



Department
for Education

Arranging education for children who cannot attend school because of health needs

December 2023

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Summary

About this guidance

This guidance outlines how local authorities and schools can best support children who cannot attend school because of physical or mental health needs.

This document includes statutory guidance from the Department for Education. Local authorities must have regard to that guidance when carrying out their duty to arrange suitable education for children who cannot attend school because of health needs. The guidance also covers the role that the child's home school (if they have one) should play in ensuring the child receives a suitable education when too unwell to attend school and, where appropriate, is successfully re-integrated back into their home school once they are well enough to be.

This guidance also highlights the role the parents / carers and the child should play in agreeing suitable provision and on how and when a child could be reintegrated back into mainstream schooling (where relevant).

The 'home school' in this document refers to the school that the child is on the roll of when they become ill. Not all children will have a home school as, for example, their health needs may have arisen before they were old enough to enroll at school.

This guidance replaces the previous version, published January 2013.

Expiry or review date

This guidance will be kept under review and updated versions will be published if necessary.

What legislation does this guidance refer to?

- Section 19 of the Education Act 1996
- Education (Pupil Registration) (England) Regulations 2006
- Equality Act 2010
- Section 100 of the Children and Families Act 2014

This guidance also relates to [Alternative Provision Statutory Guidance \(2013\)](#).

Who is this guidance for?

This guidance is for:

- Local authorities

- School leaders, school staff and governing bodies in all maintained schools, academies and free schools
- Independent Schools that delivery alternative provision
- Children, parents and / or carers.

Main points

- This guidance relates to local authorities statutory duties under section 19 of the Education Act 1996. The s.19(1) duty states that local authorities are responsible for arranging suitable and (normally) full-time education for children of compulsory school age who, because of exclusion, illness or other reasons, would not receive suitable education without such provision. This duty is referred to as ‘the s.19 duty’ throughout this guidance.
- This means that where a child cannot attend school because of a physical or mental health need, and cannot access suitable full-time education, the local authority is responsible for arranging suitable alternative provision.
- The legal duty applies to children of compulsory school age who would normally attend maintained schools, including:
 - academies
 - free schools
 - special schools
 - alternative provision
 - independent schools
- This guidance applies whether the child or young person is on a school roll or not.
- All children, regardless of circumstance or setting, should expect to receive the same high standard of education.
- Provision for children who are not attending school due to their health needs, and the framework surrounding it, should offer good quality education equivalent to that provided in mainstream schools, as far as the child’s health needs allow.
- Alternative provision must be suitable to the child’s age, ability and aptitude, and any special educational needs they have.
- The legal duty does not apply to children and young people under and over compulsory school age. However, local authorities and schools should have clear policies in place to support these children and young people to access education and should follow the principles, set out in this document. as good practice.

Policies and Processes

Policy statement

All local authorities should have a written, publicly accessible policy statement on their arrangements for complying with the s.19 duty. The policy should link to related services in the area, for example:

- special educational needs and disability (SEND) services
- child and adolescent mental health services (CAMHS)
- education welfare and attendance improvement services
- educational psychologists
- school nurses, where relevant

Local authorities should have processes or policies in place which support a child in getting the right and appropriate type of provision and a good education. Local authorities should also have processes and policies in place on how they support children and young people under and over compulsory school age access appropriate education. It is good practice for local authorities to make this policy available and publish it online.

Named officer

Local authorities should have a named officer who is responsible for the education of children with health needs and ensure parents know who the named officer is.

The named officer should work closely with:

- schools
- relevant agencies
- medical professionals
- parents or carers

It is also helpful for schools to have a named person responsible for the education of children with health needs. They can be a point of contact for the local authority and parents. This is outlined in [Supporting children with medical conditions at school](#). It is good practice for local authorities to publish the named contact online.

Children with medical conditions who can attend school

Where possible, schools should continue to provide education to children with health needs who can attend school.

When a child is already attending school, there is a range of circumstances where their health needs can and should be managed by the school so that they can continue to be educated there without the need for the intervention of the local authority. [Home schools](#) would usually provide support to children who are absent from school because of illness for a shorter period, for example when experiencing chicken pox or influenza. The '[Supporting pupils at school with medical conditions](#)' guidance outlines the expectations for schools in this respect.

Schools also need to be aware of their [responsibilities when mental health issues are impacting on a child's attendance](#).

