Department for Education

# Education in inpatient children and young people's mental health services

## Research report

**February 2018**

GSR
GOVERNMENT SOCIAL RESEARCH
Social Science in Government

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# Acknowledgements

We are grateful for the Quality Network of Inpatient CAMHS[1] (QNIC) for conducting the research, and to those units who took part in this survey.

[1] Children and Adolescent Mental Health Services

# Executive summary

## Introduction and context

All children, regardless of their circumstances or setting should receive a good education and the necessary support to attain it. Where, for any reason, a child of compulsory school age would not receive suitable education, local authorities have a duty to put arrangements in place. This includes those children unable to attend school because of their health needs, as well as pupils who are not in school for other reasons. These arrangements are referred to as an alternative provision (AP).

The Government's aim is for children with mental health issues to be treated as outpatients within the community, so as not to disrupt their day-to-day life, and so that they can continue to receive valuable support from friends and family. In December 2017, we set out our plans[2] to strengthen the support available locally, setting up new Mental Health Support Teams linked to groups of schools and colleges to provide support for those with mild and moderate conditions. Unfortunately however, there are always severe cases where inpatient admissions are necessary. This paper reports the findings of a survey to explore education in inpatient mental health units in England, and was undertaken in response to a recommendation from the Health Select Committee for an audit of educational provision in inpatient units.

## Methodology

The survey was conducted for the Department for Education by QNIC. While there is no central register of education settings within inpatient CYPMHS units, QNIC have near total membership of inpatient units and were therefore commissioned based on their ability to make contact with the sector. There are 107 units in England that are members of the QNIC, who collectively provide around 1,300 inpatient places.

Units were invited to participate in the survey via an email issued by QNIC. Data was collected in an online survey of unit staff members in charge of education between 15 February and 14 March 2017. Completion of the survey was voluntary. The survey asked for information about the education provided to inpatients, not day patients, though some units will also have day patients.

Survey responses were received from 62 of the 107 units (a response rate of 58%). The units from which data was collected provided education for 999 children and adolescents

[2] Transforming children and young people's mental health provision: a green paper

in inpatient beds across the country – around 75% of the total number of children and young people in inpatient CAMHS care. Because units could complete the survey anonymously, it is not possible to know whether there is any bias in the units who chose to respond.

## Key findings

Overall, the survey found that the majority of pupils in inpatient mental health units received over 16 hours of education per week in a registered school.

Education delivered in a hospital setting does not need to be registered as a school where it does not meet the requirements to do so[3]. However, the survey found that over 80% of those units who responded were registered as schools, and therefore subject to inspection. Of the education provision registered as schools, the majority said they were registered as special schools or pupil referral units.

The survey found that there are a variety of models for delivering education, but a majority of units deliver education through regular timetabled activity totalling over 16 hours per week.

Units had mixed experiences with obtaining sufficient information on baseline levels and progress from pupil's home schools however, in most units discussions with home schools were reported to take place at all points during a pupil's time in the unit.

We will consider the findings of this survey alongside other evidence to inform policy.

[3] An AP provider should be registered as an independent school if it meets the criteria for registration (that it provides full-time education to five or more full-time pupils of compulsory school age, or one such pupil who is looked-after or has an Education, Health and Care Plan).

