

Education provision for children and young people recovering at home from long-term illness, or serious injury and subsequent treatment

May 2019

Background

The 2018 AGM passed the following resolution:

"That this AGM call on Council to investigate and report on the education provision for children and young people recovering at home from long-term illness, or serious injury and subsequent treatment."

A detailed freedom of information request was issued to local authorities subsequent to the AGM, and the data received was reviewed by the Education and Equality Department.

We asked:

1. Does your Local Authority have a discrete provision to accommodate home tuition specifically for school-age children and young people recovering at home from long-term illness or serious injury, e.g. a Hospital and Outreach Teaching Service, Interrupted Learning Service, or similar?
2. If so:
 - How many teaching staff members (FTE and number) are in the team providing the service?
 - How are schools made aware of the service?
 - Can a parent request the service on behalf of their child?
 - How many hours of teaching per pupil does the service offer?If not, what, if any, are the alternatives?
3. What subjects are taught to children and young people recovering at home from long-term illness or serious injury and how many hours of teaching for each subject do they get?
4. Is time allocated within teachers' contracted class contact time to provide this service?
5. Are there any IT provisions available to teachers to assist with tuition in the home environment of children and young people recovering from long-term illness or serious injury?
6. Are there any school-age children and young people recovering from long-term illness or serious injury in your authority who are receiving no educational inputs from the authority, and if so how many?

Responses were received from 24 local authorities. The answers were often provided in lengthy narrative form with qualifiers and explanations, meaning that simple comparisons/averages etc. in terms of the offer to young people were not able to be identified.

Summary of findings

The general picture in Scotland as regards education provision for children and young people recovering at home from long-term illness, or serious injury and subsequent treatment, appears to be mixed, with considerable variability across authorities.

Discrete provision?

- More responding authorities have some kind of provision for this cohort of young people than those who do not (13 who said they have discrete provision versus 11 who answered no) but there is a wide variation in approaches. The approaches include:
 - provision for home and hospital tuition within area ASN budgets
 - the ASL service having discrete provision for school-age learners on a school roll who are too unwell to attend school, if verified by a Community Paediatrician
 - a Home/Hospital service
 - the locality model whereby schools can make a request to the Principal Teacher Locality through a staged intervention process
 - requests made via the Additional Support Needs Forum and then approved by Head of Service, with staff who are willing to provide support then sourced.
- Some of the authorities who do not have a discrete provision for this cohort nonetheless have arrangements to meet their needs e.g. a Supporting Learners Service; a 'long-term process'; tuition provided by teachers from within the pupil's school, outwith school hours.

How services are publicised

- Schools are made aware of the service via a wide range of means including:
 - information in parents' guides to education services
 - engagement on a case by case basis
 - publicity on GLOW
 - locality staff
 - an Educational Standard Circular on 'Education of children unable to attend school due to ill health'
 - QIO sharing information with schools
 - training for pastoral care teachers during an in-service day
 - Named Person Service Directory
 - Inclusion and Wellbeing Service webpages on local authority website
 - ASL training for schools
 - School Bulletin
 - HT and Guidance updates
 - phone and email advice from ASN service
 - service circulars from Children's Services
 - ASN blog.

- One authority reported that schools are “aware of the process for accessing Home Tuition as this is a long-standing practice.”

Staffing levels

- Thirteen authorities provided information about the staffing levels of services for this cohort of young people.
- Staffing varied considerably, from 0.5 FTE Home/Hospital Support and Liaison, to a team of 11 staff covering 10 FTE posts, and one authority with 2 FTE and 8 sessional staff.
- Two authorities had one full-time post for this work, and one specified that it had one FTE employed as a Hospital Teacher but a different model for home teaching.
- One authority reported that it had no specific team but that it did have 1 FTE “who is engaged with more home support”.
- There were different models cited for teaching at home versus in hospital:
 - using current staff members
 - using subject specific tutors on an individualised basis at times
 - teachers on the general supply or schools’ own staff who are paid an additional sum for providing this service
 - using sessional staff
 - teachers within the wider ASL team, beyond the specific Secondary subject specialists/Primary teachers, allocated to medical outreach learners as the Medical Team does not have capacity to meet demand
 - Commissioned Tutor Service
 - school staff undertaking the role as additional hours.
- There was a fair degree of variability between seemingly comparable authorities, e.g. two large urban authorities with similar population size had very differently sized teams for this work; one having 11 FTE and one having 5.1 FTE.

