WORCESTERSHIRE CHILDREN FIRST

Appendix 2

MET Review 2020: Detailed summary of feedback from Stakeholders Groups

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Summary of feedback from Children and Young people

Theme	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
WCF and NHS interventions beyond reasonable adjustments	• Children feel settled at the MET • Children make good academic progress at the MET • Staff are friendly and respectful • Children feel safe and confident • Social opportunities to make friends • Small groups • 1to1 • Quiet environment • Transport to and from bases • Involvement of CAMHS • Teaching staff, including teachers and teaching assistants • Being away from mainstream school • Welcoming environment	• Lack of outdoor and physical activities on curriculum • Lack of non-core curriculum items like Design & Technology, languages • Lack of school trips and other similar opportunities • Lighting and layout of premises used • Sometimes children aren't academically stretched enough	Animal therapy

Summary of feedback from Parents

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
Prevention, early intervention, mainstream interventions	• Maintain education and academic progress • Find alternative education setting to meet child's needs • Maintain social skills • Social and emotional development, including learning strategies to manage mental health • Able to complete GCSEs • Increase confidence and self-esteem	• Some individually excellent staff	• Joint working, contact and coordination between schools and CAMHS often leading to disjointed support, disagreements about education approach and long absences from education • Parents unable to successfully progress EHCPs with children/access additional support for their children's education • Schools unable to and unprepared to meet sensory needs, anxiety or autism • Inflexible and rigid approaches which can make things worse • Schools unable to identify early when children are struggling and need extra help • Lack of effective transition between Primary and Secondary Schools	• Mental health worker in education/schools • Family support workers attached to schools • Professional support, advocate or navigator to assist parents through education processes and provision • Key worker to support transition from Primary to Secondary

WCF and NHS interventions beyond reasonable adjustments	• Feel physically and emotionally safe	• Providing a period away from mainstream school • Small learning groups • Understanding teaching staff which pupils trust • MET learning environment • Being with children/young people with similar experiences • Taxis to and from MET provision • Outcomes for most pupils being supported by the MET	• Time/delays in accessing support once – quicker assessments and access following disengagement at school • Limited curriculum, including things like PE, ICT, outdoor learning • Lack of life skills and vocational subjects in the curriculum • Lack of linked mental health support and therapeutic support • Knowledge and expertise concerning autism and specialist needs of individual children • Shared site, noise and disruption from the PRU • Lack of support for parents • Lack of coherent multi-disciplinary approach between education and health staff • Links and joint working with CAMHS • Joint working between MET and home school, including planning and flexible learning between the two • Involvement of family support	• Able to stay to complete GCSEs • Staff are understanding • Creative ways for children to express themselves, e.g. arts, creative writing • Assessment by MDTs • Provide a less stressful environment than school environment • Maximise classroom time, above home tuition and online learning • Provision which is in between mainstream education and special schools • Provision of therapeutic support, psychological interventions and mental health treatment • Up to 19yrs, not just 16yrs • Children registered at MET, but accessing PT timetables at mainstream schools to access wider peer group

			• Keyworker/advocate to guide family through provision and options • Transition to post 16yrs education and colleges • Lack of coherence in NHS approach between autism and mental health • Family support workers lacking knowledge and skills to provide help and support where child has anxiety, sensory needs or autism	and prepare for reintegration
Overall model		• Integration and joint working, on MDT basis between CAMHS, autism teams, education (including MET and home schools) • Protocol/process for quick to access support and offer at point of school disengagement • Support for parents including family support, therapeutic support and advocacy/keyworker approach • More readily accessible skills, knowledge and expertise concerning autism, mental health • Flexibility and collaboration between home school and MET • Small, learning nurturing environments away from mainstream/home school based on mix of 1to1 tuition, online learning and classroom-based provision, but maximising the latter • Provision outside of home school which has a broad curriculum and timetable covering education and life skills • Provides scope for young people to complete GCSEs away from home school • Provision which is more than mainstream education offer, but not a special school		

