

# National Association for Hospital Education A Manifesto for the Education Sector

## Equality of Opportunity for Pupils with Medical Needs:

NAHE is an organisation for people who work within hospital schools, Tier 4 CAMHS Units, medical alternative provision and home tuition services to work collaboratively in order to secure outstanding standards of education for the children and young people we support who are temporarily or permanently disadvantaged by illness or other medical / mental health conditions.

The government has no idea how many children are in hospital receiving education, nor those who are unable to access their mainstream school due to illness. These children are 'hidden' and because they are not causing problems in their schools or communities, they are often forgotten, yet are the most vulnerable cohort of children across all of the education settings.

We feel strongly that we, as NAHE, are morally and ethically driven to raise the profile of our children and be their advocates in a complex and challenging educational landscape.

## 1. FUTURE PROOFING

### Equality of opportunity of access to appropriate education for children with medical needs regardless of where they live in the country

Currently, our children face a 'postcode lottery' of what education they will be offered when unwell in the community or in hospital. Some LAs provide up to 25 hours in dedicated learning spaces or centres, some provide only 5 hours of online tuition, often outsourced to tuition companies. Some hospitals have a dedicated teaching team and for some children, they have to be in hospital for 15 days or more before they can access any education.

**Our Ask:** A level playing field of educational provision for children with medical and mental health difficulties who are not able to attend their mainstream school, so that they can realise the same ambitions and hopes for the future as their peers.

### Estates and Environmental Sustainability

Many of our settings are in poor, out of date and not fit for purpose buildings in the community where children feel that they have come to 'the last hope saloon'. We have no control over what space we have for teaching in hospitals, as we are 'guests' within the NHS. Spaces for community provision for children and young people too unwell to attend school has also been consistently overlooked in many boroughs, with children being educated in unfit premises or borrowed public spaces. Our children should be entitled to an appropriate learning environment where they can feel safe and secure to learn. Our settings are often overlooked when it comes to grant funding for modernising school energy provision - we want to contribute to the climate change and sustainability agenda too.

**Our Ask:** Put out settings higher up the agenda and invest in quality environments to better support our pupil's wellbeing, learning and progress. Work with NHS colleagues to ensure that hospital settings have an appropriate learning space provided. Review and prioritise safe assigned space for education provision in the community for children with medical needs. Give our settings the same access to grant funding as our mainstream colleagues for improvement of estates and energy usage reduction.

### Ed Tech

Many of our provisions do not have access to the same amount and sophistication in terms of Ed Tech as our mainstream peers. This is because the school grants often do not apply to APs or hospital schools and we are asked to find the funding from our budgets. We are very innovative in how we use ed tech to engage and teach our pupils, especially when they are too unwell to come into centre or their own schools, including using telepresence robots.

**Our Ask:** Ensure that our pupils have the same access to ed tech as their peers so that they can keep up with their learning and develop the digital skills they need for the future.

## 2. FAMILIES

### Attendance

We know how important it is for children to attend school and what a significant challenge it is for the education sector as a whole. Our children, dependent on their medical/mental health difficulty, will struggle to ever achieve 100% attendance and the pressure being put upon them by schools, alongside the messaging from the DfE, is driving them further away from their schools and peers, leaving them socially isolated and not able to re-engage with their education.

**Our Ask:** Be aware of the challenges of the vulnerable cohort of children who may want to attend school, but can't, and ensure that messages to schools regarding attendance are nuanced so that strategies employed are encouraging and engaging.

### Accessing Timely Support

Waiting lists to see consultants and CAMHS services are growing, our cohort of pupils are not in school so cannot access the school offer and thresholds for social care support and early help are much higher than previously. This leaves our provisions facilitating and providing support for children and their families because there is no one else to do so. We know that in order to achieve successful outcomes for our pupils, we must engage with parents, and the whole team around the child, including clinicians and other professionals involved. We cannot do it all on our own.

**Our Ask:** Consider the impact of the shrinking of support and health services on the education of this vulnerable cohort, and provide additional funding so pupils and their families can access timely and appropriate support, from all services, to enable them to achieve their very best outcomes.



