

Education provision for children recovering from long-term illness or serious injury

Local Association Secretary Briefing August 2019

Purpose of this briefing

This briefing aims to update LA Secretaries on the provision of education at home for children and young people recovering from long-term illness, or serious injury and subsequent treatment. It was developed in response to a 2018 AGM resolution, which prompted an investigation by the Education and Equality Department. The content of this briefing paper has been informed by that investigation. It draws on information provided by 24 Local Authorities and by member Networks during session 2018/19.

Policy context

The [UN Convention on the Rights of the Child article 28](#) provides that children and young people have the right to education no matter who they are; it obliges state parties to 'recognize (sic) 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, including the Education (Additional Support for Learning) (Scotland) Act 2004, as amended by the Education (Additional Support for Learning) (Scotland) Act 2009, creates a right to additional support when needed, e.g. because of illness or injury.

The Scottish Government has specific guidance on the 'Education of children unable to attend school due to ill health', published in 2015, which is available online: <https://www.gov.scot/publications/guidance-education-children-unable-attend-school-due-ill-health/>

Educating ill children at home: the current picture

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 authorities have some kind of provision for this cohort of young people than those who do not 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 who are on a school roll but 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 being sourced.

Some of the authorities who do not have a discrete provision for this cohort nonetheless have stated a variety of arrangements to meet their needs e.g. a Supporting Learners Service; a 'long-term process'; or tuition provided by teachers from within the pupil's school, outwith school hours.

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 the 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 in instances where the illness is not long-term; and two authorities have created a register of teachers willing to provide home tuition (paid at an hourly rate).

Staffing levels

Staffing varies considerably across authorities, 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; 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
- deployment of 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 on the basis of additional payable 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.

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.

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
- the maximum in three authorities is seven hours per week.
- the maximum in one authority is six 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.

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. Most authorities appear to prioritise English and Maths/literacy and numeracy. If a young person is in the senior phase, the subjects taught will be informed by their course choices, although it can be difficult to get subject specialists, with one authority stating, 'Unfortunately we cannot offer specialist teaching in the wider secondary curriculum as we don't have the qualified staff'.

Only four authorities specifically mentioned subjects other than English and Maths:

- one authority offers teaching in most curricular areas, in keeping with the BGE, to S1-3 pupils; 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, Computing Science).

Time allocated to provide the service

In some authorities, time is allocated within teachers' contracted class contact time for providing this service; but most reported to us 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. A small number of authorities said that responsibility for this matter is devolved to school management and planned at school level; and 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 a wide range of tools, such as:

- 'Google Classroom'
- an AV1 'No Isolation' robot
- video conferencing, for a pupil on a remote island
- iPads with a variety of apps
- Chrome books/laptops
- GLOW, for accessing resources and work
- e-sgoil, for pupils accessing lessons at home
- Skype
- a Virtual Learning Environment
- Online resources such as Scholar and BBC Bitesize
- Show My Homework
- Dictaphones
- Flash drives
- Video cameras
- Microsoft Teams
- Class Dojo.

One respondent said there was no specific training on using IT for this kind of provision. 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, whereas four authorities provided detailed responses, indicating a high degree of commitment to using ICT for home learners. One of those was predominantly rural; the others 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 staffing capacity reasons and not reasons relating to the child's health.

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'; and three authorities said this information was not held centrally.

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 staffing 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 consulted the EIS Headteachers' and Depute Headteachers' Network and the EIS ASN Network about this matter. Their comments fall into two thematic areas – services being less than ideal; and ASL provision generally being under-resourced. They both noted that any provision will very much depend on what a child is recovering from and how able they are to learn.

Network members spoke about the context in which this issue arises, with two aspects highlighted in particular: an increase in home schooling more generally (it was perceived that more young people may be at home long-term because of poor mental health), with some authorities having Home/School Partnership Officer posts; and more use of online approaches. Some authorities are using Skype to offer home teaching; one authority is offering online maths tutoring for schools to purchase, with reportedly good dialogue between schools and tutors; and one authority is using the 'Show My Homework' app to post work online if a young person is unable to go to school. The EIS would have some concerns about increasing use of commercial apps or software to which there is inequality of digital access by families, and the design of which can be pedagogically questionable; and to the expansion of online learning for a number of reasons, unless there is a sound educational rationale.

Services are less than ideal

- Outreach education services in some areas are perceived as hard to access, with barriers including a complicated paper-based referral process.
- Many parents don't ask for this provision.
- The service in at least one area appears to be volunteer-led, not child-led.
- There is concern about the breadth of subjects offered at home, especially to secondary pupils.
- IT shortages exacerbate the issues faced by these pupils.
- 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 5pm, may not always be the best arrangement for the child.

ASL provision generally is under-resourced

- One authority has an Interrupted Learners' Service, which offers home visits, but the service has experienced cuts recently.
- One authority has a team for this provision which has reduced over recent years.
- One authority with a medical outreach team has experienced 'massive cuts' and now has very limited scope, only being able 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.

Both Networks agreed that teachers' class contact hours specified in their contract must be adhered to, and that any home visits need to be factored into working time agreements. It was also noted that 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. Rising poverty may exacerbate this in future.

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.

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; and that greater consistency could be achieved from sharing of practice. Revising of the national guidance¹ mentioned above may also be useful. This guidance does not appear to be well known.

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. The EIS will continue to take all opportunities to advocate for better resourcing for ASL provision. The latest summary of EIS policy on ASL provision and the gap between promise and practice can be found here: <https://www.eis.org.uk/Additional-Support-Needs/ASNGuidance>

Advice to LA Secretaries

We would advise you to:

- raise the issues arising from this briefing, as appropriate to your local context, in local negotiations on educational provision for children who require additional support for learning as they recover from illness or injury; and
- share intelligence about any issues emerging in your area with the Education and Equality Department.

Questions?

For more information, please contact Leigh Meechan in the Education and Equality department, email: lmeechan@eis.org.uk, tel.: (0131) 225 6244.

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/>