



Education for Children Unable to Attend School due to Additional Health Needs

London Borough of Hillingdon

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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 The section 19 duty of the Education Act 1996 states that the local authority is responsible for arranging suitable and (normally) full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend.

1.3 The education provided will be full-time, unless this is not in the best interests of the child. 'Full-time' education means the equivalent amount of education a pupil would expect to receive if they were in school e.g. 25 hours for pupils in Key Stage 4.

1.4 However, full time education will not always mean providing the same number of hours of face-to-face provision. For example, a provision equivalent to full time education could be achieved with fewer hours if a pupil is receiving one to one tuition as the provision is more concentrated. Where a child is not well enough for full-time education, arrangements can be made for fewer hours. The education provided will be tailored to the child's age, aptitude, and ability (including any special educational needs) and any other individual needs (such as health, behaviour, social and emotional needs and any disability).

1.5 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 SEND team, where children have an Education, Health, and Care Plan (EHCP).

1.6 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.

1.7 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.

1.8 Schools have a safeguarding responsibility for all pupils on their roll and therefore must maintain oversight of their education whilst an inpatient is in receipt of hospital education.

1.9 Important information which underpins this guidance:

National

- [Working Together to Improve School Attendance](#)
- [Education for Children with Health Needs who Cannot Attend School](#)
- [Alternative Provision](#)
- [Keeping Children Safe in Education](#)
- [Promoting the Education of Children with a Social Worker and Children in Kinship Care Arrangements](#)
- [Supporting Pupils with Medical Conditions at School](#)

Hillingdon Council

- [Hillingdon Virtual School Handbook 2024-2025](#)
- [Hillingdon's Policy for the Alternative Education Arrangement of Children who miss School due to Health Reasons](#)
- [Hillingdon's Alternative Provision Guidance](#)
- [Hillingdon Virtual School Extended Duties Handbook](#)
- [Hillingdon Local Area SEND and Alternative Provision Strategy 2023-28](#)

Relevant legislation

- [The Education Act 1996](#)
- [The Children Act 1989](#)

2. Cohort

2.1 Hospital Learners

2.1.1 In this policy, 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 policy 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
Looked after children (LAC)	Allocated Virtual School Officer (VSO) via the Personal Education Plan

2.1.3 Support will continue until the end of Year 13 – the end of June in the academic year that the child turns 18.

2.1.4 In the case that there is a LAC in hospital after their 18th birthday yet before the end of Year 13, the allocated VSO will continue holding termly PEP meetings until they are reintegrated back into education in the community, or they finish Year 13.

2.2 Pupil Support Team (PST)

2.2.1 The PST is Hillingdon's alternative provision for children are unable to attend school due to health reasons and are not an inpatient in hospital for over 15 school days.

2.2.2 This policy applies to children:

- Who are of statutory school age **and**
- Who are permanently resident in Hillingdon (including children who attend schools outside the borough) **and**
- Who are not in school for 15 days or more, whether consecutive or cumulative due to ill health **and**
- Where the health need and necessity for absence has been validated as necessary by a medical doctor **and**

- Will not receive a suitable full-time education unless the local authority makes arrangements for this

2.2.3 Health problems include physical illnesses, injuries and clinically defined mental health problems. Suitable medical evidence will be required. This would include details of the health problem, how long the condition is expected to last and the likely outcome, and a treatment plan. This must be provided by a suitable medical professional, normally a hospital consultant. However, where specific medical evidence is not available quickly, the local authority will liaise with other medical professionals (eg the child's GP), so that provision of education is not delayed. Normally, the medical professional cannot be privately commissioned and must be UK based.

3. How we Monitor Children Requiring Hospital 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 via LEAP
Social Worker	Email including the following information (if available) <ul style="list-style-type: none">- Name- Date of Birth- Hospital of Admission- Date of Admission- Hospital Contact
Hospital	
Virtual School Officer	
Please send all notifications emails to: vulnerablelearners@hillingdon.gov.uk	

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 being admitted to hospital, they will make arrangements to begin the Team Around the Child process (see 4.1).

