Major Trauma School Reintegration Pilot Project, Royal Manchester Children's Hospital.

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Christina Dimitrakaki (Data Administrator)

Development of the service.

2018: Health Needs Assessment (HNA) by Dr Roscoe

Dr Roscoe identified that return to school after injury is challenging for families and educators. Proposed a pilot role to support this transition.

Feb 2019: 2 year pilot commenced

School Reintegration Facilitator, Data Administrator and Rehabilitation Network Manager in post.

Feb-May 2019: Establishing links

Working in partnership with hospital school, specialist teams, SENCO Networks to identify best ways of working collaboratively.

May 2019 PREM Nov 2019 TREM

Gather information on patient and school experience.

Jan 2020:Set up Return to School Network

Partnership between Education and Health Care Professionals

Who do we see?

Major Trauma Injury: multiple, serious injuries that could result in disability or death (NHS Clinical Advisory Group, 2010).
Greater Manchester: 10 Clinical Commissioning Groups (CCGS).

61%

Live in some of the most deprived areas.

70.4%

Live in areas with the highest rates health deprivation and disability.

55.6%

Poorest education and skills rating.

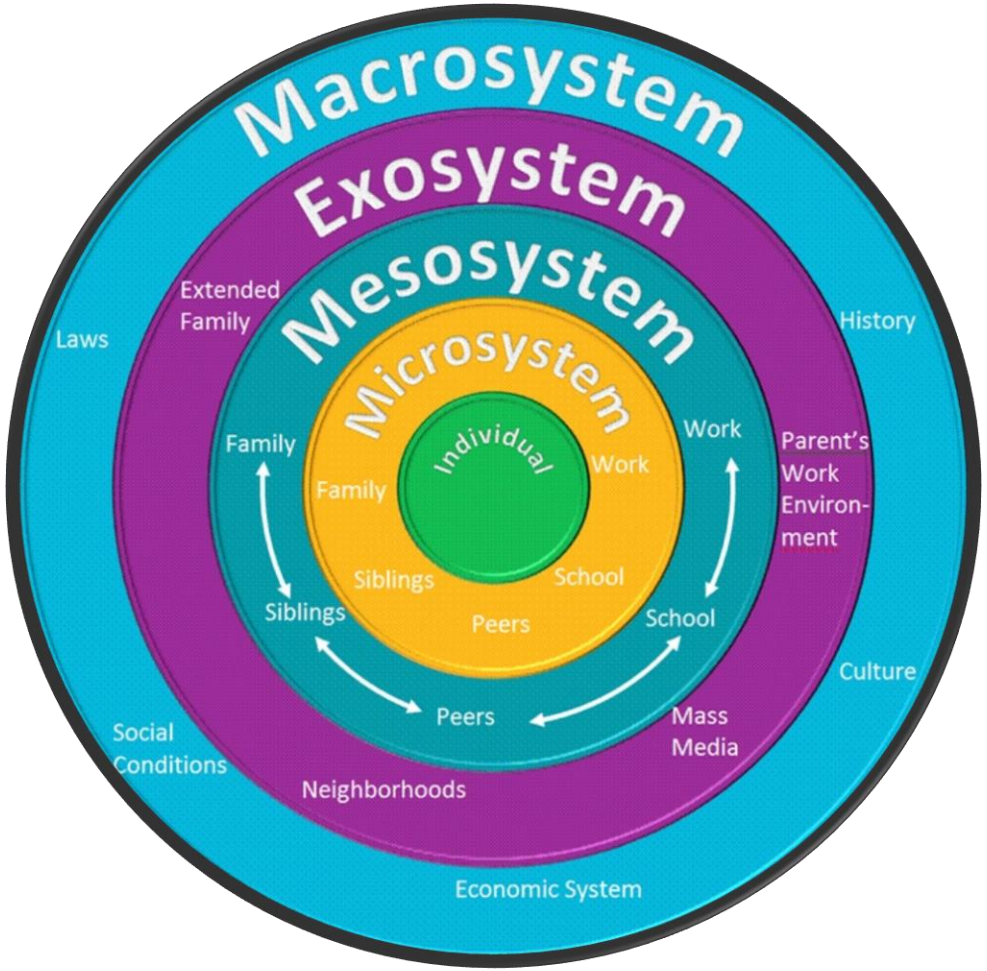
61%

Poorest employment rates.

