via the LA Education Weekly to remind them to notify the local authority of any students who are on roll and have been admitted to hospital.

3.5 Monthly reminders are sent to all social work team managers via email to encourage them to share any children with a social worker who are in hospital.

3.6 If a professional is unsure whether to notify the local authority of a child's hospital admission, they should contact vulnerablelearners@hillingdon.gov.uk with further information to receive appropriate guidance.

3.7 Once the local authority has been notified of a child requiring health-related alternative education, it will consider the appropriate route for support, including the Team Around the Child process for hospital learners or individually commissioned alternative provision where the child is not an inpatient.

4. Funding for Health-Related Alternative Education

4.1 Where a Hillingdon resident child is admitted as an inpatient to a National Health Service (NHS) hospital outside the borough, education is ordinarily arranged through the local arrangements in the area in which the hospital is located. This may include provision through a local authority-maintained hospital school, where such provision exists. In these circumstances, there is normally no cost to Hillingdon Council where education is arranged and funded by the local authority in which the hospital is situated.

4.2 Hillingdon does not have a local authority-maintained hospital school. Where a Hillingdon resident child is admitted as an inpatient to Hillingdon Hospital, education will therefore need to be considered and commissioned by Hillingdon Council in accordance with the individual needs and circumstances of the child. This may include the commissioning of suitable alternative provision through Hillingdon Council's Dynamic Purchasing System (DPS), where appropriate.

4.3 Where a resident child is an inpatient in a private hospital, the local authority is required to commission the education they are receiving. A daily cost for education is agreed between the hospital and the local authority as soon as possible following admission. This is funded via the High Needs Budget.

4.4 All invoices for the education of hospital learners should be sent to vulnerablelearners@hillingdon.gov.uk

4.5 Where a child remains on a school roll and Hillingdon Council has commissioned alternative education in accordance with its Section 19 duty, the Council will recoup a proportion of age-weighted pupil unit (AWPU) funding from the school to ensure that funding follows the child. This arrangement will cease when the child is reintegrated back into school or is no longer on roll.

4.6 Funding decisions should be recorded with the reason for the decision, agreed provision, start date, review date, expected duration, responsible officer and any recoupment or cessation arrangements, so that financial responsibility is clear and auditable.

5. Process and Responsibilities

5.1 Hospital Learners

5.1.1 Initiating the Team Around the Child (TAC) Meeting

Process	Responsibility
Before the Meeting	
1) At the time of admission of a Hillingdon child to hospital, the hospital/Social Worker/Virtual School Officer/home school to alert the Local Authority via email. This will be sent to the generic Vulnerable Learners inbox: vulnerablelearners@hillingdon.gov.uk.	Hospital of admission Allocated Social Worker Virtual School Officer Home School
2) The LA will confirm with the Team around the Child who will be the main point of contact during the period of inpatient care. This will be communicated via email.	VLSM CWSW Team
3) The LA representative will arrange with the TAC a date for an education planning meeting, with the aim of this being held within 10 working days of notification of admission. This meeting will include the following professionals: **The home school, Allocated Social Worker / Duty Worker if SW is on leave (if allocated), relevant hospital staff and Parent or Carer (where appropriate).** 4) The child **may or may not attend the meeting depending on what is felt best for their well-being**. It may be decided that they share views separately from the meeting.	VLSM CWSW Team
5) Based on the information available at this time, the LA representative will consider who else may be required to be invited to the meeting such as School Nurses, SEND, CAMHS, YJS or AXIS. 6) The education planning meeting will be held via MS Teams.	VLSM CWSW Team

5.1.2 Conducting the Meeting

7) The LA representative will conduct the meeting **based loosely on a PEP model.** *See appendix 1 for Template.*	VLSM CWSW Team
8) At the initial education planning meeting, where required, cost for education will be confirmed and agreed until the next review. The LA representative will then consult with internal finance teams to raise a PO and arrange payments.	VLSM CWSW Team
9) **Three SMART targets will be set** in line with identified unmet need/s and reason/s for the referral 10) A review date will be set. Reviews will take place at least every six weeks, normally on a half-termly basis.	VLSM CWSW Team

5.1.3 Monitoring and Reviewing

11) At the first review, **progress with targets will be discussed.** Next steps will be discussed including **transition / reintegration support**, any relevant referrals or further interventions, the success to date of hospital education support and the needs of the child, moving forward.	TAC Led By: VLSM CWSW Team
12) Where the child is making progress against their targets, further targets will be developed in line with areas of improvement.	TAC Led By: VLSM CWSW Team
13) Where the child is not making progress against their targets, the TAC will discuss the identified barriers and support needed.	TAC Led By: VLSM CWSW Team

