



THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Julie Noble - 2005 Churchill Fellow

To study initiatives in hospital school education and the provision of home tuition services to recuperating and chronically ill children

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Signed: Julie Noble

Dated: 12/01/07

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Introduction

This fellowship, undertaken from September 10th to November 6th 2006, enabled me to travel to New Zealand, the United States, the United Kingdom and Ireland to investigate provisions for home tuition in these countries and to examine, compare and gain ideas regarding the education of children with medical needs. I visited hospital schools in large paediatric hospitals, administrative bases from which services are organised, teaching centres providing alternative venues for education and a university centre whose staff are working with hospitals in providing on line services for sick children. I focused on the positive aspects of any program I saw and always kept in mind the possibilities for inclusion of new ideas into our programs in NSW. I attended a conference for hospital educators where I had the opportunity to learn even more about the education of children with medical needs in Europe and experienced great collegiality amongst other participants, all of whom are involved in this area of education.

In all areas of my visits, I met educators, administrators, support personnel and project managers all of whom were not only passionate about providing the best possible services in education for students with medical needs, but striving for improvement in those services. My fellowship trip and the personal and professional growth resulting from it has given me an even greater desire to improve the services we provide through the NSW public education system for students with medical needs.

Acknowledgements

My thanks goes very sincerely to the following people and organisations without whom my fellowship would not have eventuated:-

- The Churchill Trust for their financial support, for the belief that what I proposed was worthwhile and for the opportunity for ordinary Australians, like me, to undertake extraordinary experiences
- The NSW Department of Education and Training for their financial support by way of special leave
- my colleagues at The Children's Hospital School, Westmead, NSW for their interest, support, encouragement and excitement about what greater things we can do
- my husband Malcolm and children, James and Jenny, and the rest of my family for their love, patience, encouragement and pride in my endeavours
- all my colleagues overseas for their hospitality, their generosity in giving of their time and the sharing of information about their programs which made my fellowship trip such a rewarding and enriching experience.

Executive Summary

Julie Noble, Teacher
The Children's Hospital School at Westmead
Locked Bag 4001
Westmead, NSW. 2145
Ph: 02 98452813 Fax: 02 98452837
julie.noble@education.nsw.gov.au



20 Orleans Cres
Toongabbie NSW 2146
Ph: 0402102782
nobles04@optusnet.com.au

Project Description

My project was to study initiatives in hospital school education and the provision of home tuition services to recuperating and chronically ill children.

Fellowship Highlights

- **Attending “The Getting Better Together” Conference, Nov 2nd -4th, London.**
This was a wonderful opportunity to learn from and share experiences with other teachers and support personnel who work with students with medical needs.
- **Carlson Home Instructional and Hospital School Program, Los Angeles CA**
My visit was richly rewarding for the ideas shared and the lessons learned.
- **The Children's Hospital of the King's Daughters Hospital School, Norfolk VA**
A strong structure and a great variety of areas in which the staff are involved.
- **The James Brindley School, Birmingham UK**
- **Manchester Hospital Schools and Home Teaching Service**
- **Pinderfields Hospital School**
These three hospital schools each operate a variety of programs for students with medical needs. They all have strong and motivated leadership, enthusiastic staff and a positive climate throughout each school.
- **Ireland**
All staff showed a friendly, and positive attitude with both parents and students, enjoyed great collegiality within their country and showed me true Irish hospitality.

Major Lessons Learned

- The provision of home tuition is an integral part of the education of students with medical needs in all countries visited.
- Use of information technology continues to expand to improve options for students and provide a system for staff to communicate, keep records and track students.
- Students with mental health problems are an expanding group within those with medical conditions and their needs can be met in a variety of ways.
- Students can best be served when education is an integral part of a multi-disciplinary team, the role of teachers is expanded and educational options are available.

Dissemination

- Reporting to NSW Dept of Education and Training to lobby for home tuition service.
- Reporting to various associations and lobby groups through newsletters, speaking at conferences, submitting material to professional journals, submissions to committees; groups include NSW Hospital Schools' Association, Australian Association of Special Education, Australian Hospital Schools' Network, NSW Teachers Federation.
- Presenting findings and recommendations to medical and multi-disciplinary teams at The Children's Hospital at Westmead and other hospitals who care for children with chronic and long term illnesses and those requiring long recuperation at home.

