

STATES OF JERSEY

Education and Home Affairs Scrutiny Panel Student Suspension Review Sub-Panel

FRIDAY, 20th NOVEMBER 2009

Panel:

Deputy T.M. Pitman of St. Helier (Chairman)
Connétable G.F. Butcher of St. John
Deputy J.M. Maçon of St. Saviour
Deputy M. Tadier of St. Brelade

Witnesses:

Dr. C. Coverley (Consultant Child and Adolescent Psychiatrist)
Mr. I. Dyer (Directorate Manager, Mental Health Services)

Present:

Professor P. Munn (Adviser)
Ms. G. Bunting (Adviser)
Ms. S. Power (Scrutiny Officer)

Deputy T.M. Pitman of St. Helier (Chairman):

Thanks for coming on such a lovely day. Obviously we have got a transcript going so in a moment I will ask everyone to introduce themselves just for the recording. We will do that first and then we will come to you. The only other thing, I do have to draw your attention to the statement on the desk there. The basis of it really and the important bit is that you are covered by privilege whatever you tell us, as long as you do not tell us something that you know to be a lie or untruth ... we cannot say "lie" in the States. I am Deputy Trevor Pitman of St. Helier No. 1. I am the chairman of this sub-panel which is a sub-panel of the Education and Home Affairs Scrutiny Panel. On my right ...

Connétable G.F. Butcher of St. John:

Graeme Butcher, Constable of St. John.

Ms. G. Bunting (Adviser):

Gillian Bunting, adviser.

Ms. S. Power: (Scrutiny Officer):

Sam Power, Scrutiny Officer.

Deputy J.M. Maçon of St. Saviour:

Deputy Jeremy Maçon representing Petite Longueville, the Parish of St. Saviour.

Deputy M. Tadier of St. Brelade:

Deputy Montfort Tadier of St. Brelade.

Professor P. Munn (Adviser)

I am Pamela Munn, Professor of Curriculum Research, University of Edinburgh and I am an adviser to the panel.

Deputy T.M. Pitman:

If you could just say who you are for the record.

Dr. C. Coverley (Consultant Child and Adolescent Psychiatrist):

I am Carolyn Coverley, consultant child and adolescent psychiatrist for the C.A.M.H.S. (Child and Adolescent Mental Health Services) and also lead clinician.

Mr. I. Dyer (Directorate Manager, Mental Health Services):

Ian Dyer, Directorate Manager for Mental Health Service, and C.A.M.H.S. fall within the Mental Health Services for Jersey.

Deputy T.M. Pitman:

I should just point out, we will be all asking questions, our 2 advisers can ask questions on technical matters so if they comment do not be thrown. They are quite gentle. Maybe to start we could just ask you to talk a little about your role and how you feel that impacts the suspended children, because that is obviously what we are looking at, and we will progress from there.

Dr. C. Coverley:

As a C.A.M.H.S. service we work with children and young people up to the 18th birthday. We are very much a specialist C.A.M.H.S. so we work within sort of tier 3 as it is rated in the U.K. (United Kingdom), which is young people who have significant mental health problems. We will see a number of young children who have been suspended. We do find a lot of those will be children who have got developmental problems. I personally are part of the A.D.H.D. (Attention-Deficient Hyperactivity Disorder) clinic so we have a number of children with A.D.H.D. who will get suspended. I suppose our experiences are very much just on an individual case basis, so we do not have routine involvement with schools or any particular formal role within Education but we will be aware of youngsters who are being suspended. We do work closely with schools. Again, we do not have a formal arrangement with Education but we do go into schools quite a bit around young people that we are working with. So it is very much on an ad hoc basis and I think that we do find that sometimes we might work quite intensely with one school, but might not have contact with them for some period after that.

Deputy T.M. Pitman:

Could I just ask you roughly how many young people would you say, perhaps in the last 12 months, have you seen as a result of them being suspended?

Dr. C. Coverley:

It would be very difficult because we do not keep those figures. We would not always know because some of our young people that we might be working with in the longer term may have short periods of suspension and we would not know the ...

Deputy T.M. Pitman:

Can I ask why you do not keep those figures?

Dr. C. Coverley:

I suppose from our point of view we would not be recording particularly accurate figures because we would not always know if a young person has been suspended particularly, say, with the more chronic disorders we are dealing with. If a child has A.D.H.D. and are generally doing very well we might only

meet with them once every 6 months. They might be suspended during this period but we would not necessarily be aware of that.

Deputy T.M. Pitman:

Would it not be helpful if the schools did give you that information because it would appear to me, and I am certainly not an expert, but it would appear it would be helpful to you?

