



An Roinn Oideachais
agus Scileanna
Department of
Education and Skills

Review of education provision in schools attached to CAMHS units

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1. Introduction

Schools and centres for education play a vital role in supporting the education and wellbeing of children and young people through a range of activities and approaches that support their academic, physical, mental, emotional, social and spiritual development. Schools and centres for education are guided in this process by the *Wellbeing Policy Statement and Framework for Practice 2018-2023*¹ prepared by the Department of Education and Skills. The policy statement provides advice and direction to schools and centres for education to equip children and young people with the knowledge, skills and competencies to enhance their wellbeing and deal with challenges they face in life.

Almost all children in Ireland attend mainstream primary or post-primary schools for their education, including children with additional or special educational needs. Approximately one per cent of the entire school going population are educated in special primary schools. These children usually present with a range of needs including significant intellectual disabilities.

Some children and young people attending school may experience mild and emerging mental health difficulties. The majority of these children and young people can be supported by their general practitioner (GP) and by accessing a range of community-based initiatives which focus on prevention and early intervention measures. These children remain in their schools while being treated for mental health difficulties.

A small number of children and young people occasionally experience mental health difficulties to the extent that they cannot function effectively in their daily lives without accessing the Child and Young Person Mental Health Services (CAMHS). There is evidence that demand for CAMHS is increasing with waiting lists in place for initial and follow-up assessments. The number of referrals for 2018 was 18,546² compared to 12,800 in 2011³. CAMHS provide specialist mental health assessment, treatment and care to young people up to 18 years of age. The vast majority of interventions by CAMHS occur in a community setting and children, young people and their families are supported through multi-disciplinary teams (MDTs). These children remain in their schools while being treated for their mental health difficulties.

A very small cohort of children and young people experience severe and often complex mental health disorders, such as severe low mood, high levels of anxiety, thought disorders or significant eating problems. They may be referred to CAMHS inpatient units in order to achieve

¹ Department of Education and Skills (2018). Wellbeing Policy Statement and Framework 2018-2023.

² Letter from HSE to Deputy Buckley in response to Parliamentary Question 20237: 28th May 2019.

³ Dáil Éireann debate Thursday 31 January 2019 Vol. 978 No. 7 – Minister of State at the Department of Health, Deputy Jim Daly.

clinical improvement and successful reintegration into home, education and social activities (See Appendix 1). The schools attached to CAMHS inpatient units seek to provide continuity of education for children and young people who are temporarily absent from mainstream school due to their medical needs. They also seek to support the young people's reintegration into mainstream education at the end of their stay in the unit. CAMHS education programmes run concurrent to a young person's therapeutic engagement while attending the CAMHS inpatient unit.

The Department of Education and Skills (DES) funds education provision in four on-site schools attached to CAMHS inpatient units, hereafter referred to as CAMHS schools. The four CAMHS schools evaluated as part of this report are attached to the following CAMHS inpatient units:

- Éist Linn, Bessborough, Cork
- Merlin Park Hospital, Galway
- Linn Dara, Cherry Orchard, Ballyfermot Dublin 22
- St. Vincent's Hospital, Fairview, Dublin

The overall quality of education provision in the CAMHS schools is the focus of this report. The report is intended to inform the development of a policy framework for education provision in CAMHS schools currently being undertaken by the Special Education Section of the Department of Education and Skills. The framework is intended to inform, *inter alia*, teaching and learning in an acute medical environment, the manner in which students are reintegrated into mainstream provision and the extent to which provision can be made for day students. The report presents the collated findings arising from inspections in each of the CAMHS schools and makes recommendations for the further development of education provision in these settings.

2. Background to the evaluation

In early 2019, the Inspectorate was requested by the Special Education Section in the Department of Education and Skills to provide a report on the quality of education provision in CAMHS schools. The Section identified a number of overarching questions which provided the framework for the evaluation. These included questions relating to the type of education provision in the CAMHS schools; the quality of teaching and learning; education provision for day patients; the re-integration of young people into their base schools and the role of SNAs in the schools attached to CAMHS units.