The local authority does not need to become involved in such arrangements unless it has reason to believe that the education being provided by the school is unsuitable.

The home school has a duty ([regulation 12\(1\)\(a\) of the Education \(Pupil Registration\) \(England\) Regulations 2006](#)) to provide to the local authority, at agreed intervals, the full name and address of any pupils of compulsory school age who are not attending school regularly (including due to their health needs). Local authorities should have efficient and effective system and process to alert them to any pupils with long term absences.

Working Together

Parents and carers have an important role to play and can provide necessary information about the child and their needs, whether the child is at home or in hospital. Parents and carers should always be consulted before new provision begins.

Children should also be involved in decision making from the start. How a child is engaged should reflect their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment and engagement. In all cases, effective collaboration between relevant services (local authorities, CAMHS, NHS, [home schools](#), school nurses, where relevant, etc) is essential to delivering effective education for children with additional physical or mental health needs.

Service level agreements and/or multi-agency forums may aid this process. This applies whether the child is in hospital or at home.

When a child is in hospital, liaison between hospital teaching staff, the local authority, alternative provision or home tuition service, and the child's school (if they have one) can ensure continuity of provision and consistency of curriculum. Such collaboration can enable the child's home school to make information available about the curriculum and work the child may miss, helping the child to keep up, rather than having to catch up.

Funding

Alternative provision for children with medical needs is funded from [local authorities' high needs budgets](#). However, 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 that 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.

When a child permanently leaves the roll of their home school and is admitted to another school or alternative provision, a mandatory funding adjustment is made by the local authority. Details of these adjustments are set out in the 'Redetermination of budgets' sections of the 'Schools operational guide' on the web page entitled 'Pre-16 schools funding: local authority guidance' for the relevant financial year, a link to which can be found in the following web page: [Local authorities: pre-16 schools funding - GOV.UK \(www.gov.uk\)](http://www.gov.uk).

Local authorities should always ensure that alternative provision is good value for money.

When and how to provide support

Where possible, the child's health needs should be managed by the [home school](#) so that they can continue to be educated there with support, and without the need for the intervention of the local authority. However, as soon as it is clear that the home school can no longer support the child's health needs and provide suitable education, the school should speak to the local authority about putting alternative provision in place.

There is no absolute legal deadline by which local authorities must start to arrange education for children with additional health needs. However, as soon as it is clear that a child will be away from school for 15 days or more because of their health needs, the local authority should arrange suitable alternative provision. The 15 days may be consecutive or over the course of a school year.

When a local authority arranges alternative education, that education should begin as soon as it is possible, and at the latest by the sixth day of the child's absence from school. Where an absence is planned, for example for a stay or recurrent stays in hospital, local authorities must make suitable, timely arrangements, unless exceptional circumstances apply, in advance to allow provision to begin from day one.

With planned hospital admissions, conversations between the [home school](#), local authority and the hospital education provider should take place as early as possible to discuss likely admission date and expected length. This will give the provider time to liaise with the child's school and, where applicable, with the local authority about the educational programme to be followed while the child is in hospital. In such circumstances, local authorities should set up a personal education plan setting out how the child's home school, the local authority and the hospital school or other provider will work together.

Using medical evidence

All medical evidence should be used to better understand the needs of the child and identify the most provision. Local authorities, working closely with the child's [home school](#), medical practitioners (such as a GP or consultant) and the child's family, should make every effort to minimise the disruption to a child's education by identifying the most suitable provision.

Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, the child's home school or the local authority should consider liaising with other medical practitioners and consider other evidence to ensure appropriate provision can be arranged as soon as possible. The local authority should review any additional evidence to help them identify the most suitable provision.

Once a parent / carer has provided evidence from a medical practitioner, local authorities should not demand continuing evidence without good reason, even where a child has long-term health problems.

Parents should always provide updated advice and evidence in such instances when possible. Where local authorities believe that a medical practitioner's ongoing opinion is necessary, they should give parents or carers a reasonable amount of time to contact them.

Adapt education to children's needs

All children, regardless of circumstance or setting, should expect to receive the same high standard of education (as outlined in [alternative provision statutory guidance](#)). Provision for children who are not attending school due to their health needs, and the framework surrounding it, should offer good quality education equivalent to that provided in mainstream schools, as far as the child's health needs allow.