Dr. C. Coverley:

One of the difficulties we sometimes have, although it is not a major issue, is that because we work with medical confidentiality there are some young people we work with whose parents or the young person would not want Education to be aware of our involvement. Now I have to say with a lot of our youngsters that is not the case, and particularly those kids with A.D.H.D. or Autistic Spectrum Disorder often parents welcome our involvement, the schools would always know that we are involved with the young person. Sometimes they do, schools will contact us; if they know we are involved they will contact us fairly quickly if there are concerns.

Deputy T.M. Pitman:

Do you keep records of which schools they come from?

Dr. C. Coverley:

Yes, so we would know which schools all our young people are sort of attending.

Deputy T.M. Pitman:

Would that be available to us if it was in confidence?

Dr. C. Coverley:

As an overall figure?

Deputy T.M. Pitman:

Yes.

Dr. C. Coverley:

Yes, I mean we could look at these proportions.

Deputy T.M. Pitman:

Obviously we do not want to know any personal individual details but you could provide us with that?

Dr. C. Coverley:

Yes, I mean the only ... the reason I am hesitating is we do keep it. Sometimes the information is not always completely up-to-date so if a young person moves school it is not always ... again we would not have the immediate information until we have been informed and our database is updated.

The Connétable of St. John:

Just really carrying on from you; it would seem sensible to maybe start building some sort of statistics of this nature because certainly what is coming over so far with the review that we are doing is obviously health issues as well as behavioural issues - some are linked, some are not - in terms of being able to look at the levels to provide facilities for the future. That would be my only view.

Dr. C. Coverley:

I mean there is the other part that I did not mention is, of course, all secondary schools have school counsellors and again we do have a close link with the school counsellors, so they often will be a filter

for young people to come through. So a lot of young people that are suspended will probably have contact with the school counsellor in the first place and then if it was appropriate would be referred on to us.

Deputy J.M. Maçon:

You briefly mentioned it; while doing this review we found communication is an issue. How do you find your communication with schools? Do you find it very good or are there areas where you think it could be improved?

Dr. C. Coverley:

I have to say it tends to be very much on a case by case basis. I would say at times it is extremely good and we have worked very closely with schools, have a lot of communication. It tends to be, particularly if a young person is in a provision or there is a particular member of staff who is working closely with that young person and quite often we would then have close liaison, it could be daily contact or contacts several times a day. There are other times where there is no contact or very little or we might discover days, weeks later, that something has happened. The thing is we do not have that formal arrangement so there is not a formal system for communication. It is very much on individual relationships?

Professor P. Munn:

I wonder if I could just follow up on this ad hoc nature of your communication with schools, and one understands that. We have been hearing about M.A.S.T. (Multi-Agency Support Team), would you be routinely involved in team meetings?

Dr. C. Coverley:

No, not with M.A.S.T. no.

Professor P. Munn:

Would you like to be?

Dr. C. Coverley:

I mean some of that is sort of resource-based as well and we are a team of 8.5 and to get into M.A.S.T. meetings in every school once a week just would be ...

Professor P. Munn:

You could not cope.

Dr. C. Coverley:

I suppose one of the issues when I think M.A.S.T. was set up there was a view from schools that the school counsellor would be a representative for C.A.M.H.S. but school counsellors are employed by Education so although they are very good links to the service they do not have maybe the detailed information that I think had been imagined at one point by the schools. There was a recommendation, we were reviewed by Young Minds, we had an external review about 4 years ago, I think it was, who was recommending 2 primary mental health workers for the Island, which would then be very much links to Education, so that is a primary role. That would also release the school counsellors who do partly a primary mental health role as well. So I think their view was the school counsellors then could focus on school counselling and primary mental health workers could do that much more linking in the future.

Professor P. Munn:

You do not have a care system wired approach. Your links with school counsellors, are these ad hoc or are they systemised in any way?

Dr. C. Coverley:

When they were first imposed I was providing some supervision to them and still have some meetings. Again the number of school counsellors it was not possible for me to divide each with individual counselling supervision, so they all have now different supervision arrangements. But we still try and keep regular meetings when a I meet with them all together to look at issues.

Professor P. Munn:

I am moving on to another area now, is that all right? Thank you very much for your comprehensive report. It is very, very useful to have that level of detail. One of the things I was picking up is the importance of solution orientated strategies as one kind of approach to try to help prevent suspension in the first place. I am interested in whether you know anything about the kind of training that is available for teachers or school counsellors or whoever in the Education Service in this technique and any other techniques that might be employed.