Access via parental request

- In general parents had a role to play in requesting access to this service, but in partnership with the school, and usually via the staged intervention process in which the parent would be involved. The responses to this aspect were fairly consistent.
- Only one authority said that parents could not request access to home teaching, as requests came via the pupil’s school.

Hours of teaching

- There is considerable variability in how much teaching young people recovering at home from illness or injury are offered.

- Several authorities commented that the allocation is dependent on factors such as the age/stage of the child and the severity of their illness, and also referenced issues such as distance from school, ASL capacity, and the wider package of support associated with e.g. the Team Around the Child.
- The maximum in three authorities is seven hours per week.
- The maximum in one authority is six hours per week.
- One hospital offers a full secondary school timetable of seven 45-minute periods and encourages pupils to attend full days if they are well enough.
- Only four authorities told us with a degree of specificity on average how many hours' teaching young people in this cohort are getting per week:
 - One authority offers an average of 5 hours per week
 - One authority offers on average 2 hours per week for up to 12 weeks, when an updated assessment of needs is then conducted
 - One authority offers 3-4 hours per week
 - One authority offers 1-3 hours per week.
- One authority referenced a blended approach, where a learner is 'managing a bit of school' and might also get one home session a week (a session appears to be up to 1.5 hours).
- One authority discussed a possible approach to a senior phase learner sitting SQA exams, who would get two sessions per week of up to 1.5 hours i.e. a maximum of three hours, but said it always depends on need and on ASL capacity.
- It seems that there may be a postcode lottery of provision, with some children being entitled to up to seven times as much teaching as others, depending on where they live.
- No authority is offering more than 7 hours per week of teaching at home to this cohort of children and young people; in most situations full-time education refers to 25 hours of education per week, so children recovering from illness or injury appear to be getting about one third of the time they'd have in school, but in a one to one setting, which they would be unlikely to receive in school.
- Interestingly only one of the thirteen authorities who commented on hours mentioned Scottish Government guidance.

Alternatives to a discrete service

- Various alternatives to a discrete service for educating children at home due to long-term illnesses or injury appear to be in use across Scotland.
- Some rural authorities use hospital education services for their young people when the children are receiving medical treatment in a hospital outwith their home authority then use peripatetic support staff when the children return.

- One authority said this support was provided by the NHS, and that it has an outreach service where the illness is not long-term.
- Two authorities have created a register of teachers willing to provide home tuition (paid at an hourly rate).

Subjects taught at home

- Most responses said the plan for each child was bespoke to their needs, and would depend on their health, energy, learning needs etc.
- Nine out of 23 respondents to this question referenced prioritising English and Maths/literacy and numeracy; and two of those nine referenced Health and Wellbeing as also being a priority.
- Two authorities specifically noted that if a young person is in the senior phase the subjects taught will be informed by their course choices.
- One authority referenced schools providing additional work that can be completed independently and delivered/collected by an Area Inclusion Officer or equivalent; likewise two referenced subject input where the materials are provided by the mainstream school.
- Some respondents noted that it can be difficult to get subject specialists, with one saying, "Unfortunately we cannot offer specialist teaching in the wider secondary curriculum as we don't have the qualified staff".
- Only four responses specifically mentioned subjects other than English and Maths:
 - one authority offers teaching in most curricular areas, in keeping with the BGE, to S1-3; N4 English, Maths, History, Biology, Chemistry and Geography; and N5 English and Maths
 - one authority referenced social subjects and ICT
 - one authority reported having a list of volunteer supply teachers which includes teachers of Science, Art, Spanish, Chemistry, Modern Studies, PE, History, Geography and Photography.
 - one authority reported that arts and crafts to simulate play is common; and that French, Modern Studies, and Media Studies have been offered, with supporting work issued from schools.
- In general, the offer appears to be fairly limited across most authorities, with a focus primarily on English and Maths, and some subjects not mentioned at all (e.g. Music, RMPS, Computing Science).