Background

There has been an education service for children with medical conditions in NSW from 1923 and there have been teachers working with children in hospital in one way or another ever since. Now there are hospital schools staffed by the Department of Education and Training operating in 10 hospitals in Sydney and regional areas. We are proudly part of the public education system and serve students of school age from all sectors.

All hospital schools aim to stimulate and support students through a positive educational experience, provide a continuum of familiar educational activities and promote psychological well-being whilst assisting and enhancing the recovery process. All students have a right to education including those with medical conditions who are unable to attend their regular school.

During the years I have been teaching at The Children's Hospital School my colleagues and I have noticed that many of our students are discharged from hospital requiring further recovery time at home, many for several weeks or more. We are also aware of many students with chronic illnesses who miss many weeks of school when they are not in hospital but too ill to attend school. Whilst their schooling is catered for very well through the hospital school service, children at home who are recuperating or who have chronic illnesses do not have direct access to education.

At this time there is no structured system in place within The Department of Education and Training to provide intermittent home tuition for these students. Usually, parents collect work from the home school and assist their child with it but this is not always satisfactory for either student or parent. Some parents choose to enrol their child in the School of Distance Education, a wonderful provision but only suitable for students with medical conditions who are going to be absent for 6 months or more. It is the students who are unable to attend school for periods of a few weeks to a few months who could well be served by a home tuition service.

Many hospital schools overseas operate similarly to Australia. While we face similar problems and needs, we don't have all the answers. Different communities have arrived at different methods of dealing with these problems; they have varying structures, techniques and delivery methods.

By reviewing the latest trends and operational models in other countries and from my contact with teachers in hospital schools I was able to learn about various methods of delivery of education to homebound students which expanded the educational opportunities for these students. I also learned about other initiatives within hospital school systems that provided additional programs for students with health needs. Those initiatives included the use of information technology to allow students to access learning programs and to provide links between hospital, home and school; the use of educational consultants/liaison teachers to monitor and assess student needs in clinic situations; and structured transition programs for assisting students returning to school after an illness.

In my work as a hospital school teacher I have always sought ways to improve the delivery of education to children for whom normal schooling is interrupted by medical problems. The award of a Churchill Fellowship enabled me to examine programs in New Zealand, the United States, The United Kingdom and Ireland in order to bring back ideas for improvements to services in NSW.

Program Itinerary

Educational Institution Visited	Location	Contact
Southern Regional Health School 95 Tuam St, Christchurch	Christchurch	Chris Parsons
Central Regional Health School 46 Russell Terrace, Newtown, Wellington	Wellington	Ken McIntosh
Northern Health School 24 Mountain Rd, Epsom, Auckland	Auckland	Jim Craig
Phoenix Children's Hospital School 1919 E. Thomas Rd, Phoenix AZ 85016	Phoenix AZ	Tiffany Garcia
Carlson Home Instruction/Hosp School Program 10952 Whipple St, Nth Hollywood CA 91602	Los Angeles	Jann Merithew
Lucile Packard Children's Hospital School 725 Welch Rd, Palo Alto CA 94304	Palo Alto CA	Thayer Gershon
Hospital School, National Institute of Health West Cedar Lane, Bethesda MD 20892	Bethesda MD	Helen Mays
Children's Hospital of the King's Daughters-school 601 Children's Lane, Norfolk VA 23507	Norfolk VA	Janice Teagle
Duke Children's Hospital School Erwin Rd, Durham NC 27710	Durham NC	Rick Lemke
James Brindley Hospital School Bell Barn Rd Edgbaston, Birmingham BI5 2AF	Birmingham	Lynne John
Manchester Hospital School and Home Teaching Charlestown Rd Manchester M9 7AA	Manchester	Helen Jones