WORCESTERSHIRE CHILDREN FIRST

Summary of feedback from the Medical Education Team

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
Prevention, early intervention, mainstream interventions	• Maintain education • Able to build resilience and skills to manage conditions and disabilities throughout life • Better connected to and able to contribute to the local community • Engaged and enjoying education • Prepared for exams and achieving good results • Keeping up educationally with their peers		• Support agencies can be too slow to get involved before and at the point of crisis which creates delays and absence • Perception that often schools don't use their own resources to support the child as part of the graduated response before referring to MET. Schools often refer to MET without having used educational psychology, CCN teams, learning support or TFS. Schools do not appear to be able to deploy TA support or online learning systems within school to avoid the child coming out of school. • Lack of evidence that schools are applying a graduated response • Perception that Schools appear to be referring to MET because a child is a safeguarding risk for them, e.g. when a child has	• More flexible and broader timetable to adapt to circs, including work experience, care farms, reduced timetables. • All supporting letters/referrals from medical practitioners need to contain diagnoses and treatment/therapy plan, particularly CAMHS • Where anxiety is being flagged up as a reason for non-attendance, this should trigger an early help response with the families to see and support what is happening outside of school time • Minimum requirement for a referral to MET is preventative action including multi-agency meetings, assessments and plans

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
	• Personal and social development and able to form friendships with peers • Provision of and maintenance of routine and structure • Feel safe and confident going to new environments, like the MET • To be prepared and ready for the next stages of life and education		suicidal ideation. Instead, they could be doing their own risk assessment with the support of CAMHS and social care. They should be prepared to deploy resources to mitigate the risk and allow the child to remain in school. • Role of medical professionals in supporting wishes of parents and schools to sign-off children off school but without exercising their own professional judgment and understanding the consequences of children being out of school	
WCF and NHS interventions beyond reasonable adjustments		• Small groups • Nurturing environment, which is more relaxed and less stressful • The ability for the pupils to access	• MET staff feel isolated and disconnected to support and resources – which might typically be available to staff at a school • Current sites used by MET cause concern as unpractical and unhelpful for MET cohort being	• Education Welfare Officer with the MET • Better balance of mix between face to face delivery and online • Home school role to include sending support work for PSHE; regular visits from teaching staff; invitations for pupils to

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		MET and their schools simultaneously • Flexible approach provided by MET which helps pupils fit in and continue education as soon as possible • Mixing with other children and young people educationally and socially • Impact MET has on helping young people to enjoy education again • Flexibility and friendliness of staff • Delivery or core curriculum • Home tuition provision	next to PRUs – need to be away from the PRUs • Parents being promised to much, needs to be a focus on what children need, rather than what parents think they might need • Better venues needed in terms of car parking, exam space, outdoor space, social area, quiet rooms • More expertise and specialisms needed within team to cover subjects like IT, science, design and technology • A more holistic approach to the wellbeing of the child e.g. exercise, diet, sleep etc • Better IT resources for pupils and staff. Printers (A4 and A3), scanners, tablets. And better Science resources • Lack of breadth and depth in the curriculum including things like PE, trips out, outside speakers coming in	get involved with extra-curricular activities (continue to be included in the wider school community); use of Science Labs for required practical's • Schools maintaining contact with and inclusion of children and young people in school community, including provision of TAs from home school to support transition, as well as other things like school nurse, careers advice, school prom – anything outside of scope for MET to deliver/provide but available to home school • Dedicated CAMHS worker to see young people on site and be point of contact for CAMHS and MET • Dedicated educational psychologist • Regular school nurse visits

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Having physical bases • Use of TAs who can see children regularly • Good relationships with most parents • Good relationships with most schools • Outcomes being achieved by children academically, personally and socially	• Lack of continued ownership and involvement of home school, including a lack of input and support for reintegration • Bases aren't easy to access for some families, which is a issue where mental health is the medical reason for referral • MET staff not as involved as could be in transition – lack of time given with pupil's post transition • CAMHS and other health services/practitioners are often not visible enough or supportive enough of activity to reintegrated children back into home school • Lack of ongoing engagement and involvement from Family Support staff once MET becomes involved – at that point perception that cases closed and handed over to the MET (inappropriately) • Insufficient staff numbers to meet demand	• YOGA/mindfulness, i.e. therapeutic lessons • Larger Worcester base for the south of the county • More sharing with home schools including resources like textbooks/revision books/workbooks and departmental materials e.g. PowerPoints, practice papers, worksheets, end of topic tests. • Involvement of health agencies in providing advice on emotional and health issues of pupils • New photocopiers, printers, interactive whiteboards etc. Employ more staff so students can be taught for more hours/ more subjects and in more flexible ways. • Provision of post-16yrs advice, via MET or via home school • MDT approach to education plans

