

# **Education of Children Unable to Attend School Due to Medical Ill Health**

**Policy: September 2025**

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## **Introduction**

This policy outlines the commitment of Hounslow to ensure that children and young people who are unable to attend school due to additional health needs receive suitable and effective education.

This policy aligns with the principles set out in relevant national legislation, including the Section 19 of the Education Act (1996), Section 100 of the Children and Families Act (2014), The School Attendance (Pupil Registration) (England) Regulations (2024), the Equality Act (2010) and Alternative Provision Statutory Guidance (2013).

## **Scope of the Policy**

This policy applies to all children and young people of compulsory school age who are residents of Hounslow and are unable to attend their registered school for more than 15 school days—either consecutively, cumulatively, or across the academic year—due to health needs.

## **Aims and Objectives**

- To provide a framework for identifying and supporting children with additional health needs who are unable to attend school.
- To ensure that children receive a suitable and tailored education that meets their needs, considering their health condition and individual circumstances.
- To work collaboratively with parents, schools, health professionals, and other relevant agencies to support the education and well-being of the child.
- To ensure a smooth reintegration into school or education setting when the child is able to return.
- To incorporate transition planning at every stage, ensuring that children and young people are supported in moving between educational settings or returning to school, with a focus on continuity and stability.
- To reflect the advice of CAMHS professionals, recognising that prolonged absence from school can negatively impact a child's mental health and recovery. Wherever clinically appropriate, maintaining engagement with education is encouraged as part of a holistic support plan.

## **Identification and Referral Process**

### **Identification**

Schools are responsible for identifying students who are unable to attend due to health needs. This will be based on medical evidence, professional reports and observed patterns of absence.

Where the setting identifies a decline in attendance based on anxiety and mental health needs, the setting must support students and work with parents to conduct the Emotionally Based Non-School Attendance (EBNSA) model in addition to making a referral to Health professionals and implement targeted interventions prior to making a referral for Section 19 support.

Reasonable adjustments may also be required, particularly when the child has a disability. In some cases, it may be helpful to use an Individual Healthcare Plan (IHP). An IHP will ensure that schools know how to effectively support the child as well as to provide clarity about what needs to be done, when and by whom. IHPs should be reviewed annually or earlier if a child's needs change.

## **Referral Process**

Once a child's absence due to medical reasons reaches 15 school days (consecutively or cumulatively), the school must initiate a referral to the Alternative Provision (AP) team within 10 working days.

## **Referral Requirements**

The referral must include:

- Medical evidence confirming the nature and impact of the health condition.

The educational context, including:

- Current provision and support in place.
- Any barriers to learning.
- Reasonable adjustments already implemented.
- Education & Health Care Plan (EHCP - if applicable).
- Individual Health Plan (IHP - if applicable)
- Details of any assessments completed.
- Consent and contact information from parents/carers.
- Risk assessments and safeguarding considerations.

## **Types of Acceptable Medical Evidence**

To ensure appropriate educational provision under Section 19, it is essential that decisions are informed by reliable and relevant medical evidence. The following examples outline the types of documentation that may be accepted to confirm a child's health-related inability to attend school.

- A letter or report from a GP or consultant
- A hospital discharge summary
- A CAMHS assessment or report
- A fit note (where appropriate)
- Evidence from a school nurse or other health professional involved in the child's care

## **Assessment and Provision**

### **Assessment**

Upon referral, the service will assess the child's educational needs in consultation with medical professionals, parents, and the school. The assessment will consider the child's health condition, the likely duration of absence, and the most appropriate form of educational provision.

For students with EHCPs and prolonged mental health challenges, an annual review should be called. If the outcome of the review is that a pupil requires an alternative form of education such as tuition, on a temporary or basis and the parent/carer or young person agrees with this, the Case Officer will present the case to the EHC Multidisciplinary Panel for approval.

### **Provision**

#### **LEAD Tuition Service**

Children may receive education through LEAD Tuition (Hounslow's Education Service), which offers:

- Individual or small group teaching, tailored to the child's needs.
- Online learning, where appropriate and accessible.
- Home-based tuition, if the child is medically unable to attend a setting.

This provision is flexible and designed to maintain continuity in learning while accommodating the child's medical condition.

### **Woodbridge Park Education Service – Hospital School Provision**

If a child is admitted to Starlight Ward West Middlesex Hospital, education will be provided through Woodbridge Park. This includes:

- Inpatient education, delivered within the hospital setting.
- Day patient education, for children who attend hospital regularly but are not admitted overnight.

### **Other Hospital Admissions and Educational Services**

Children admitted to hospitals outside of Starlight Ward West Middlesex Hospital - Woodbridge Park may still access education through hospital-based educational services, please advise the AP service to update in such circumstances.