The Incidental Inspection model was selected as the most appropriate means for conducting this evaluation. It enabled the Inspectorate to evaluate the work of the schools and provide feedback for improvement to teachers and school leaders and to do so relatively quickly. Incidental inspections can be carried out with minimum disruption to the work of the school. They are also very useful in monitoring the overall quality of education provision. The Inspectorate recognises that schools work within very specific contexts and it takes account of those individual contexts during evaluations. Important contextual factors in CAMHS schools include the fact that the young people attending the schools have a diagnosed mental health presentation and may not always be medically fit to attend school. Other contextual factors include the availability of appropriate supports for students and the suitability of the programme of education on offer.

3. Context of the schools

In total, there are six CAMHS units in Ireland; four operating in the public healthcare system and two in the private healthcare system. Four are located in Dublin, one in Cork and one in Galway. The CAMHS schools evaluated in this report are all located within or are attached to the four public CAMHS inpatient units. The CAMHS schools operate in very specific contexts.

CAMHS units

The CAMHS inpatient units referred to in this report are *Approved Centres* and are registered, regulated and inspected by the Mental Health Commission. The CAMHS inpatient units are subject to the *Mental Health Act 2001*, as amended, the corresponding regulations, and the *Mental Health Commission Codes of Practice*. There are regulatory requirements in relation to care and treatment, the facility and premises, and staffing and governance in the CAMHS inpatient units. The fulfilment of the educational needs of children is important to the provision of an overall package of comprehensive care and treatment in an approved centre⁴. One of these, Regulation 17, refers to the requirement to provide education in the CAMHS inpatient units and states that:

The registered proprietor shall ensure that each resident who is a child is provided with appropriate educational services in accordance with his or her needs and age as indicated by his or her individual care plan.

The four public CAMHS inpatient units have a total of 76 inpatient beds. The new Children's Hospital due to open in 2022 will have an additional 20 beds. There are also plans for an additional 10 CAMHS Forensic Beds in the New Forensic Hospital due to open in 2020 in Portrane, Dublin bringing the potential total number of inpatient beds for CAMHS to 104.

Details in relation to the four CAMHS units at the time of the evaluation are outlined in the table below.

School Name	Unit Location	Current number of registered beds in the CAMHS unit
Éist Linn	Cork	20
St Anne's Merlin Park	Galway	20
Linn Dara	West Dublin	24 (22 plus 2 high observation beds)
St Joseph's	North Dublin	12

⁴ Mental Health Commission (2018) Judgement Support Framework.

		76 Beds (74 plus 2 high observation beds)
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Source: Child and Adolescent Mental Health Services: Operational Guideline (2019) 2nd Ed.

Inpatients

Children and young people accepted for admission to a CAMHS unit are aged between 12 and 18 and generally have a severe and complex mental health disorder with clear evidence that:

- Intensive treatment is required within an inpatient setting.
- There is a level of risk due to their mental disorder that is more appropriately managed in an inpatient setting.

The number of patients admitted to CAMHS inpatient units in 2017 is as follows:

School Name	Numbers admitted to the units in 2017⁵
Éist Linn	56
St Anne's Merlin Park	60
Linn Dara	66
St Joseph's	44
Total	226

An assessment and formulation of their needs is carried out when a child or young person is admitted to a CAMHS inpatient unit. An Individual Care Plan (ICP) is usually completed by the admitting clinician having consulted with the child or young person, their parent(s) and the key worker. It details the immediate treatment and interventions required for the child or young person. There is an education component in each inpatient's ICP⁶. An ICP sets out goals describing the care and treatment needed for the child or young person and is usually reviewed on a weekly basis by the multi-disciplinary team. Discharge from a CAMHS inpatient unit occurs when a young person no longer requires inpatient care. There can be multi-agency involvement in discharge planning which includes teachers in the CAMHS schools⁷.

⁵ Ombudsman for Children, (2018). 'Take My Hand': Young People's Experiences of Mental Health Services.

⁶ Mental Health Commission, (2020). Individual Care Planning, 2016-2018 in Review.

