Appendix 3 Summary of Medical Education Review 2020 Findings

1. Co-production stakeholder review findings

The following summarises the feedback from stakeholders detailing the views on what they would like to continue from the current medical education provision and what would make it better.

<table>
<tr><th>Stakeholders</th><th colspan="2">Thematic Responses</th></tr>
<tr><td rowspan="2">Children and Young People</td><td>Want to continue with:</td><td>Would be better if?</td></tr>
<tr><td>• feeling settled at the medical education provision
• making good academic progress
• the staff being friendly and respectful
• feeling safe and confident
• the social opportunities to make friends
• working in small groups and 1-1
• the quiet environment
• having transport to and from bases
• the involvement of Child & Adolescent Mental Health Service (CAMHS)
• the teaching staff, including teachers and teaching assistants
• being away from mainstream school
• the welcoming environment</td><td>• there were outdoor and physical activities
• there were non-core curriculum subjects like Design & Technology, Languages
• were school trips and other similar opportunities
• The lighting and layout of premises was better
• were academically stretched more</td></tr>
<tr><td>Parent carers</td><td colspan="2">Would be better if?</td></tr>
<tr><td colspan="2">• There was flexibility of schools to personalise provision for student's
• schools could co-ordinate multi-agency inputs such as family support, learning support teams and educational psychologists
• Integration and joint working, on a Multidisciplinary Team (MDT) basis between CAMHS, autism team, education (including medical education and home schools)
• A protocol/process for quick access to support and an offer at point of school disengagement
• Support for them including family support, therapeutic support and an advocacy/keyworker approach
• More readily accessible skills, knowledge and expertise concerning autism and mental health
• Flexibility and collaboration between home school and medical education provision</td></tr>
</table>

	• Small, learning nurturing environments away from mainstream based on mix of 1to1 tuition, online learning and classroom-based, but maximising the latter • Provision outside of home school which has a broad curriculum and timetable covering education and life skills • To provide scope for young people to complete GCSEs away from home school • Provision which is not a mainstream offer but is not a special school
The Medical Education Team	**Would be better if?**
	• The service could access external/additional funding which might fund better equipment, more staff etc • standard and more permanent contracts for staff • more admin support which is 'eating into' teaching and support time • partnerships with schools to provide facilities and resources • go into home schools to prevent, delay or reverse school refusals and non-attendance – including "loaning" the Medical Education Team (MET) • home schools taking responsibility for medium to long term education of their pupils, including progressing Education, Health and Care Plans (EHCPs), Complex Communication Needs Team (CCNs), involving educational psychologists (whilst MET provides the education). • the creation of a team around the family for children needing the MET's input, with ownership from other agencies • registered provision • a higher charge for home tuition than a 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 need improving or changing • provision for post-16yrs up to Years 12 and 13
School representatives	**Want to maintain**
	• Good parental engagement and contact, inclusive of regular meetings
	Would be better if?
	• They lead the whole end to end process and decision-making, but with commitment and support from partner agencies. • A key role in communication and coordination with all stakeholders, including the family. • Parent carers involved throughout in assessments, and decision making • Medical professionals direct how much education a CYP might be able to receive

	• The response centred around an Individual Care & Health Plan (ICHP) which informs actions to be taken and eligibility for medical education provision (regardless of statutory eligibility) • A service available for children and young people able to attend education but have unmet mental health needs preventing this • provision focused on maintaining learning in english and maths in the first instance, science and humanities after that and if the child is well enough arts should be integral for its therapeutic elements • short-term provision supporting a return to home school or onward transition to another registered provision. • Scope for staff to deliver support at home school. • to provide knowledge and expertise to schools about how they can adapt an 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 • Early help/social care to support reintegration – MDTs pre-medical education provision referral, as part of reintegration/education plan, and as part of reintegration/transition • A model which has two services/approaches – one for mental health needs and one for physical health needs
Health Practitioner representatives	**Would be better if?**
	• A MDT approach which involves health professionals in assessments, decision making and plans • Parent carers were involved in the MDT approach and decision-making • Parent carers were given support to learn the skills they need – this would be more than the early help offer • A focus on maintaining engagement and attendance at school - where this isn't possible then focus is on reintegration • change the branding and terminology to decipher between medical conditions preventing engagement with education, and anxiety linked to school attendance preventing engagement with education • A split approach between medical and social communication needs (i.e. Autism spectrum disorder (ASD), neurodevelopment, social isolation, high anxiety) • A jointly commissioned (with NHS) approach • Health professionals integrated into the offer • A special school for children with high anxiety unable to return to mainstream education • A recovery model providing rest and recover then intervention