Alternative provision must be suitable to the child's age, ability and aptitude, and any special educational needs they have.

Children should be given the opportunity to take appropriate qualifications. This would help prevent them from slipping behind their peers and enable them to better reintegrate successfully back into school, if they so wish.

Provision should also support the child's individual needs to overcome barriers to attainment and achievement, giving equal consideration to the pastoral needs of the child to allow them to thrive and prosper in the education system.

This should also include personal, social and emotional needs, for example ensuring that the child feel fully part of their [home school](#) community, are able to stay in contact with classmates, and have access to the opportunities enjoyed by their peers.

Children should also be involved in decisions from the start, with the ways in which they are engaged reflecting their age and maturity. This will help ensure that the right provision is offered and encourage the child's commitment and engagement.

Looked after Children

In the case of a looked after child, the local authority is responsible for safeguarding the child's welfare and education.

Where a looked-after child (LAC) is likely to be placed in alternative provision, the Designated Teacher (DT) should contact the local authority's [Virtual School Head](#) (VSH) as soon as possible. The VSH, working with the DT and others, should consider what support a child needs to overcome barriers to attainment and achievement, giving equal consideration to the pastoral needs of the child, to ensure an appropriate AP placement can be made. Where relevant, the school should also engage with a child's social worker, foster carers, or children's home workers.

Full-time and part-time education

Local authorities must arrange suitable full-time education for children of compulsory school age who, because of physical or mental health illness, would not receive suitable education without such provision. This applies whether the child is on the roll of a school or not and whatever type of school they attend.

The law does not define full-time education but children with health needs should have provision, where possible, which is equivalent to the education they would receive in a mainstream school.

If, for example, a child receives one-to-one tuition, the hours of face-to-face provision could be fewer as the education may be more intensive.

Where full-time education would not be in a child's best interests for reasons relating to their physical or mental health, local authorities must arrange part-time education on whatever basis they consider to be in the child's best interests.

Full and part-time education should still aim to achieve good academic attainment particularly in English, maths and science. Any part-time education should be reviewed regularly, with the aim of eventually increasing the number of hours up to full-time as soon as the child's health allows.

Using flexible arrangements

Children unable to attend school because of a health need should be able to access suitable and flexible education appropriate to their needs. The nature of the provision must be responsive to the demands of what may be a changing health status.

Local authorities must not have lists of health conditions which dictate whether or not they will arrange education for children, or inflexible policies which result in children going without suitable education.

When arranging provision, local authorities should avoid 'hard and fast' rules about what and how they arrange education to meet a child's health needs as they may be inappropriate as they could limit the offer and prevent their access to the right level of educational support which they are well enough to receive.

Strict rules that limit the offer of educational provision a child receives may also breach statutory requirements. It is also important to comply with the [equalities legislation](#) in this respect.

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 Plan¹ (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.

A model process for developing an IHP can be found at Annex A of the [Supporting Pupils at School with Medical Conditions Guidance](#).

¹ IHPs are developed in partnership between the school, parents, pupils, and the relevant medical/healthcare professional who can advise on a child's case. The purpose of an IHP is to ensure that schools know how to support a child effectively and to provide clarity about what needs to be done, when and by whom.

Reviewing education provision

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

- the young person
- parents or carers
- relevant agencies and medical practitioners where possible
- the local authority SEND team, where children have an education, health and care plan (EHCP).

Digital resources

The local authority and the child's [home school](#) should consider the use of digital resources to aid learning. Where circumstances allow, local authorities or the home school may be able to play an enabling role in this respect.

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.

Guidance on appropriate use of remote education can be found in the [providing remote education](#) guidance.

Complex or long-term health issues

How long the child is likely to be out of school will be important in deciding the type and level of support they will need.

Where children have complex or long-term health issues, the pattern of illness can be unpredictable. Local authorities, the [home school](#), the relevant medical practitioners and the parents/carers should discuss how to best meet the child's needs. This could be through individual support, arranging alternative provision or by them remaining at school, being supported at home and back into school after each absence.

Children that have continuing health needs should have an IHP which should be reviewed and assessed on a regular basis.

If the child's needs amount to ongoing special educational needs, an EHCP may be more appropriate to meet the long-term needs of the child or young person. An EHCP will not always be appropriate as not all health needs will comprise SEND. There may be some instances where a child or young person has both an EHCP and IHP, in which case both plans should be reviewed alongside each other. Further

information on the use of EHCPs can be found in the [SEND code of practice guidance](#).