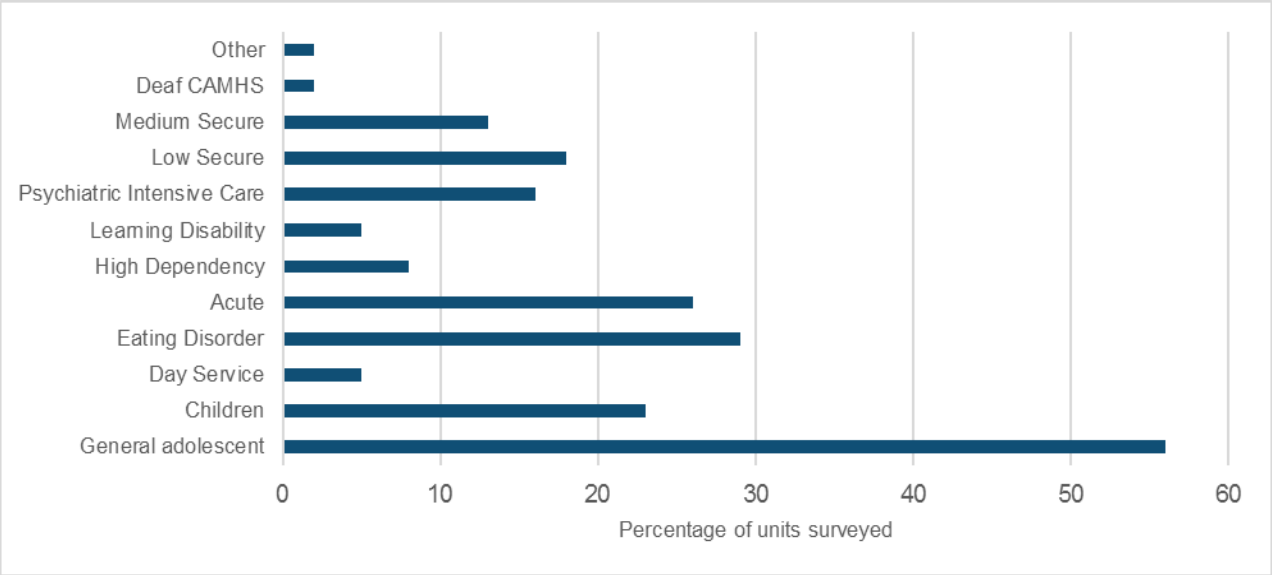
# Findings

## Providers

The majority of units that responded to the survey were National Health Service (NHS) run units (76%). The remainder were operated by independent providers.

A variety of unit types responded to the survey. Units were asked to provide details of what type of unit they are, selecting all types that apply to them. Units were most likely to describe themselves as General Adolescent (56%) followed by Eating Disorder (29%), Acute (26%) and Children (23%). The full breakdown of responses provided can be seen in the chart below.

**Chart 1 – Type of unit**



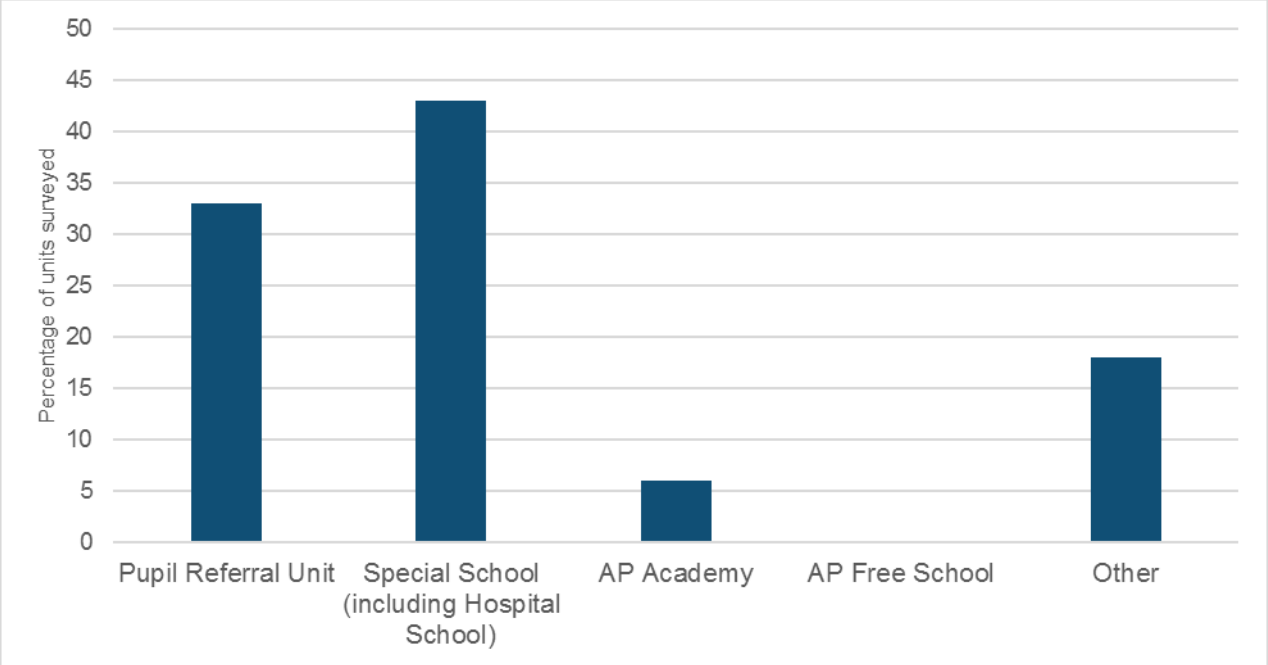

Numbers of places in the units ranged from 7 to 110. The most common number of places in units was 12.