	• A role for educational psychology to review and support planning/intervention • Exit planning with the aim of going back into mainstream school.	
Early Help and Social Care representatives	**Would be better if?**	
	• Parent carers were involved throughout process so they are informed and contributing to decision-making • Social Care/Family Support involvement where there is poor attendance, identified SEN and mental health issues in school/at home emerging – to be part of the MDT approach • part of a multi-agency approach, focused on reintegration back into home school • to provide advice before referral to help the school, particularly where there are potential underlying SEN issues • involved at point of reintegration, working with the family • part of the strategic partnership with oversight, as well as case by case MDT operational approach	

2. Data Review findings

Other review analysis looked at demand and usage for medical education provision in Worcestershire over time.

a. The number of children and young people supported by the MET has increased over the last 5 years, but not significantly over the period.

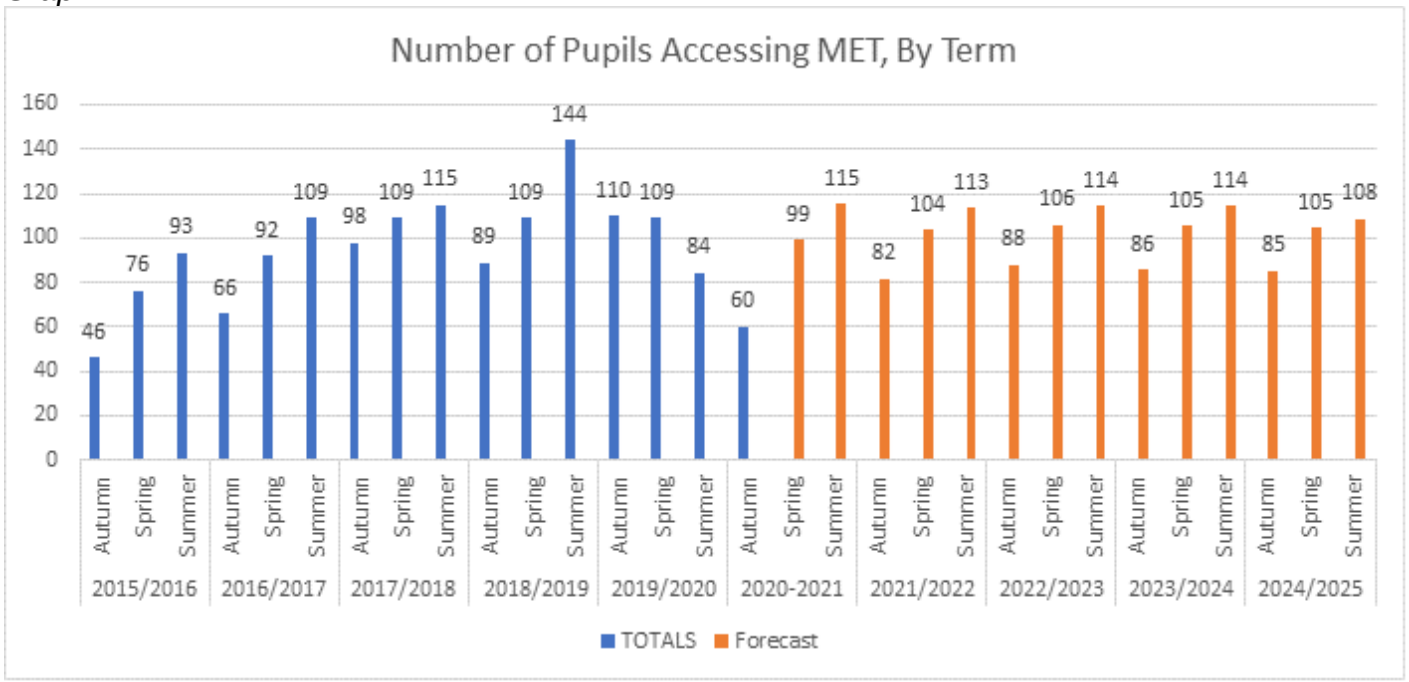
The number of children and young people supported by the MET since academic year 2015/16 is shown in the graph1 below. The numbers include those supported in base group provision, 1:1 tuition, or home learning, and varies from 1 hour to 23 hours per week. Pupils attending the base provision are typically taught in groups of 8-10. Analysis of the children accessing places at the MET since 2015 shows 42% are boys and 58% are girls. There are no unusual trends or correlations in relation to gender.

