

Residential special schools and colleges: the experiences and outcomes of children and young people

Vignettes

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National Star

Realising the aspirations
of people with disabilities



Abbie's Story – Psychological Impacts of the current Funding System

Abbie's mother

Our daughter Abbie was awarded funding to go to a residential college a week before the academic year started. The process and fight was unbelievable.

Most families would have given up. It took six months and the delay and concerns about her future affected Abbie so dramatically that she was prescribed anti-depressants.

Abbie, who uses a wheelchair and has unclear speech, was socially isolated at her mainstream sixth form. Her only social life was wherever we took her. I was struggling emotionally as Abbie took out her frustrations on me. We didn't qualify for any help from the authorities and she was rejected by her local college.

The local authority panel twice refused her application for residential college. Her EHC plan (Education Health Care plan) had to be rewritten. We spent more than £1,000 on legal fees.

Abbie is now flourishing at residential college. For the first time in years I have started to think about a possibility of learning a new skill. I feel that I have my life back again and that Abbie has a future.

Abbie found the uncertainty of her future after sixth form so stressful that her doctor prescribed her anti-depressants.

Abbie

Abbie found the uncertainty of her future after sixth form so stressful that her doctor prescribed her anti-depressants. She had to wait until a week before she was due to start at a specialist college to find out whether she would receive funding. The 19-year-old, who uses a wheelchair and has unclear speech, was socially isolated at her mainstream sixth form. The local authority refused her request to attend a residential college. She applied to the local college and was rejected.

Abbie and her family twice appealed against the decision for residential college and both times it was rejected by the local authority panel. Only when her family threatened to go to tribunal did the local authority agree to funding, just a week before Abbie was due to start college. "Being at a residential college has been incredible and has benefited me physically, socially and emotionally and made me feel really independent. It has been the best thing I've done."

To ensure that our daughter, who has a serious brain injury, received the rehabilitation she needed, we were faced with the possible decision of refusing to allow her to move back home.

Nicki had to relearn every basic skill, including walking and talking, after she received a brain injury in a car accident. She had been on her way to her senior prom.

One of the most major long-term effects was that her brain didn't see anything on the left side and would fill it in with the information from the right. This meant she couldn't safely cross a road. She faced the possibility of always having to be accompanied everywhere she went.

At residential college, the occupational therapist worked with Nicki for months so that she learned to turn her head to the left to look. When she finished college the occupational therapist helped Nicki establish routes, safe road crossings and trained her to be independent in her home town.

Nicki has moved into a flat, can travel independently and attended mainstream college. She is now looking for work.

Nicki's parents:

To ensure that our daughter, who has a serious brain injury, received the rehabilitation she needed, we were faced with the possible decision of refusing to allow her to move back home.

Nicki had to relearn all the basic skills including swallowing, walking and talking. She needed psychological support, occupational therapy, speech and language therapy and physiotherapy. A residential college would mean her therapeutic needs would be integrated into her timetable and she could access education and therapy combined.

It was clear from the start that the Local Authority was not willing to fund Nicki. We prepared a 107-page document. For several months, they delayed making a decision.

Funding was agreed on the condition that it was reviewed annually. Nicki was put under huge pressure to make progress or lose her place.

Nicki now lives in her own flat, travels independently, completed a course at mainstream college and is looking for work. If she finds a part-time paid job that will be a great success for her.

Molly's Story - Psychological Impacts of the current Funding System

There was guilt in that decision because we know funding is limited. If you naively believe the system will do what's best for your child and if you don't champion your child then sadly nothing happens. We went through two panels before the decision was made and the process took months.

Molly's parents:

We cannot express strongly enough the stress and trauma our family went through. We went through a very difficult family bereavement and that was not as stressful as the process for applying for a residential college and funding for our daughter Molly.

We decided Molly needed specialist input. Her physiotherapy was due to stop at 16 and we felt she needed much more. She was barely walking and she had a lot of health care needs.

For all her life, until she went to college, Molly had had to have someone with her due to her epilepsy. For the first time, she could go around the campus on her own. Thanks to physiotherapy and occupational therapy her walking improved. Following her three years at a residential specialist college Molly has been able to go on to mainstream college and be independent.

Molly:

For all her life, due to her epilepsy, Molly had had to have someone with her. She went nowhere on her own. During her last year at mainstream school, Molly only attended part time and most of that time was spent one-to-one with a teaching assistant. Molly had few friends at school.

Due to her health care needs, which the school did not feel it could manage, Molly's mother was called to school almost daily. Molly became angry, unhappy and frustrated which resulted in behavioural issues. She stopped wanting to learn.

At residential college, the team helped Molly find methods of dealing with her short-term memory which helped her improve her course work. The psychological team helped her become more receptive; to develop her creativity and to take an active interest in her education. The physiotherapists and occupational therapists helped her improve her walking.

For the first time in her life she could go out on her own, to become independent. She has gone on to study art at mainstream college and is part of a local hospital art project.

Jennifer (parents) - first person

It took five years to secure the funding for our daughter Jennifer to attend residential college. The entire transition process was shambolic and badly handled.