Time allocated to provide the service

- Responses varied, with three authorities replying yes, that time is allocated within teachers' contracted class contact time for providing this service; but most noting that the service is separately funded and organised.

- Some referred to 'after-school provision' on supported study rates/an hourly rate outwith their contracted time.
- Three authorities said that responsibility for this matter is devolved to school management and planned at school level.
- One authority noted that its outreach teachers are not class committed.

IT provision

- Most authorities referred to ICT being provided if appropriate/as necessary and available but gave little detail. For example, one reported that "IT equipment can be provided if required".
- Where more specifics were provided these related to the use of:
 - 'Google Classroom' (two authorities)
 - an AV1 'No Isolation' robot (one authority)
 - video conferencing, for a pupil on a remote island (one authority)
 - iPads with a variety of apps (four)
 - Chrome books/laptops (five)
 - GLOW, for accessing resources and work (three)
 - e-igoil, for pupils accessing lessons at home (two)
 - Skype (one)
 - a Virtual Learning Environment (one)
 - Online resources such as Scholar and BBC Bitesize
 - Show My Homework (two)
 - Dictaphones (one)
 - Flash drives (one)
 - Video cameras (one)
 - Microsoft Teams (one)
 - Class Dojo (one).
- One respondent said there was no specific training (although the question had not asked about training, the lack of support to use ICT with this cohort of pupils is worth flagging).
- One authority said this is being explored as part of a digital learning project, and another spoke of trials using different digital platforms such as DropBox and Face Time.
- One respondent said this was the responsibility of individual schools.
- Four authorities provided detailed responses, indicating a high degree of commitment to using ICT for home learners. One of those was predominantly rural and the other three could be described as semi-rural.

Is anyone missing out?

- One authority said yes, they were aware of one young person who was not well enough to receive educational input; and another two said they were aware of young people receiving treatment who were too ill/not physically fit enough to undertake meaningful learning activities;

one said these young people would be seen by the Home Visiting Teacher when professionals working with them deemed this appropriate.

- One authority reported that “as the needs of the young person are determined on an individual basis, it may be that, at an appropriate time, no educational input is made for a period of time” but stated that this will be under regular review by the school.
- One authority has three pupils on the waiting list to receive tuition; this was the only authority to reference children not receiving education for capacity reasons and not health reasons.
- Fifteen authorities said there were no young people who were not receiving education due to illness or injury; and of these, five added a qualifier such as ‘so far as we are aware’ or ‘to our knowledge’.
- Three authorities said this information was not held centrally.
- One authority referred to the responsibility on schools to accurately record attendance and SEEMIS codes and noted that no pupils have been recorded with a particular code (SEP) but that three have a medically certified reason for non-attendance.
- Several authorities said that due to their being covered by Additional Support for Learning legislation and/or schools being aware of how to apply for and organise home tuition, there *should* not be any pupils who were not receiving any educational inputs from the authority, but did not quite go so far as to say there were definitely no children receiving no inputs in their area. One referred specifically to its statutory duty to make special arrangements for children unable to attend school for health reasons.
- One authority advised that it had young people receiving treatment and thus education outwith the area e.g. most child cancer patients are treated in Edinburgh.
- Overall it appears that most authorities believe they are providing some education to children recovering from long-term illness or serious injury with only one not doing so for capacity reasons; but the tenor of answers suggested perhaps some complacency and a trust that no child falls through the cracks of ASL/Interrupted Learner systems.