Educational Institution Visited	Location	Contact
Pinderfields Hospital School Imperial Ave Wrenthorpe, Wakefield WF2 0LW	Wakefield	Helen Ferguson
Chelsea Children's Hospital School 369 Fulham Rd London SW10 9NH	London	Janette Steele
Evelina Children's Hospital School Lambeth Palace Rd, London SE1 7EH	London	Alan Chapman
Hospital School, Great Ormond St Hospital for Children Great Ormond St London WC1 N3JH	London	Yvonne Hill
Centre for Health Informatics Trinity College, Dublin 2	Dublin	Paula Hicks
Hospital School, Our Lady's Hospital for Sick Children Crumlin Rd Crumlin Dublin 12	Dublin	Mary McCarron
St Paul's Hospital Special School Beaumont Dublin 9	Dublin	Avril Carey
Cork University Hospital School Wilton Cork	Cork	Gobnait Curran
Hospital & Outreach Teaching Service 154 McDonald Rd Edinburgh EH7 4NN	Edinburgh	Ann Burnett
Hospital Education Service & Home Tuition Service QM Tower Yorkhill Glasgow G3 8SJ	Glasgow	Suzanne Kenney
H.O.P.E Conference (Hospital Organisation of Pedagogues in Europe) Great Ormond St London	London	

New Zealand

Following a review of hospital schools in 2000, 3 health schools were formed to provide education to students with medical conditions throughout New Zealand. The Southern Regional Health School is based in Christchurch, the Central Regional Health School is based in Wellington and the Northern Health School is based in Auckland. These schools provide educational support to children whether they are in hospital or at home in the community. Today Health School teachers spend about two-thirds of their time teaching students in the community and one-third in the hospital setting. One of the challenges is to make sure that every student who requires their support actually receives it and the number of students on the rolls is continuing to grow.

Southern Regional Health School

The Southern Health School (SRHS) serves all of the South Island and teachers are based in Christchurch (also the administrative base), Nelson, Dunedin and Invercargill. As well as teaching students in hospital, teachers work in the students' homes, in community spaces (local library, community centre) and in the teaching space at the Christchurch headquarters. As the aim is always to enable students to return to the regular school the transition from home to other teaching spaces provides a positive continuum towards this end.



The school has a very well developed set of guidelines for enrolment criteria, home visits, teacher responsibilities and parent responsibilities. This enables the school to provide support to students soon after they are referred. Referrals could come from local doctors, schools, parents. As well as teaching the students, teachers are involved in developing individual plans, preparing and locating resources and learning programs, liaising with the school of enrolment and medical staff.

Points of particular interest

Use of technology:

To overcome the difficulties of providing services to students over a wide geographical area the SRHS uses technology to great advantage and this continues to develop. Extensive use is made of laptops and mobile broadband data cards and the SchoolZone provides a private online working space and video conferencing capability. This is all provided through the support of New Zealand's Telecom, a major sponsor of the school. This technology means that students and teachers can be linked from virtually anywhere and it allows students to link to their home school, easing the transition back to the school of enrolment when it occurs. SRHS teachers now spend less time in cars, travelling, and more time teaching. However, teachers still see students face-to-face but this may be once a week, once a fortnight or even once a month depending on distance.

Efficient use is made of an electronic data base, Student Electronic Management System (STEMS) where all student records are kept. This includes student information, a log of all contact with the student (visits, on-line teaching, phone contact) and the student's individual education program (IEP). This lessens actual paperwork involved, streamlines all record keeping and provides easy accessibility for all staff when necessary.

Another exciting innovation by the school is the development of interactive classrooms. With access through the school's web site each teacher has set up their own "classroom". Students use their own login and can access their lessons and any interesting links the teacher has set up, talk to their teacher about assignments and submit assignments.

Teachers can post lessons and give feedback about assignments.

Central Regional Health School

The Central Regional Health School (CRHS) has its base in Wellington and serves students in the lower part of the North Island. Teachers are based in hospitals in Wellington, Hastings, Wanganui, Hutt and the Lower North Youth Justice Centre. They also provide home tuition. Sometimes teachers are able to continue working with the same students from hospital to home teaching. Teachers also may work in the student's regular school as part of the transition process. All students have an IEP and the school has very good guidelines for the development of these. Teachers assist students to access the resources of the Correspondence School and can also refer students to bodies providing information about further study after school. One such facility is The Learning Place, whose aim is to encourage people to undertake tertiary study. It is government funded and provides information on universities, polytechnics, community organisations, private training providers. Staff also assist with CV preparation, career guidance and applying for jobs on-line. For students who have missed much school because of medical conditions, this is an excellent facility.



