Medical Needs Inreach Project

What is it and what have we learnt?

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Clinical Psychologists, Children's Psychological Medicine and the Medical Needs Inreach Project

An Introduction

- Children's Psychological Medicine (CPM)
- Multi-disciplinary team providing psychological assessment and support to children with health conditions/needs
- Adjustment / low mood / anxiety / adherence / procedural distress / sleep / pain….
- Support for child and family, including impact on life…EDUCATION!

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What is it?

- 2 year collaboration between Oxfordshire Hospital School (OHS) and Children's Psychological Medicine (CPM)
- Allocated staff time from OHS and CPM
- Bring together education, health and psychology to promote innovative and effective ways of working with children with medical needs
- Creating new and promoting existing networks

Background and Drivers

- Evidence base for reciprocal impact of health on education
- Communication between professionals cited as a barrier to better outcomes for children with medical needs
- Variability in schools' confidence and ability to manage the medical needs in schools / to be able to implement recommendations
- Moving towards an evidence-based approach for input – interaction of anxiety/mood with school reintegration
- Joint working seems critical in complex cases – never enough time!

Case Examples

- Emily, aged 11. Non-epileptic seizures. Being sent home from school owing to episodes, struggling to access leisure activities, dependent on parent
- Max, aged 14. Chronic pain, low mood and anxiety. Not attending school, spending most of the day on the sofa.

What I learnt!

Interactions between physical and mental health

- Psychological adaptation not predicted by severity of illness/impairment (O'Malley et al, 1980).
- Reciprocal impact of mental and physical health. What is the impact of depression on adhering to a medical regime? If you look different, how may you feel about yourself?
- Children and young people are incredibly resilient! But we know that children with medical needs are at increased risk of psychological difficulty – how many times more likely to experience MH difficulties?
- Psychological difficulty in childhood may predict poorer long term physical and mental health outcomes

What are all the impacts of:

Missing Lessons (Appointments, unwell etc)	• Playing catch up • Lower achievement • Fewer social experiences • Feeling different
Pain	• Reduced sleep • Reduced cognitive functioning • Reduced physical activity • Reduced attention
Looking Different	• Answering questions from others • Feeling stared at • Feeling different (usually negatively) to others • Mental health difficulties?

Aims of Project

- Support Oxfordshire schools in understanding their statutory responsibilities with regards to children with medical needs (more on this later)
- Support Oxfordshire schools with developing their internal policies and Individual Health Plans for children with medical needs
- Share good practice, evidence based approaches and practical examples of supporting children with medical needs in education environments
- Create networks and awareness of services and pathways that support children with medical needs
- Create a project legacy through dissemination of outcomes with a view to longer term planning

How will we do this?
Support for home schools

- The Partnership School Programme
- 3 day training programme for Oxfordshire schools
- Modular programme on more in depth issues by local experts
- Access to consultation and training dependent on individual school needs
- Best Practice conference (Nov 2019)
- Partnership schools funded to attend training days

How will we do this?
Increase support to OHS

- Psychology input during assessment phase
- Psychology input into professional support
- Joint working, training and consultation between OHS and CPM
- Improved pathways between OHS and CPM – enhanced access to CPM for children under OHS

How will we do this? Support to other services

- Training provided to medical teams
- Training provided to psychological services
- Increased networking and links with other services
- Support use of IHPs through clinical excellence – show how it can work!

Training Days

- 3 day programme
- Condensed to 1 day
- Robust evaluation

MNIP Training Programme Content

Training Day One: Setting the scene

Introduction to the programme
Statutory guidance
Common mental and physical health conditions
The impact of medical needs on a child in education

Training Day Two: Putting it into Practice

Barriers to inclusion and effective support
Beliefs and attitudes towards effective support
Effective communication between agencies
Writing an Individual Healthcare Plan (IHP)

Training Day Three: Wider context and services

Exploring wider issues: Gender Identity, Sleep in Children and Young People
Establishing cross-agency links: Presentations from local School Nursing, Psychiatry, Child and Adolescent Mental Health Services