Dr. C. Coverley:

The solution orientated work, Education, and again I do not know the ins and outs of it. It is something that Education brought over and we have done quite a lot of training in schools, because it is a model they have introduced to all schools. My understanding is there is a single trainer that has come in, so it is a single model across the schools. I suppose from outside what we have seen for a number of staff is that it has been a so much more positive way of working out solutions. From our point of view, some of our staff would not use solution orientated type strategies but we would be looking sort of at strategies and the ways of working, but just watching schools it has been very positive for some of the schools in the way it has been introduced.

Professor P. Munn:

Thank you.

Deputy T.M. Pitman:

Just one point; the review you referred to, is it Young Minds?

Dr. C. Coverley:

Yes.

Deputy T.M. Pitman:

Was that in 2006?

Mr. I. Dyer:

Yes.

Deputy T.M. Pitman:

Would you say anything has sort of changed positively for you in that time in the recommendations that were made?

Dr. C. Coverley:

I suppose one of the difficulties is that since then there has been so many other changes going on that it is very difficult trying to look at implementing one report and then, of course, we have had Williamson and lots of things being put on hold while that has been happening. So, I mean, I think it has focused us internally, so I think it has helped us look at some of the internal work that we have needed to do around governance, audit, looking at some development of plans. I think in some ways it is probably delayed some of the larger developments and there were a couple of developments that were in it that we have

not had, as of yet. One close to my heart was the second child psychiatrist that they were sort of promoting. I think it is one of the biggest development needs.

Deputy T.M. Pitman:

I want to share the bundle, please feel free to come in. The vulnerable children's review obviously recommended that you had an increase in staff, which I presume you would support wholeheartedly.

Mr. I. Dyer:

I mean looking at the Young Minds, we received that report in 2006, looked at putting together a business case for some increases into C.A.M.H.S. services on the back of that report plus also information that we have locally. We know our C.A.M.H.S. service is thin and efficient, I should say. So we put forward business cases. Like everything, I mean, you are competing with resources with lots of different areas and such like. Then of course the Williamson report came in 2007 which did not relate to all issues to do with young children and, understandably, because it was such a comprehensive report, it was felt it would be inappropriate at that time to continue to move forward with a report that focused on just one area, the rights and wrongs of that I think could be debated. Within the Williamson implementation plan there is significant resources that will be flowing through for psychological and emotional wellbeing for children and young people or children and families within the Island, which will be very much ... the emphasis will be on C.A.M.H.S. They will not necessarily be within the Child and Adolescent Mental Health Services but, for example, psychology to support, looked after children, neuropsychology, family therapy, cognitive behaviour therapy, so there is a whole cluster of increase of psychological and emotional therapy that we can start rolling out because of the implementation ... the States approved a sort of implementation plan. There are still gaps and one of the things that Dr. Coverley was saying about is the need for primary mental health workers, sort of working from C.A.M.H.S. and going out and supporting people in schools and within sort of youth centres and such like, G.P. (General Practitioner) practices. Those are not covered within the Williamson implementation plan. That said, I think if we looked at a rolling programme it will not be lost as far as services are concerned, we will be continuing to look at the review the changes that it makes, and then look at what services we need to or how we need to develop services further.

Deputy T.M. Pitman:

Thank you.

The Connétable of St. John:

With children with sort of behavioural and learning difficulties they can often end up in the situation where suspension is the inevitable end. Do you think that is an appropriate response?

Dr. C. Coverley:

I think again it is very much dependent on individual children. I think again what we come across is the sort of short suspensions than the longer ones, and I do think for some children a brief period away from school can be beneficial because then a cooling down period allows schools to develop programmes for them. There are other young people, and I think we are concerned about some of the more vulnerable young people who - there is a bit in here ... with me, be either sort of chronic difficulties both social and environmental type difficulties or acute ones that we cannot push young people who have maybe had quite major traumas in their life. Sometimes school is the only thing that is remaining constant in their lives and we do get concerned then if they are going to be excluded from school, that they are actually abusing that one bit of consistency and we see with some of these youngsters it is almost getting to the school, there will be somebody there to help sort them out, some of the schools might provide some breakfast, and they are losing that support. We do get concerns at that point ... and where they are going to be. Some young people it is about what is outside school, what supervision are they going to have, what difficulties are they going to get into?

The Connétable of St. John:

From that, obviously I get the impression that you are saying it is suitable for some cases. The cases where it is not suitable could you suggest an alternative, some better method of ...?