A new initiative of the school, begun in 2005, was to become the education provider at Lower North Youth Justice Residence in Palmerston North. This program continues to grow and the school has been commended by the Board of Trustees for making a difference and re-engaging young men in education.

A further plan of the school is to provide a teaching centre in Wellington for students with chronic health problems. The aim is to facilitate students' greater participation in education prior to their transition back to their regular school.

Northern Health School

The Northern Health School (NHS) is the largest of the health schools and is based in Auckland, servicing the northern part of the North Island. Teachers work with students in a range of settings, including hospitals, homes, the Health School's learning centres and community health facilities – 12 different sites in all. A significant number of students require support in a combination of home, hospital and learning centre settings as their health status changes over time. The majority of students admitted also remain on the roll of their regular school. Many students use the Correspondence School programs and access to this is set up by the NHS teachers. As they are the authorised supervisors, the learning materials come to them in the first instance. Students who have been absent from school for some time due to illness are often overwhelmed by the seemingly large amount of schoolwork to be undertaken so NHS teachers can pass on the material to the student as necessary.



The NHS also uses STEMS to great advantage for record keeping and the development of learning programs allowing relevant staff to note student progress and for this to be monitored. This is especially important when students are transferred from one site to another involving a change of staff.

The NHS has an excellent set of guidelines covering criteria for enrolment, medical certification, cybersafety and online publishing policy. These mean that in the course of the day to day running of the service, decisions can be made backed up by clear policies. NHS teachers liaise with the students' regular schools often, informing them of the dual enrolment of the student including the estimated length of this arrangement, linking in with school programs, getting information about attainment levels, and assisting in the transition back to school.

Points of particular interest

Use of technology – Project Live:

The NHS also has vast distances to contend with in delivering educational services to their students. In an attempt to overcome this, the NHS has also used technology to great advantage. Their Project Live has created a system of webcam-enabled lessons to link teachers with students in their homes. The use of two software programs produced by the Smart Corporation means that students can have a "face to face" lesson without the teacher spending many hours travelling. The Bridgit program enables desktop sharing so that teacher and student can choose to both see the teacher's desktop or the student's. They can see each other via the webcam and speak via a regular phone line (on speaker). The Smart Notebook allows either party to handwrite on the screen. This system has greatly increased the number of lessons that can be provided to home-bound students.

Key Points

- recognition that many students with high health needs are NOT in hospital but still require educational provision and support
- clear policies and guidelines
- variety of settings for delivery of service
- STEMS consolidates record keeping
- close liaison with students' regular schools
- close liaison with other bodies (health, juvenile justice, career centres, Correspondence School)
- on-line learning systems to deliver educational services more efficiently

United States

Two pieces of federal legislation in the United States ensure that children with medical conditions and/or disabilities receive a free and appropriate education and that accommodations or alterations are made to their learning situation in order that they can continue their education.

“Whether under the provisions of the Individuals with Disabilities Act or pursuant to the regulations under Section 504 of the Rehabilitation Act, **every school district provides instruction in the home or in hospitals**. Provisions vary from state to state. Some states simply adopt the federal standard of ‘instruction in the home’ as special education provided under the continuum of alternate placements. Other states or school districts provide services to students who are temporarily unable to attend school outside of the framework of the IDEA or Section 504 and without necessarily determining a student to be eligible for special education or Section 504 services.” (Graff, 2004. 3)

The Individuals with Disabilities Education Act (IDEA) is the nation’s special education law, first enacted in 1975 with a reauthorisation in December 2004, with final regulations published in 2006. Federal funding is provided to each state education department and they are required to provide a free and appropriate education in the least restrictive environment. In order to implement this, a student with a disability must have an Individualised Education Plan (IEP). This is a written plan that sets out the duties and responsibilities for students with disabilities who require specialised instruction.