We had to argue that the various in-county options were simply unable to provide the support and facilities Jennifer needed. One local college offered four hours a day, four days a week with two hours of travel a day. How would that work with a young person who hates long journeys and both my wife and I work full time?

Even at the last minute, there was extreme frustration. Our local authority did not confirm our daughter's place until the beginning of July, two weeks before she left school. We nearly lost her place.

Thanks to that residential college experience Jennifer can safely drive her power wheelchair and use an electronic communicator. She is settled in a residential care home back in her local area where she is happy and has a level of independence and choice.

The people on these committees and advisory groups have absolutely no idea what it is like to live with a disabled child 24/7, and how difficult and emotionally draining it is to plan for their safe transition to an adult life maintaining as much independence as possible.

Jennifer did not find her voice until the age of 21. For the first time in her life, through the use of an electronic communicator, she was able to wish her mother a Happy Mother's Day.

When she started at residential college she depended on others to get her around in her manual chair and only communicated through gestures and sounds.

The speech and language therapy team worked with the physiotherapy and occupational therapy teams to develop a communication system that Jennifer could use. It was a tablet programmed with symbols and pictures and pre-recorded sentences. Jennifer loved it as it enabled her to participate in class and in social activities and to make her own choices. She excelled to the point of winning a college award for her communication skills.

Ruth's Story – Psychological Impacts of the current Funding System

Ruth parents:

For the past seven years we have been trying to plan for our daughter's future life. Ruth remained at home for 15 months, with no external provision, socially isolated from her peers and with no speech and language input. Her only companions - and carers - were my wife and I, who are both of pensionable age.

Four days before the start of term, we were formally told that the Local Authority agreed to fund her at a residential college. But she will only be funded for two years of a three-year course because a year has been wasted fighting our request and she is now 23.

It took one and a half Tribunals for us to get Ruth an EHC plan so that she could continue her education.

Looking after an active 23-year-old who gets frustrated because she cannot communicate, who needs interesting and varied activities and exercise to maintain her well being and health and to give her an interest in life puts a considerable strain on my wife and myself.

Ruth has only been at the residential college for six months and we can see huge improvements in her behaviour and her communication skills. She is a much more settled, happier young woman.

Four days before the start of term, we were formally told that the Local Authority agreed to fund her at a residential college. But she will only be funded for two years of a three-year course because a year has been wasted fighting our request and she is now 23.

We have to stand back and watch young people who are already socially isolated fail in unsuitable provision. We have to listen to the parents talk about families being torn apart; we have to spend over 40 hours preparing for each tribunal to secure the provision that the young person has chosen to meet their needs. The psychological impact on providers and the frustration professional staff feel is significant. The overall impact upon our sector cannot be underestimated.

“The only time I was with other students was when they took class photos,” he says. Lee has cerebral palsy and uses a wheelchair. “I couldn’t write quickly enough so I was put in a separate group or put at the back of the class. It made me feel stupid.”

At mainstream secondary school Lee would sit at lunchtime with his blazer over his head so that no one would talk to him. It was his way of coping with being bullied.

“The only time I was with other students was when they took class photos,” he says. Lee has cerebral palsy and uses a wheelchair. “I couldn’t write quickly enough so I was put in a separate group or put at the back of the class. It made me feel stupid.”

He would not speak to people, didn’t go went anywhere independently and believed he would never find work. “All my life I thought ‘I have a disability so who in their right mind would hire me?’.”

Since attending a specialist college, Lee has grown in confidence. He uses public transport to travel to work. Following a successful work placement he has been offered permanent paid work. He recently won a national Young Enterprise award.

“At a specialist college I felt, for the first time, that I was included. I was asked my opinion and encouraged to voice my concerns.”

When Andy was asked if he wanted to return home after college he clearly communicated he did not. When asked if he wanted to move to a residential development with his peers, he blinked yes.

At the age of 14 Andy received a serious brain injury while crossing the road. He needs 24-hour care.

He has almost no controlled physical movement and cannot speak. He could only communicate through limited facial expressions and showed little interest in the world around him.

He could not use technology that tracked his eye movement because of his visual impairment. At residential college a team of therapists and specialists developed a method of communication that would work for Andy.

By controlling the speed of his blinks, Andy could clearly express his choices through yes or no answers. It enabled him to participate in class.

When Andy was asked if he wanted to return home after college he clearly communicated he did not. When asked if he wanted to move to a residential development with his peers, he blinked yes.

“He did the biggest yes we ever saw him do,” says his mother. “I don’t think Andy would have been as happy or as healthy if he had moved home. He wanted to make his own life and has thrived.”

Caroline faced living the rest of her life in a secure unit because of the risk she posed to herself and others. She has a complex form of autism which affects her ability to process the world around her.

Caroline faced living the rest of her life in a secure unit because of the risk she posed to herself and others. She has a complex form of autism which affects her ability to process the world around her. When she becomes anxious or distressed she can become aggressive.

She lived at home with her parents, who are both in their early 60s. "I did every aspect of her care. I was utterly exhausted," says her mother.

There were serious concerns about Caroline's outbursts and her inability to cope with people around her.