⁷ Child and Adolescence Mental Health Services – Operational Guideline (2019).

The total number of admissions to all CAMHS inpatient units in 2017 was 357 with an average stay of 65 days. In 2018, there were 324 admissions with an average stay of 57 days⁸.

CAMHS schools

Historically, the schools now attached to the CAMHS inpatient units in Linn Dara, St. Vincent's and Merlin Park were established as special primary schools for children with severe emotional and behavioural difficulties (SEBD). The schools catered for pupils aged four to eighteen. Following consideration of proposals received from the Health Service Executive (HSE) in 2014 in relation to education provision in CAMHS units, the Department agreed to the allocation of teaching staff to schools attached to CAMHS inpatient units.

The allocation was at a pupil teacher ratio of 6:1 on the basis of the number of inpatient beds in each CAMHS unit. This is the equivalent ratio of teaching staff provided for students with severe emotional behavioural disorder, which is considered to be most representative of the student population attending CAMHS units. In coming to this decision, the Department took account of the case made by the HSE that there is a significant additional burden placed on each teacher in view of the frequent turnover of students which is a unique characteristic of CAMHS schools. The schools linked to CAMHS units are categorised by the Department for administrative purposes as special primary schools catering for children and young people who are inpatients in the CAMHS units. However, almost all of the inpatients in CAMHS units are of post-primary age.

Three of the four CAMHS schools referred to above are recognised schools. They have a Department roll number, comply with Department circulars and are entitled to establish exam centres in their schools where inpatients can sit state examinations. Teachers in these settings can avail of continuing professional development (CPD) provided by the Department and its agencies. The fourth CAMHS school, Éist Linn, operates in much the same way as the other three CAMHS schools. However, educational provision in Éist Linn differs in that it was set up under the Vocational Education Committee, now Education Training Board (ETB), rather than through the establishment of a new special primary school. This was done in order to provide post-primary curricular choice based on the needs of the students, and to provide flexibility according to those needs, taking into account that the young people attending the unit are of post-primary age.

While Éist Linn is referred to as a school, it is not recognised as a school by the Department and it does not have a roll number. It is not obliged to comply with Department circulars nor can it act as an exam centre for state examinations. The school has, however, an arrangement

⁸ Mental Health Commission Annual reports 2018 and 2019.

in place with a local school for students who wish to sit Junior or Leaving Certificate examinations while they are attending the inpatient unit. The teachers in Éist Linn are not automatically entitled to attend continuing professional development (CPD) courses provided by the Department.

The number of teachers allocated to the CAMHS schools at the time of the evaluation was as follows:

School	Teaching Staff
St Anne's	4 (including principal)
Linn Dara	1 Principal 2 teachers for inpatient unit 2 teachers for day school 15 hours for 1:1 tuition
St Joseph's	1 principal 4 teachers
Éist Linn	2 full time teachers (including principal) 2 part-time teachers

While the day-to-day operation of the schools is similar, the schools have a variety of governance structures in place. St Anne's is under the patronage of the president of NUIG, Linn Dara is under the patronage of the Health Service Executive (HSE) and St Joseph's Adolescent School is a Catholic school under the patronage of the Catholic Archbishop of Dublin. At the time of the evaluation, St Anne's was seeking to establish a new patron body. Éist Linn, is under the patronage of the Cork Education and Training Board (CETB). Each CAMHS school is supported by a board of management appointed by the patron to ensure that the schools are managed in a manner that provides all of its students with the best possible education. The schools indicated that individual board members had a range of expertise and experience and possessed an understanding of the schools organisational structure and the educational and therapeutic needs of the students.

Three of the schools reported that their boards of management were properly constituted, convened regularly and they maintained minutes of meetings and played an important role in the review and ratification of curricular and administrative policies in the school. In one school, the principal reported that the board had not met for a period of time and was not up to date in its ratification of school policies and plans at the time of the evaluation.