Dr. C. Coverley:

With some youngsters we are aware do get very good support at school and sometimes it might be that they are excluded from the main part of school but there is still some programme within school. So I guess when they talk about the internal exclusions, whether that can be built up more. Also where of those children who are looked after, where there is provision that when they are excluded again from school that we know that there is a separate site they can go to. I suppose our thoughts are whether that can be extended to some of these other very vulnerable young people.

Professor P. Munn:

Just sort of following that last point that you made; you say that you are aware of young people who return to school on a part-time basis and that indeed is a strategy that is used across the U.K. But you are worried about the lack of clarity on some of the packages that these young people are provided with. I wonder if you want to just expand a little bit on that.

Dr. C. Coverley:

I think the clarity sometimes is around the justification for the part-time packages so those that we would support enough to be recommending, so some youngsters feeling that full-time school is too much for them and it is better they go back part-time and have a positive experience, even if it is for a short period of time. There are other young people that go back and our understanding would be that is more about the resources within the school and the school saying: "Well, we can provide enough support and keep this young person safe for this length of time."

Professor P. Munn:

I understand.

Dr. C. Coverley:

But it is not always quite clear how much is about actually this is what this child needs and how much is this about resources and what the school ... they are both linked because again if a child is not going to be safe then that is not appropriate that they are in school. But I think it is that balance between resource issues and what would be an ideal package for a young person if there were more resources available.

Professor P. Munn:

Thank you, that is helpful.

Deputy T.M. Pitman:

Just before I hand over to Deputy Maçon. Could you just clarify, when you get that concern a child might be losing the only bit of consistency in their lives, how is that recorded? It is obviously flagged up with the school the child comes from but is that officially logged?

Dr. C. Coverley:

No, I mean it would be just sort of flag it up with the school. Often that is a role very much the school counsellors will take and they are very good at flagging up if they are concerned about children or wellbeing. I suppose that is another issue, because some of the young people are not ... and they have been talking about M.A.S.T., the hope that there would be a sort of school social worker within M.A.S.T. as well. Again that is another component.

Deputy T.M. Pitman:

But without it being logged officially does that make it more difficult to record what happens, whether your concerns have been registered and acted upon?

Dr. C. Coverley:

We log it for each child, so as part of their record it would be logged in that record, but there would be no way ... I could not go back into our database and get out how many children have we been concerned about. But we could get that information if we went into an individual child's record.

Deputy J.M. Maçon:

Are you aware of instances where parents have been told not to seek a diagnosis for their child for fear of labelling them?

Dr. C. Coverley:

From our point of view it is a very big area because there are so many views in Jersey and U.K. about particular diagnostic labels, issues around diagnosing and labelling, so both from Education and Health there are strong views and we see parents who have had a whole range of messages before they come. It is not just about diagnosis, it is all about treatment, so parents will come and before we have even started our diagnostic interview and looking at what might be the problem the parent might say: "I have been told my child should not go on medication" and we have not even got to that stage. Yes, we are aware a number of people have had those discussions. Parents will go, quite rightly, and talk to various professionals that they know and will get a whole range of views about that.

Deputy M. Tadier:

What is the prevailing view in Jersey as to whether it is best to diagnose a child and give them a label or not? Which would you expect to hear?

Dr. C. Coverley:

I think generally it is moving more to looking and being supportive of a diagnosis. There is always the issue in Education and I think probably less in Jersey than the U.K., about resources following a diagnosis, so particularly looking at A.S.D. (Autism Spectrum Disorder) that my understanding in the U.K. is quite often parents will say we need that diagnosis to get a resource. In Jersey, yes, there are issues about trying to identify the needs but what we see is your child does not need a diagnosis of Asperger's to get the resource of social communication difficulties, so if we identify they have got some form of social communication difficulty they can get the resources without having to have that diagnostic label. We do get into discussions with parents when we are looking ... again, particularly Autism Spectrum Disorders about whether it is appropriate to go down the route of a formal diagnosis. I am aware of some young people who have not had a formal diagnosis because with the discussion with them, the teenagers with their parents, have made that decision. That probably is in the best interest at that stage, that they are coping, they are managing. If people recognise the particular issues for them then maybe a diagnosis is not going to be particularly helpful and we are aware ... some young people we are now aware of cannot get into the Armed Forces, cannot get into the Home Office, and there are various jobs they are prevented from doing because of that diagnosis.

Deputy M. Tadier:

Does it work the other way round? You mentioned the fact that people might traditionally have wanted to get diagnosed in order to get the benefit of a resource. Could it work that the department, if there are not enough resources, might recommend non-diagnosis because there are no resources available or lack of resources?

