

Medical Education Service

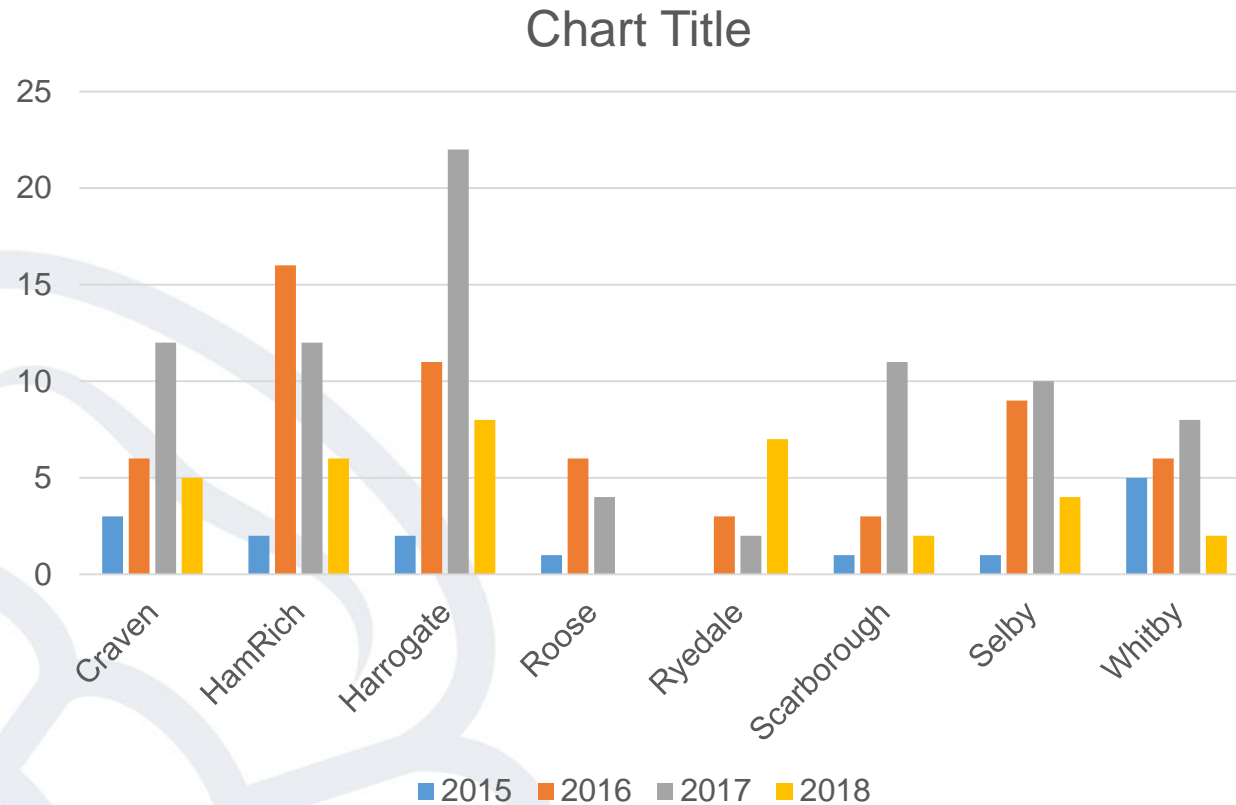
September 2019

Jane le Sage and Carol-ann Howe

Who are the children?