### **Review**

The child's educational provision will be reviewed every 6 weeks to ensure it remains suitable and effective. Adjustments will be made based on changes in the child's health or educational needs.

If a child or young person is not engaging with the agreed educational offer, the local authority will seek updated medical advice to determine the child's current needs and inform next steps.

The school must be actively involved in the planning and coordination of the child's educational provision. This includes attending meetings, sharing relevant information, and contributing to the development of the education plan.

### **Reintegration to School**

When a child is ready to return to school, the following participants will work collaboratively to develop a tailored reintegration plan. This may include, but is not limited to:

- The young person
- Parents or carers
- School representative
- Health practitioners
- SEND team, where children have an education, health and care plan (EHCP).
- Other relevant agencies
- Education Provider

This plan will take a holistic view of the child's individual needs and will be informed by input from all those involved in supporting the child. This plan may include:

- Individual Health Plan (IHP): Developed in consultation with health professionals, parents/carers, and the child (where appropriate), outlining medical needs and support strategies.
- Reasonable Adjustments: Modifications to the learning environment, curriculum, or school routines to accommodate the child's physical, emotional, or cognitive needs. Examples include:
  - Access to quiet spaces
  - Modified timetables
  - Use of assistive technology

- Risk Assessments: Conducted to identify potential risks related to the child's return and to implement mitigation strategies. This includes:
  - Health and safety considerations
  - Emotional and behavioural support needs
  - Supervision and safeguarding measures
- Phased Return: Implementation of a structured part-time timetable.
- Additional Support Services: Such as counselling, mentoring, or learning support assistants.

## **Roles and Responsibilities**

### **Local Authority**

The Local Authority is responsible for making 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, may not for any period receive suitable education unless such arrangements are made for them. This includes:

- Coordination of multi-agency support and ensure statutory responsibilities are met.
- Review medical evidence and determine appropriate educational provision.
- Facilitate termly reviews and ensure all parties are informed and involved.
- Monitor the effectiveness of support and provision.

Contact information: [AP@hounslow.gov.uk](mailto:AP@hounslow.gov.uk)

### **Schools**

Schools are responsible for referring children to the Local Authority and working collaboratively to support their educational journey.

A named school representative should attend all review meetings and maintain consistent contact with the child and their family throughout their time in alternative provision. This includes taking proactive steps to ensure that children in alternative provision remain connected to their school community. This may include:

- Regular communication through newsletters, school updates, or personalised messages to help the student feel informed and included.
- Participation in school events, celebrations, or extracurricular activities—either in person or virtually— school newsletters, social media, email, and event invitations.
- Peer connection initiatives, such as buddy systems or mentoring, to maintain social relationships and reduce isolation.
- Supported by digital tools such as learning platforms, Involvement in school-based projects or learning activities to reinforce the student's identity as a member of the school.
- Outreach from familiar staff, including check-ins or visits, to maintain trusted relationships and continuity of care.

These efforts should be flexible and responsive to the child's individual situation, with the aim of fostering a sense of belonging and encouraging positive engagement with their education and school life.

Schools should also facilitate the child's reintegration into mainstream education when appropriate, ensuring a smooth and supportive transition. Where possible and suitable, schools must continue to provide access to communication and connection with the broader school community, helping the child feel included and valued.

## Parents

Parents and carers play a key role in ensuring their child's health and educational needs are met. Their responsibilities include:

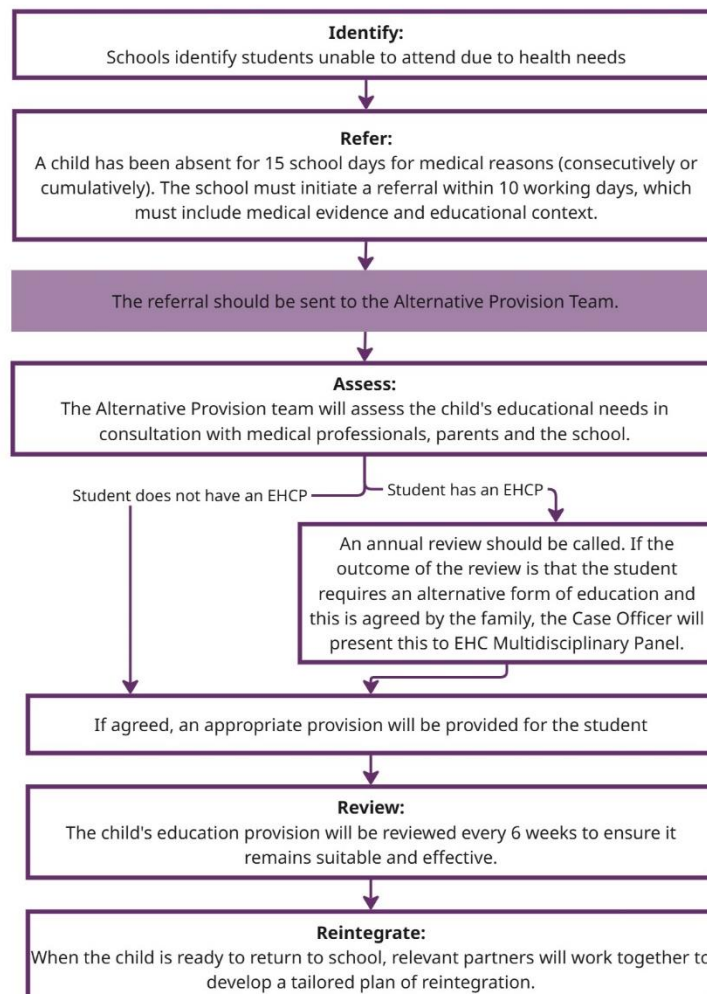
- Providing up-to-date medical information to both the Local Authority and the school to support planning and provision.
- Cooperating with the educational provision arranged, including any tailored support or interventions.
- Attending review meetings to contribute to discussions and decisions about their child's ongoing support and development

## Health Professionals

Health professionals play a vital role in supporting children's return to school and ensuring their health needs are integrated into educational planning. They are responsible for:

- Providing medical evidence and expert advice to inform the educational needs assessment.
- Collaborating with the Local Authority to ensure that both health and educational needs are addressed in a coordinated manner.
- Using professional judgement to advise on appropriate support strategies for reintegration into school.
- Attending termly review meetings, where appropriate, to contribute up-to-date health reports and insights that support ongoing educational planning.

**Education of Children Unable to Attend School Due to Medical Ill Health**  
Flow chart



## **Complaints**

If parents or carers are dissatisfied with the provision made for their child, they should first discuss this with the Local Authority's designated officer. If the issue remains unresolved, they may use the Local Authority's formal complaints procedure.

### **Local Authority's Designated Officer:**

Name: Corinne Slee

Contact: Corinne.slee@hounslow.gov.uk

Complaints procedure link:

[https://www.hounslow.gov.uk/info/20158/customer\\_services/1402/make\\_a\\_complaint\\_or\\_comment](https://www.hounslow.gov.uk/info/20158/customer_services/1402/make_a_complaint_or_comment)

## **Policy Review**

This policy will be reviewed annually.

## **Appendix: Relevant Legislation and Guidance**

- Education Act 1996 - Arranging Alternative Provision  
<https://www.legislation.gov.uk/ukpga/1996/56/part/I/chapter/III/crossheading/other-arrangements-for-provision-of-education>
- Children and Families Act 2014 - Duty to secure special educational provision:  
<https://www.legislation.gov.uk/ukpga/2014/6/section/42>
- DfE Education of Children with Health Needs who Cannot Attend School (2013)  
<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>
- DfE Alternative Provision Statutory Guidance: [Alternative provision - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- DfE Statutory Guidance: Alternative Provision: [Gov.uk – Alternative Provision Guidance](http://www.gov.uk)
- DfE Statutory Guidance: Supporting Pupils at School with Medical Conditions  
[Gov.uk – Supporting Pupils with Medical Conditions](http://www.gov.uk)



## Medical Ill Health Referral Form

### Referrer Details

<b>Submission Date</b>	
<b>Contact Name and Job Title</b>	
<b>Name of School or Educational Establishment</b>	
<b>Telephone Number</b>	
<b>Email</b>	

### Student Details

<b>Student Name</b>		<b>Student Gender</b>	
<b>Date of Birth</b>		<b>Year Group</b>	
<b>Attendance By %</b>		<b>Last Date of Attendance</b>	
<b>Number of days absent medical ill health</b>			

**Reason for Referral** - Brief description of the health condition impacting attendance:

### Intervention Details

Intervention	Start Date	End Date	Outcome

<b>Professional Involvement</b>			
<b>Name</b>	<b>Contact Info</b>	<b>Start Date</b>	
<b>Parent/Carer Contact Details</b>			
<b>Parent/Carer Name</b>			
<b>Parent/Carer Contact Number</b>			
<b>Parent/Carer Email</b>			

**Medical Evidence:**

Type of evidence provided (tick all that apply):

- Letter or report from GP or consultant
- Hospital discharge summary
- CAMHS assessment or care plan
- Fit note
- Evidence from school nurse or other health professional