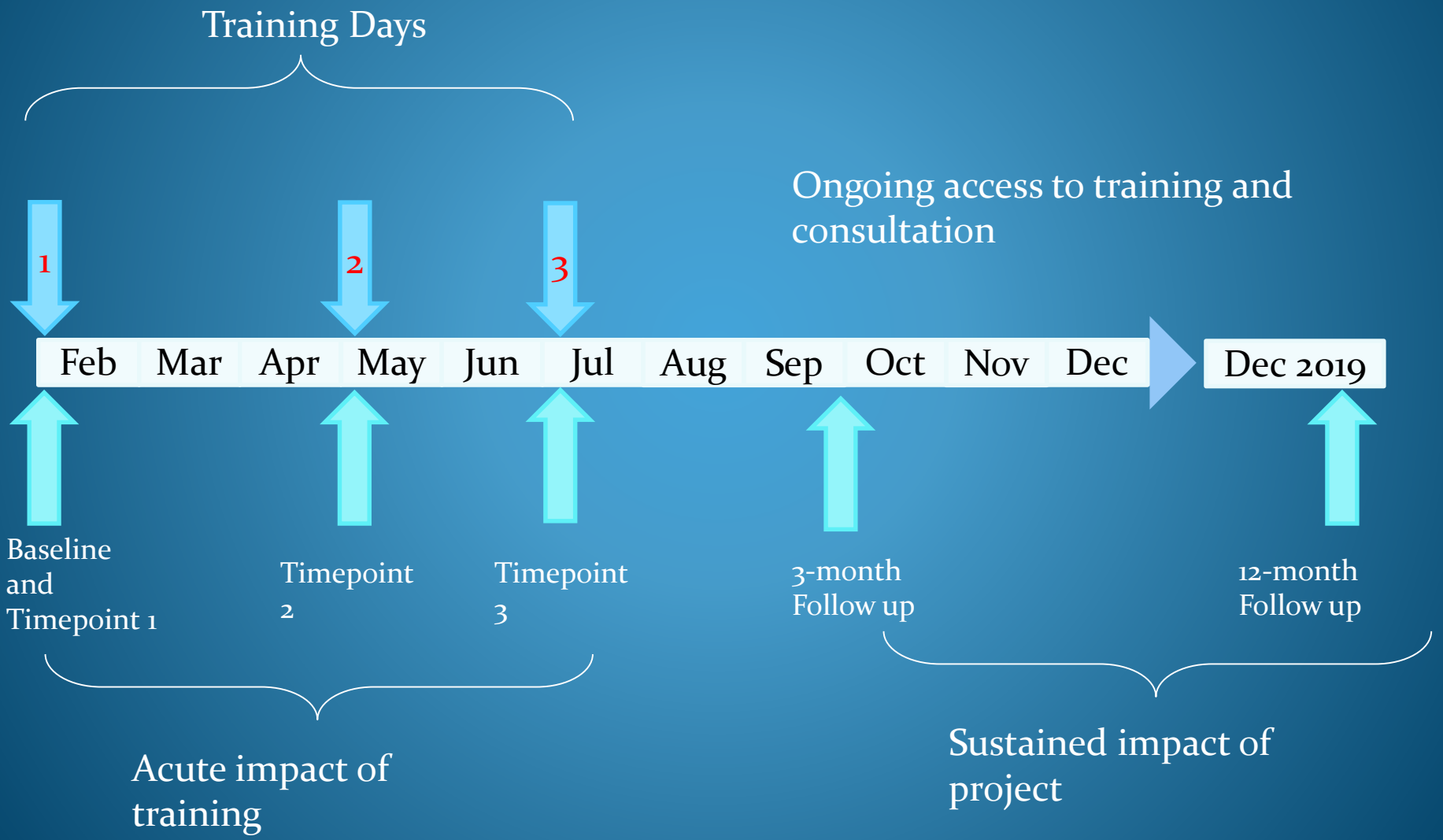
Partnership School Attendance

Table 1. Partnership school composition and programme attendance

Attendance	Day 1	Day 2	Day 3	Follow-Up
Primary School	9	8	8	8
Secondary School	8	8	7	6
Special School	3	3	2	1
Total	**20**	**19**	**17**	**15**