The four CAMHS schools are located in designated school buildings on or adjacent to the campus of CAMHS inpatient units. St Joseph's School is located in a well-maintained single storey building on the grounds of St Vincent's Hospital. The other three schools are modern and relatively recently built. The facilities in the schools are generally good and include a number of

classrooms, specialist rooms, such as an art room, a gymnasium and a number of ancillary rooms. All of the schools have access to outdoor areas. Classrooms are generally bright and pleasant and well-resourced with suitable teaching equipment, including IT equipment. A positive atmosphere pervades the schools. All four schools are relatively small schools, geographically dispersed and dealing with students with particular needs.

4. Framework for the evaluation

In advance of the evaluation, the Department's Special Education Section requested the Inspectorate to focus on a number of specific areas. This provided the overall framework for the evaluation. The Inspectorate was requested to submit a report which would provide judgements in relation to the following:

- a) The type of education provision in schools attached to CAMHS units
- b) The quality of teaching and learning in the schools
- c) The nature of education provision for day students
- d) How students are re-integrated into mainstream school
- e) Provision of Special Needs Assistants

Inspectors' judgements in relation to teaching and learning in this evaluation were informed by the Inspectorate's *Looking at Our School Quality Framework* (2016). Having considered the focus of the evaluation, the contexts and available resources, an incidental inspection was carried out in each school. Incidental Inspections evaluate the quality of teacher planning, assessment, teaching and learning. They also consider the availability of resources including IT resources and the implementation of the Child Protection Guidelines in the school.

Two inspectors spent a full day in each setting engaging in professional dialogue with school principals and teachers, directly observing teaching and learning in classrooms, reviewing school documentation, and evaluating aspects of teaching, learning, pupils' achievement and support for pupils. Other inspection activities included interaction with students, where appropriate, an examination of their work, and a review of teachers' written preparation and assessment records, where available. At the conclusion of the evaluation visit in each school, the inspectors provided oral feedback on the outcomes of the evaluation to the principal of the school. Following the completion of the four inspections, the findings were collated in order to answer the key overarching questions posed by the Special Education Section.

Type of education provision

All four CAMHS schools provide continuity of education to inpatients in the CAMHS units and provide support for their reintegration into their base schools or centre for education. In CAMHS schools, educational programmes run concurrent to the therapeutic engagement of the young person⁹. In all CAMHS schools, the predominant educational

⁹ St Joseph's AIPU website [accessed 22 April 2020].

need is for access to the post-primary curriculum since almost all of the young people who attend CAMHS units are aged between twelve and eighteen years. While the students primarily have psychiatric or mental health difficulties, most are capable, when medically fit to do so, of following the mainstream post-primary curriculum. Many of the students attending the schools may be taking higher level subjects at Junior and Leaving Certificate levels. This requires teachers to have a wide range of knowledge and expertise across a variety of subject areas and a good knowledge and understanding of developments in the post-primary curriculum and its delivery. Some students attending CAMHS schools have special educational needs in addition to mental health difficulties. This requires a broad range of expertise and skills on behalf of teachers to meet the needs of all students.

Working in a highly specialised acute setting requires teachers to engage purposefully in continuous professional development. There is good evidence in most of the schools of a commitment by teachers to engage in CPD in order to develop the knowledge and skills required to meet the diverse needs of the students in the schools. This is particularly relevant in light of recent developments in the post-primary curriculum.

However, the fact that Éist Linn is not recognised by the Department as a school poses an additional challenge for teachers working in that setting. However, the model of provision in Éist Linn works well. The Cork Education and Training Board (CETB) utilises Teaching Hours to address the educational needs of the school and provide flexibility in teacher deployment. This model has the potential to provide the school with an appropriate degree of flexibility to respond effectively to the needs of the students and the changing context of the school. Nonetheless, there are inherent weaknesses associated with the fact that the school does not have formal recognition as a school. Prime among these is the fact that centrally provided CPD is not routinely available to teachers in this setting.

It is recommended, therefore, that Éist Linn apply to the Department to become a recognised school so that it can be more closely aligned with the operation of the other schools and that teachers can avail of Department supports in relation to CPD.