Some complex or long-term health issues may be considered disabilities under [equality legislation](#). This legislation means that that local authorities must:

- not discriminate against disabled children
- have due regard to the need to eliminate unlawful discrimination
- have due regard to the need to advance equality of opportunity between disabled and non-disabled children
- have due regard to the need to foster good relations between disabled and non-disabled children
- make reasonable adjustments to alleviate disadvantage faced by disabled children.

Local authorities should also ensure disabled children have access to all school premises, including alternative provision premises and hospital schools.

Hospital education

This guide also applies to education provided to children who are admitted to hospital.² Hospital education is normally provided to inpatients, though it can also be provided during regular visits to hospital by children who are day patients.

Hospital education is a form of alternative provision, arranged by the local authority under the s.19 duty, which either:

- takes place at a community special school established in a hospital,
- takes place at a foundation special school established in a hospital,
- takes place at an academy established in a hospital,
- takes place in an independent school established in a hospital
- takes place in a pupil referral unit or academy which provides education for hospital inpatients and/or day patients, or
- takes place in a hospital where the education is provided by teachers directly employed by the local authority or by another school or academy under a service level agreement with the local authority.

Why and when a child is admitted to a hospital is due to a decision made by a medical practitioner, based on the child's health needs: the hospital education is provided under suitable arrangements made by the local authority in exercise of its s.19 duty.

Further information about the funding of hospital education can be found in the ESFA's [high needs funding operational guide](#) - published for each financial year.

² References to hospital in these sections include inpatient child and adolescent mental health facilities.

Hospital admissions

With planned hospital admissions, all parties should work together to give those who will be teaching the child as much forewarning as possible, including letting them know of the likely admission date and expected length of stay.

This allows them to liaise with the child's [home school](#) about the programme to be followed while the child is in hospital. A personal education plan should be set up to ensure that the child's school, the local authority and the hospital school or other provider can work together.

The hospital school or education provider should inform, at the earliest possible opportunity, the local authority and the home school (if any) when the child is due to return home.

When a child is discharged by the hospital, the home school, local authorities and the provider should be mindful of any medical advice about how much education will be appropriate after discharge. Consideration should also be given to when the child might be ready to return to school and whether they should initially return to school on a part-time basis only.

The local authority should engage appropriate agencies to work with schools to complement the education a child receives if they cannot attend school full-time but are well enough to access education in other ways.

There should be regular, planned reviews of any part-time arrangements, with the expectation that the child returns to full-time attendance as soon as they are well enough to do so.

If a child returns home and is not well enough to return to school, the local authority, home school, parent and medical practitioners should consider whether the child should be supported to be educated at home or whether alternative provision is more appropriate. Any alternative should be arranged as quickly as possible and in full consultation with the child and the parent / carer.

Ill health should not be a factor in preventing a child from reaching their full potential. Although the s19 duty only applies to children of compulsory school age, local authorities should also have processes and policies in place on how they support children and young people under and over compulsory school age access appropriate education and exams during their stay in hospital.

Removing a pupil's name from the school register

Continuity is important for children and knowing that they can return to their familiar surroundings and school friends can help their recovery and their educational

progress. This extends to a young person who wishes to return to the school or college they were previously attending when beyond the compulsory school age.

Local authorities should be aware that under the Education (Pupil Registration) (England) Regulations 2006, a school can only remove the name of a pupil who is unable to attend school because of additional health needs from its register in certain circumstances. These include where:

- the pupil has been certified by the school medical officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age; and
- 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.

This applies even if the local authority has become responsible for the child's education.

Note, however, that in some cases another of the grounds of deletion from the school roll under the 2006 Regulations may apply.

Reintegration into school

To aid reintegration, as far as possible, the child should be able to access the curriculum and materials that they would have used in their [home school](#). This could also include attending educational visits, even if this requires providing extra and suitable support. This could also possibly include the use of digital resources. See the digital resources section above.

Local authorities should work with schools to set up an individually tailored reintegration plan for each child: this could take the form of an IHP. This should need to include extra support to help fill any gaps arising from the child's absence.

Under [equalities legislation](#) schools must consider whether they need to make any reasonable adjustments to provide suitable access for a child whose condition amounts to a disability.