Dr. C. Coverley:

I have not been aware of that because I guess what ... my understanding from Education is if you have a diagnosis it does not mean you get resources, so there will be children, using Asperger's again, who have got Asperger's who are not felt to have the needs that they would need additional support so they would not get the additional resources and are coping okay. I suppose to think about A.D.H.D., most children would not be having additional resources with A.D.H.D., so most of my children with A.D.H.D. are being managed within the mainstream without ... school would be maybe putting a little bit of extra support in on their own resources but would not be needing any additional resources beyond that.

Deputy M. Tadier:

I stole your questions.

Deputy J.M. Maçon:

He did steal my questions. That is exactly where I was going to go.

Deputy M. Tadier:

You can steal mine in a moment.

Deputy J.M. Maçon:

Yes, I will drop in on yours. Thank you very much.

Deputy M. Tadier:

My next question is really just about parents and carers and what kind of support C.A.M.H.S. can offer to parents and carers who have children with behavioural or mental health difficulties?

Dr. C. Coverley:

Our point of view is that we have done ... we sort of talked about being a tier 3 service. I suppose one of the other things to mention too is the term C.A.M.H.S. is used I suppose in quite a lot of different ways.

We refer to ourselves as specialist C.A.M.H.S. which is very much the sort of tier 3. Often the term C.A.M.H.S. is also used to cover the whole range of mental health type provision, which include school counsellors and a whole range of other provisions that would be meeting the tiers below the work that we do. So from our point of view because the demands we have on our service we do have a threshold, we have a referral system, so it would only be those young people who were recognised as having or possibly having some form of significant mental health problem that would come within our service. So a child with a learning difficulty would not, just because they have a learning difficulty and meet the remit, we would not be involved with that young person. We are aware that rates in mental health problems are much higher in young people, learning difficulties and significant behaviour problems. If there was a mental health problem identified we would then be working with the child and the parents, and there would be a whole range of things that we would look at, both individual work with the child but also working with parents, looking at sort of parenting, also maybe supporting parents in approaching other services if there are things they need from there. We also will refer parents to parenting, the Bridge, so a number of parents we say it would be appropriate for them to attend a parenting group within the Bridge. Sometimes it might also be referring a parent on to either psychology service or Department of Health to get support in their own right for any difficulties that they might have.

Deputy J.M. Maçon:

Would St. James and d'Hautree House School be suitable for children with Autistic Spectrum Disorders and if not, why not?

Dr. C. Coverley:

I think from our point of view we do feel it is very much about the individual child, so I would not be saying there is any school on the Island that a child with autistic spectrum should not go to, but it would be about the individual child's needs and we know some children on the continuum do very well in mainstream schools. Some do very well in the particular provisions. A yes or no answer, I would say we would not rule out St. James and d'Hautree and we have no children with developmental type problems who have done well in those environments. What we do know is that, I think, all services who work with these young people are really struggling. We as a C.A.M.H.S. service struggle with a number of people with Autistic Spectrum Disorders who are needing a lot of very intensive input. We know the Special Needs Service is struggling and therefore Education as well about meeting ... and we are talking about a small number and I think it is always important to remember that a lot of these youngsters, again with the provisions, are doing very well and getting the relevant support. There are a handful of young people though who have got communication disorders that are struggling, that really are not managing with their mainstream school and not managing within their home environment either. I know some of those, d'Hautree, St. James have been suggested, for some it might work. The issue that we always get concerned about, because we are aware that they have the structure, so again we say people need structure, they need very clear feedback. Those schools would be very good at that component. Our concerns are about the social mix and we know that young people with Asperger's tend to be very socially naïve, some of them are very desperate for social relationships and therefore can easily be led into doing whatever is suggested to make those relationships and, of course, within those schools are other young who are very streetwise, have a lot of difficult behaviours and our concern would be what that would lead a young person with Asperger's to do.

Deputy J.M. Maçon:

My next question was going to be those at the very far end of that spectrum, would you think that St. James and d'Hautree House would be appropriate, but you kind of answered that.

Deputy T.M. Pitman:

Does that concern, that you have highlighted, which was probably what all of us was going to ask, does that concern ... almost override the benefits of young people going to St. James and d'Hautree House?

Dr. C. Coverley:

I think it depends on each individual young person. I mean for a lot it could do. I mean in the end there is no point putting somebody in an environment if that is going to lead to deterioration in their behaviour. Having said it, there are again some young people with autistic spectrum who can cope very well and can stand up for themselves and have maybe additional behavioural problems themselves. One of the other issues, I guess, in Jersey, is that plus these young people meet outside school so I am aware of some who already have relationships with people at d'Hautree House and probably mixing them in the school where there is much more structure is probably better than the unsupervised contact they are having outside the school.