In relation to educational provision, there was a variety of quality in evidence in the practice in the four schools. One of the key factors that had an impact on the overall quality of educational provision was the effectiveness of the leadership and management structures in place. Where the leadership and management structures were well developed and working effectively in the school, there was evidence of good lines of communication and collaboration between key personnel in the CAMHS unit and the teachers in the CAMHS school.

Good communication between the board of management and the school and between the school, the parents and the students' base schools was evident in most, though not all of the schools. In these schools, the management structures were also well established and relevant policies had been ratified, reviewed and maintained. Enrolment policies, records

of attendance and non-attendance and timetables were available. Three of the four schools were in compliance with Department of Education and Skills Primary Circular 0081/2017 on Child Protection Procedures for Primary and Post-Primary Schools, at the time of the evaluation. Since the evaluation, all schools are now compliant. In two of the schools an appropriate software system - Quality Network of Inpatient CAMHS (QNIC) - was being used to maintain all relevant records.

In two of the schools, aspects of the leadership and management structures in place had scope for development. In these schools, there was evidence that the lines of communication between the school and all members of the school community were not well established. A number of the principals sought the advice of the inspectors on the day of the evaluation in relation to the programme of work they were offering and in relation to records management. One school sought clarification in relation to the child protection documentation that should be maintained and how it should be presented. The child protection records presented had scope for improvement. In general, there is scope for the effective and efficient management and organisational structures in place in some schools to be extended to all schools. This may best be achieved by the establishment of a model of governance in the four schools that would allow for more collaboration, communication and sharing of best practice between the schools.

For the purpose of consistency and to improve the overall quality of education provision in CAMHS schools, it is recommended that there should be greater coherence between the governance, leadership and management structures of all four schools. This would allow for the good practice in evidence in some schools to be extended to all schools.

It is recommended that a working group be established by Special Education Section to explore the development of a model of governance and management for the four CAMHS schools that would create a more collaborative framework for the management of these schools.

Teaching and learning

A number of contextual factors relating to the operation of the CAMHS units can have an impact on the operation of the CAMHS schools. While the quality of education provision is important, there is a degree of flexibility required in the delivery of the programme in the schools. Bed occupancy in the CAMHS unit at any given time can be well below capacity for a number of reasons, including difficulties in sourcing required medical staff. In addition, measures to accommodate young people with complex needs, including significant behavioural challenges, can have an impact on overall bed capacity, as other beds in the units may be closed down to ensure the safety of young people and staff.

Not all young people attending CAMHS units are medically fit to avail of education provision during all of their stay. Sometimes education provision is delivered to young people at their

bedside. Children and young people attend the schools for a number of weeks or months and they may enrol in and leave the school at any time during the term. Inpatients also attend counselling and other therapeutic supports during the school day. Therefore, a high level of flexibility is required in the delivery of the curriculum because of the transient nature of enrolments in the CAMHS schools. This flexibility was observed in each of the schools.

A high level of flexibility is also required in relation to the design of programmes of work for students. The *Continuum of Support* and the use of the Student Support File can support this process. Each child or young person attending a CAMHS inpatient unit has specific educational needs. The evidence suggests that the schools are generally successful in providing the levels of flexibility required in relation to the model of delivery of education.

A key element of education provision in these schools is the initial engagement with the individual student. On enrolment, teachers meet students at an induction meeting to discuss their prior learning and their prioritised learning needs. Where appropriate and possible and with the consent of students and parents or guardians, contact is made with the student's school or centre for education. After the initial interview with students, and contact with parents and schools, teachers design an educational plan based on the identified needs and abilities of the student. There was good evidence of teachers' practices being informed by these plans.

Positive relationships between teachers and students were evident in the schools. Education provision was delivered in a variety of organisational settings appropriate to the needs and abilities of the students. A range of teaching approaches was used, including one-to-one and small groups of students. The quality of teaching and learning observed was appropriate to the needs and abilities of the students. Teachers promoted the holistic development of students and a balance of curricular, co-curricular and extra-curricular learning experiences was provided including activities such as athletics, art and gardening. Students were supported in continuing to make progress towards Junior and Leaving Certificate courses. Support was provided to enable students to continue modules for school programmes such as LCA and to progress and complete projects for Junior and Leaving Certificate.