Where the absence is likely to be lengthy, the reintegration plan may only take shape nearer to the likely date of return, to avoid putting unsuitable pressure on an ill child in the early stages of their absence.

While most children will want to return to their home school routine as soon as possible, some will need gradual reintegration over a longer period.

The home school should consider how they can enable children to successfully remain in touch with them whilst they are away. This could be through:

- digital learning platforms,
- telepresence solutions,
- school newsletters,
- social media platforms,
- emails; and
- invitations to school.

In cases where a child was not on the roll of a school when becoming ill, or where a child may not wish to return to their home school, the local authority should consult with the family on finding a new suitable placement when they are ready to return to the mainstream.

Exams

Where possible, and in line with the [home school](#)'s exam timetabling, children and young people with physical or mental health needs should be able to take examinations at the same time as their peers. Local authorities should work with schools to ensure that there are appropriate local arrangements in place to support this.

Relevant organisations and schools should work and liaise together effectively to facilitate access to external exams when children with health needs are approaching exams.

The hospital school, alternative provision setting or home tuition teachers should focus the child's education on preparation for exams (in line with mainstream school's exam timetable) in order to minimise the impact of any time lost from school absence.

Awarding bodies can make special arrangements in exams for children with:

- permanent or long-term disabilities or illness
- temporary disabilities or illness

Further information can be found in the [Joint Council for Qualifications document Access Arrangements](#).

The school, alternative provision setting or hospital school will need to apply for special access arrangements to awarding bodies as early as possible. Those organisations who are educating a child out of school should provide relevant information to support these applications.

Information about exam resilience can be found [here](#).

Siblings

When treatment of a child's condition means that his or her family have to move nearer to a hospital, and there is a sibling of compulsory school age, the local authority into whose area the family has moved should seek to ensure that the sibling is offered provision. The provision should be suitable and available, for example, in a local mainstream school or other appropriate setting.

If the sibling is of compulsory school age and the move means they would not receive suitable education unless the local authority arranges it for them, then the s.19 duty will also apply in relation to the sibling as well.

Advice for Parents / Carers

If a parent / carer has concerns that their child's health is having an impact on their learning, they should contact the [home school](#) to discuss how they could properly support the child to enable them to have full access to education.

Where possible, the governing body of a school must ensure that arrangements are in place to support children with health and medical conditions. In doing so it should ensure that such children can access and enjoy the same opportunities at school as any other child. Further information can be found in the '[supporting pupils at school with medical conditions](#)' guidance.

If it becomes clear that the child can no longer attend their home school because of their health needs, the school should inform the local authority as quickly as possible to ensure minimum disruption to the child's education.

Local authorities have the statutory duty to arrange suitable alternative provision for a child that cannot attend school because of a physical or mental health need. Provision for children who are not attending school due to their health needs should offer good quality education equivalent to that provided in mainstream schools, as far as the child's health needs allow. Provision should also be suitable to the child's age, ability and aptitude, and any special educational needs they have.

It is good practice for the local authority, home school, the child and parents / carer to work closely together when considering arrangements for a child who is too unwell to attend school.

Parents / carers (and where appropriate, the child themselves) have an important role to play and can provide essential information about the child and their needs and should always be consulted before new provision begins. Likewise, parents / carers and the child should be consulted at any change-points in the child's provision as well as when they are ready to re-integrate back into mainstream education.

Raising concerns about a child's provision

Should parents or the child be dissatisfied with the support provided by the home school, they should discuss their concerns directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. In the case of academies, it will be relevant to consider whether the academy has breached the terms of its Funding Agreement or failed to comply with any other legal obligation placed on it. Ultimately, parents (and the child) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

If parents / carers have any specific concerns, they should raise them with the academy or trust directly using the appropriate complaints procedure which should be outlined on the respective website.

If a parent / carer wishes to query or is unhappy with aspects concerning the arranged alternative provision, the timing, or other related matters, they should contact their local authority in the first instance to discuss the issue.

If a parent / carer is dissatisfied following contacting their local authority, they may then wish to write to the Local Government and Social Care Ombudsman in raising their concerns further. Information on how to do this can be found here:

www.lgo.org.uk/make-a-complaint.

If you don't think your concerns have been adequately addressed, you may also wish to raise your concerns directly with the department via the following link -

<https://www.gov.uk/complain-about-school>.

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