- Jess- 17- housebound with ME. Studying English A level at home
- Karolina- 9- housebound with an undiagnosed condition, on a ventilator, has 24 hour nursing care, has lost communication skills since his illness
- Connor- 13- severe anxiety linked to autism. His meltdowns left him at risk of exclusion so mum decided to home educate. She has had to give up work and is now asking for respite care.
- Meg- 6- has cancer, can't go into school during treatment when immunity is low
- Alice is 15- severe anxiety and an eating disorder, can't get to school

Medical Referrals over 3 year Period



Duties

After 15 days absence the LA has a duty to provide as much education as the child can manage- up to full time

However may also need to offer support in other circumstances (LGO ruling)

Decisions made should be multi agency with a range of options

Evidence base change:

Home tuition may not be the best model for “school refusers”

Current model

Primary

- 5 hours a week
- Home tuition delivered from EMS
- No group tuition

Secondary

- Home tuition delivered from PRS
- 7 hours a week
- Group tuition delivered in some PRS (changing at present)

Post 16

- Centrally organised

Scarborough

- Organised by the home school

Aims and Principles of the new model:

- ❖ CYP should be educated in their local school whenever possible
- ❖ Multi agency working with health to ensure correct decisions
- ❖ Close contact with school during absence makes returning sooner easier
- ❖ Schools should keep responsibility for children currently not able to attend school
- ❖ Families should not feel home education is their only option
- ❖ There should be equity across the county and increased accountability
- ❖ Increase the number of hours offered

Establishment of a new Medical Education Service

- A named co ordinator in each locality
 - Work closely with CAMHS to establish care plan
 - Support schools to meet need
 - Coordinate alternatives when needed
 - Ensure plans are in place to return to school
- Centrally employed medical education service (MES)
 - Increase the number of hours offered
 - Increase the range of options offered
 - Embrace tech options

How the model will work.



Following 15 days of absence due to ill health a referral is made.



A meeting is held with the MES co-ordinator, the school, health and the family. The type of education is agreed at this meeting.

Supported package back to school.



Every 6 weeks a meeting will be held to review progress in health and education. Steps back to school will be discussed. A change of education may be decided upon at this review.

Education will commence for 6 weeks. School will have joint responsibility with MES.



What should schools do?

- Anticipatory provision eg disabled access
- Be proactive during the first 15 days of absence
 - mental health support
 - Early Help
 - Health and safety access issues
 - Plan reasonable adjustments and phased returns as they would for staff
 - Stay in touch- Panda in my seat, Thinking of You
- Chair regular meetings to plan next steps
- Refer to Medical Education Service if needed but stay in touch to plan reintegration

NEW INCREASED HOURS OF TUITION

KS 1
(25% teacher
75% HLTA)

8 hours per week

KS 2
(25% teacher
75% HLTA)

10 hours per week

KS 3
(50% teacher 50%
HLTA)

10 hours per week

KS 4
100% teacher

12 hours per week

Increased range of options

Home tuition

Group tuition (not in PRS- in mainstream)

Online classrooms

Robot streaming



Who are the children?

- Jess- 17- housebound with ME. Studying English A level at home. Has online tuition where she can chat with other girls after the sessions.
- Karolina- 9- housebound with an undiagnosed condition, on a ventilator, has 24 hour nursing care, has lost communication skills since her illness. Has 1:1 tuition in the home, working towards a special school place.
- Connor- 13- severe anxiety linked to autism, can't go to school. Has an AV1 streaming to his home from his school, also started attending group tuition at a local school base in the afternoons.
- Meg- 6- has cancer, can't go into school during treatment when immunity is low. Has an AV1 so she can access lessons remotely when she feels well enough. Attends school when she can. Her friends invite her AV1 to parties.
- Alice is 15- severe anxiety and an eating disorder, can't face school. Attending group tuition in a different local school, gradually increasing her hours. Hoping to do some afternoon work experience with one of the girls she has met there.

Impact

- Increased compliance with legal duties
- Increased hours of tuition offered
- Partnership working with schools and health
- Flexibility in staff deployment increases range of specialists available
- Increased range of options to meet individual needs
- Improved social outcomes- more contact with peers
- Swifter return to school
- Reduction in EHE and pressure on families
- Improved data collection and quality assurance of the service
- Potential financial savings

Finance

Current budget: £799 800

Modelled budget £798 200

Budget to remain the same for first two years to review provision

Potential future savings may come from:

- Increased usage of tech solutions
- More efficient use of teachers
- Draw of part of AWPU from schools