

Brief guide: education arrangements for children in Tier 4 CAMHS settings¹

Context

Local authorities have a legal requirement to arrange education for any child of compulsory school age whose illness prevents them from attending school. Ofsted are responsible for inspecting the quality of education provided.

Children and young people admitted to hospital for treatment of mental disorder should be admitted to an environment that is suitable for their needs, and be provided with ‘a routine which allows them to continue their social, personal and educational development and ... equal access to educational opportunities as their peers’.^{2,3} For children and young people admitted to an inpatient child and adolescent mental health service (CAMHS), education is usually provided alongside a programme of therapeutic activities. It is good practice for education staff to be involved as much as possible in handovers, clinical meetings and care programme approach (CPA) meetings to ensure continuity of care as well as education.

Evidence required

- Interview staff, children/young people and parents about how health and education staff work together cooperatively to plan care and activities including education (see prompts in the CAMHS evidence table and key lines of enquiry).
- Gather evidence from the Ofsted report and on inspection about how the service works with education providers and staff to meet the needs of children on the unit.
- Interview health staff, and examine records for evidence of how information is shared, recorded and stored relating to managing children and young people’s care, and any risk and behaviour when they are in the education setting.
- Interview health and education staff (if available) about communication between health and education staff, and participation in clinical meetings and CPA meetings.
- Review the arrangements for training education staff in relevant health and care matters.
- Review the latest Ofsted report to gain an overview of the education arrangements, and how any issues identified are being addressed. The inspection lead should assess whether the issues identified are relevant to our regulation activities and/or KLOEs, for example multidisciplinary working or leadership and governance issues. Inspection leads can seek support from heads of hospital inspection or national professional advisors when making decisions on these matters.

¹ To be read with FAQs see appendix

² S131a of the Mental Health Act

³ Mental Health Act Code of Practice - paras 19.90/1

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Reporting

In the inspection report, under '**meeting the need of all people who use the service'** under '**responsive**', report on the health contribution to providing a routine that enables continuity of education. Also, report on the effectiveness of communication between health and education staff, and state how this is reflected in the programme of activities including education provided on the unit and, where appropriate, in individual care plans.

Policy position

We have a memorandum of understanding with Ofsted that sets out how we will work together, coordinate our roles and activity, and exchange information in certain circumstances.⁴

Where Ofsted finds that the education provision needs to improve or is inadequate, they will make sure that there is a plan in place to address the concerns with the education provider, who is responsible for addressing any issues raised. Any queries about the provision of Ofsted registered on-site or in-reach education should be directed to Ofsted.

There are a small number of providers that are not able to meet the standards for registration as a school with the Department of Education (DfE) because they operate for fewer than 18 hours a week. These providers are not regulated by Ofsted. In these cases, the child's home local authority retains its responsibility for the child's education, and any queries about unregistered provision should be raised with the DfE.

DfE guidance recommends that local authorities should discuss the child's needs and how they may be best met with the relevant clinicians. This includes discharge planning and reintegrating a child back into school.⁵ The education provider is responsible for ensuring the child's local authority is made aware the child has been admitted to hospital. In practice this is generally achieved by liaison with the child's home school.

Effective collaboration between teaching staff and health professionals is essential to promote continuity of care and of education. Education staff need relevant information about the child's care and support needs while in school and appropriate arrangements should be in place and recorded relating to this.

Link to regulations

There is no specific regulation in the Health and Social Care Act regulations that directly refers to the requirements placed on registered providers in relation to age appropriate services for children in hospital. However, we will look at this as part of our assessment of suitability of the environment and quality of multi-agency working, and whether these are meeting the needs of children and young people. Areas for improvement identified will be identified as "should" rather than "must".

CQC has powers under the Mental Health Act 1983 (MHA) to review and investigate the discharge of duties imposed by the Act. Section 131a of the Act relates to the provision of

⁴ [Memorandum of Understanding](#)

⁵ [Ensuring a good education for children who cannot attend school because of their health needs](#)

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suitable accommodation for children. The MHA Code of Practice (paras 19.90/1) clarifies that this includes children having a hospital routine that will allow their personal, social and educational development to continue as normally as possible, and that they have equal access to educational opportunities as their peers. Where our inspectors have concerns about these specific areas, inspection leads should consult with heads of hospital inspection, MHA reviewers and leads to consider whether the responsible local authority should be informed and whether it is appropriate to take action through CQC's powers under the MHA.

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Brief guide BG006: Education arrangements for children in Tier 4 CAMHs settings, February 2018
Review date: February 2019

Appendix 1: frequently asked questions

1. What is expected in terms of education for children and young people who cannot attend school because they are ill?

- The current statutory guidance [Ensuring a good education for children who are unable to attend school because of health needs](#) sets the expectation that local authorities should be ready to take responsibility for any child of **compulsory school age** whose illness will prevent them from attending school for 15 or more school days, either in one absence or over the course of a school year, and where suitable education is not otherwise being arranged.

2. What about children and young people in hospital?

- The duty on local authorities to ensure children and young people receive suitable education applies when they are in hospital, including when they are receiving treatment in an area where they are not normally resident. For children and young people in hospital, education is often provided by a teaching service within the hospital and this may enable the local authority to meet its statutory responsibility.

3. What is the compulsory school age?

- 16 years and children can leave school on the last Friday in June provided they have reached their sixteenth birthday by the end of the school holidays that year.