Members’ views

We also consulted the EIS Headteachers’ and Depute Headteachers’ Network and the EIS ASN Network about the resolution. Their comments were as follows:

- outreach education services in some areas are perceived as hard to access with barriers such as a complicated paper-based referral process
- some authorities are using Skype to offer home teaching

- one authority offers online maths tutoring for schools to purchase, with good dialogue between schools and tutors
- one authority is using the 'Show My Homework' app to post work online if a young person is unable to go to school, but this depends on the individual circumstances of the young person in question
- one authority has an Interrupted Learners' Service, which offers home visits - this service has experienced cuts recently
- some authorities have Home/School Partnership Officer posts
- there has been an increase in home schooling more generally
- some young people may be at home long-term because of mental health illnesses
- one authority has a team for this provision which has reduced over recent years
- provision sometimes comes down to the pupil's school knowing what it's possible to provide
- a member of the ASN Network had been involved in this kind of provision for a pupil in their own class, and had visited the pupil's home after school twice a week and been paid extra for this arrangement, which was not part of their Working Time Agreement
- the service will very much depend on what a child is recovering from and how able they are to learn
- one authority with a medical outreach team has experienced "massive cuts" and now has very limited scope, only being able now to teach within hospital school rooms and not at home; and because the service exists the authority has no budget to pay for teachers to do home visits
- one member of the ASN Network was aware of a pupil on the autism spectrum with mental health issues, and that the authority had provided teachers who visited them during the school day
- many parents don't ask for this provision
- teachers going out to see a child after a school day, having worked for a full day, perhaps arriving at the child's home at 5 or 6pm, may not always be the best thing for the child; are the needs of the child fully taken into account?
- the service in at least one area appears to be volunteer-led, not child-led
- teachers' class contact hours specified in contract must be adhered to
- there is concern about the breadth of subjects offered at home, especially to secondary pupils
- IT shortages exacerbate the issues faced by these pupils
- the home learning environment might not always be safe or appropriate; the Interrupted Learner Service in one authority commented on a case whereby a learner had no table to work at in the home.

Conclusions

From the information provided both by local authorities and by members we can conclude that there is significant variability in the education provided to children at home after illness or injury across different local authorities, in terms of:

- whether or not a discrete service exists to meet their needs
- whether education is provided during or after the school day
- the number of hours of teaching offered
- the subjects offered
- the ICT support/tools used.

The UN Convention on the Rights of the Child art. 28 provides that children and young people have the right to education no matter who they are; it obliges state parties to “recognize the right of the child to education” and speaks of the need to achieve this right “progressively and on the basis of equal opportunity”.

Education legislation in Scotland provides that education should be flexible to fit individual needs, be tailored to 'age, ability and aptitude' (Education (Scotland) Act 1980) and should develop the 'personality, talents and mental and physical abilities of children and young persons to their fullest potential' (Standards in Scotland's Schools etc. Act 2000). Additional Support for Learning legislation creates a right to additional support when needed, e.g. because of illness or injury.

It appears that more efforts could be made by local authorities to meet the educational needs of young people recovering from long term illness or injury at home. Revising of national guidance¹ may also be useful, as while we understand why each case will have to be treated on its own circumstances, the variations reported suggest some prescription may be prudent. Dissemination of existing guidance in the interim, as this was not generally known about by ASN Network members, also would be helpful.

However, what would make the most difference would be sufficient investment in ASL provision, which has been steadily eroded over recent years, against a backdrop of rising need. Both the Scottish Government and local authorities should make concerted efforts to invest in ASL provision to ensure that education services truly can 'get it right for every child' as the policy promises.

The EIS should continue to take all opportunities to advocate for better resourcing for ASL provision.

We also recommend that Local Association Secretaries raise the issues arising from this report, as appropriate to their local context, in local negotiations on educational provision for children who require additional support for learning.

¹ *Education of children unable to attend school due to ill health: guidance*, Scottish Government 2015. <https://www.gov.scot/publications/guidance-education-children-unable-attend-school-due-ill-health/>