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
			• Hospitals/health services not notifying MET when CYP are discharged from hospital or there's a change in their treatment • Lack of admin support takes capacity away from teaching staff for teaching • MET shouldn't be measured by reintegration results, as this isn't appropriate for some CYP and relies significantly on roles of health services and home schools	• Provision of MET staff who can be "loaned" to or work temporarily with schools with individual pupils • Links to bereavement agencies and support • Clearer roles and responsibilities between NHS and educational agencies. If therapeutic activity to be delivered within MET it should be by health professionals and practitioners. • Overhaul and investment in ICT • There should be clear exit criteria for MET pupils. If pupils refuse to attend MET consistently, we should be able to close the place and responsibility for education transfer back to the school. • There should be a higher charge for home tuition than a MET unit place and a greater onus on health and other

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
				agencies to contribute to moving them on from this. • Home tuition should be time limited where the cause is SEMH. If there is no progress towards coming out of the home within an agreed time limit then the school/ authority should take over and provide either online teaching or other more appropriate support. Currently we cannot provide long- term tuition, as we do not have the staff. • Met to be a registered provision • Provide a budget to schools but with clear plan and oversight
Overall model		• Current MET model unable to access external/additional funding which might fund better equipment, more staff etc • Standard and more permanent contracts for staff • Lack of admin support is eating into teaching and support capacity of staff • Partnerships with schools to provide facilities and resources		

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• MET going into home schools to prevent, delay or reverse school refusals and non-attendance – including "loaning" MET TAs (which could also apply to colleges) • Home schools taking responsibility for medium to long term education of their pupils, including progressing EHCPs, CCNs, educational psychologists whilst MET provides education • Creation of a team around the family for children needing the MET's input, with ownership from other agencies • MET as a registered provision • A higher charge for home tuition than a MET unit place and a greater onus on health and other agencies to contribute to moving them on from this. • A credible and well resourced remote/online learning offer and provision • Physical bases • Provision for post-16yrs to Years 12 to 13		

Summary of feedback from Schools

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
Prevention, early intervention, mainstream interventions	• Children feel safe and supported • Maintain education • Achieve qualifications • Successful reintegration back into school • Schools leading • Parents included • Life skills and resilience to manage their conditions and circs into adulthood	• Parent engagement and contact, including regular meetings • Flexibility in schools – including personalised timetables to suit a student's needs, personal support plans, pastoral and wellbeing support, additional academic support/TA, environmental adjustments, reduced timetables, educational psychologist, family support, anxiety therapy, school counselling, work in a smaller setting, individual mentor • Following local offer and graduated pathway until no options available other than MET	• Schools unable to meet mental health needs of pupils • Lack of visibility and support from family support and social care • Lack of advocacy and professional advice for school staff, parents • Lack of visibility and engagement of CAMHS in multi-agency assessments and decisions • Inability of schools sometimes to change physical environment for a pupil • General lack of multi-agency working due to a lack of visibility and engagement of CAMHS, social care and family support – where there is contact and engagement it is slow and unresponsive	• Therapeutic and other support for parents to help them successfully contribute and engage • CAMHS fast-track where children and young people are absent from school for sustained periods, e.g. 15 days or more • Use of IHCPs to guide provision for children and young people • Graduated response guidance specifically for non-attendance and medical issues

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Schools coordinating multi-agency inputs such as family support, learning support teams, educational psychologists	• A lack of genuine support options outside of school • Lack of guidance and clarity from medical professionals about how much education CYP should be receiving • Lack of clarity about how graduated response can be used to address non-attendance • Lack of visibility and engagement of school nurses • Lack of positive engagement and involvement from GPs, particularly concerning issues like ASD	
WCF and NHS interventions beyond reasonable adjustments		• School visits to the MET with the student and parent • Schools conduction quality assurance (of curriculum and provision) and monitoring attendance whilst pupils at the MET	• Lack of awareness amongst schools about MET existence and offer • Lack of support or input for CYP where there is regular absence due to medical conditions but not for 15 consecutive days – what's the	• Therapeutic and other support for parents to help them successfully contribute and engage • CAMHS and MET working closely together • Provision of a coordinating role to liaise with health services for assessment and