4. What about 16 and 17 year olds over the school leaving age?

- Under 'Raising the Participation Age' legislation (part of the Education and Skills Act 2008) local authorities have a duty to promote effective participation in education or training for those aged 16 and 17. Education and training under the Act means
 - a. Going to a further education college or school sixth form
 - b. Starting an apprenticeship or traineeship
 - c. Combining part-time study with working and volunteering (part-time study should be more than 280 hours per year).
- There is no national entitlement (or principle) to provide access to further education for young people in hospital. The decision about whether to fund an individual in a healthcare establishment to continue in their further education lies with the local authority where the young person resides.
- Depending on the nature of the education or training the young person is undertaking, it may be possible for them to continue it while they are in hospital. As part of comprehensive assessment/care planning the young person's and educational needs must be considered.

5. What curriculum should be provided to children and young people in hospital?

- Current guidance states that children and young people of compulsory school age with health needs should receive education which is equivalent to the education they would receive in school. This should be full-time unless the local authority

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judges that it is not in the child's best interests because of their health needs. If they receive one-to-one tuition, for example, the hours of face-to-face education could be fewer as the provision is more concentrated.

- Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, local authorities should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.
- With planned hospital admissions, local authorities should give the teacher who will be teaching the child as much forewarning as possible, including the likely admission date and expected length of stay. Local authorities should set up a personal education plan, which should ensure that the child's school, the local authority and the hospital school or other provider can work together.
- Where a child/young person is admitted in an emergency, the hospital teaching service should liaise with his/her school and local authority as soon as possible following the admission to agree the programme to be followed.

6. How is education provided and organised in inpatient (Tier 4) CAMHS?

- Education in hospital settings is delivered by different types of provider. These include pupil referral units and special schools, maintained by the local authority, and 'alternative provision' and 'special academies' funded directly by the Department for Education (DfE).
- Education may also be provided by an independent provider – this is often the case for independent sector Tier 4 child and adolescent mental health (CAMHS) units. These are funded by re-charging the individual pupils home local authority.
- How the education is organised may vary so there are small providers serving a single Tier 4 CAMHS unit to large organizations providing education across a number of units as well as provision in acute hospitals and other special education units.
- An individual Tier 4 CAMHS unit will typically admit children and young people over a broad age range – generally units are age-banded for pre-school to 12 years or 13 to 18 years. Children and young people admitted may have a broad range of abilities and specific curriculum needs due to varying educational stage and subject choice or special educational needs or both. Education providers vary in size with some serving a single Tier 4 CAMHS unit. Others may provide education for number of different services. A balance needs to be struck between having a stable education staff team familiar with the particular Tier 4 CAMHS inpatient unit versus being able to adequately meet the range of educational needs of the children and young people within the service – how this is achieved varies.
- Education provision may be sited within the Tier 4 CAMHS building or provided in a separate building. The Health Building Note 03-02 Facilities for child and adolescent mental health services (CAMHS) provides guidance on the design of CAMHS accommodation for children and young people aged up to 18 years and includes a section on education and school facilities. There is variation in the extent to which

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education staff participate in clinical meetings such as 'ward rounds' and CPAs depending on how the education provision is organised.

- Education and health staff also commonly have separate management and governance systems as well as separate information and record systems. Education provision generally operates over the state school terms and within standard school hours.

7. What provision is required for children and young people with special educational needs?

- Children and young people with special educational needs may have an education, health and care (EHC) plan or statement of special educational needs (SEN) or a learning difficulty assessment (LDA). The EHC is the result of an assessment of a child or young person and sets out the education, health and care services that the child or young person should receive. The local authority (social care and education) and health commissioners have a statutory duty to meet the terms of the EHC. The EHC also provides entitlement to the option of a personal budget in order to meet some of the needs identified in the plan. The EHC can apply until the person is age 25 years.
- The EHC plan replaces the SEN from September 2014 and children and young people with an existing SEN will be transferred to an EHC between 2014 and 2016. A SEN differs from an EHC in that it focuses more narrowly on educational needs than an EHC. There is no option of personal budget and the resources identified in the SEN are provided to the school/college to support the child or young person. The resources identified in an EHC can be more flexibly deployed.
- An LDA identifies a young person's learning difficulties and/or disabilities as they move on to post 16 education, training or higher education and the provision required to meet their needs up to age 25.
- The Mental Health Act 1983 Code of Practice states that when a child or young person with a SEN, a LDA or EHC plan is admitted to hospital, the local authority that maintains the plan (usually the child/young person's home local authority) should be informed. This is to make sure that educational support continues to be provided. If necessary, the plan may be reviewed and amended to ensure targets and provisions are still appropriate. The local authority should also be involved in creating the discharge plan, so that the statement, LDA or EHC plan is revised as necessary to continue to reflect the child or young people educational, health and social care needs.

8. How is education in Tier 4 CAMHS regulated?

- All education providers maintained by local authorities and those funded directly by the DfE are inspected by Ofsted.
- For independent sector education, providers **must** be registered with the DfE as an independent school if they provide full time education to five or more children OR one or more children with a statement of special educational needs or education, health and care plan OR one or more looked after child. However, DfE guidance on registration states it is unlikely that a school operating for fewer than 18 hours per

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- week will be able to meet the standards and register as an independent school in which case the provider will not be subject to inspection.
- There are a small number of CAMHS units where the education provider is not registered and subject to inspection.

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