Deputy T.M. Pitman:

I ask that question because one of the things that is probably shocked the panel, I think shocked is a fair description, are the number of parents we have seen with children with Asperger's Syndrome who really felt totally failed and it would tend ... they feel that their children have been excluded from school and there is nowhere for them to go. Would you add your thoughts on that area. Do you see such situations where parents really feel that they are at the end of their tether, almost abandoned? I mean I do not want to put words in your mouth but ...

Dr. C. Coverley:

I mean I think, because we are aware a number of young people have been, in the past, who have ended up not in education, and I think there are 3 routes, that for some it is because Education is saying: "Well,

actually we cannot provide full-time placement” or more often it is either Education are offering something that parents do not feel is appropriate for their child or we have young people who are refusing to go into schools, where it is offered, are saying: “I cannot go into that provision.” I think whichever route it is, I become ... as a service would be particularly concerned because these young people are then at home, not receiving ... it is putting additional stress on the family because these young people often are the ones that have probably got the more challenging behaviour. Some can be quite aggressive so that again is within the home environment and, as we know long term, because one of the points, young people are very vulnerable even if they have been in school, it is when they leave school, that transition into either further education or work. Again, the number who are on the continuum who do not make that transition, who then also end up at home. If you have not been at school you are even more likely then to become housebound and not being able to use the other services as they get older, which is an instrumental fact, it could possibly for the rest of their life.

The Connétable of St. John:

Just slightly different subject: have you come across in your experience in the time you have been dealing with these sort of things any evidence of lack of experience in training at schools in picking up problems at an earlier stage rather than a later stage?

Dr. C. Coverley:

It is something that is improving. Yes, I mean ...

The Connétable of St. John:

So you have come across problems?

Dr. C. Coverley:

Yes. In the past ... and it would depend on the schools, particularly looking at small primary schools, depending what experience they have had before, they would or would not pick up on some of the disorders. I think as this is getting wider knowledge in the Island that is becoming less of a problem and quite often schools are flagging up young people.

The Connétable of St. John:

One of the concerns that I have, obviously there is a policy of inclusion as much as possible, but obviously you end up then with a situation of disruption for other children within a class, slightly off our subject a little bit, but it is always a very difficult balance to decide which way to go. I know that from personal experience, I have got 2 grandchildren in school where they have children in their classes which have problems. It is a very difficult scenario.

Dr. C. Coverley:

From our point of view it is a service. We know that we will be going to Education on one hand saying you need to be supporting this person with disruptive behaviour and what are you doing? But we would also be going and saying: “What are you doing about protecting these other children that we are seeing in the same class who are now refusing to go to school because they are complaining of bullying or what is happening in the class?” So we know, just as a service, that we are putting competing demands on a school to say: “You should be protecting A and B and you should be educating C.” It is a very difficult balance I know for the schools. I think too what schools sometimes do, thinking about the recognition and the difficulties in the past, if they have had one child with a particular diagnosis. That would almost become the model so this is what A.D.H.D. is. Now that child may have been right at the extreme or maybe very different, and sometimes in other children who present in a very different way would be missed, and the school will say: “But they are nothing like Johnny” or whoever. I think now as more children are getting these diagnosis schools are beginning to realise the spectrum and the wider range. The other thing we get sometimes is where they are managing, and I suppose from our point of view

when we are looking at the wider issues and the emotional issues, they are saying: “Well, we are not so concerned about just whether they are managing.” It is about how we develop their wider wellbeing and by recognising the difficulties we can get in earlier.

Deputy T.M. Pitman:

In an extension of Graeme’s question, from the teaching unions we have heard that while Education would tend to recommend inclusion obviously almost at all costs, as Graeme has mentioned, the teaching unions feel that setting up separate units to combat that problem of impacting on, say, 29 other students is the way to go. What are your thoughts on that?

Dr. C. Coverley:

I have to say I would be concerned because I think sometimes putting these children all together, and if we are trying to normalise young people, give them as normal experience as possible, I do think as much as possible there should be inclusion. Having said that there are some young people who do need very special packages and I think - and I keep going back to the autistic spectrum - we know for some people a big secondary school, even if they are part of a provision within the secondary school, just that environment can be too much for them. But I would worry, and I know there are ... some people have views that almost we need to sort of provision for each child with each sort of problem there is and again with the size of the population in Jersey, and it is an issue we have within the Mental Health Service, that at times people say: “Do we need, say, an inpatient unit?” What we know is even if we had 2 children that needed more intensive input often you could not put them together anyway because their needs are so different and it is about that flexibility and it is somehow ... I know we struggle with it and Education, a very much bigger resource, is still that bit about each young person has got different needs and how do we meet those needs. There is something about having some sort of flexible provision external to school. Then again we have seen different things been set up for different children that have worked, sometimes have not worked, but on different sites, providing education on different sites to try and meet that young person’s needs.