Once at residential college it became clear that managing Caroline's environment was key to helping her manage her anxiety. The team "built" Caroline her own flat and a small group of people worked with her.

From the flat, the team were able to slowly introduce Caroline into a bigger environment, challenging and extending her learning and tolerance of new settings. She participated in class and college social activities.

Caroline now lives with her peers in long-term residential accommodation. "She still gets cross but she has developed an ability to manage her anxiety and her anger. She is so happy," says her mother.

The combination of our growing inability to care for Ellie and her increasing frustration with her social isolation brought into sharp focus the need to plan for her long-term future

Our daughter's only company outside school was us - her ageing parents. She hated this, saying it made her feel like a baby. Being forced to be constantly together caused a lot of tension. We asked the social worker for help but due to cuts, there was no buddy scheme in our area and care agencies were unable to guarantee the provision of a regular, age-appropriate companion.

Ellie requires a very high level of support to meet all her basic needs. The combination of our growing inability to care for Ellie and her increasing frustration with her social isolation brought into sharp focus the need to plan for her long-term future, to put in place a planned progression from living at home to some form of supported living in the company of her peers. Residential college provided that vital stepping stone.

Her local authority couldn't meet her long-term care needs and she now lives out of county in a supported residence with her peers. She is provided with the care and support to enable her to study at mainstream college, get out and about in the local community and organise a holiday with her two key workers.

As parents, we are now able to finally relax, happy in the knowledge that our daughter is safe, well cared for and content and enjoying a quality of life as an adult that we could never hope to provide.

He started as a day student at a specialist college but his behaviour, which was triggered by fatigue, continued to be a concern. It was decided that, if he became a resident, the team could manage Jon's fatigue and thus his behaviour.

Due to serious behaviour issues as a result of his brain injury, a secure unit was one of the few options facing Jon.

Following his car accident at the age of 19, Jon could only communicate through facial expressions. He would hit out when he became anxious. He used a wheelchair and could not walk.

He started as a day student at a specialist college but his behaviour, which was triggered by fatigue, continued to be a concern. It was decided that, if he became a resident, the team could manage Jon's fatigue and thus his behaviour.

His literacy skills were embedded in all his practical sessions. He was encouraged to look at images, signs and symbols so that he could participate in class. He learned to use an iPad so that he make choices about his care.

He now lives with a group of peers in a supported residential home. He enjoys a range of activities from going to the pub to visiting the local park.

"People now understand him and anticipate his behaviour. He is a changed person," says his mother. .

Valuing Outcomes:

Well-planned and delivered education programmes for people with complex disabilities result in significant progress for a wide variety of young people who we work with. Young people go on to achieve an increased level of independence through both their living choices and by taking an active part in their local communities. As a specialist college we have enormously valuable experience of brokering multi-disciplinary transition packages including housing, care and therapy which represent what young people with disabilities want to move on to. Value is achieved through the long-term impact on the health, wellbeing, aspirations and life choices of young people with complex disabilities.

The National Audit Office report, Oversight of Special Education for Young People aged 16-25 (2011), highlights three key aspects of accountability for student outcomes across provider-types:

3.9 *Understanding providers' outcomes helps to assess how well they might meet a young person's needs, and inform discussions with parents and students about the best option for their longer-term goals...*

The NAO report provides data to show that independent specialist providers gave Local Authorities significantly more data on outcomes than any other provider type.

3.10 *... fewer than 30 per cent of local authorities reported collecting any data on the employability and independent living skills of students completing courses at further education colleges.*

3.11 *Transparent data on comparative performance can also help inform and hold accountable those making choices*

National Star holds comprehensive outcome data for all its learners over the past 10 years including recognised qualifications, entry to employment and other aspects such as independent living skills and transition into different types of accommodation.

Sharing specialist skills across the wider FE sector:

As a leading specialist provider we have a community of specialist with education, health, therapy and care expertise. Integration of practitioners on the ground (funded by different budgets) enables collaborative working and to be solutions removed from the challenges of integrating funded practitioners in mainstream. Multi-disciplinary team working is strongly supported through systems and processes and produces solutions which are innovative and unique to the individual. Good solutions are often zero cost options produced in partnership with parents/carers and young people. Expertise is shared across professional networks through our teacher training programmes and dissemination work with both NATSPEC (National Association of Specialist Colleges) and the AoC (Association of Colleges).

Community integration for complex learners:

Assumptions are made about specialist residential provision, the traditional stereotypes are easy to believe. We challenge those, as we challenge society's view of people with disabilities. We give people with complex disabilities the voice and influence to comment on how they want to take part in education, care and work. Learners here are much closer to the full range of practitioners they need to work with leading to increased individual agency. Learners have joined-up services across learning, living and their local community.

Recommend improvements to EHC plans and Local Authority buy in:

Experience of a wide range of local authorities and EHC plans demonstrate how they can be used as an effective commissioning document when all partners engage and take part in the process. We would support recommendations which would seek to improve the quality and buy into the EHC plan process from Local Authorities, including working with the Local Government Association, the Council for Disabled Children and others to agree common standards for EHCPs, outcome data and resource allocation documentation.



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