

Background

Guidance notes are supplementary to and sit beneath the Lifetime Care and Support (LTCS) Guidelines regarding Education Supports.

There have been previous attempts to identify what learning supports have been utilised for adolescents with a brain injury¹. Numerous strategies were identified in this project¹, as well as many resources that described approaches to supporting students with brain injury. Along with requests for an additional person in the classroom to prompt and assist the student with brain injury, tutoring is also often sought to improve a student's understanding and performance with schoolwork. The lack of firm evidence regarding best practice continues to be an issue.

Decision-making regarding the approval of funding for Education Support is based on a range of criteria, but requests for tutoring have been difficult to assess. These notes were derived from project work to define what features of tutoring may be considered within the scope of the Scheme, and develop a framework for the evaluation of requests for tutoring.

Guidance

This Guidance note outlines the approach Lifetime Care has to funding **tutoring** as an education support strategy. It is designed to enhance consistency across Lifetime Care and service providers in understanding key considerations in requesting and reviewing tutoring requests.

Definitions (in relation to the scheme as agreed by the working group)

Tutoring

- a. Tutoring is subject-specific.
- b. Tutoring relates to a specific need for education support as a direct result of the TBI.

¹ Tate, R., Genders, M., Mathers, M., Rosenkoetter, U., Motbey, R., "School Support for Adolescents with Acquired Brain Injury" Final Report to the Lifetime Care and Support Authority, December 2011

- c. Tutoring must be linked to the curriculum (not cognitive therapy or support for organisation skills) and support the goals and outcomes of the student's personalised planning, and is not a stand-alone service.
- d. Tutoring may be supplemented by other specialist supports such as neuropsychology, psychology, speech pathology, occupational therapy.
- e. The tutoring is expected to promote the student's independence in the education setting.
- f. Tutoring is provided in out of school hours.
- g. Tutoring is delivered 1 on 1 or in small group, but must be personalised.
- h. Tutoring incorporates strategies known to be effective for students with brain injury such as remedial teaching, error free learning, and personalised strategies recommended in the neuropsychological report.

Personalised Learning and Support Plan

A student's personalised learning and support plan is devised by school staff in collaboration with others who know the student well, in consideration of that student's specific learning needs.

Learning and Support Team

This team may be a formal arrangement, but may also refer to an ad hoc group who are convened to collaborate on the student's specific and individual learning needs. It may include the student themselves, their parent/guardian, the class teacher, learning support staff, the school principal, school counsellor, and specialist health or therapy personnel.

Tutor

The Tutor is an individual with a particular set of attributes and skills who provides the tutoring service.

Education Support Request (ESR)

The Education Support Request form for the Lifetime Care and Support Scheme is also known as ESR.

Section 1. Preparing the request for the tutoring service

1.1 Which participants may be considered appropriate for tutoring requests?

The participant is most likely to be a student of high school age who has a specific need, as a result of the brain injury, to consolidate identified academic skills. Other adjustments and strategies to support the student will already have been implemented by the student's teacher and learning and support team.

1.2 When is tutoring not considered appropriate?

Tutoring is not considered appropriate when a student does not want to participate, if tutoring may increase fatigue or anxiety, for primary school children and when used to meet unrealistic parental/family expectations.

Tutoring *does not include* tasks that are the responsibility of a parent or guardian such as supervising homework, helping access the local library, other resources or project materials.

1.3 What evidence is provided in the request that tutoring has been identified as the most suitable approach?

Documentation from meetings, or correspondence demonstrating collaboration (including student, parent/guardian, educators/school staff, and health workers) is provided that describes how the decision was made to request tutoring, and this request for tutoring has been agreed by all parties.

The adjustments and strategies implemented in the school and classroom are also described in addition to tutoring so that the context of all the supports around the student can be appreciated. All these strategies, including tutoring, will be consistent with the student's specific needs and the personalised learning and support plan in place for the student.

Section 2. Applying Reasonable and Necessary criteria to requests for tutoring

2.1 Benefit to participant

The request needs to demonstrate that providing tutoring will benefit the participant.

The student has agreed to participate in the program, and it would be expected that the tutoring would promote the student's engagement and independence in the education setting.

The expected outcomes of the tutoring will also be described, by showing that the student is gaining the concepts, by objective measures and changes in the student's classroom performance.

2.2 Appropriateness of request

The tutoring is identified as the most effective approach for this student after adjustments and strategies implemented by the school have been considered.