It can be seen that numbers of individual pupils increase term on term in each academic year and then reduce at the start of the following academic year. The impact of the current pandemic is also seen in the number of children accessing the service in Summer 2019/2020. The information for Spring 2020/2021 and Summer 2020/2021 is a forecast based on a 5-year average.

A 5-year-termly average has been calculated (graph1) to reflect the trend for each term, with no change to the eligibility criteria for the service, or wider system changes. Due to the lower numbers of children supported during Summer 2019/2020 and Autumn 2020/2021, the 5-year average is now lower than previously predicted. This results in slow growth over the next 5 years to a maximum of 128 pupils.

The forecast does not include a reduction of pupils because although the model includes Prevention and Early Intervention other factors including impact of Covid, children and young people currently supported under Section 19 other alternative provision and knowledge that there some children and young people not identified consistently under the Section 19 duty. Increased monitoring will identify these children and young people.

Graph 1:



b. Pupils attending the bases are mainly in Key Stage (KS) 3 or 4 with a small number from KS2 (Year 5 or 6).

The following table (table 1) details the pupils who have been supported by the Medical Education Team since academic year 2015/16 by key stage. On average 49.5% have been in Key Stage 3 (years 7 to 9 / 11-14 year olds) and 42.8% in Key Stage 4 (years 10 to 11 / 14-16 year olds), with the remainder in Key Stage 2 (years 3 to 6 / 7-11 year olds) or unrecorded.

Table 1:

Number of pupils, by Key Stage supported by MET

	2015/2016			2016/2017			2017/2018			2018/2019			2019/2020 (COVID for final term)			Ave	%age
ALL BASES	Aut	Spr	Sum	Aut	Spr	Sum	Aut	Spr	Sum	Aut	Spr	Sum	Aut	Spr	Sum		
KS2 (7-11yrs)	5	8	6	7	10	11	12	12	13	11	12	12	11	12	9	10.1	9%
KS3 (11-14yrs)	18	29	45	38	51	57	53	54	55	49	59	77	65	52	40	49.5	46%
KS4 (14-16yrs)	23	39	42	21	28	41	35	48	54	40	49	65	49	56	52	42.8	40%
Not recorded	0	0	0	2	5	7	11	8	6	5	5	6	5	9	6	5	5%
TOTAL	46	76	93	68	94	116	111	122	128	105	125	160	130	129	107	107	