Teachers provided a broad range of educational supports to stimulate students' learning. A range of teaching resources relevant to each subject area of the curriculum was available and used appropriately. Teacher-devised materials assisted in the provision of differentiated learning experiences. Information and Communication Technology (ICT) was beneficially used to augment students' access to the curriculum.

All schools presented a range of planning documents for their work but the quality of the plans varied from school to school. In some schools, detailed plans and records of learning progress were available and these were judged to inform practice effectively. However in other cases, plans were general in nature and were not specific to the students' needs. Schools outlined the challenges associated with planning for students who may or may not be present due to the transient nature of their attendance. There was evidence of detailed assessment records in some schools which clearly demonstrated the learning progress of students. In another case, the quality of assessment records presented during the evaluation was poor. The effective practice that

exists in some schools in relation to planning and assessment records should be extended to all schools.

It is recommended that guidelines be developed by the proposed working group to support the planning, assessment and recording of students' progress in CAMHS schools in order to promote effective practice and provide consistency across the CAMHS schools.

Education provision for day patients

Not all beds in CAMHS inpatient units may be filled at any given time. It was agreed that it was open to CAMHS schools to utilise spare teaching capacity from their allocated 6:1 ratio to offer guidance or support for pupils attending CAMHS facilities as day-patients, and to assist in maintaining some continuity of education from their base school or liaison with their base school on days that they attend the CAMHS unit.

A day-patient refers to a young person who attends a CAMHS Unit, similar to an inpatient but who is not resident in the Unit. Some of those who attend the school on a day-patient basis were previously attending CAMHS units on an inpatient basis and their ongoing engagement with the CAMHS school is intended to support their ongoing reintegration into mainstream provision.

Linn Dara provides a day school and also runs a School Pathways Programme which focuses on providing educational support for young people with long-term school attendance issues arising from acute mental health difficulties. This provision begins with one-to-one sessions at home, where appropriate, and is followed by on-site one-to-one sessions or in a group with a maximum of 6 young people. The primary aim of this group is to provide a space to support young people to re-engage with a classroom setting, learn and practice social skills, and spend time with peers, in a safe, consistent, and contained environment. Referrals are taken on an ongoing basis.

Throughout enrolment in Linn Dara on both programmes, the school liaises with the nominated CAMHS key worker and provides regular updates on progress. An Individual Education Plan is developed for each young person and regular communication links are initiated and maintained with students' base schools. A phased return to school is developed. These programmes were in place at the time of the evaluation.

Given the complexity of the young people's mental health needs, the Inspectorate views the existence of the two programmes above as being valuable in terms of the young person's recovery pathway. Consideration should be given to facilitating the other schools to provide similar programmes aimed at supporting a young person's re-engagement with education. The potential for all four schools to provide an educational service within the framework of an agreed recovery pathway for students currently out of school as a result of significant mental health difficulties should be considered. Such educational services should only be offered on a short-term basis and with the explicit aim of supporting the young person's reintegration in

their mainstream placement. As part of the recovery pathway framework, the potential for the CAMHS schools to support provision in local mainstream schools should also be explored.

Some young people attend CAMHS units on an out-patient basis. An out-patient is a young person who attends the CAMHS unit for specified appointments but is either attending their local school or is in receipt of home tuition. The Department policy in relation to this area is that education provision in CAMHS schools is not provided for out-patients under any circumstances.

It is recommended that the proposed working group develop guidelines for education provision for day patients in day schools attached to CAMHS schools to support their reintegration into mainstream education.

Re-integration of young people into mainstream education

The purpose of CAMHS schools is to provide continuity of education to the student and to support their reintegration into education. This requires a high level of communication and coordination between the CAMHS units and CAMHS schools, the students' base schools, parents and students themselves. Procedures are in place in most schools to ensure reintegration of young people following their inpatient stay in a CAMHS unit. Principals have built positive relationships with the students' base schools, particularly if they are located close to the CAMHS unit. Members of the CAMHS teams visit the schools with the school principal in some cases. CAMHS schools are very conscious of putting safeguards in place around the sharing of sensitive personal information, its retention, and the informed consent of parents and students in line with GDPR guidelines for schools.

