



Final Report Medical Needs Review (MET) Worcestershire 19 -20 June 2018

Following my involvement in the LGA Peer review in December 2017 I was approached by Paul Wilson to ask if I would revisit WCC to review the MET service. I agreed to complete this as a peer review in the spirit of partnership school improvement work and there was no fee other than costs of travel and accommodation. To ensure the review was as robust as possible I asked an experienced colleague **Cath Kitchen** to lead the review alongside me. Cath is an NLE, has worked in the sector for over 20 years and is the Headteacher of Northampton Hospital and Outreach Education Service.

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The agreed scope with Paul Wilson was:

1. To assess appropriateness of current service provision (and their bases) in relation to national policy direction and guidance and in view of the high demand for mental health support
2. To review and compare regional and national models of medical education provision
3. To ensure that provision complements High Needs and alternative education provision within Worcestershire

4. To advise appropriate alternative models of providing medical education to children and young people in Worcestershire that operate and are funded fairly and appropriately with an indication of the differential outcomes of each model

Prior to the review we requested the following information to support our visit:

- MET policies on admissions and referrals and associated paperwork
- Staff lists including roles and responsibilities
- Funding arrangements and budget proposal for 18-19
- Self evaluation of service and team improvement plan
- Relevant data e.g. % of pupils who transition back to school/college if available
- External evaluations e.g. feedback from parent/carers/stakeholders
- Any case studies and anonymous examples of Personal Education Plans

Paul and the MET staff were very supportive in also organising:

- face to face or phone contact with: pupil(s), parent/carers who attend the base
- Pre-arranged phone call with pupil and/or parent/carer pupils taught on home tuition
- Meetings with schools who are currently using the service
- Prearranged phone call/face to face with Babcock leadership/line management of MET team
- Prearranged phone call/face to face with finance officer regarding funding

We met with a range of stakeholders which included pupils, parents, carers, teachers, SENCOs, CAMHS, Headteachers, County Council staff.

1. Identified as strengths of current service:

- Reduction of number of pupils on home tuition
- Greater focus on reintegration
- Very few re-referrals following reintegration
- Lead teacher is using available resources to best meet pupil need
- Committed staff
- Needs of the child are prioritised and at centre of their work

- GCSE attainment is in line with other similar provision
- MET service see themselves as a 'school' and more mainstream
- Good inter agency working with some schools
- Good communication with parents
- Emphasis on pupil well being
- Knowledge of how to work with pupils with ASD
- Parents feel MET flexibility of approach is a strength
- Seen by CAMHS as their key intervention
- Generally schools value MET and would like more

The following table identifies in more depth our key areas of concern and our proposed recommendations for you to consider.

Scope	Key Concerns	Recommendations
<p>1. Appropriateness of current service provision</p>	<ul style="list-style-type: none"> ● Inadequate connectivity, ICT equipment and infrastructure at all MET bases ● No attempt at a full time offer ● No virtual learning or combined school/MET timetables ● Range of learning needs in MET bases does need feed sufficiently into training programmes for teaching staff ● <i>'The MET is the best therapeutic intervention we have'</i> CAMHS Doctor-This in itself is a concern. The MET is not a therapy service and pressure should not be put on it to take more children if there is not the right resource to support longer term placements. ● Inappropriate accommodation where pupils do not feel safe. ● Other safeguarding issues caused by insufficient staffing levels and lack of appropriate risk assessments 	<ul style="list-style-type: none"> ● Liaison with school & WCC leaders at a strategic level to consult on what is required for this cohort and to develop a new strategic plan to increase number of hours offered and breadth of the curriculum ● If numbers of children with Autism continue to be placed in MET bases then more rigorous training must be put in place for teaching staff ● Re-structure of staffing to include a clear Head of Service with devolved responsibilities and clear lines of accountability ● Review of CAMHS referral process and clearer criteria for access to MET as a short term provision ● Discussion between Babcock and WCC It services to improve connectivity. ● Significant investment in IT equipment and resources for pupils ● Start investigation of potential new sites for centres, away from excluded pupils

	<ul style="list-style-type: none"> ● Low staff morale due to lack of recognition, appropriate CPD, resources and accommodation. 	
<p>2. To review and compare regional and national models of medical education provision</p>	<ul style="list-style-type: none"> ● Longer stay day school provision needs to be developed to meet needs of pupils ● Estate and accommodation for MET is very weak ● Other settings around country charge 100% AWPU - schools happy to pay where they see effective provision and clear joint planning ● Parents felt 'shamed' by school attendance officers - is there a lack of support within secondary schools for children facing severe anxiety?. This is a more common pattern nationally as school's face so much pressure regarding judgements based purely on outcomes. ● Consider evidence from GPs (<i>reference to stat guidance for LA 2013 & LGO ruling for East Devon</i>) 	<ul style="list-style-type: none"> ● As part of developing a new strategic plan we would advise leadership visit neighbouring settings eg Birmingham, Gloucestershire and other successful similar provisions such as Bristol, Leicester, Northampton to see first-hand the offer in place ● Staff require improved access to relevant CPD ● Through improving connectivity, innovative virtual learning solutions could be implemented. ● Nationally many professionals see Medical Needs providers as schools in their own right not simply as a 'traditional' service. The majority of these see excellent outcomes for their children and young people ● Access ongoing external support & benchmarking work eg Northampton (NLE) ● Consider establishing a 'management' committee to help shape the direction of the service. This should include representation from mainstream schools