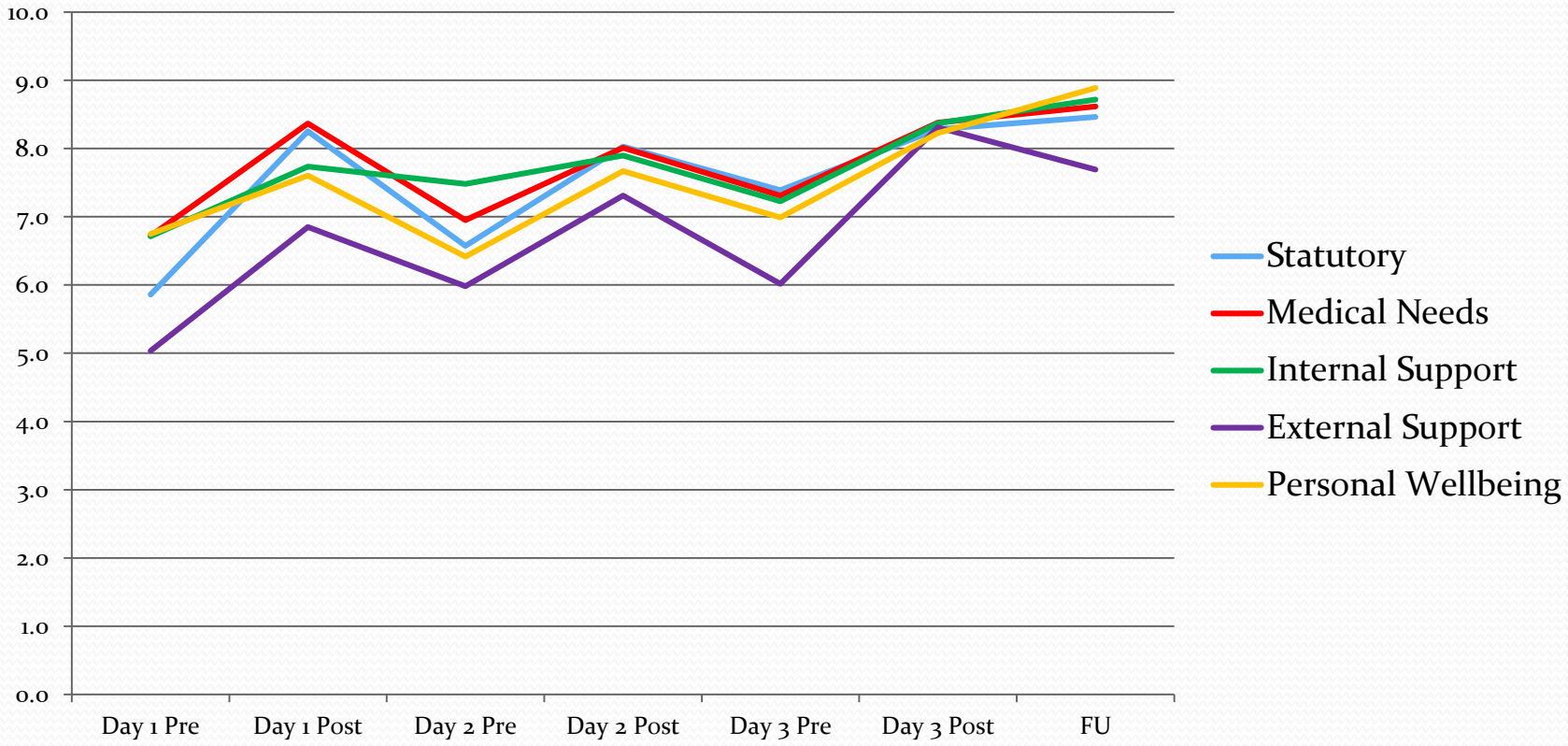
- Whole day events increased attendance
- “Preaching to the converted” v “Early Adopters”?