5.1.4 Reintegration Planning

14) At all review meetings, the TAC will discuss plans for **reintegration** of the	TAC Led By: VLSM

child back to their home school following discharge. This may be a direct return to the home school or include an interim arrangement commissioned through the Council's DPS, where this is necessary and appropriate.	CWSW Team

5.1.5 Documenting the Meeting

16) Once the meeting has taken place, it will be written up by the LA representative **within 10 working days** similar to PEP timescales. *See appendix 2 for example.* 17) This will be shared with the TAC via email.	TAC Led By: VLSM CWSW Team
18) The LA representative will send a copy to Children's Resource Support to upload to the child's record where the child has a social worker – CIN/CP/care leaver.	CWSW Team
19) For children with a social worker (CP, CIN), the educational needs, actions and targets of this meeting should be considered in the child's CIN or CP plans moving forward.	Social Care

5.2 Individually Commissioned Alternative Provision

5.2.1 Referrals or requests for alternative provision for children unable to attend school because of health needs will be considered by the local authority on an individual basis. The Attendance Support team will review the evidence available, including information from the home school, parents or carers, health professionals and any other relevant agencies. Where appropriate, cases will be considered through the Hillingdon Education Safeguarding Panel (HESP) to provide multi-agency oversight, agree the most suitable education response, confirm review arrangements and ensure that any commissioned provision remains proportionate, evidence-based and focused on reintegration or transition.

5.2.2 Where the local authority determines that alternative provision is required, provision will be commissioned through the Council's DPS. The commissioned package will be tailored to the child's needs and may include tuition, mentoring,

online learning, therapeutic or engagement-based provision, or a blended package, depending on what is suitable and available.

5.2.3 The local authority will retain oversight of the commissioned provision and will coordinate review arrangements with the provider, home school, parents or carers and relevant professionals. Reviews will consider engagement, progress, suitability of provision, safeguarding information, SEND considerations where relevant, including whether advice from the EHCP team is required where the child has an EHCP and the arrangement may represent a longer-term change to education provision or placement, and the plan for reintegration or transition.

5.2.4 Provision will only cease where the commissioning team is satisfied that Hillingdon Council has no further obligation under its Section 19 duty, or where another suitable education arrangement is in place.

5.2.5 Each commissioned package should have a named responsible officer, clear outcomes, review date, escalation route and recorded evidence of engagement, progress, safeguarding information and reintegration or transition planning.

5.2.6 Where provision is unsuitable, engagement is limited, risk increases or reintegration is not progressing, the responsible officer should escalate through the relevant local authority route so that the plan can be reviewed and adjusted without delay.

6. Helpful Contacts

6.1 The named officer responsible for the education of children with health needs is the Assistant Director for Education. Operational enquiries and requests for advice should be directed to vulnerablelearners@hillingdon.gov.uk

6.2 For advice and to discuss any circumstances, please contact:

- Vulnerable Learners Support Manager- vulnerablelearners@hillingdon.gov.uk
- The Virtual School - Children with a Social Worker or Kinship Care: virtualschoolcwsw@hillingdon.gov.uk
- The Virtual School – Cared for Children and previously Cared for Children: virtualschooladmin@hillingdon.gov.uk
- SEND: sensupport@hillingdon.gov.uk

Date of next full review: April 2028

7. Appendix 1: TAC Template for Health-Related Alternative Education

Attendees:
Background:
What is the reason for this admission?
Does the child have any diagnosed additional education needs or mental health conditions?
Home school to give an overview of education up to admission.
What interventions or strategies have been used by the home school that were partially or very successful?
What interventions or strategies have been used by the home school that were not successful?
Are there any suspected additional needs or mental health needs that have not been assessed or diagnosed?
Parent/Carer and/or Social Care:
Does the child have any known ACES, traumas, or losses?
Is there any other information relevant to identify the child's unmet needs?
For children with a social worker: when is the next CIN / CP / Strat Meeting?
What is the current care plan for the child following discharge? Is there any support needed? Is there parallel planning ongoing?
The Hospital:
How long do we expect this child to be an inpatient?
What does the education curriculum and timetable look like?
What interventions will be in place to support education?
For private hospitals – what is the hourly cost for education, how many hours a week will the child be in education, until which date are we agreeing funding today?
Home School:

What are the expectations of the home school to support inpatient education?
What are the current plans for reintegration following discharge, will there be other agencies supporting?
LA Representative:
How will we monitor their progress between reviews?
How often will we review this intervention? Who will attend these?
Set three SMART Targets for this child to be discussed at review points: **1.** **2.** **3.**

Parent/carer comments and acknowledgement of the education plan	
Parent/carer signature, where appropriate	
Home School Contact	
Hospital School Contact	
Young Persons views (if applicable)	