4. Funding for the Education of Hospital Learners

4.1 Where a resident child is an inpatient at a National Health Service (NHS) hospital, the education provision is typically funded by the local authority in which the hospital is located via a local authority maintained hospital school. There is no cost to Hillingdon Council if a resident child is in receipt of hospital education in these circumstances.

4.2 Where a resident child is an inpatient at Hillingdon Hospital, where there is no hospital school, education will be arranged and commissioned by the local authority. This will usually be provided by the PST, depending on the needs of the individual child.

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 the roll of their home school but requires a period of time in alternative provision due to their health needs, the local authority and home school may wish to consider the transfer of a portion of the school's funding associated with that child to the alternative provision. This would ensure the funding follows the child. This arrangement would cease when the child is reintegrated back to their home school or are no longer on the roll of the home school.

5. Process and Responsibilities

5.1 Hospital Learners

5.1.1 Initiating the Team Around the Child (TAC) Meeting

Process	Responsibility
Before the Meeting	
<p>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.</p> <p>This will be sent to the generic Vulnerable Learners inbox: vulnerablelearners@hillingdon.gov.uk.</p>	<p>Hospital of admission Allocated Social Worker Virtual School Officer Home School</p>
<p>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.</p>	<p>VLSM CWSW Team</p>
<p>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.</p> <p>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).</p> <p>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.</p>	<p>VLSM CWSW Team</p>
<p>5) Based on the information available at this time, the LA representative will consider who else may be required to be</p>	<p>VLSM CWSW Team</p>

invited to the meeting such as School Nurses, SEND, CAMHS, YJS or AXIS.	
6) The education planning meeting will be held via MS Teams.	

5.1.2 Conducting the Meeting

7) The LA representative will conduct the meeting based loosely on a PEP model. <i>See appendix 1 for Template.</i>	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	VLSM CWSW Team
10) A review date will be set. Reviews will be completed half-termly.	

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
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5.1.4 Reintegration Planning

14) At all review meetings, the TAC will discuss plans for reintegration of the child back to their home school following discharge. This may be a direct return to the home school or include an interim placement such as tuition via the Pupil Support Team.	TAC Led By: VLSM CWSW Team
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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. <i>See appendix 2 for example.</i> 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 Pupil Support Team (PST)

5.2.1 PST referrals are received and processed by the local authority School Placement and Admissions Team.

5.2.2 Once the referral has been accepted, responsibility for arranging, monitoring and reintegration transfers to the PST and Interim Teams Manager at The Skills Hub, supported by the local authority.

5.2.3 The initial PST TAC is chaired by The Skills Hub and supported by the local authority. Further review meetings are chaired by The Skills Hub. The local authority maintains a record of all minutes of initial and review TAC meetings for children receiving PST and can be contacted for support at any time.

6. Helpful Contacts

6.1 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: virtualschoolcsw@hillingdon.gov.uk
- The Virtual School – Looked After Children: virtualschooladmin@hillingdon.gov.uk
- SEND: sensupport@hillingdon.gov.uk
- Pupil Support Team: info@theskillshub.org

Agreed by:

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Date of next full review: April 2026

7.

Appendix 1: DRAFT TAC Template for Hospital Learners

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.

Parental Agreement - I hereby agree to the hospital education as outlined in the attached plan

Parental Signature

Home School Contact

Hospital School Contact

Young Persons views (if applicable)

8.