Medical Needs Inreach Project – Evaluative Component



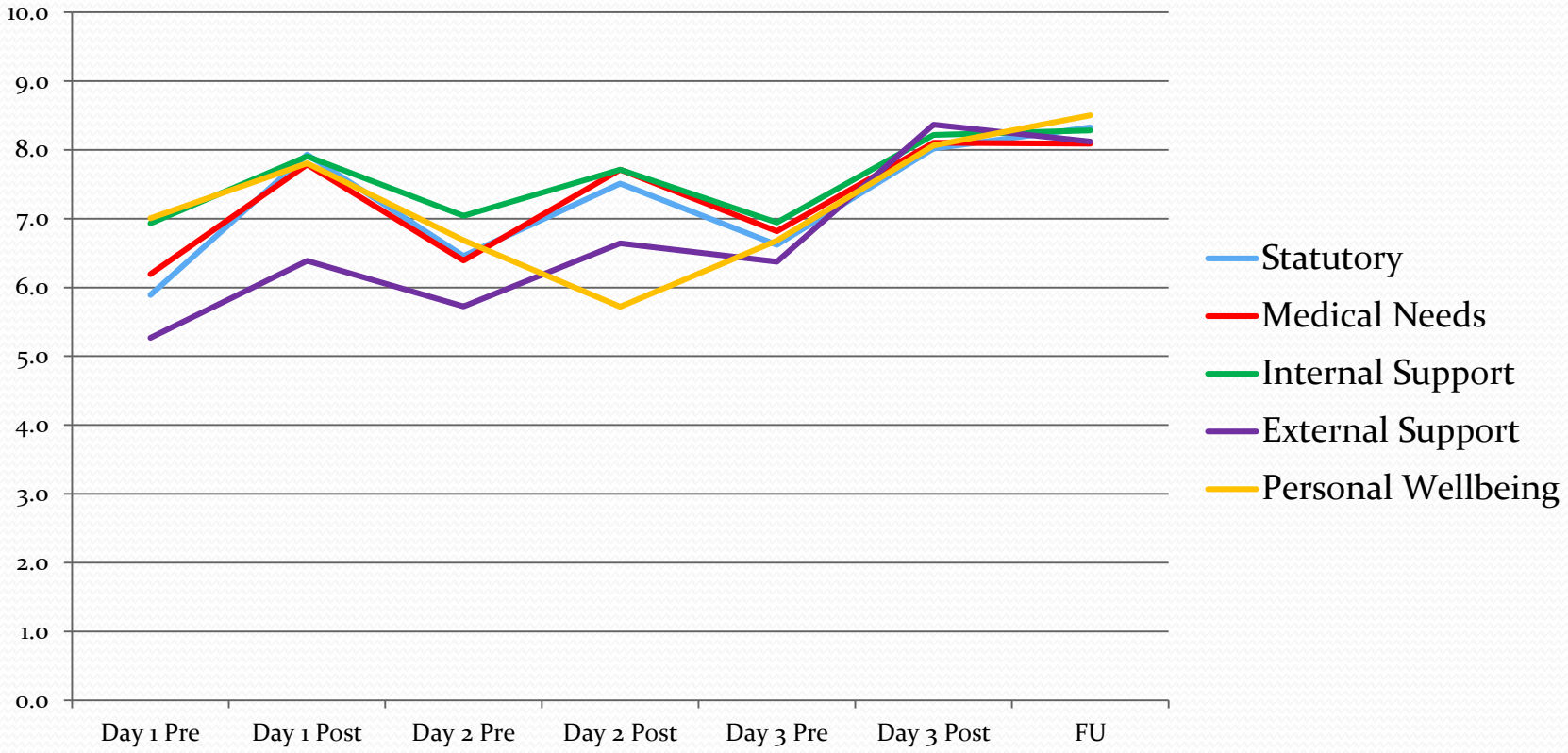
Self-rated awareness

Schools' self-rated awareness of 1) statutory guidance (blue), 2) medical needs (red), 3) sources of internal (school-based) support (green), 4) sources of external (service-based) support (purple) and 5) the effects on personal/emotional wellbeing of working with a child with medical needs (orange) measured immediately before and after each training day and at follow-up.



