School of Special Educational Needs
Medical & Mental Health



Levelling the Impact of
Health Factors on
Education for Students with
Medical and Mental Health Needs
in Western Australia



Caleb Jones

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Are young people with chronic illness left behind?

The advancement of medical research is sustaining life in ways that were not possible years ago. Novel treatments are improving the prognosis for many illnesses, making it possible to survive diseases once considered fatal. With these advancements comes great responsibility to ensure quality of life for those living with chronic illness.

Irwin, K. & Elam, M. (2011)



Why Education and Health need to collaborate

There is no 'safe' threshold of absence.

Educators cannot do this alone: the community needs to be included.

Hancock, KJ et al. (2013) Telethon Kids Institute Research

Collaborative practices are now well documented as increasing effectiveness...

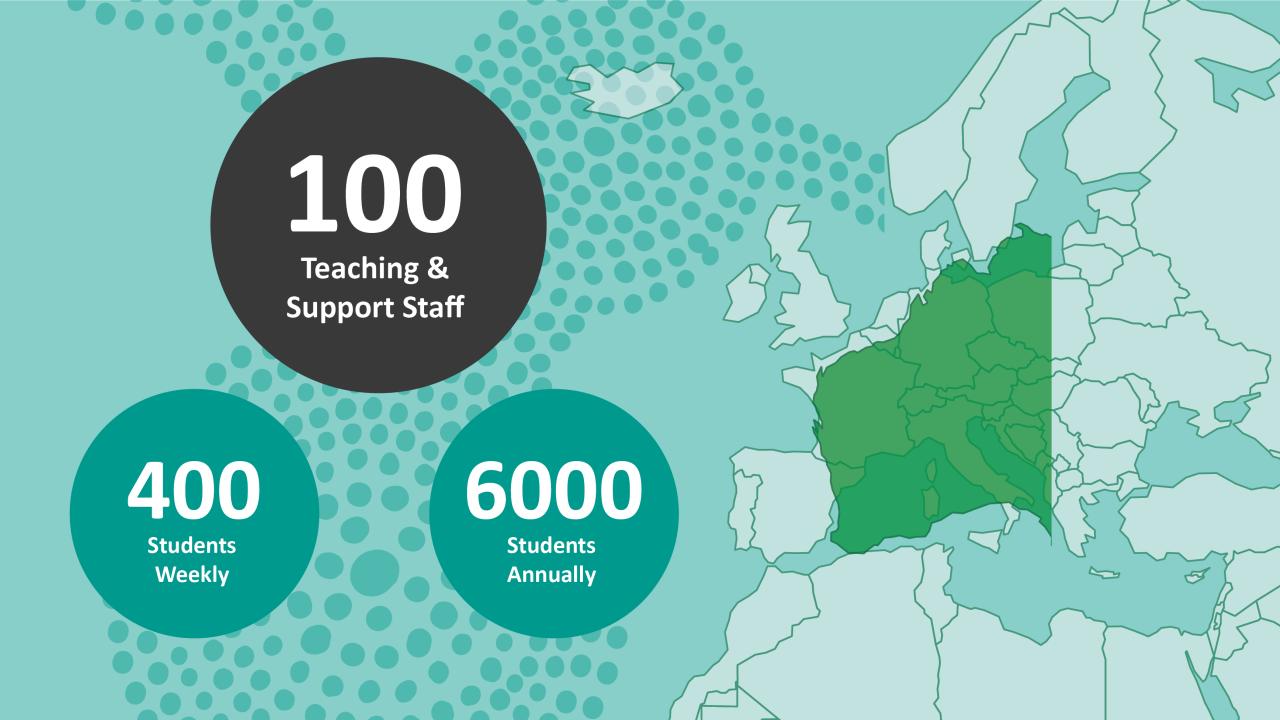
Miller & Ahmad (2000)

everyday counts









60+
Liaison and Teaching Programs

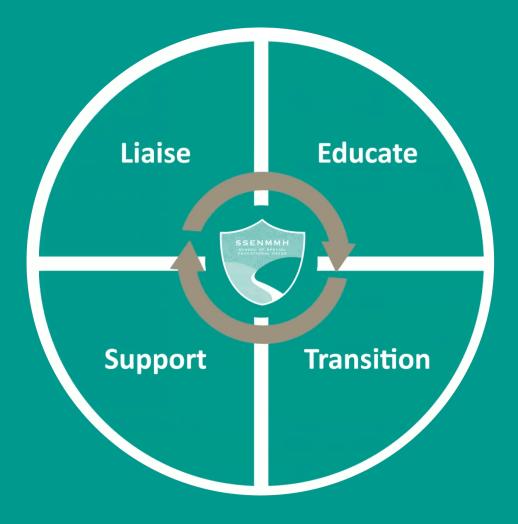
40+
Settings
Statewide





Danjoo, Kaartdijin, Moorditj Connect, Learn and Thrive

Provide educational services to students whose medical or mental health presents difficulties in accessing their enrolled school program, and facilitates their entry or return to a program that best meets their ongoing needs.