Deputy M. Tadier:

It does follow on from the questions that have been asked, I know it is difficult to generalise because each case is different, but would you say it is preferable that as far as possible students with A.S.D. are kept in the mainstream scenario as far as possible, but if that is not possible to have maybe a satellite classroom so that they can benefit from time away from the main area of the school but also an interaction at maybe break times where appropriate.

Dr. C. Coverley:

My understanding is that is how the provisions would work now. So young people who are within the provisions that St. Saviour’s and Rouge Bouillon primary and Grainville and Haute Vallée with the secondary, as part of that provision it can be very flexible because I have known young people, particularly in the primary sector, who would be educated away from the mainstream class the whole time, because I have known young people who have 2, even 3 to one, staffing been educated outside and will not ... for a period of time might not have contact with any of those children except those that might come back to the provision at break times, then will gradually integrate into the classroom.

Deputy M. Tadier:

Does that seem to work?

Dr. C. Coverley:

I can think of one or 2 that it has worked and they have managed. That is the transition. There are some that maybe then have moved on to a different provision because they are not going to be able to be integrated back into the mainstream class.

Deputy M. Tadier:

Is that preferable to, say, complete segregation in a special school?

Dr. C. Coverley:

If it can work. From their point of view, because I think the other issue is about managing and my concern would be sometimes if it is just about: “Well we can just about manage this young person”, which is more about resources and school provision. It is about what the young person is getting out of the education. So if they are benefiting from it, yes. I mean, I would say if they can get benefit from being within a classroom, having that social contact because it is so important for the rest of their life, but if you segregate them for the whole of their education what happens when they leave school? I suppose one of the issues that we struggle with sometimes is also the learning for some young people who have got either a mild learning difficulties or that sort of borderline range and how those needs are met because they are not ... they do not necessarily require the Mont à l’Abbé level of education but sometimes do struggle within the mainstream classroom, and then you are more likely to get sort of behavioural disruption because at times they are not following what is going on in the classroom and struggling. Then if you throw in potential difficulties or social difficulties or ... social difficulties, they are the children that are going to be particularly vulnerable and do need a lot of support.

Professor P. Munn:

I have got just one last point I would like to ask you about. I was intrigued by the comment you made about differing opinions among staff in schools about whether they have a nurturing role for these children who either suffer acute distress or who have chronic conditions, and you say some staff are very supportive whereas others would not see nurturing as part of the school’s duties. Would you like to say a little bit more about that?

Dr. C. Coverley:

I would maybe say “do not see nurturing” is too strong but there is definitely what we pick up with some staff who are extremely nurturing, very caring about young people, very aware about their overall needs and social needs and will do whatever they can to help with those, whereas there are other teachers I think who are of a view that education is about education and they are there to teach. If a child is not able to access that teaching then maybe they should not be in the classroom. I think there are both models but it does mean for the young people we work with there will be something which should they be in our classroom because if they cannot really access the education then should they be there.

Deputy T.M. Pitman:

Maybe it is the impossible question to answer but perhaps if you can tell us what you think might be useful. Do you think those less than perfect responses then are down to lack of training from those teachers or is that a fear that they just cannot deal with the situation?

Dr. C. Coverley:

It is that sort of model they have of education and some of them have the thought education is about teaching and we are here to give the children ... and again it is about we are here to give them a good education. We are here, but if they cannot be educated then this is somebody else’s role, not a teacher’s role. I am aware sometimes when training things are set up in school it will be those teachers who have the greatest sympathy and understanding who probably would attend that sort of teaching. It is almost self fulfilling for teachers that have got an interest will be the ones that develop the greatest expertise and knowledge and will build on that.

Professor P. Munn:

That was very helpful in just getting that bit more explicit. It may be an unfair question really, but

certainly research would suggest that school leadership is very important in these situations in sending a signal about what the purpose of schools is and the need to have a broader view of the meaning of education. I just welcome any thoughts you had on that too. Do you find differences between schools really, is what I am, I suppose, pursuing?

