'The walls between health and education need to come down if we are to truly support the whole child'

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3rd November 2016 at 12:01

Alternative provision focus Leadership SEND

This headteacher from a hospital school says he has seen first hand how beneficial better relationships between health and education can be.

When I became headteacher at a hospital school, I expected there to be constant challenges because of the historical relationship between the health and education sectors – relations between the two are often tricky.

And yet, what I have discovered is actually a world of opportunity, one that benefits both sectors. It's been a delight to experience, but there's a negative side: it has shown me what could be possible for more schools but that rarely happens.

Among our school improvement priorities this year are: supporting Practice Education within the hospital, developing a breathing difficulties education group, establishing a partnership with an equine therapy centre and further developing a project called 'My Cognition' looking at the effects of cognitive impairment on young people with eating disorders.

These are initiatives where there is a crossover between the education and health professionals in addressing the needs of the whole child in terms of the challenges that they face.

Joint effort

We have also improved and informed our own practice through hospital initiatives such as the 'Me First' agenda and the safety huddles and psychosocial meetings (daily and weekly multi-disciplinary planning approaches) that support our safeguarding work.

Why does this not happen more in schools across the country? There is no real consensus on what really effective multi-disciplinary work looks and feels like. I see examples of effective local practice in my area but there is still no real sense of joined up approaches between health and education to support the health and well-being of our children and young people at a national level. The strategic planning of education and health seems to live in separate worlds.

For example, the Child and Adolescent Mental Health Services (CAMHS) local transformation plans require consultation with other local services but examples of where schools are actively involved in developing these kind of strategic approaches to adolescent mental health seem rare. Our own local authority, where there is joint commissioning, has a really effective 'Mental Health in Schools' Working Group but this is very much a local rather than national initiative.

Failed interventions

An indirect outcome of this lack of joined up planning between education and health may be typified by the intervention model where we end up with a focus only on pupils with more serious emotional or mental health needs Sarah Brennan, chief executive of Young Minds, recently observed: “The result is CAMHS feels it is being asked to respond to an enormous number of issues and schools feel CAMHS have left them high and dry”

An additional part of the problem is that some of the tools designed to improve or develop team work around the child and approaches across the sectors are either not fit for purpose – such as EHCP – or not employed consistently – such as CAF (still in used by some agencies and largely ignored by others).

We need joint commissioning. Without joint commissioning, education is often simply absent from the debate. The kind of behaviourist approaches we develop as teachers have real value – especially in the context of poor engagement or relating to time limited (or constrained) interventions.

I have been encouraged by the growing synergy between our school and our CAMHS team here in the hospital; our insights as educators and professionals are valued and used as part of planning effectively for a range of young vulnerable people. It is a model we should see more of.

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