These findings are consistent with national finding for Paediatric Major Trauma the demographic are largely from lower socioeconomic groups (Pearce et al., 2012).

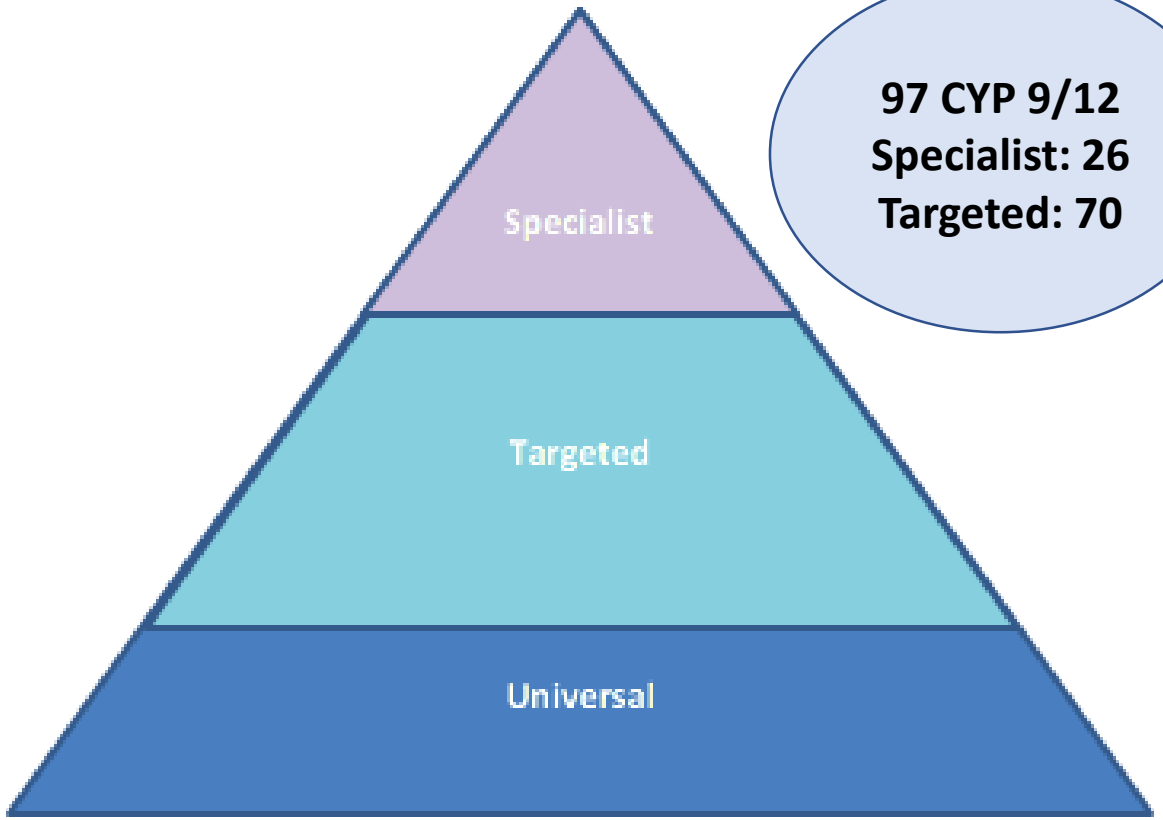
What do we do and how we work together.

Understanding the level of need:



Chronosystem

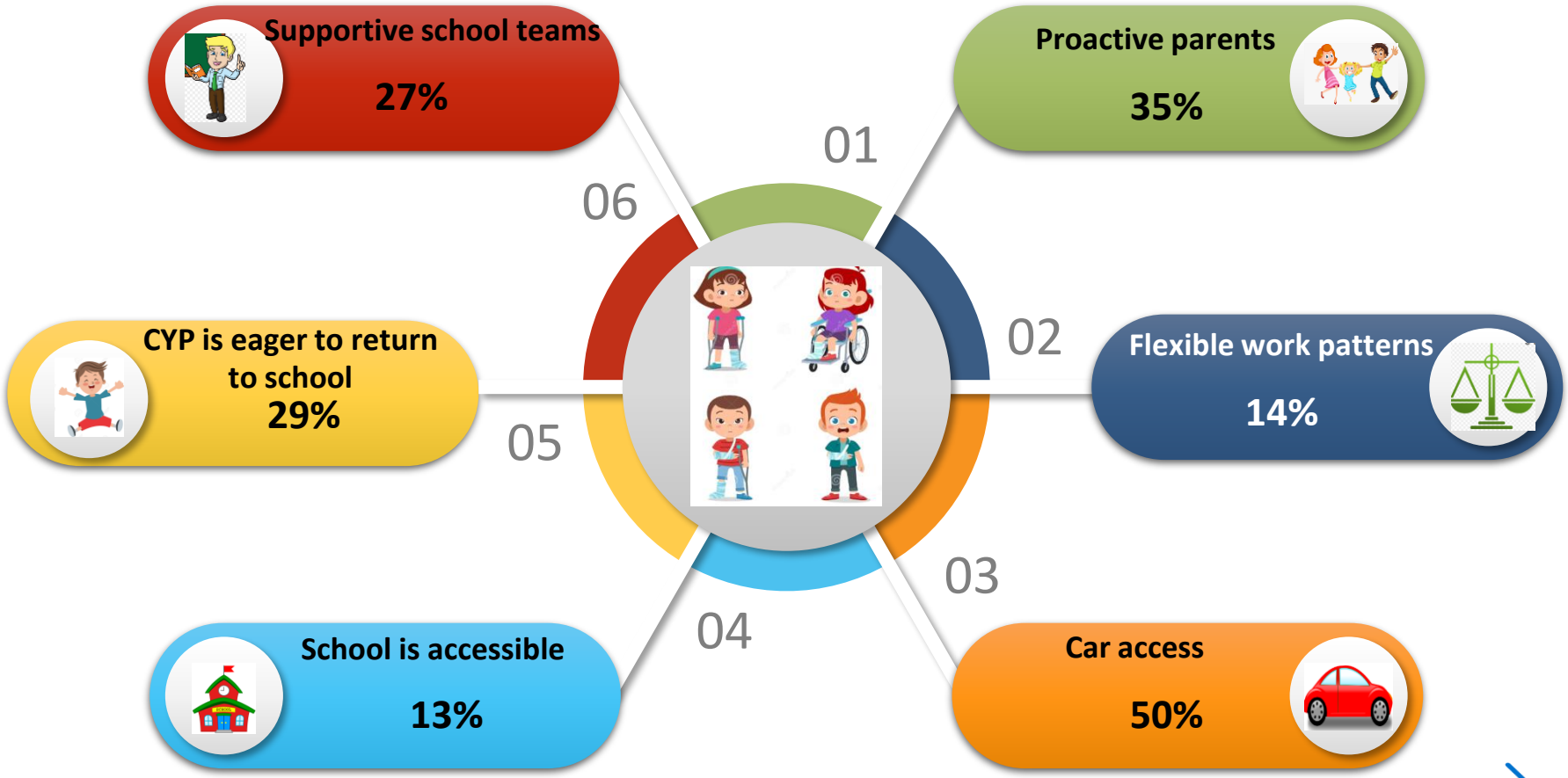
Classification of level of support offered:



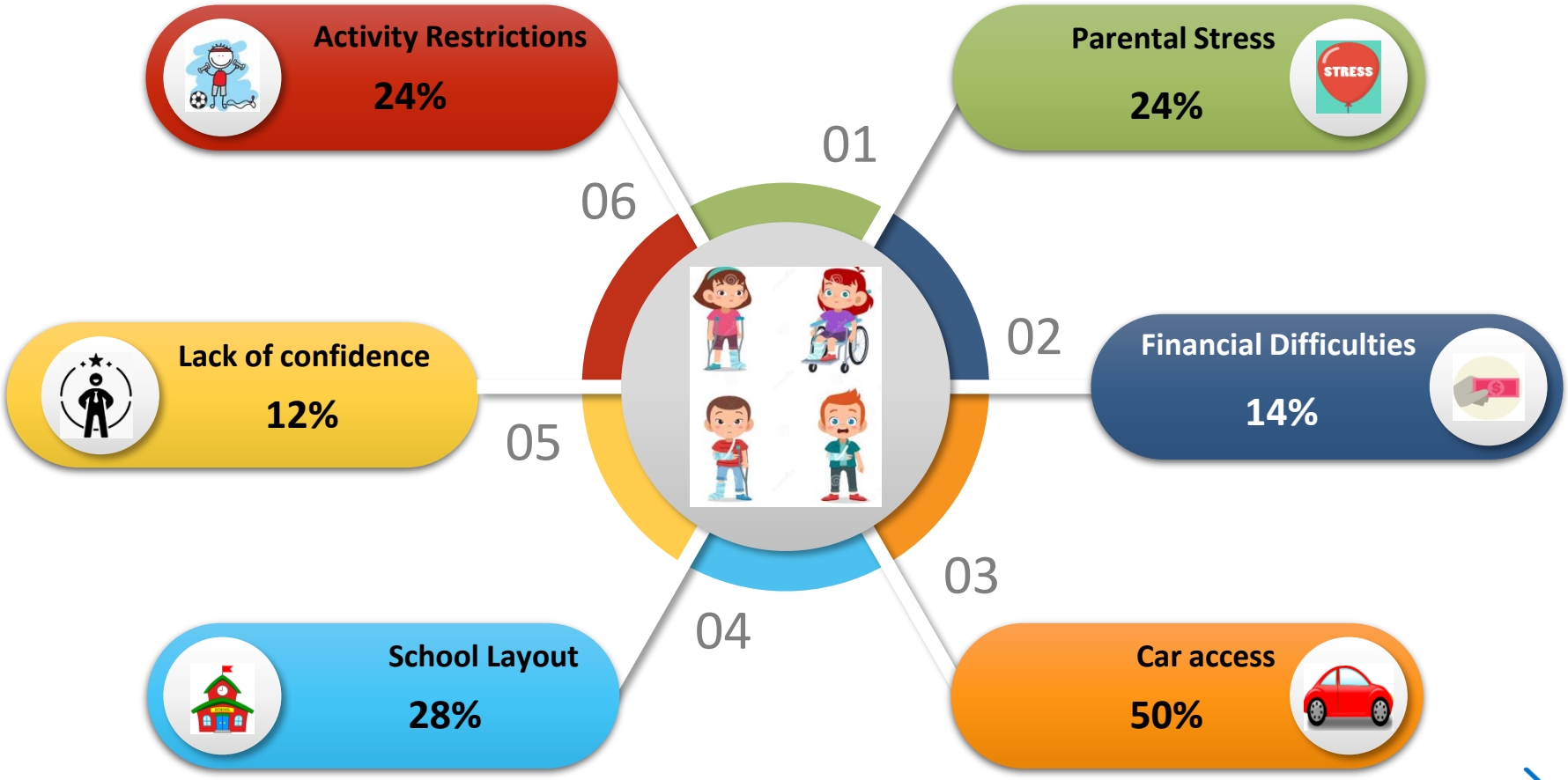
97 CYP 9/12
Specialist: 26
Targeted: 70

Ecological Systems Theory (Brofenbrenner, 1979)
Balanced Systems® (Gascoigne, 2016)

What helps return to school after injury?



What hinders return to school after injury?



What we have learned about transport.

Education Act 1996, Schedule 35B, paragraph 2 outlines transport eligibility criteria for children with SEN and mobility problems.

'This category covers long term disabilities, as well as **temporary medical conditions,** such as a **broken leg**' (Cerebra, 2016 pg 6).

Case Example: Year 9 student with anxiety and dyspraxia who is referred to the service following a fractured femur.

Universal Interventions

Survey completed with Manchester SENCO Network on: Improving communication between hospital and schools.
Sample: 98 educators.

Most common barrier to return to school:

43%

No communication or information sharing with school after hospital admission.

Suggestions to improve communication:

20%

Hospital should share (jargon free) reports with schools.

11%

School nurses should be used as a link between hospital and school.

43%

A key contact in the hospital should be identified to support and advise during the transition back to school.

Next stop: Health and Education Network Group!

Future Plans

Continue to develop the service in Partnership with CYP, families, and school.

Continue to identify common barriers to return to school and work with services and commissioners to develop universal solutions to these issues.

Extend the service to support any CYP experiencing difficulty returning to school after illness or injury.

Take home message

“The child’s return to school Is not the end point of rehabilitation. Rather school is an extension of the rehabilitation process begun in the hospital” (Larkin 1992).

The aim of the project is to work in partnership with schools to allow this to happen for every child and young person in Greater Manchester on the Major Trauma Pathway.

Any Questions?