Dr. C. Coverley:

This is what we do see for primary and secondary is that different schools have very different models of doing the working and would justify the way they do that. I suppose what we do see is sometimes it works better. It is almost sometimes, not saying one is better than the other, but for some children one model works, other children another model works. I would say it does surprise me sometimes and particularly primary schools, that you will have 2 primary schools in ... say in the catchment area so there might be, say, 2 Parish schools but will have very different ways of working. This is not a C.A.M.H.S. issue so much but even homework. In Jersey I do find this sort of expectation of homework and schools' views will be homework is not particularly beneficial, we do minimal. Others will have a very different structure. I have seen parents who have got children in 2 different schools who will have completely different models and the parents say: "Well, hang on a moment. We have been told one thing by one and by the other." I think that is the same when it then comes to children with disruptive behaviours and other issues, is that schools do have very different models of working.

The Connétable of St. John:

In terms of that it makes it very difficult from a training point of view because it is impossible to have a blanket approach.

Dr. C. Coverley:

Yes.

The Connétable of St. John:

You have got to deal with the individual cases as best you can. We are not likely to get perfection in that case.

Dr. C. Coverley:

No. I mean there is still the blanket training, like the solution orientated. I know Education provide it to all schools but different schools, again, would implement it in different ways.

Deputy T.M. Pitman:

I am conscious of the time because we have got a full day. Just one question I would like to ask. I mean it has already been identified that C.A.M.H.S. is under resourced, that has come up quite clearly in the Vulnerable Children's Review. If I give you your chance to pitch what would ideally help you make an improvement in your service to young people who are suspended from schools?

Dr. C. Coverley:

Definitely the primary mental health workers that we talked about before because they would be the links to schools so they would have a relationship with each school counsellor. So I think about your questions about numbers and that support, they would be the first ones there. There might be screening as well to look at are there mental health issues. So it would be that. I guess then it is just a development of the wider services that we are looking at, that we can provide more therapeutic input. Hopefully we will have a second child psychiatrist because there are issues about managing, I mean, we talk about the A.D.H.D. and the A.S.D., the more input we can have the more work we can do in supporting schools. We are aware. Schools are coming to us wanting and very keen to have more input from us, but there is only so much we can do.

Deputy T.M. Pitman:

I think we do recognise that. Is there anything you would like to say to us before we wind up the session?

Mr. I. Dyer:

I suppose just coming back to the challenge between specialist services and generic sort of models, should every school be working to the same model and then looking at individual specialist needs for young people. I think it is always difficult to get that balance. I think one of the things we probably need to appreciate in Jersey compared with another small community such as Guernsey is the amount of children that are provided with services off-Island in Guernsey is significantly more than Jersey. So young people that would challenge services in Guernsey are likely to be supported in their care in an environment away from their home. In Jersey we try not to do that because the general philosophy is that people are better off in their own community and trying to be supported in their own community where at all possible. So, I think then you are likely then to find extra challenges within the education system, within the child mental health system, within the social services system, because you are trying to provide lots of individualised expert packages of care within a set resource. If we were a small town in England we would be able to access other services where here we do not have that facility. So it is a challenge. It is always something that is creating problems. It is getting that balance between.

Deputy T.M. Pitman:

It is good to know that people are not being prevented from being helped abroad, as it were, in the U.K. because of resources. You are saying it is a conscious choice because you think it is better?

Mr. I. Dyer:

It would be very much ... the very first call would be the clinical and educational needs and the social needs of the individual. Finance is always a problem. Let us not pretend otherwise. I mean it could cost £200,000 a year for a young person to be supported off-Island so we cannot pretend otherwise but it would be the clinical decision, the educational decision, the social and emotional decision that would come first and then we would look at where the needs can be met. I think most of the services locally want to provide as good a service as possible locally rather than trying to be, to be quite honest, trying to export our difficult ...

Professor P. Munn:

So there are no children off Island? Are there any children off Island?

Dr. C. Coverley:

No C.A.M.H.S. children. We have not sent anybody off Island for several years now whereas I know in Guernsey the C.A.M.H.S. service I think have had somewhere between about 7 or 10 off-Island this year. I mean they have got a team ... more expensive because their team is towards the end of psychiatry/psychologists and the same size as ours with smaller population, but also on top of that the ones that we would spend a lot of our time working with would be treated off-Island. So it does mean, having said that, they can then focus properly on some of the young people that we are talking about now.

Deputy T.M. Pitman:

We have run over slightly, so unless anyone has got anything else. Thank you very much for coming in. It has been really informative, and thanks for giving us the written version as well. Good bedtime reading.

Mr. I. Dyer:

We mentioned the Young Minds document, I do not know if that would be of use for you.

Professor P. Munn:

Yes, that would. Thank you.