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Getting to Know You : an evaluation of the information-gathering process by education staff in a CAMHS Tier 4 unit

NHS England's recent report *Child Adolescent Mental Health Services (CAMHS) Tier 4 Report,* (2014), shows that, on average, approximately 360 children and young people were admitted to a Tier 4 service in England each month during 2013 with over 60 units providing care for adolescents across England.

> *Inpatient Tier 4 services are inpatient services for the most unwell children and young people whose mental health problems cannot be managed on an outpatient basis* (House of Commons Health Committee, 2014, p.52).

Within CAMHS Tier 4 adolescent in-patient units good quality, relevant educational provision is vital for all young people throughout their admission. The provision of education for young people with health needs stemmed from information in the Education Act 1993 charging Local Authorities with a 'duty' to provide an appropriate education for this vulnerable group. In addition to this, the Department of Health research *The Welfare of Children and Young People in Hospital* (1991) supported the establishment of education provision. Subsequent legislation has clarified the form and importance of this provision culminating in the most recent guidance *Supporting Pupils at School with Medical Conditions* (Department for Education, 2014). This key document sets out the schools' responsibilities in terms of gathering appropriate information to understand and support each individual young person and their specific health needs to ensure disruption to education is minimal. The process for gathering this information requires efficiency and consistency by education staff working in collaboration with service users thereby empowering them and giving them a degree of control over their

experiences whilst an in-patient. In addition, the process provides information to the education staff to devise recommendations in collaboration with the young person, their school, family and clinical team, for alterations to their courses taking into account their career aspirations as well as the implications of their diagnosis and treatment plans.

Evaluation project

This evaluation project was conducted within a CAMHs Tier 4 adolescent unit in Northamptonshire to establish the effectiveness of the information gathering process already in place. The current process involves an informal one-to-one discussion, supported by the completion of a pro forma document, between a member of the education team and the newly admitted young person. The purpose of this is to collect information about their current education experiences and their career aspirations to enable the education team to support them in creating an Individual Learning Programme (ILP) to structure the support offered whilst an in-patient. Education staff also liaise with the parents/carers of the young person as well as their school/college to enlist support in providing encouragement and resources to support the ILP.

These young people, or service users, can provide pertinent information to the education team staff to aid in the development of ILPs in addition to retaining involvement in the provision and continuation of their learning. A degree of personal control is essential as it will have an impact on their subsequent success academically and enable them to be more effective and instrumental in achieving their ambitions (Ross and Broh, 2000). This

involvement of service users is of as much value to the education team as it is to the young people. Systems developed, in conjunction with them, should prove to be more successful and engaging. Studies relating to 'pupil voice' in education discuss the complexity of this process. Busher (2012) identifies issues of power between teachers and pupils and May (2005) identifies a lack of balance between the actions of pupils and teachers instigating participation. Other studies identify concerns relating to the frequency with which pupils' ideas are implemented and the consequential devaluing of the process (Flutter, 2007 and Robinson and Taylor, 2007). Telford and Faulkner (2004) and Worrall-Davies and Marino-Francis (2008) discovered a lack of published literature relating to good practice where service users, particularly adolescents, participated in studies relating to mental health provision.

Methods

To discover the effectiveness of the initial information-gathering process, education staff and a member of the clinical team were involved in reflecting on its value to discover what they thought and felt about the intervention and its effects. These results would then be evaluated and, if necessary, recommendations made to improve the process. Øvretveit (2002) uses the term 'action evaluation' and explains that this process enables users to achieve 'informed decisions'.

Service users were recruited through an information-sharing session of the plans for the evaluation and issues relating to confidentiality. They were given the opportunity for one-to-one discussions to clarify their understanding of the purpose of the evaluation and their involvement. Advice was sought from clinical staff about the suitability of the service user and their participation given their mental health presentation in terms of capacity to consent before the information gathering session. Suitable participants were then included in a focus group discussion based on their consent to participate and the consent of their parents/carers and the agreement of basic ground rules for the session. This session was managed by the evaluator and clinical staff as participants were known to them and they would be able to intervene if they felt the service users were finding it difficult to cope.

The session was led by an independent evaluator who had an unbiased approach to the questions asked and subsequent discussion.

An open-ended email questionnaire was used to provide opportunities for members of the education team and a member of the wards clinical team to provide feedback on the current process. This allowed the participants a greater sense of empowerment and control, time for reflection, greater anonymity and opportunities for editing responses. This process was again facilitated by an independent evaluator to ensure anonymity for respondents as most were line managed by the evaluator.

Data from notes, the transcription of the focus group discussion, and information in emails from the open-ended questionnaire were studied to identify common themes to enable the evaluation of the information gathering process. Inductive thematic analysis was used to analyse these data.

Results and Discussion

The analysis of the data generated several themes and the evaluator found areas of commonality, difference and relationships between the elements and identified two main themes from the data relating to the information gathering process:

- Understanding the **purpose** of the information gathering process
- Understanding the **timing** of the session

Purpose

The young people in this evaluation accepted that education was part of their treatment whilst in hospital and that information needed to be gathered to facilitate continuing this:

'It's part of your treatment programme here so yea it does work.'

'It does work…'

'…it's one of those things you have to do…'

They understood that the information gathering process enabled the education staff to personalise the learning to their individual needs during their stay:

'I think it is good how it like works to everyone individually so like depending on the situations that people come in there is always like education is offered to them…'

'cos they want the best for you because they care so they know what's most suitable.'

Staff also expressed the same purpose for the

process;

'…the form can help tailor, engage and target supported learning.'

'After this meeting there is a plan for the young person re their education needs.'

'You get a clear full picture directly from the service user and then you can start to plan a programme for them and obtain the right support and work.'