c. Since 2015, on average a pupil will attend for 7 hours per week

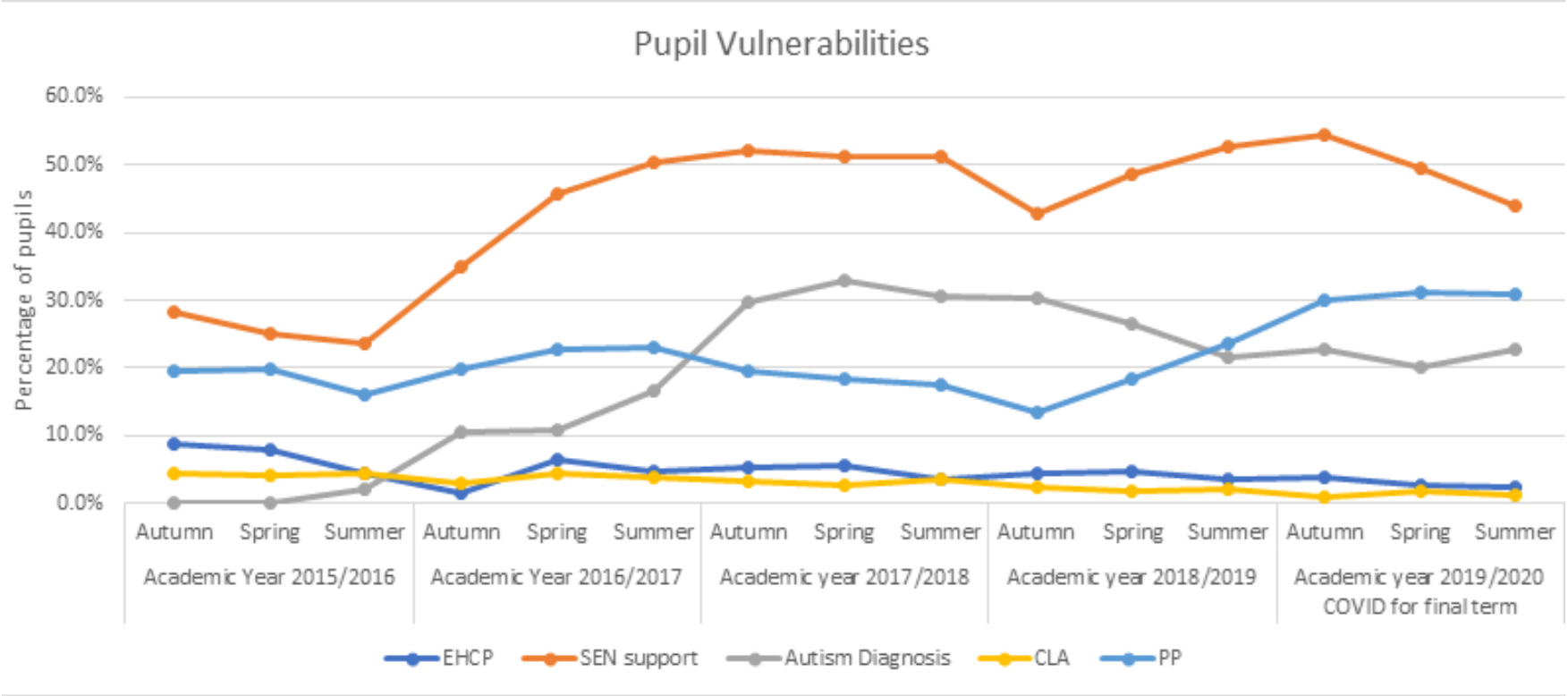
Pupils attend for between 1 and 23 hours per week, which on average equates to 7 hours per week per pupil.

d. Pupil Vulnerabilities including SEND

There is an over-representation of children and young people with SEN Support or autism diagnoses (particular the latter) either confirmed or under consideration.

The comparison to current census data for secondary school age pupils in mainstream education compared to those accessing the medical education service reveals that while the rate of EHCPs is similar, the rate of pupils with SEN support is 5 times higher. The rate for pupils with an autism diagnosis at the MET is 11 times higher which may indicate the reason for the pupil's SEN support. Children who are looked after is 1.7 times higher while pupils eligible for pupil premium is 1.1 times higher than the rate in mainstream.

Graph 2:



Rates for pupil's vulnerabilities were recorded as a percentage of total pupil numbers by term. This shows a step change in rates of pupils with recorded SEN support following the SEND code of practise issued in 2015 which has now levelled out. The percentage of pupils with autism has increased during 2016/2017 before settling at around 25% of all pupils supported by the MET; a change that may also be due to the revised Code of Practise.

The percentage of pupils with an EHCP plan increased to 5.5% but has since fallen back to 3.5% while pupil premium (PP) shows an average of 22.5% over the last 3 years and children looked after (CLA) a rate of 2.2% over the last 3 years.