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Regular meetings with MET, parents and pupils – weekly to termly, depending on the situation] • Provision of additional online learning by home school • Smaller learning groups and specialist interventions • MET staff are very approachable, helpful and friendly • Reduced timetables and learning environment • Consultant level of input to support medical reasons for referral • Advice provided by MET about changes which can be made in the school	offer before this stage and as part of graduated response • Lack of contact and response from MET • Lack of capacity in MET to cope with current demands • MET sometimes lacks expertise to help some children and young people • Need more outreach focus and service for schools and families • Lack of visibility and accessibility of information about the MET – what it does, criteria etc. • MET staff could be more involved in the reintegration/transition process back to home school	plans, as well as with schools for transition • As a minimum, schools required to attend half-termly progress and review meetings, as part of reintegration plan – considering academic, social and personal development • Arts/crafts for therapeutic purposes • Family support/social care automatically involved at point of reintegration/transition from the MET • MET delivered in a number of satellite sites to make it more accessible to and linked to mainstream schools
Overall model		• Schools lead whole end to end process and decision-making, but with commitment and support from partner agencies. Key role in communication and coordination with all stakeholders, including family.		

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Parents involved throughout in assessments, and decision making • Medical professionals to direct how much education a CYP might be able to receive • Response centred around ICHP which informs actions to be taken and eligibility for MET (regardless of statutory eligibility) • Service required where children and young people can attend education but have unmet mental health needs preventing this • Role of family support/social care in helping children get back into full-time education • MET provision focused academically on maintaining learning in English and maths in the first instance, science and humanities after that if the child is well enough to access learning. Art/Craft should be integral for its therapeutic elements • MET should be short-term provision supporting return to home school or onward transition to another registered provision. Also scope for MET staff to deliver support at home school. • MET also providing knowledge and expertise to schools about how they can adapt approach and environment for pupils to promote engagement and attendance – both formally and informally • Long-term provision for children and young people who are unable to return to mainstream education • Role of family support/social care to support reintegration – MDTs pre-MET referral, as part of reintegration/education plan, and as part of reintegration/transition • Model which has two services/approaches – one for mental health needs and one for physical health needs		

Summary of feedback from Health

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
Prevention, early intervention, mainstream interventions	• Maintain child's place at school • Maintain engagement with education • Maintain children's social contact with other children • Maintain routine and structure • Ensure children can achieve qualifications • Integrate children successfully back into school • Identification of a child's special educational needs • Children and young people are		• Lack of knowledge, tracking and awareness of a large number of CYP on roll with mainstream schools but not attending due to related ASD, high anxiety etc • Schools unable to meet mental health needs of pupils, and/or ASD needs (particularly when undiagnosed) • Schools unable to flex learning environment to support the mental health and wellbeing of pupils • Schools not referring to MET for financial reasons • Lack of support available for children and young people with ASD • Lack of support available for children and young	• Be clear about terminology as in most cases CYP with medical conditions can attend school with some support. This might not be possible when there are cases of anxiety linked to school attendance which isn't a medical issue • Support for parents and families at point of crisis through parenting programmes, facilitating access to help in the community/peer to peer • Social Care/Early Help part of MDT approach before referrals to MET are considered • Parents given a central role in MDT assessment, decisions and planning • Access to provision which enhances school offer such as mentoring, care farms, youth work, online support –

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
	in an environment they feel safe in • Children and young people are in an environment which supports their specialist needs • Children and young people can grow socially and emotionally • Confidence to return to mainstream education		people who have experienced trauma • Lack of communication and collaboration between education and health regarding CYP progressing via Umbrella Pathway • Lack of clarity about NHS role in signing off CYP from school, and the information available to health professionals in making that decision • Lack of application in schools of graduated response, early assessments and support	particularly from VCS/Charity Sector • Greater involvement and inclusion of school nursing. Educational psychology. Complex Communication Difficulties Team • Advocacy for parents - support for parents to understand their rights when mainstream schools are not doing what they should be
WCF and NHS interventions beyond reasonable adjustments		• Smaller learning groups • Personal tuition • Reduced timetables • Focus on small range of subjects • Mixing with pupils with similar	• Lack of online learning • No option for full-time timetable • Lack of subjects included/breadth of curriculum • Teaching staff more understanding of pupils	• Integrated care plans and assessments between health services and MET • MDT approach involving health professionals • Closer working with CAMHS, including CAST service in particular