Appendix 2: Example of TAC template for Hospital Learners – *this is not based on a real child*

Attendees:
X X X
Background:
<p>What is the reason for this admission?</p> <p>Child A has been sectioned under S2 of the Mental Health Act following an incident of overdose.</p>
<p>Does the child have any diagnosed additional education needs or mental health conditions?</p> <p>Child A is on SEN Support for SpLD.</p> <p>Child A is diagnosed with depression and anxiety.</p>
<p>Home school to give an overview of education up to admission.</p> <p>Child A’s attendance to school has been low, it currently stands at 65%. Their attendance to school declined following the recent Christmas break and their attendance during the Spring Term has been 50%. It is believed that Child A was experiencing Emotionally Based School Avoidance.</p> <p>Academically, there are gaps in Child A’s knowledge because of missed learning through low attendance.</p> <p>Socially, Child A has a secure group of friends who we believe they keep in contact with regularly.</p> <p>Child A has received 10 detentions this academic year for verbal abuse or threatening behaviour towards staff, usually in response to being challenged regarding behaviour. Child A has not received any suspensions.</p>
<p>What interventions or strategies have been used by the home school that were partially or very successful?</p> <p>Sharing online resources to encourage engagement with learning when unable to attend school.</p>

Part-time timetable – this has been effective to an extent, where Child A was able to RAG rate their subjects and have their timetable adapted to only green subjects. However, Child A has not be into school for all days according to the part-time arrangements.

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

Outreach from school staff – unfortunately, this has not been consistent, and Child A has felt a sense of loss and rejection from school when they are unable to attend due to EBSA.

Mentoring – limited engagement.

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

Child A has suspected attachment issues and SEMH.

Parent/Carer and/or Social Care:

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

Current CP plan for neglect – witness to significant domestic abuse in the home.

Child A's father (the perpetrator) is now living with family at another address and mother is receiving her own mental health support for the impact of the DA.

Child A has an older sibling known to the Youth Justice Service, they have witness them being arrested recently. They are currently on bail awaiting trial for PWITS.

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

Child A has thus far not received any formal support for their mental health and diagnoses of depression and anxiety are only since being admitted to hospital.

Child A may need an EHCP to support their education moving forwards.

Child A can be aggressive to peers and adults when dysregulated.

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

12th February @ 10am via MS Teams – link already shared with TAC

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

To return home to live with parents, parents are being supported by the internal MAPS team and the hospital team to identify strategies of support for Child A upon discharge.

The social worker will complete home visits every two weeks and these can be increased if needed.

The Hospital:

How long do we expect this child to be an inpatient?

Under Section 2, child A will remain an inpatient for up to 28 days. If a section 3 is then agreed, child A will remain an inpatient for up to a further 6 months.

What does the education curriculum and timetable look like?

4 hours of directed learning a day within the hospital school. Curriculum includes:

- Maths
- English
- Science
- Crafts/art
- Swimming

Child A will have their unique timetable created in line with their therapeutic timetable – this will be shared once completed.

What interventions will be in place to support education?

- Personalised timetable
- Learning adapted to interests
- Flexible learning environments – on the ward, in the classroom, in the ‘chill zone’
- Regular rewards for engagement

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?

£100 per day for 4 hours learning.

Across a 6 week half term, totals - £3000

Next funding block to be agreed at the next review meeting.

Home School:

What are the expectations of the home school to support inpatient education?

Outreach weekly – Child A has shared a preference for a MS teams call with their favourite teacher Miss Smith.

Daily calls to confirm attendance codes with the hospital school admin team.

Ongoing reintegration planning in line with the agreed plan below.

What are the current plans for reintegration following discharge, will there be other agencies supporting?

Child A has shared a preference for a period of at home-tuition before returning to their home school on a reduced timetable.

The home school are working in collaboration with admissions to arrange PST tuition for a period of 6-weeks post discharge.

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 be completed half-termly 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 to attend at least 80% of timetabled education hours.
2. Child A to be making progress with Literacy.
3. Child A to be making progress with Numeracy.

Parental Agreement - I hereby agree to the hospital education as outlined in the attached plan

Parental Signature	x
Home School Contact	x

Hospital Contact	School	x
Young Persons views (if applicable)		x