Our Model - LETS

February 2023 Memorandum of **Understanding Between:**



Government of Western Australia Department of Health



East Metropolitan **Health Service** North Metropolitan South Metropolitan **Health Service Health Service SSENMMH**

> **Child and Adolescent Health Service**

WA Country Health Service

A Study of



- Hospital schools play a critical role
- Large body of evidence
- Mostly qualitative

Does a hospital school make a difference?

the answer is not simple...



Hypothesis

The negative association between high absence and lower outcomes will be reduced among students who receive more SSEN:MMH support.





Data Linkage

SSEN:MMH:

- All 28,697 students receiving support
- Enrolling school and caregiver details
- Program (e.g. hospital, day program, outpatient clinic)
- Teaching and Liaison hours
- Access days
- School sector public or non-government
- Disability

Department of Education:

- All government students
- Enrolment and caregiver details
- Absences
- Teacher judgements attitude, behaviour and effort (ABE)
- Grades
- NAPLAN scores (National assessment of literacy and numeracy in yr3, 5, 7, 9)





SSEN:MMH Data

Promising size data set:

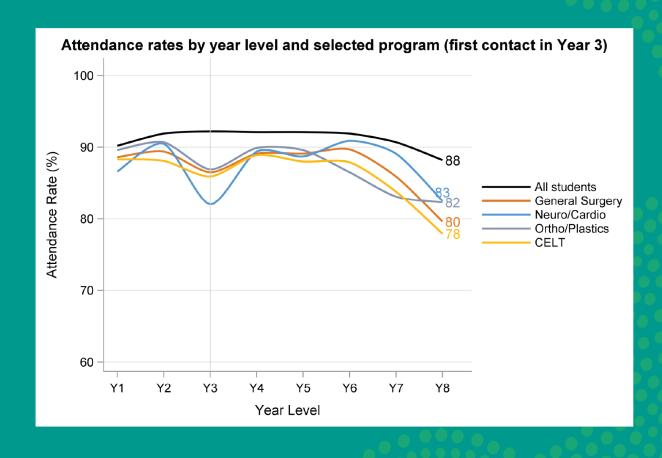
- 8 years of longitudinal data tracks before, during and after support.
- Data diminishes:
 - 30% attend non-government schools, no linkage possible.
 - NAPLAN only certain year groups.
 - Diverse range of variables to control.

How do you create a randomised control group - ethically.





Phase 1 of study



positive findings



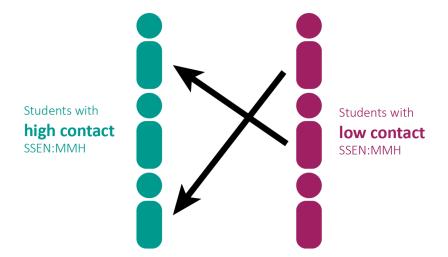
Phase 2 of study

Propensity score matching

Creates a score for each students and then 'matches' students based on scores'

Creates a 'treatment' group (high SSEN:MMH) and 'control' group (low SSEN:MMH support).

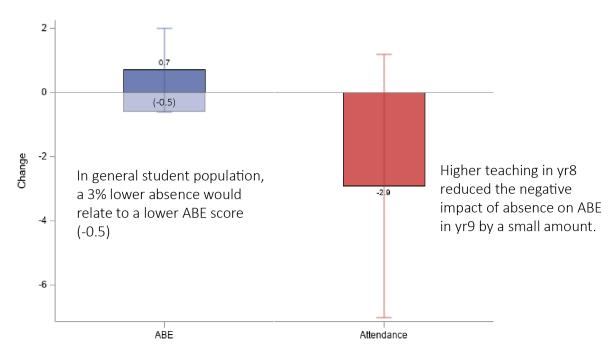
Now we can compare knowing the only difference is the level of SSEN:MMH support





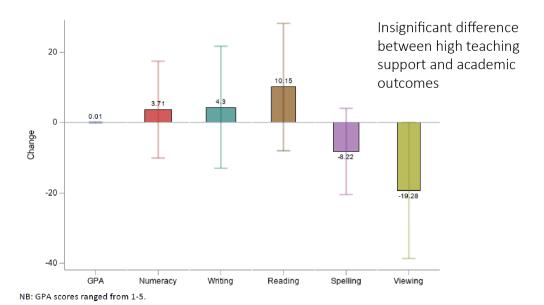


Teaching: ABE and Attendance outcomes



NB: ABE scores ranged from 8-32, attendance rates ranged from 0-100.