## Safeguarding

The rise in the number, nature and complexity of safeguarding concerns following the pandemic has been significant and has not slowed down. Key issues such as cyberbullying, grooming, neglect, domestic abuse, significant self harming and mental health issues are prevalent. All of our pupils are additionally vulnerable as they are socially isolated and not in school, and the burden on our staff is often insurmountable. Thresholds for social service intervention and support have risen, and even when referrals are made, we know that it will be passed back to us, leaving us literally 'holding the child'.

**Our Ask:** Review the thresholds for social care services and ensure that they are properly funded and have the resources to be able to provide the support our pupils and their families need. Make supervision for DSLs in schools statutory and provide the funding for this to be put in place.

## 3. FUNDING

### LA Delegation of High Needs Block Funding

Currently, any money that is given to local authorities to fund hospital schools, medical AP and home tuition services is not ring fenced. This means that when any uplifts are applied at DfE level, these may not be passed on to our provisions, and instead are often used to shore up the shortfall in the wider high needs block. Medical AP is not always seen as traditional AP so based funding of £10K per place is allocated with no top ups, and some hospital schools with medical APs do not have place numbers, nor indeed discrete funding for medical AP. The funding system is out of date and results in an unfair distribution with winners and losers in terms of LAs and consequently for our pupils.

**Our Ask:** Devise a funding formula that is fair and ensures that every child, regardless of where they live, will be entitled to a high-quality educational offer if they become too unwell to attend school.

### Schools Grants

Many of our provisions are not eligible for the same grants as schools, including the Teachers Pay Grant. When money is given, it is often based on pupil place numbers which for some of our provisions, does not exist. LAs do not have to pass on school grants to our provisions, and very often they don't, using the money to offset their high needs deficits.

**Our Ask:** Ensure that any additional grants for schools are applied to our settings so that access to the grants is equitable and ensures our pupils and the quality of their education is not compromised by the lack of additional funding.

### Pupil Mental Health and Wellbeing

Mainstream schools are experiencing increasing levels of pupil mental ill health and as a consequence, referrals to our provisions and admissions to our CAMHS hospitals are increasing also. The small nature of our provisions means it is not possible to have mental health support teams, and often trained counsellors and other specialists including speech and language therapists are outside our budgets. If a child can get timely access to holistic support, including personalised learning programmes in smaller settings, they are better equipped to return to their mainstream education. Ironically, despite specialist MH teams in schools, mainstreams often reach out to our settings for advice on practice, which we may have the expertise but little capacity to offer.

**Our Ask:** Make provision of access to specialist therapeutic services, including mental health services a priority across alternative provisions and hospital schools, as well as across mainstream schools. Provide legislation, guidance and funding streams to enable specialist services, hospital schools, AP's and mainstreams schools to work together to address student wellbeing in schools.

## 4. LEADERSHIP AND ACCOUNTABILITY

### Inspections

We recognised the importance of a quality assurance system and the role this plays in the wider accountability framework. However, our experiences is that there are insufficient inspectors with an understanding of the complexity of our pupil's needs, the challenges of teaching within a hospital and the differences in pedagogy of approach that our pupils need to achieve their best outcomes. Too often, we are being shoehorned into a mainstream framework to meet inspectors needs, not to improve pupil outcomes.

**Our Ask:** Consider amending the framework to ensure that inspections in our settings are quality assuring the right aspects that impact on our pupil's outcomes, and ensure that inspectors are recruited from the sector or have specialist training.

### Governance Recruitment

Recruiting governors is becoming more of a challenge not just for our sector, but all schools, due to the amount of time required and the levels of responsibility. Our governors also benefit from specialist knowledge of the settings within which we work including hospitals.

**Our Ask:** The government to invest in a volunteer recruitment campaign outlining the benefits of being a governor, to include hospital schools and medical AP settings.

### Specialist CPD

Appropriate and relevant CPD for all teaching staff is critical to maintaining high quality standards of teaching and learning. For staff who work with our settings, not only do they need to access the same amount of CPD as mainstream in terms of their pedagogy and subject knowledge, including knowledge of both primary, secondary education and SEND practices, but also specialist knowledge about how different illnesses impact on a child's ability to engage with education and specialist pedagogical approaches.

**Our Ask:** Ensure that our provisions are adequately funded and that teaching staff can access the specialist CPD they require to deliver an outstanding education to children with medical and mental health difficulties.