The comparison to current census data for secondary school age pupils (table 2) reveals that while the rate of EHCPs is similar, the rate of pupils with SEN support is 5 times higher. The rate for pupils with an autism diagnosis at the MET is 11 times higher which may indicate the reason for the pupil's SEN support. Child looked after is 1.7 times higher than the 1.3% rate in mainstream secondary schools while pupils eligible for pupil premium is 1.1 times higher than the 20.2% rate in mainstream.

Table 2:

	Mainstream Secondary school pupils	**3 yr average, MET pupils**
EHCP	3.7%	3.9%
SEN support	10.5%	49.7%
Autism diagnosis	3.1%	34.6%
CLA	1.3%	2.2%
Pupil Premium (PP)	20.2%	22.5%

Source: School Census January 2020 and October 2020

e. Mental health related medical conditions make up the significant majority of referrals to the service.

A large majority, approximately 80%, of referrals are for pupils with needs associated with anxiety and mental health which present a barrier to accessing their school place (as detailed in Table 3 below). The other 20% include those with low immunity, a temporary restriction in mobility, a condition which required hospital services and treatment, including post-operative recovery where school attendance is not yet appropriate.

Table 3:

Type of Health Need, by pupil, by term

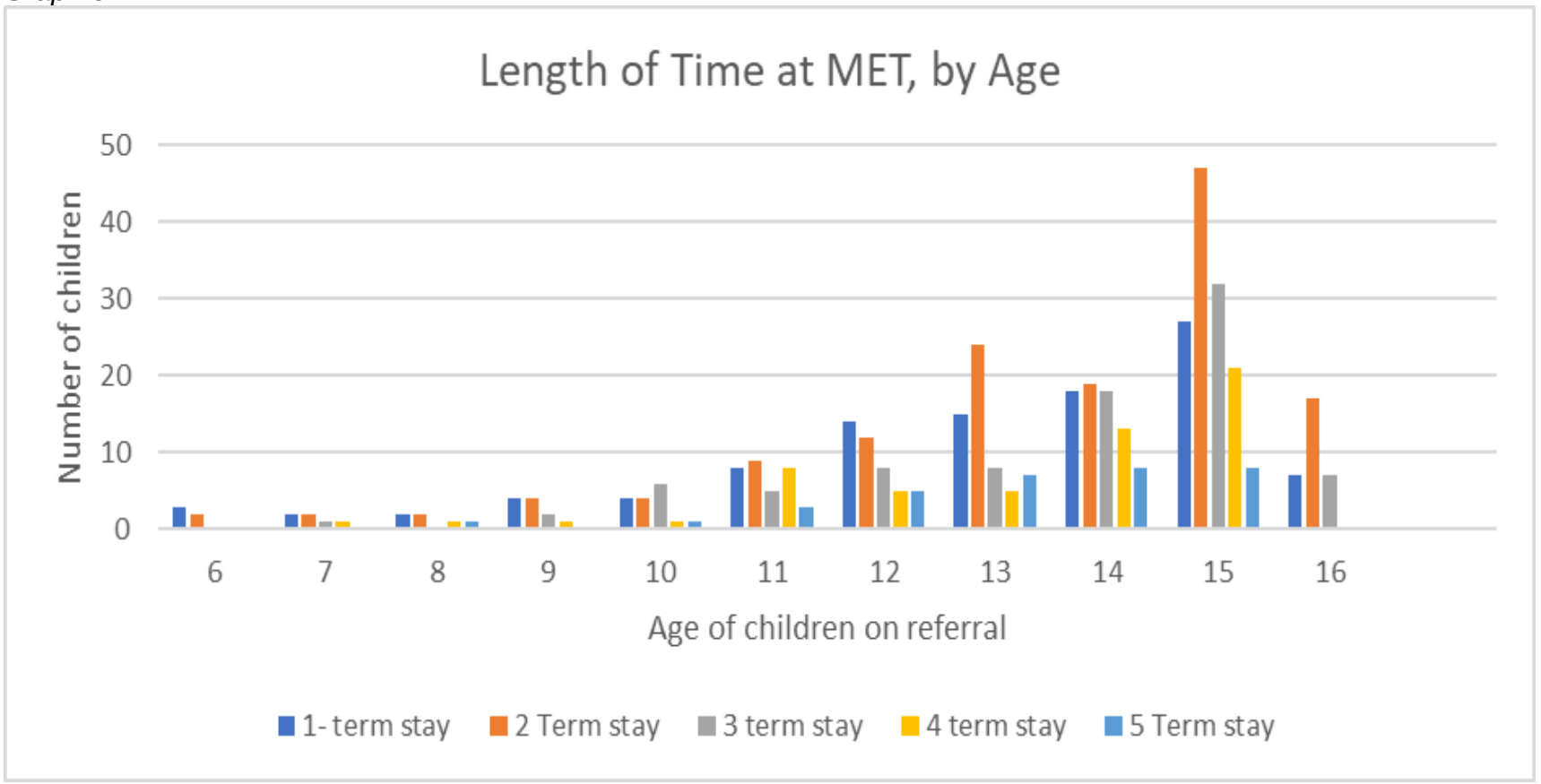
	2015/2016			2016/2017			2017/2018			2018/2019			2019/2020 (COVID for final term)		
	Aut	**Spr**	**Sum**	**Aut**	**Spr**	**Sum**	**Aut**	**Spr**	**Sum**	**Aut**	**Spr**	**Sum**	**Aut**	**Spr**	**Sum**
Mental health	36	59	74	57	73	94	90	100	102	80	99	129	98	97	
Physical health	9	14	17	9	20	22	18	19	20	21	21	25	24	25	
Mental health %age	80%	81%	81%	86%	78%	81%	83%	84%	84%	79%	83%	84%	80%	80%	
Physical health - %age	20%	19%	19%	14%	22%	19%	17%	16%	16%	21%	18%	16%	20%	20%	