Schools actively support the re-integration of students into other facilities as appropriate, such as Youthreach and the National Learning Network. The management of the transition of students between the CAMHS units and their own schools is generally good. Almost all schools demonstrate a willingness to liaise with schools and outside agencies to meet the needs of all students and parental participation is supported and facilitated. Schools report that they have positive relationships with parents and in almost all cases they have consent to contact students' base schools in relation to the students and their work programmes. These relationships are underpinned by high levels of trust which are built up over time.

However, this practice is not evident in all schools. In one case, the links between the CAMHS school and base schools were not well established and, therefore, potentially impacted on the quality of the student's reintegration into those base schools.

It is recommended that the proposed working group develop clear guidance for schools in relation to the re-integration of students into their base schools or centres for education following their attendance in CAMHS schools.

Provision of special needs assistants (SNAs)

During the school day, students attend counselling and other therapeutic supports. Therefore, the students have to be escorted between the school and the units at different points during the school day. This was generally carried out by care staff or by providers of therapeutic services. Historically, two of the schools now attached to CAMHS units had an allocation of Special Needs Assistants (SNAs) when they operated as special schools for children with SEBD. The schools retained this allocation on an interim basis when they changed status to become special primary schools attached to CAMHS units.

The policy of the Department in circumstances where educational provision is attached to a medical facility or hospital is not to duplicate or supplement the aspect of care provision by nursing or care staff at the facility with an allocation of SNA support. It is understood that, where a child has been admitted to a centre where care supports are provided, including a hospital facility or a CAMHS Unit, the responsibility for the care of the child is primarily that of the centre.

It is recommended therefore that students' care needs be catered for by nursing or care staff in the hospital to which the school is attached.

5. Conclusion

There are frequent references in social commentary and in the media to greater numbers of young people experiencing mental health difficulties. For the most part, these difficulties can be treated by local services without the need to refer the young person to specialist provision. However, specialist provision is required for a very small number of young people arising from acute and prolonged instances of mental health difficulties. In these circumstances, it is vital that the quality of education on offer to the young people is of the highest quality.

This evaluation has found that, overall, there are significant differences in the quality of provision across a number of key aspects of school life. It is evident that there is expertise in the schools and a good willingness to learn from others' experiences. However, a number of issues relating to, for example, patronage, school type and formal recognition, impact negatively on the overall quality of education provision in these settings.

6. Findings

The following is a summary of the main findings of the evaluations conducted in each of the four schools attached to the CAMHS units:

- There is a variety of governance structures in place in CAMHS schools. Three CAMHS schools have a properly constituted board of management which meets regularly and supports the ratification of school policies. At the time of the evaluation, one school board did not meet regularly.
- Most, but not all, schools have very effective communication strategies in place with multi-disciplinary teams (MDTs) in the CAMHS units. Teaching staff attend weekly team meetings. An ethos of co-operation, consultation and teamwork permeates the work of most, though not all, of these schools.
- There was evidence of very effective leadership and management practices in some schools. However, there was also evidence of scope for development in some of these practices in one school in particular.
- The main aim of the schools is to support the students in continuing their education and in their reintegration into their own schools.
- Education provision is seen by teachers as an important component of the overall programme. The schools provide a broad range of educational supports relevant to the age, abilities and needs of students.
- The positive role of education is affirmed in the schools and attention is directed towards promoting the holistic development of each student in an atmosphere that fosters care, respect, and inclusivity. Curricular, co-curricular and extra-curricular activities are organised by schools, and include activities such as athletics, art and gardening.
- Daily records of students' attendance and non-attendance at educational services are maintained. Appropriate software is effectively used in some schools for this purpose. Attendance records vary in the level of detail presented. In one case, attendance records were poorly maintained.
- There is a variety in the quality of practice ranging from good to poor in relation to the presentation of planning and assessment documentation in the schools. However, schools outlined the challenges associated with planning for students who may or may not be there due to the transient nature of their attendance. It was reported that the absence of clear guidelines regarding education plans and policies was a challenge for leadership and management in some of the schools.
- The predominant need is for post-primary education. A range of teaching resources relevant to each subject area of the curriculum is available and used appropriately. Teacher-devised materials assist in the provision of differentiated and engaging learning and teaching opportunities. Information and Communication Technology (ICT) is beneficially used to augment students' access to the curriculum.
- The schools have good facilities and teaching resources including IT resources.