Students with disabilities who are taught in hospital schools already have an IEP and the hospital teachers can obtain this information from the home school and plan an appropriate program with this in mind when the child is in hospital. Sometimes the patient, because of a severe illness or injury will become eligible for an IEP under IDEA if they are left with a permanent disability or if their medical condition impacts their ability to attend school and to learn. Their disability will come under one of thirteen specific categories, including one named Other Health Impairment. Their need for special education and related services is determined by a multidisciplinary team and the responsibility to do this rests with the school district.

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that provides federal funding for regular education interventions or modifications. It requires all educational institutions receiving federal funding to provide accommodations for students with physical or mental impairment that substantially limits at least one major life activity (such as learning, walking, climbing stairs, speaking, caring for oneself). A 504 Plan, setting out the accommodations that will be made to ensure the students continuity of education, is formulated by the parents, teacher, counselor and the home school’s 504 coordinator and is reviewed annually.

Students taught in hospital schools often have a 504 Plan in place because of the limitations that their illness or condition brings. Sometimes, as a result of their hospital stay, a 504 plan starts to be formulated. At times, hospital school teachers are involved in the beginnings of this.

Medical conditions or illnesses that can result in a student having a 504 plan include arthritis, cystic fibrosis, heart disease, diabetes, allergies, asthma, renal problems, cancer and temporary disabling conditions such as a broken leg. As well as accommodations being made within the regular school and classroom, a 504 plan also means that homebound instruction must be offered if a student is not able to attend school for a length of time.

One Darn Cool School, Phoenix Children's Hospital AZ

This educational facility is the only one visited which is not funded and staffed by the state or local school district education authority. The hospital school comes under the direction of the Child Life Department of The Phoenix Children's Hospital and works in good relationship with them. It means that the hospital school is available to all patients, not just those from the local school district which is sometimes the case at other hospitals. The school receives funds from an Arizona credit union.



Teaching is done in the small classroom (morning session for primary students, afternoon for secondary) and at bedside. Teachers can assist parents in applying for homebound services from their local school district if their child is going to be recuperating at home for some time. The school also runs theme-based enrichment programs over the summer holidays.



Points of Particular Interest

The school re-entry teacher: This teacher does not teach at the hospital but, in consultation with hospital teachers, makes contact with students and their families who need assistance in returning to school. After hospitalisation, going back to school can be intimidating for many children, especially if they've been absent for a long time. They may have different needs after their illness or injury and the re-entry teacher assists by meeting with staff at the patient's school to help plan for the educational and emotional needs of the child. This includes IEP meetings, and planning accommodations under Section 504. The re-entry teacher will sometimes visit the classroom to talk about a student's hospitalisation. Peers at the home school usually show interest and support, enabling the returning student to make a comfortable transition back to school.

Carlson Home Instructional Program and Hospital School, Los Angeles CA

The Carlson Home Instructional Program and Hospital School began in 1946 and was named for Miss Berenece Carlson, a special education classroom teacher who worked at The Orthopaedic Hospital in Los Angeles and was instrumental in the implementation of home and hospital teaching. Today this service is part of the Los Angeles Unified School District and provides teachers in several hospitals as well as an excellent home tuition coverage. It is staffed by contracted and retired teachers Carlson teachers, to the maximum extent possible, provide instruction in subjects/courses correlating with the student's home school program. The intent is to maintain continuity of the student's instructional program during the interim period of convalescence.



Points of Particular Interest-Home Instructional Service

Referral system: Referrals for homebound services for students of the Los Angeles Unified School District can be made by parents, the school of enrolment, social workers or medical practitioners. When the application is received by the administration office it is processed within a week and a home instruction teacher assigned depending on where the student lives in the first instance and what the teacher's case load is like. On receiving the assignment the teacher must contact the student within 3 days but this is often done earlier depending on the teacher's schedule. This efficient system means that there is a greater chance of continuity of educational services. A teacher provides 5 hrs of tuition per week, but this is often done over 3 or 4 days to cut down on travel time. Teleteaching can be done through either of two Los Angeles high schools for some students.