8. Appendix 2: Example TAC Template for Health-Related Alternative Education – *illustrative example only*

Attendees:
X X X
Background:
What is the reason for this admission? Child A has been admitted to hospital due to a significant deterioration in their health and is currently unable to attend their home school. The hospital team has advised that education should continue in a supported and flexible way while Child A is an inpatient.
Does the child have any diagnosed additional education needs or mental health conditions? Child A is known to have additional learning needs and receives SEN Support in school. Child A also has identified emotional wellbeing needs, which are currently impacting attendance, engagement and readiness to learn.
Home school to give an overview of education up to admission. Child A's attendance had declined prior to admission, with increasing difficulty attending school consistently. The school reports that missed learning has led to some gaps in knowledge, particularly in core subjects. Child A has some positive relationships in school and has previously responded well to trusted adults and predictable routines. School has also noted that Child A can find transitions, changes to routine and periods of increased pressure difficult.
What interventions or strategies have been used by the home school that were partially or very successful? The home school has used a range of supportive strategies, including remote learning resources, regular pastoral check-ins, a reduced timetable and adapted access to preferred subjects. These approaches had some positive impact, particularly where contact was predictable and expectations were clear.

What interventions or strategies have been used by the home school that were not successful?

Some strategies had limited impact where Child A was too unwell to engage consistently or where contact was not sustained over time.

The school recognises that a more coordinated plan is needed to support engagement and future reintegration.

Are there any suspected additional needs or mental health needs that have not been assessed or diagnosed?

The TAC agreed that Child A's wider social, emotional and learning needs should continue to be monitored. Further assessment or review may be needed if Child A continues to experience significant barriers to attending and engaging with education.

Parent/Carer and/or Social Care:

Does the child have any known ACES, traumas, or losses?

The family has experienced a period of significant stress, and Child A has required additional support from professionals. Relevant information has been shared with the TAC to ensure that education planning takes account of Child A's wellbeing, safety and wider needs.

Is there any other information relevant to identify the child's unmet needs?

Child A may require a carefully phased education plan during admission and following discharge.

The TAC agreed that the plan should include flexibility, regular review, and clear communication between the hospital, home school, family and local authority.

Consideration should also be given to whether any further SEND review or assessment is needed.

For children with a social worker, when is the next CIN / CP / Strat Meeting?

To be confirmed by the relevant social care or safeguarding lead, where applicable.

What is the current care plan for the child following discharge? Is there any support needed? Is there parallel planning ongoing?

Discharge planning is ongoing. The TAC agreed that education planning should run alongside health and care planning so that Child A has a clear and supported route back into education when medically appropriate.

The Hospital:
How long do we expect this child to be an inpatient? The expected length of admission is not yet confirmed. The hospital team will update the TAC as treatment and discharge planning progresses.
What does the education curriculum and timetable look like? Child A will access a flexible hospital education timetable, agreed around their health needs and therapeutic programme. This may include English, maths, science and wider curriculum activities, with the timetable adjusted as Child A's health and engagement improve.
What interventions will be in place to support education? Support will include: • a personalised timetable; • learning matched to Child A's current ability to engage; • regular communication between hospital education staff and the home school; • access to work linked to the home school curriculum where appropriate; • flexibility around timing, pace and environment; • regular review of engagement and progress.
For private hospitals – what is the hourly cost for education, how many hours a week will the child be in education, until which date are we agreeing funding today? Where education is delivered in a private hospital setting, the local authority will agree the education offer, cost and funding period with the provider. Funding arrangements will be reviewed at each TAC review.
Home School:
What are the expectations of the home school to support inpatient education? The home school will remain actively involved by providing curriculum information, sharing work where appropriate, maintaining agreed contact with Child A, supporting attendance coding arrangements, and contributing to reintegration planning.
What are the current plans for reintegration following discharge, will there be other agencies supporting?

Reintegration will be planned gradually and reviewed through the TAC. This may include a phased return to the home school, interim tuition, adjusted timetable arrangements, pastoral support, and involvement from relevant professionals.
LA Representative:
How will we monitor their progress between reviews? Any updates, changes, or concerns regarding education to be shared with the TAC at the earliest opportunity so that the TAC can proactively support if needed.
How often will we review this intervention? Who will attend these? Reviews will take place at least every six weeks, normally on a half-termly basis, and include all parties in the TAC. Minutes of all reviews will be shared with the TAC within 10 working days by the LA Representative.
Set three SMART Targets for this child to be discussed at review points: 1. Child A will engage with an agreed proportion of their hospital education timetable, reviewed weekly. 2. Child A will complete agreed English and maths learning activities matched to their current level of readiness. 3. Child A, the hospital education team and the home school will agree a reintegration plan before discharge or at the next TAC review, whichever is sooner.

Parent/carer comments and acknowledgement of the education plan	
Parent/carer signature, where appropriate	x
Home School Contact	x
Hospital School Contact	x

Young Persons views (if applicable)	x