AP can be delivered in a number of settings. These include pupil referral units (PRUs), AP Free Schools or AP Academies, independent schools, or other providers from the private and voluntary sectors. AP arrangements can also be delivered through special schools established in hospitals. In some cases, AP is delivered as one-to-one tuition, rather than in a registered school, but in all cases, the commissioner must ensure appropriate safeguarding and quality checks have taken place.

Although we know that some residential mental health units' education provision is registered with the Department for Education, other education provision, particularly at smaller units, is commissioned from other types of providers. Eighty-two per cent of units that responded to the survey said they were registered with the Department.

Of the education provision registered as schools, 33% said they were PRUs, 43% said they were special schools/hospital schools (a type of special school)/special academy or were part of a special school, 6% said they were an AP academy, 16% said they were 'other' (including independent schools/independent day schools/independent specialist colleges) and none said they were AP free schools.

**Chart 2 - Type of provision**




Schools in mental health units may operate as part of a wider service or only within the inpatient unit. Fifty-three per cent of the units registered as schools responding to the survey said they only operated within the unit and 47% said they were part of a wider school that also provided education for pupils outside of the unit.

Those units that were not registered as a school provided information on who delivered education in the unit. The most common models were partnership with a local school, or using tutors provided by the local authority.

## Pupils

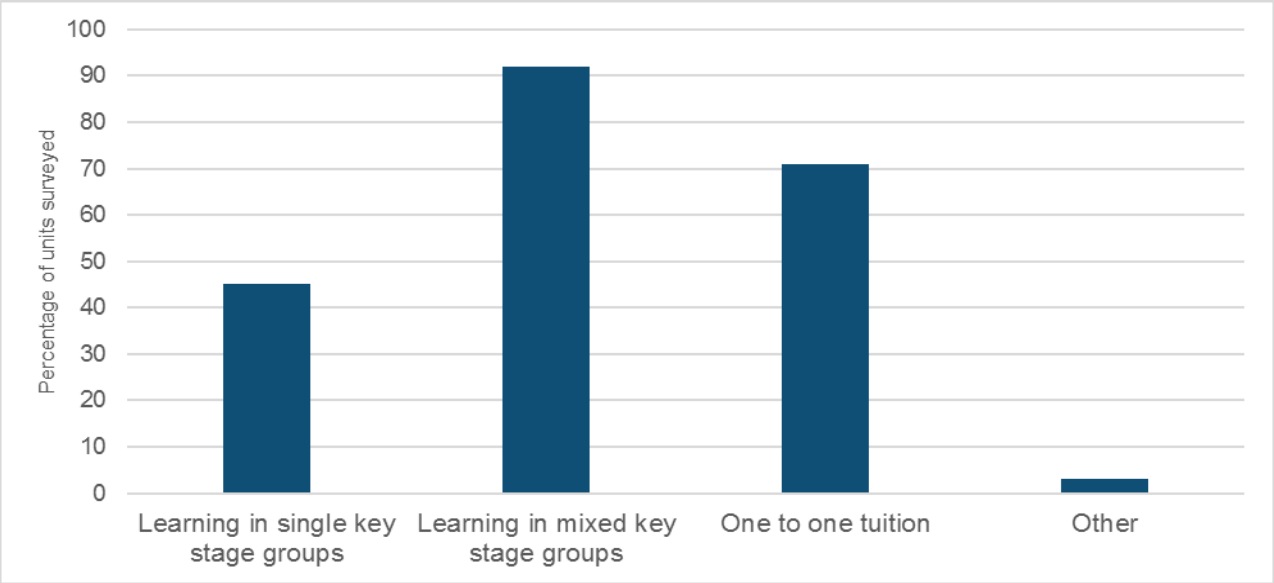
The survey asked about the age of pupils within the unit. We found that 85% of pupils resident in units at the time of completing the survey were reported to be in years 10-11 and 12-13 (41% and 44% respectively). Sixty-six per cent of units said this was representative of a typical day whilst 32% felt it was hard to say as ages of children in the unit were highly variable.

## Education

The education provided in AP must be full-time, or as close to full-time as is in the best interest of the child because of their health needs. Full-time education is not defined by law however, the AP statutory guidance advises that pupils in AP should receive the same amount of education as they would receive in a maintained school. The AP statutory guidance also sets out that good alternative provision is that which appropriately meets the needs of children who require its use and enables them to achieve good educational attainment on par with their mainstream peers.

Units were also asked to provide details of how they arrange their education sessions, selecting all formats that apply to them. The most common format was learning in mixed key stage groups (92%), followed by one-to-one tuition (71%) and learning in single key stage groups (45%).