Teaching: Academic outcomes



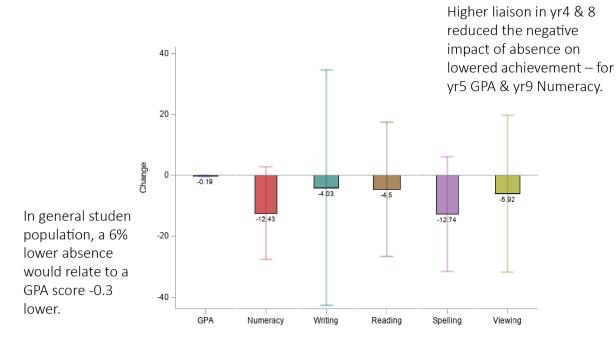


Liaison: ABE and Attendance outcomes

In general student population, a 6% lower absence would relate to a lower ABE score (-1.3) ABE Attendance Higher liaison for in yr4 & 8 reduced the negative impact of attendance in yr5 & 9.

NB: ABE scores ranged from 8-32, ABE social aptitude ranged from 1-4, ABE school engagement ranged from 2-8, attendance rates ranged from 0-100.

Liaison: Academic outcomes



NB: GPA scores ranged from 1-5.



70% Attendance

4 Years

3 Days Fortnight3 Weeks12 Weeks

80%
Attendance

2.5 Years

2 Days Fortnight2 Week

90% Attendance

1.25 Years

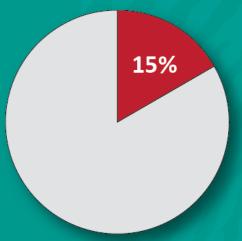
1 Day Fortnight 1 Week

4 Weeks

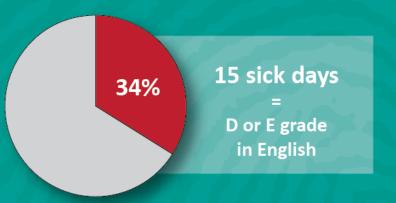
8 Weeks

Years over 13 Year Period





WA government secondary students in 2016.







What does the study tell us?

Promising size data set:

Finding no difference is a good thing!

- Even with matching to create a control, more support had similar outcomes (not statistically different)
- Expect worse outcomes compared to impact of absence on general population

No significant difference indicates some levelling of the impacts.

Liaison support may have a more enduring impact:

- on absence, academic, attitude and behaviour outcomes
- on more than academics (communication, PL, connection and engagement).

Can a few days of teaching address many months of academic absence?

• Prioritise time invest in students who need it most.

Hospital schools can not address all absence.

Enrolling school influence can not be undervalued.



Limits to the Study

The data available

- Data collected is not designed to predict outcomes of study
- Data collection focusses on inputs, rather than outputs

Detecting any difference is difficult

- Measuring impact over a 3 year period
- Hospital school students are a highly variable group
- Unable to account for severity / comorbidities = large standard deviations

Pre-existing challenges in relationships and educational intervention

- School history effects outcome and need control
- More liaison hours necessary just to respond to pre-existing challenges enrolled school and family



Response to the Study

Prioritise support

• Vulnerable, longer absence, chronic health

Collect output data

- Transition return to school
- Liaison outcomes communication, PL, school attitude (how to aggregate)

Further research with TKI

- Timely pre and post measures
- 8 more years, larger sample (52,600), increase validity
- Analyse chronic health cohorts
- Post school cohort counter factual analysis
- A control group outside SSEN:MMH (Australian longitudinal study of non-hospitalised students)
- Consider pooling across jurisdictions

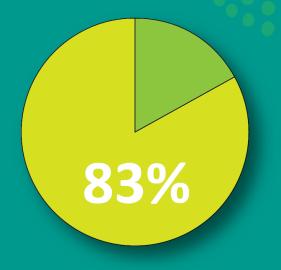


Since the study Transition Data

Can now collect return to school attendance 30 days post support

83% successfully supported to return to school in Term 1 2023:

30% Child Protection 100% Epilepsy, Continence, Diabetes and MH Kimberley



1980 Students
Supported

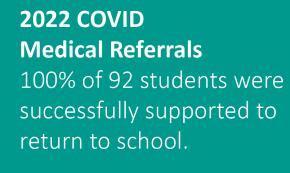


Since the study Cohort Transition Data

96%

2020 COVIDMedical Referrals

96% of 680 students were successfully supported to return to school.





Re-engagement

Home School Registration





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Principal

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Thank you!