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		conditions / experiences • Understanding teaching staff/friendly attitude • The learning environment • Partnership working • Home tutoring Preventative work in schools • MET being in the space between mainstream and special school and providing interim calmer environment	needs – specialist skills/knowledge • Lack of involvement with children's schools • Lack of involvement with health services • Provision of mental health support • Partnership working could be better • Lack of capacity and locality infrastructure in CAMHS and NHS (e.g. Umbrella Pathway) to engage with MDTs • EHCNAs can't be completed if children are outside of school and at the MET	• Better sharing of information between CAMHS, MET and schools about which children and young people are at risk of disengaging from school or already being supported by the MET • Jointly commissioned service including health professionals within MET offer – including CAMHS worker based in the MET who can assist with coordination with CAMHS, assessments, education plans and reintegration to home school • Home schools being significantly involved including in reintegration plan, keeping in touch with young people and MET staff, offering access to curriculum and subjects MET can't provide, part of ongoing assessment of needs

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
				• Online learning needs to be considered, but not at expense of reducing children's' social contact and time outside of the home • Joint approach to day/residential settings which meet educational, health and social care needs to prevent Tier 4 CAMHS admissions
Overall model		• MDT approach which involves health professionals in assessments, decision making and plans • Parents involved in MDT approach and decision-making • Parents need to be given to support to take responsibility and provide support and learn the skills they need – would be more than the early help offer • Focus on either maintaining engagement and attendance at school • Where this isn't possible then focus is on reintegration • Change branding and terminology to split difference between medical conditions preventing engagement with education, and anxiety linked to school attendance preventing engagement with education • Split approach between medical and social communication needs (i.e. ASD, neurodevelopment, social isolation, high anxiety) • Jointly commissioned (with NHS) MET approach with health professionals integrated into MET offer		

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Special school needed for children with high anxiety and who are unable to return to mainstream education • Recovery model with MET providing rest and recover then intervention, takes some of the stresses off the child and fosters a sense of success and self-esteem. During this period can also undergo assessment of educational needs with a role for educational psychology to review and support planning/intervention • Exit planning needs to be central to the process – with an aim of going back into mainstream school. • Use similar approach and model adopted by Perryfields		

Summary of feedback from Social Care and Early help

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
Prevention, early intervention, mainstream interventions	• Maintain a child's education • Maintain child's place at their school • Children can achieve qualifications • Children and young people feel safe and supported • Successful reintegration back into school • Children's needs are clearly identified • Parents feel engaged and informed	•	• Schools unable to meet the mental health needs of children and young people • Schools not identifying needs early enough	• Social Care/Family Support as part of MDT process – including information sharing and joint assessments/planning to cover at school and at home • Training and awareness raising with Social Care and Family Support workers • Parents offered help and advice about their options and what's happening
WCF and NHS interventions beyond reasonable adjustments		• Small learning groups • Specialist learning environment • Teaching staff – friendly and understanding • Reduced timetables • Partnership working • Home tutoring	• General lack of understanding of MET and involvement with MET • Lack of full-time provision • MET unable to support CYP with complex health needs • MET not being registered provision	• Social Care/Family Support as part of MDT process • Training and awareness raising with Social Care and Family Support workers • Schools as critical part of reintegration plans • Schools maintaining contact and inclusion of children and their parents whilst they are being supported by the MET

Theme	Vision, aims, outcomes	Positive – build on, do more of	Negative – gaps, areas for change or improvement	Practical ideas
		• Prevention activity in schools		
Overall model		• Parents involved throughout process, so they are informed and contributing to decision-making • Social Care/Family Support involvement of family support/social care where poor attendance, SEN and mental health issues in school/at home emerging – part of MDT approach • MET as part of Support service as part of multi-agency approach Focused on reintegration back into home school • MET providing advice before referral to help school, particularly where there are potential underlying SEN issues • Social Care/Family Support involvement also at point of reintegration, working with the family • Social Care/Family Support part of strategic partnership and oversight, as well as case by case MDT approach		