- A high level of flexibility is required in the operation of the CAMHS schools.
- There is a commitment to developing a culture of continuing professional development (CPD) by teachers in order to develop the knowledge and skills of staff in meeting the diverse needs of the students in the schools. This is particularly relevant in light of developments in post-primary education. The fact that one of the schools is not formally recognised as such by the Department militates against some teachers accessing CPD.
- On referral, schools interview students and design an appropriate educational plan based on their needs, abilities and on their input. Support is provided to continue modules for school programmes such as LCA and to progress and complete projects for exams.
- Positive relationships exist between teachers and students. The quality of teaching and learning observed was appropriate to the needs of the students. A range of teaching approaches is used, including one to one and settings with small groups of students.
- Day schools focus on the reintegration of students into their own schools or into other centres for education. Teaching and learning was observed in the day school where the pupil teacher ratio was 6:1. The provision of education in the day school benefitted the phased reintegration of the student into his/her base school.
- Some, though not all, schools have built up very close relationships with students' base schools and centres for education. The schools demonstrate a willingness to liaise with schools and outside agencies to meet the needs of all students and parental participation is supported and facilitated. Schools report that they have positive relationships with parents and in almost all cases they have consent to contact schools in relation to the students.
- Most schools actively support the reintegration of students into their base schools or other facilities as appropriate, including Youth Reach, and the National Learning Network. The management of the transition of students between the CAMHS units and their own schools is generally good. This continuity of education is ensured by supported re-integration to the student's mainstream school or appropriate training courses.

7. Recommendations

To support the consistency of approach and the overall quality of education provision in these schools, the Department of Education should:

- Facilitate the application of Éist Linn to become a recognised school in accordance with appropriate criteria for accreditation and recognition
- Explore the potential benefits of bringing the four schools under one governance structure in order to establish a more collaborative framework for the management of these schools
- Establish a working group to develop, *inter alia*, guidelines to support consistent practices in relation to governance, leadership and management practices including enrolment, attendance and timetabling policies
- Direct the working group to develop guidelines to support the planning, assessment and recording of students' progress in CAMHS schools to promote effective practice and provide consistency across the CAMHS schools
- Consider the potential for CAMHS schools to support provision in local mainstream schools.
- Ensure that students' care needs are provided for by nursing or care staff in the relevant hospital.

To support the overall quality of education provision, the schools should:

- Ensure that the boards of management meet regularly in order to discharge their governance function
- Actively build positive relationships with students' base schools where appropriate to support the continuity of education of students and their smooth reintegration back to school
- Work to ensure the development of positive relationships with MDTs in CAMHS units to support the holistic development of students
- Ensure an appropriate degree of flexibility to effectively respond to the context of the schools and the needs of the students
- Collaborate in the development of effective planning documents and approaches to assessment to support teaching and learning in the schools

Appendix 1

CAMHS Information – December 2018

Community CAMHS caseload
188,469 face to face contacts in 2018
19,073 Children attending CAMHS at any one time
13,177 New referrals to CAMHs in 2018

Child and adolescent population
25% of population under 18 years
1.6% of population under 18 years attending CAMHs at any one time

Community CAMHS waiting times
73% of new appointments seen within 12 weeks
50% of new appointments seen within 4 weeks
2,526 waiting to be seen

CAMHS inpatient services
4 CAMHS Inpatient Units
76 beds

Source: Child and Mental Health Services – Operational Guideline (2019) 2nd Edition