<p>3. To ensure that provision complements High Needs and alternative education provision within Worcestershire</p>	<ul style="list-style-type: none"> ● There is a shared concern in WCC around the provision for autism and long term placements at MET ● Appears to be a lack of sharing best practice between PRUs and MET– no visible networking or shared leadership ● Parents/Carers felt there was a lack of information shared about AP provision and options available to them ● The most suitable environment currently is the Kidderminster site - although parking still an issue for visiting parents and pupils ● Both the Worcester and Redditch sites have even more challenging co location issues and inappropriate spaces for effective teaching and learning 	<ul style="list-style-type: none"> ● Review autism provision in Worcester in line with other High Needs provision and those being placed in MET ● Ensure that length of stay within the MET is monitored and pupils are not 'dumped' there long term with no suitable provision to transition to ● WCC consideration of suitability of co-location and suitability of sites. ● Would the Bromsgrove area be a good geographical location for a new centre? ● Was MET funding considered as part of any High needs spending review? Possibility of additional income for MET. ● If CAMHS were to commission any new Tier 3 or 4 mental health inpatient provision there are systems in place for exceptional funding from ESFA for education provision.
<p>4. To advise appropriate alternative models of providing medical education to children</p>	<ul style="list-style-type: none"> ● More support from within mainstream secondary schools for children with medical needs ● Training for schools around statutory duty to support children with medical needs - looking at 	<ul style="list-style-type: none"> ● The first question is how much capacity WCC has to help develop the MET? This will have significant impact on the development of any alternative model

<p>and young people in Worcestershire that operate and are funded fairly and appropriately with an indication of the differential outcomes of each model</p>	<p>governor responsibilities</p> <ul style="list-style-type: none"> ● We did not see much evidence of teaching within paediatric inpatient settings. Where there is teaching within a hospital this should not be re charged to schools it should be funded by hospital education funding. 	<ul style="list-style-type: none"> ● There are many exemplary examples across the country of Medical Education Services still sitting within local authorities but for whom their structure is very similar to a school. <p><i>Models for consideration</i></p> <ul style="list-style-type: none"> ● Model 1 MET remains with Babcock but serious consideration is given to accommodation, technology, staffing levels and staffing restructures, referral systems and relationship with schools ● Model 2a MET goes back into WCC SEND team. Focus just on inpatient hospital education, home tuition and support for schools. This would be a much paired down service. ● Model 2b Consider possibility of a 'day school' for anxious/vulnerable pupils to support LA duty. 100%AWPU expected from schools. Still need to have GP/CAMHS referral. This may need two sites because of the geography of Worcestershire. ● Model 3 MET becomes part of an existing school or academy eg Chadsgrove Teaching School. This offers significant management, leadership, CPD and finance support.
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Stakeholder Views-Strengths

- quieter and peaceful learning environments
- smaller groups
- able to make friends
- staff are kind and supportive
- easier to ask and answer questions
- more individual attention
- less pressure
- 'staff 'get me' and so do the other children
- 'MET is run like a school not a babysitting service. It is a small scale education facility'
- staff are very nurturing
- staff are very willing, they are committed and keen but work in very difficult circumstances
- staff try to support his progression
- teachers love their job and work hard to make a difference
- focus on wellbeing, not just on academic stuff

Stakeholder Views - Areas for Development

- excluded pupils in adjoining accommodation
- bells going off in shared buildings
- locking of the gate
- door not safe
- lack of IT equipment
- lack of science equipment
- better careers advice
- more rooms so there could be a time out room etc
- Outside area so we can do PE
- More trips
- More art equipment
- more subjects offered
- higher and foundation groups
- not quick enough in getting teaching in place
- child been at MET too long
- lack of specialist placement for pupils to transition onto
- not enough hours

- children thrive at the MET and can go on and make something of their lives
- staff listen
- MET are flexible in their approach to meet individuals needs
- creative in meeting educational needs of pupils
- home tuition lessons are excited and engaging
- support given to complete EHCPs

- not enough breadth of curriculum offer
- improve joint working with CAMHs - clarity of roles
- few opportunities for staff to meet to undertake CPD and self-evaluations
- improve communication with pupil's home schools
- having post 16 provision for pupils with medical needs
- lack of resources, including not enough staff
- feels like a 'holding ground for pupils awaiting an EHCP
- unrealistic expectations of the MET by mainstream schools
- not meeting the needs of SEND pupils consistently
- no other choices for schools in county for pupils with medical needs
- need clearer entrance and exit protocols - currently open to interpretation
- schools are being 'directed' by CAMHS to make referrals to MET
- staff need access to clinical supervision

Thank you for the support you offered Cath and I during the review; we hope this report forms the basis of a productive journey forwards in order to support children and young people with medical needs within Worcestershire.

Please do not hesitate to make contact if you have any follow up questions.

Many thanks

Jayne

Jayne Franklin

Headteacher

The Children's Hospital School at Great Ormond Street & UCH

Tel. 020 7813 8269

Email: j.franklin@gosh.camden.sch.uk

Great Ormond Street Hospital for Children NHS Foundation Trust | London WC1N 3JH



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