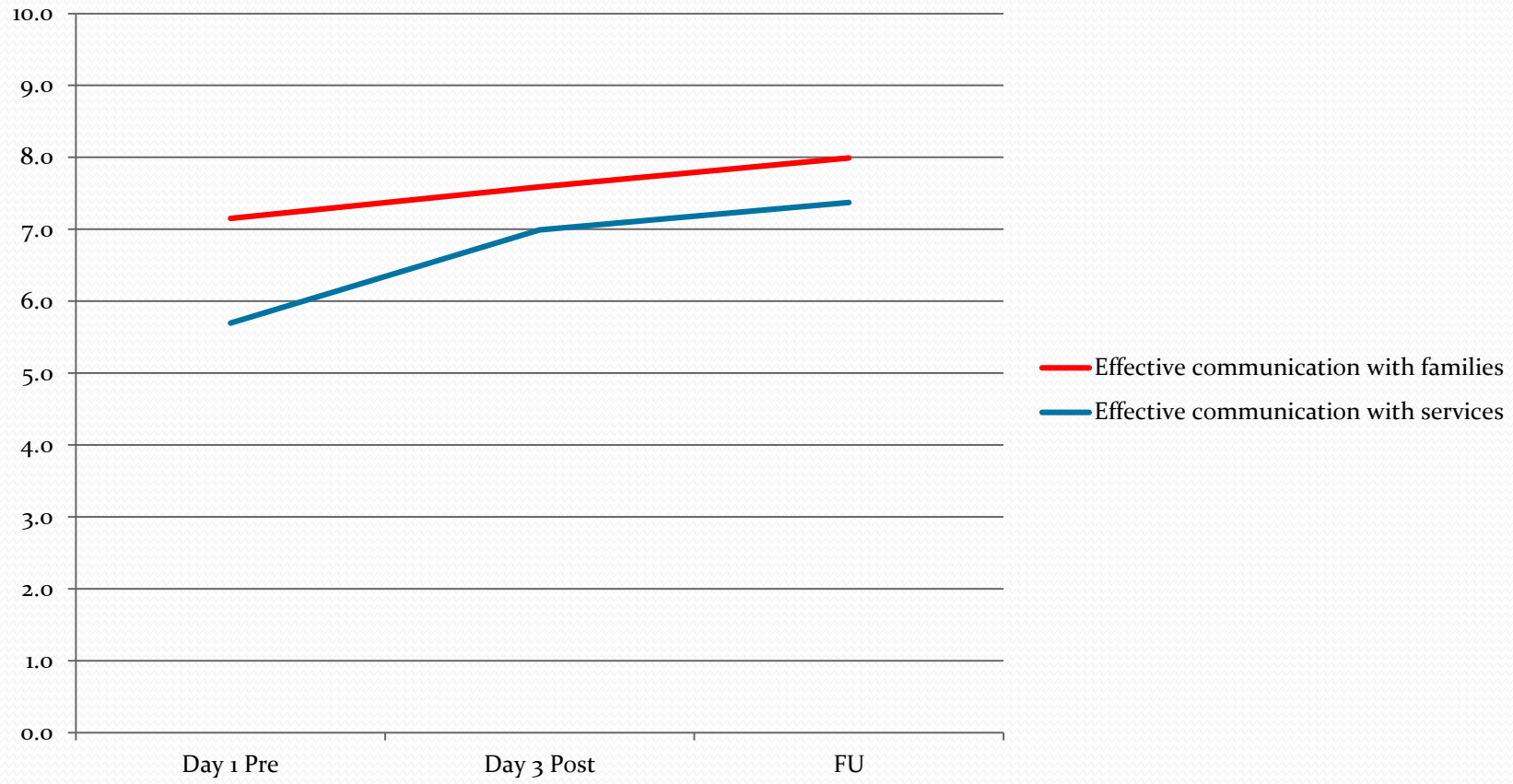
Self-rated confidence

Schools' self-rated confidence in 1) implementation of statutory guidance (blue), 2) supporting children with medical needs (red), 3) sourcing internal (school-based) support (green), 4) sourcing external (service-based) support (purple) and 5) managing the effect on personal/emotional wellbeing of working with a child with medical needs (orange) measured immediately before and after each training day and at follow-up.



Effective Communication

Schools' self-rated effectiveness in communication with families and with external services (e.g. CPM, CAMHS) measured at Day 1 Pre-training, Day 3 Post-training and at Follow-up.



Qualitative Feedback

Gathered from semi-structured interviews at 3-month follow-up and grouped into key themes:

Firm foundations / Validation:
Medical needs policies and use of IHPs in place in all partner schools
Schools have appreciated support with statutory guidance, checking policy, drafting IHPs
External validation of existing practice – increased confidence in knowing that you're doing the right thing

Innovation / Thinking differently:
Gender training very well received – wide impact on understanding
Several other initiatives happening in schools as part of the wider zeitgeist and that link with MNIP
Use of adapted PE felt to be very helpful

Communication:
Positive changes in how schools share information – particularly with healthcare
Greater confidence in how to request information and be pro-active about joined up work

Practical Support / Reflection:
Great opportunity for clinical support through CPM (consultation)
Opportunity for peer reflection and networking through project

What did we learn?

- Schools aware of DfE guidance but scope of use was narrow
- Practical barriers included time, resource, knowing how to get info, knowing what supports are available
- Desire to help but limited information about the child's healthcare was prohibitive
- Strengthened our motivation to continue our collaborations

Education and Awareness

- Low use of IHPs nationally
- Inter-agency communication cited as a barrier to effective care, school re-integration
- IHPs are wide ranging in scope, but in practice often used very narrowly
- Limited awareness outside of education

Utility

- A comprehensive tool for managing complex situations
- Gain consent to contact other professionals
- A mechanism for requesting medical information
- Improve safeguarding mechanisms through joined up working
- All on same page – no ambiguity
- Accountability and responsibility clearly stated
- Containing for families and children
- More on IHPs later!

What does Year 2 hold?

Find out at the end of the day!