Evidence by way of meeting notes from collaboration amongst the stakeholders around the student (student, parent/guardian, educators and health workers) as well as reports and recommendations from a special education consultant, or other specialist in child education and development, that tutoring is the most appropriate intervention at that time.

Specific needs of the student are identified, goals and expected outcomes of tutoring are determined, and the tutoring is clearly linked to the student's curriculum and consistent with the personalised learning plan in place for the student. The request will note which other models of education support have been considered and are incorporated in the student's schooling, or have been rejected. The adjustments and strategies implemented in the school and classroom will need to be described in the request for tutoring so that the context of all the supports around the student can be appreciated.

When considering tutoring, other student factors such as anxiety, fatigue, and logistics need to be taken into account.

Generally tutoring is not considered appropriate when a student does not want to participate, for those with anxiety related problems, for primary school children and when used to meet unrealistic parental/family expectations.

2.3 Appropriateness of Provider

The provider of the tutoring service possesses the following:

- a. Teaching skills.
- b. Knowledge of curriculum, subject content and current teaching practice in the specific subject that tutoring is required for.
- c. Understanding of impacts of brain injury on education and learning, or be willing to up-skill in this area.
- d. Individual commitment to the requested program (consistency of the tutor).
- e. Good communication skills: participate in the planning meetings, collaborate in the selection of the outcome measures, critically evaluate effectiveness of techniques, and provide progress reports as required.
- f. Ongoing monitoring and adjustments required during the block of the tutoring service would be expected.
- g. Working with Children Certification.

2.4 Relationship of the request to the injury sustained in the accident

The request needs to demonstrate that the need for tutoring is linked to the injury sustained in the accident and is complementary to and consistent with other adjustments and strategies incorporated into the student's school program.

Evidence that the student has the need for tutoring in a specific subject is provided and will reference current school reports.

2.5 Cost effectiveness

The request needs to demonstrate that tutoring will provide short term and long-term benefit to the student, and is the most appropriate option to achieve these benefits. This may include discussion of rejected alternatives.

The rate (fee) charged by the provider is comparable to current market pricing, and any additional costs are justified.

Section 3. Requesting the tutoring service

3.1 Who can compile the request for tutoring?

The Case Manager appointed by Lifetime Care will be the lead in the relevant meetings and documentation regarding requests for tutoring, but will show that the request was in collaboration with all relevant personnel including the student.

Detailed and individual academic subject needs and the goals and strategies that will be of most benefit to the student will be identified and will include clear and specific goals for tutoring.

The request for tutoring will summarise evidence that the final request has been agreed by the parties, show a clear link with the student's personalised planning and the supports provided by the school, and consistency with the Lifetime Care Education Support Request (ESR) if one has been submitted.

3.2 What form will be used for the request?

A current ESR may be amended but retain the same end date. A supplementary Service Request may be submitted the first time, but must show how the tutoring relates to the ESR. Subsequent requests for tutoring will be included in the ESR.

Requests for tutoring, regardless of the form, will provide the same information described below in 3.4.

3.3 What length of time can be requested for the tutoring program?

Requests for tutoring are consistent with the ESR, or term by term where there are suitable measures and progress analysis is in place.

3.4 What information about tutoring is required to assist the assessment of the request?

Subject: The request would outline what subject tutoring is being requested.

Aims: Tutoring is time limited and the goal clearly described so that the outcome of the tutoring can be evaluated. The request clearly outlines the goal/s of the tutoring.

Rationale: The request needs to demonstrate that the need for tutoring is linked to the injury sustained in the accident and is complementary to and consistent with other adjustments and strategies incorporated into the student's school program.

Consensus: There is consensus and agreement to the goals and expected outcomes of the tutoring with the student, parent/guardian, educators/school staff and the student's specialist health team, or learning and support team.

Outcomes: The request for tutoring must describe clearly what measurable benefits or outcome is expected from the tutoring. In order to demonstrate effectiveness, measures and reports defining the baseline for the student's current performance, and the comparable measures and reports to demonstrate outcomes and benefit for the student.

Method: The request will describe how the tutoring will be delivered, showing consideration for other issues such as homework, anxiety, fatigue, other extra-curricular activities, and family logistics.

This means that the following will be explicit:

- Tutoring service provider
- Meetings and planning
- Time frames and schedule
- Progress and outcome measures
- Cost and benefit
- Summary and reporting

Further requests for tutoring will include review of the measurable benefits of the previous tutoring, and clearly defined goals and outcomes for each new request.