f. Length of support and destinations

The length of time that children access support from the MET varies (graph 3). Most children/young people (86%) leave the service within 5 or fewer academic terms, and 95% within 7 academic terms. 5% (26 pupils) in the last 5 academic years have accessed the service for longer than 7 terms (2 school years and 1 term).

Graph 3 also shows that the length of time the child needs support increases with the age of the child.

Graph 3:



Of the 503 pupils supported by the MET since Autumn 2015, the majority (53%) left the service either to return to a mainstream school or had completed their statutory education. 23% struggled to engage with the service and outcomes were not recorded. The remainder moved to alternative provision such as special schools, Alternative Provision or Elective Home Education.

g. **Which schools refer to the MET**

There's no unusual or unexpected trend or pattern in the location of schools or where children and young people live in terms of who is referred and provided with support through the Medical Education Service. It tends to be associated with areas which are most populated and have the highest levels of deprivation. There are 21 schools which account for over half of all referrals to the service, which are mostly situated in Worcester, Redditch and Kidderminster.

3. Research of other local authorities:

Findings from the research of other local authorities included:

a. A consistent finding **that medical education provision is provided through Pupil Referral Units (PRU's) commissioned by the local authority.** The only exception is where hospital schools are already established.

b. Medical education provision funding models are diverse across authorities. What is consistent is that the **funding models call on a mix of Council DSG budget and contributions from schools**, usually based on a combination of the AWPU/Pupil Premium for MET pupils.

c. The majority of other local authorities aim for their alternative provision to be **short term provision**. The resounding focus is on rehabilitation and then reintegration.

d. Other commonalities between the other local authorities are within the **referral process** including:

    i. the requirement for **medical professional approval**;
    ii. **schools evidencing their prevention and early intervention interventions** that have failed to meet the needs of the pupil (in order to justify the need for AP)
    iii. the **continuation of registration at the home school** during the short-term AP arrangement.

e. Majority of local authorities **offer full-time education and a full curriculum approach** but the delivery of this is based on individual health circumstances. All local authorities deliver 1-1 tuition for pupils requiring it. Some also offer virtual learning and home tuition

f. Most local authorities have a physical base for children whom can attend.

g. All local authorities support the aim to reintegrate children and young people back into mainstream education.