**Chart 3 - Format of education sessions**




Almost all units that responded to the survey provided English, Maths and Science to all pupils (this was the case in 92%, 90% and 82% respectively). All of those units that did not provide these subjects to all pupils provided them to at least some pupils.

In addition to English, Maths and Science, units offered a range of other subjects. The subjects most frequently cited as being offered to all pupils in addition to core subjects were: Art, Personal Social Health and Citizenship Education (PSHCE/PSHE), Physical Education (PE), ICT, Music, History, and Geography.

Whilst some units provided bespoke education programmes for individuals, units were much more likely to provide a regular timetable of educational activity (94%).

Of those units that provided a regular timetable of educational activity, the majority provided more than 20 hours of education (45%) or 16 to 20 hours (41%). Whilst the

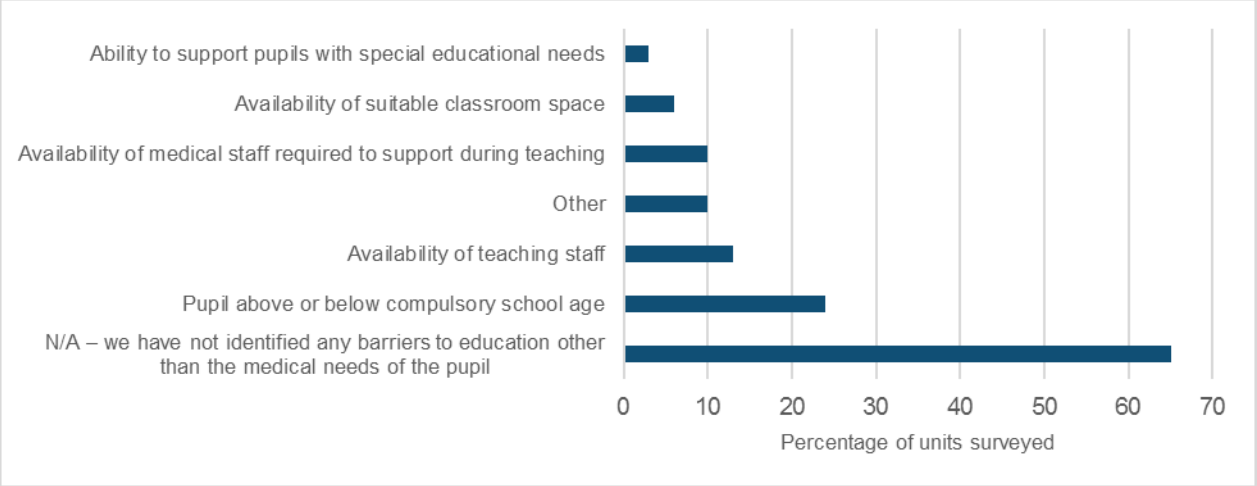
majority also said this represented a typical week (91%), a small number of units said the hours offered were subject to change depending on residents (9%).

Units reported that attendance at timetabled education was highly variable, but 79% reported that either ‘all children on the unit’ (26%) or ‘more than half, but not all’ (53%) attended all timetabled sessions on the day of the survey. Fifty-nine per cent of units who answered the question said that the day of the survey was typical for attendance.

Six per cent (four units) of units did not provide a regular timetable of educational activity. For those units, one unit provided 0-5 hours of education per week, two provided 16-20 hours, and one unit provided more than 20 hours. On the day of the survey, for those units, nearly all reported that the proportion of children able to engage in education was at least half, with one unit saying that all children had been able to engage in education.

When asked about pupils who were not receiving full-time education, 65% of units indicated that they had not identified barriers to education other than the medical needs of the pupil.  Following medical needs, the main reason units indicated for pupils not to receive full-time education was that the pupil was above or below compulsory school age (24% of units). Ten per cent of units responded that there were ‘other’ barriers, these included: the available budget, scheduling of medical and therapy appointments, and pupil behaviour. The full breakdown can be seen in the chart below.

**Chart 4 - Factors affecting full-time education**




## Recording progress

Units had mixed experiences when obtaining sufficient information on baseline levels and progress from pupils’ home schools with 60% indicating this was provided for more than half of pupils. However, in most units, discussions with home schools were reported to take place at all points during a pupil’s time in the unit – at admission, during the pupil’s stay in the unit and as part of the reintegration to the home school.

Only one unit responded to say that they do not record educational progress made by individual children on the unit. For the rest of the units that did record educational progress, a wide variety of measures were used, from Progress 8 to bespoke measures.

Department for Education



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The views expressed in this report reflect those of the Department for Education.

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