Guidelines for and monitoring of staff: The policies and procedures manual for this service is large but all encompassing and provides staff with details of the operation of the system and their part in it. Forms for weekly schedules, payroll, mileage, progress reports are all easily accessible. Because of the tight tracking of each teacher's schedule, staff can be monitored for safety and efficiency purposes.

Teacher support: Each home instruction teacher is assigned to a facilitator who is experienced and available for any support that a teacher needs. In addition there is a teacher advisor and a well equipped and well organised resource room at the administration office. The Carlson website itself is not only an information source for visitors but also an excellent source of support materials for teachers and a communication facility. The website is continually updated, which is vital when used for communicating with staff. Voicemail is also used extensively by all staff. They are also provided with abridged versions of the Policies and Procedures, concise key standards (ie levels of achievement) overview, pacing schedules for the main subject areas in each grade and a one page enquiry contact list labelled "Who You Gonna Call?"

Lucile Packard Children's Hospital School, Palo Alto CA

Lucile Packard is a large paediatric hospital on the campus of Stanford University. It is a specialist hospital particularly in the areas of oncology, organ transplant and orthopaedic conditions. It also serves the local paediatric community.

The hospital school is a collaboration between the hospital and the Palo Alto Unified School District.

Teachers at the hospital school work in 3 classrooms and at bedside. They also teach siblings of patients, school age parents whose infants are hospitalised, students who have regular outpatient treatment and students who have a parent hospitalised at Stanford University Hospital for a long-term condition. The school's philosophy is "School is the work of the child" and the expectation that school age children will participate in this program gives them a familiar and reassuring routine in an unfamiliar setting.

Teachers chart interactions with students on a daily basis and attend "rounds" which are weekly case meetings reviewing patient progress. The school is represented in all medical areas and give important feedback about patients through their observations of the children in a school setting.

If a patient will not be returning to their regular school for some time after discharge, the hospital school will advise parents about home tuition services and refer them to their local school district in order to apply for these services for their child.

Quote from a student, "I knew I was going to get better because I had to go to school."

Points of particular interest

CarePages: CarePages are free, easy to use web pages that help family and friends communicate when a loved one is receiving care. They create a virtual meeting place on the web, help families share news and photos as needed, and help families receive emotional support during a time of need. Families can limit who has access to their CarePage. While I was visiting the hospital school, one of the teachers logged on to the CarePage of a regular patient and was able to read about a family holiday and then send a message of encouragement to the student and his family.

H.E.A.L. (Hospital Educational Advocacy Liaisons): This LPCH program is staffed by educational professionals and has been created to help medically fragile patients successfully re-integrate into school. The program also educates school staff, students and parents about unique cognitive and social/emotional needs of children with medical conditions. The valuable services the program provides are

- Baseline and psycho-educational testing
- Information for parents and schools about specialised education and support services
- School visits to observe child's educational setting
- School presentations to peers regarding child's illness
- Attendance at IEP meetings to advocate for child's needs
- Communication with school nurse about medical care concerns
- Discussion with teachers about child's performance in the classroom
- Reference to other professionals or agencies that can provide additional assessments and therapy for a child

(refer website in References)

Hospital School, National Institute of Health Clinical Center, Bethesda, MA

The Clinical Center at NIH is a research hospital and as the name suggests, it is a national facility receiving federal funds.

Patients at the Clinical Center consent to participate in research studies (protocols) and are treated without charge. The children's section of the clinical center has patients from all over the United States and the world. The population depends on the particular diseases that are of interest to the researchers.

The Hospital School began in 1953 and it is a satellite of the Montgomery County Public School System. It is staffed through the county's Home and Hospital Teaching Service. However the funding is different from other hospital schools because all funds come from the Federal Government. Funding comes through the county school system for salaries (although the teachers are employed by the hour) and directly, for supplies and equipment. The school's goal is to maintain the continuity of education between the student's home school and the hospital school.



Teachers work with patients in the classroom whenever possible or at the bedside if they are confined to their rooms. Teachers assist students to work on assignments from their home school if available and offer English language coaching to some overseas students. Some patients stay in a special accommodation facility, The Children's Inn, after discharge but while still receiving treatment. Teachers work with these students in the day clinics. There is a large oncology unit and these students are often in hospital for a long time, necessitating much input from the hospital teachers. There is also a large mental health program and children can be inpatients in this program for at least twelve weeks. Teachers work with these students in their own classroom each morning for three and a half hours.