Personalised, or individualised, learning appeared as part of the government's agenda in the mid 2000's where the focus was on giving every young person an equal chance of success through participation and fulfilment (Department for Children, Schools and Families (DCSF), 2008). More recently, schools have a responsibility to ensure the needs of young people with medical needs are properly met through the development of an Individual Healthcare Plan (IHP) (DfE, 2014). The purpose of the IHP *'should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education.'* (DfE, 2014, p.10).

The information-gathering process within the CAMS Tier 4 unit in Northamptonshire was developed with meeting the needs of individuals in mind and providing a bespoke package of support and advice whilst an in-patient and when returning to an educational provision. The evaluation data shows an understanding of the purpose of the process as providing personalised learning packages.

Data from both the young people's focus group and the staff email questionnaires showed an understanding of the purpose of the information gathering meeting. Staff describe the process as a way :

'to initiate the continuation of their education'

'ascertain what the young person is doing in school'

'explain how we [education staff] will be working with them during their stay'

'gain valuable information directly from the service user'.

The young people showed a similar understanding :

'you know the teachers here seem to kind of… know individually what we need to do for work'

'It's kind of like to get you started'

'I think it is good how it like works to everyone'

'Although you're thrown into being asked like responding to all these questions that's just like a general idea of what you would like to gather information'.

The Department for Education (DfE) (2014) statutory guidance states that

'They [young people] should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan' (p.13)

By involving the young people in this information-gathering process they are enabled to receive the support and teaching that they need during their admission ensuring that any disruption to their studies is kept to a minimum. This involvement on an informal one to one basis gives the young person an opportunity to voice their perceptions of what is working well and what is challenging to them in relation to their current education provision. Listening to the young people and acting upon the information they provide often leads to positive developments in their education (Robinson and Taylor, 2007) in the form of recommendations about the content of their education to their schools to ensure academic success alongside an improvement and stabilisation of their mental health issues. This process of listening and implementing changes based on the voices of the young people supports the views of Worrall-Davies and Marino-Francis (2008) who state that it 'is essential to delivering the government's vision of a modern effective CAMHS' (p. 9).

The young people involved in the focus group did, however, highlight some uncertainties about the full purpose of the process :

'…they could have found out … without actually having to talk to us.'

'I don't know whether they were asked because they didn't already know that information'

'I think knowing why they are doing it in a more kind of focussed way it might be useful.'

The process is undertaken by a variety of education staff members each approaching the meeting in their own way. This has led to the process being introduced with the emphasis on different aspects of the education provision in the unit. The young people would benefit from a consistent approach from staff to ensure a complete understanding of this process. Training

or guidelines could be developed to ensure a reliable approach.

Timing

The young people made many references during the focus group to the timing of the one-to-one information-gathering discussion:

'…it was like my second day and I just got all these questions thrown at me…'

'It's not your main concern at the time.'

'Well maybe wait a while like not your first education session…'

'Yea when you first come in it's so surreal and then you are like thrown into so much of a change and you are asked so much you don't really want to you can't even think.'

The information-gathering process commences as soon after admission as possible to ensure programmes can be developed in consultation with school/college. It is a difficult time for the young people as they are coming to terms with an admission which is often unexpected and feel their health is more important than their education at that time. Their comments show how unsettled they are and struggling to focus on anything other than the admission. Education staff are conscious of this but often find the young people can benefit from thinking about a different part of their life and being reassured that the admission need not have a negative impact on their education:

'It is important to reassure they can carry on their studies…'

'…reassure the client [service user] that they will have the opportunity to keep up with their school work…'

'Sometimes the client [service user] enjoys talking about the person to contact in school and it can be reassuring for them to know that they will be advising us whilst they are in hospital.'

As education is part of the treatment programme it is more meaningful for the young people if they are completing work that their peers are covering in school in their absence. In addition to this some young people may have missed periods of schooling and can use the opportunity to catch up with some of the work they have missed. To motivate the young people relevant programmes of work are created in consultation with schools/colleges to minimise the impact of admission on their attainment as well as their emotional and general wellbeing (DfE, 2014).

Education staff are aware of the importance of discussing education as soon as possible after admission and commented that :

'Students often worry about falling behind…'

'…you get a clear full picture directly from the service user and then you can start to plan a programme for them and obtain the right support and work.'

During the focus group the young people had time to reflect on the comments of other service users and towards the end of the discussion they were able to show that they did understand why the meeting was held so quickly after admission and appreciated the informality of the discussion:

'I don't remember anything formal like, it wasn't like a meeting or anything we just sat down like in the classroom to the side someone just asked you a few questions…'

'…because if they don't ask these questions or if they asked us like a month later then we would be doing nothing in our education session for like a month.'

'…they like to say it informally to make people feel more comfortable.'

'I suppose if you like delayed doing the form or not like two days or maybe a week later it's still going to be tricky to like answer and fill out so it's just one of those things that you have to kind of do.'

The comments from the young people have again highlighted the need for clarity and consistency from the education staff when approaching young people to gather information. Guidelines and training for staff would be useful to ensure all young people are approached sensitively in the first few days of their admission to discuss their educational needs and reassured that this conversation is relevant to their treatment programme.

Concluding Remarks

The information-gathering process by education staff offers the young people an opportunity to have direct input and some control over their education provision. In collaboration with the young person, education staff are able to make recommendations to families and schools/colleges about adaptations to their courses to support their recovery as well as enabling them to achieve well. Administration guidelines, additional training for staff and regular updates will ensure all young people have access to the same experience to ensure they are offered the best individualised advice about the possible impacts of their in-patient stay on

their education. Staff need to be consistent, clear and reassuring when gathering information to enable the young people to share their thoughts at an unsettling time.

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