In the area of home tuition, students from the local county system receive homebound services if required. For all other students (the majority) hospital school teachers give advice to parents regarding their entitlement to homebound services through their local school system and assist them to get the correct medical certificate from their child's doctor, stating how long they will be unable to attend school. **This is vital in the application for homebound services in any state.**

Teachers working with babies and their parents: Teachers provide infant and pre school interventions for patients who are developmentally delayed or who are “at risk” for developmental delay. They work with parents to advise on stimulatory activities and give details of support agencies.

SHIP(Student Health Information Pack): Teachers and medical staff work together to provide this information pack for the patient’s home school. It includes the following components:-

- medication to be administered at school
- medical precautions
- educational modifications and accommodations (ie. adaptations) needed at school
- emergency plan
- an individualised health care plan for school

Well structured homebound instruction system: Although this is not run by the hospital school program, teachers work closely with, and advise parents about applying for homebound services. The Norfolk Public School System has clear guidelines and instructions for schools and parents and each school has a staff member who is the homebound liaison. Schools usually also have a school nurse who, together with the principal and homebound liaison assist the parent with the application. Norfolk Public Schools make accommodations so that, if at all possible, the student can attend the regular school. If homebound services are offered it is for a minimum of 5 hours per week and takes place in the student’s home but increasingly technology offers other solutions including video conferencing, telephone links and video taped classes. The guidelines clearly state the responsibilities of the district, the parent, the student, the school, the school nurse, the classroom teacher, the homebound teacher and the homebound specialist (ie. co-ordinator).

Use of PEBBLES (Providing Education by Bringing Learning Environments to Students):

This is a system, developed by two Canadian universities (The University of Toronto and Ryerson University) and Telebotics, that combines video conferencing technologies with simple robotics technology to allow a student confined in the hospital to “attend” his/her regular school. This is possible by placing one robot unit of PEBBLES inside the classroom, and its counterpart in the hospital. It allows a student to maintain a connection and presence in his/her normal environment from an isolated and non-normal setting.

I was fortunate to observe PEBBLES being used by a 9 year old youngster who was using only eye movements and blinks to communicate with his peers. It still, of course, requires adult assistance but it enables this fellow to be part of his class for 45 minute sessions 3-4 times a week. The hospital school teacher who worked extensively in setting up the program reported that all involved have benefitted: the student, his peers, the home school teacher and the whole school community. In the first instance the school district’s technical support staff were of paramount importance, then the school staff were educated in the use of PEBBLES. Although it was a long process, the ability for the student to be part of his class is gratifying for all concerned.



Duke University Hospital School, Durham NC

Duke Children's Hospital & Health Center (CHC) is in Durham, North Carolina. The Children's Hospital provides inpatient care with 151 beds and includes a neonatal intensive care unit and a pediatric intensive care unit. Children's Health Center provides outpatient care in more than 28 paediatric medical and surgical specialties.

The Hospital School at Duke Children's Hospital has two components – the Hospital school itself and Homebound services. Each arm provides support and academic instruction to students who are removed from the traditional school setting due to medical conditions. It



provides a bridge between home and hospital, emphasising the healthy part of the child's life. It is one of the schools in the Durham Public School system. It receives direct funds from the North Carolina Department of Public Instruction and some funds from the Durham Public School System. The school serves between 400-500 students per year.

The Hospital School

Students who are taught while **inpatients** include children with chronic illnesses, traumatic brain injuries and physical rehabilitation needs. The bone marrow transplant program (cord blood stem cell) is a world leader so there are many children who come to the hospital for this treatment and they are often in hospital for a long time. When medically feasible students are taught in small groups in the classroom but more commonly they are seen at bedside as patients are frequently restricted from contact with others during periods of treatment. Students who are **outpatients** are also taught in clinics and in temporary residence locations (Ronald McDonald House, local apartments, hotel rooms) where the family is living while in Durham. Teachers maintain close contact with home schools and plan lessons based on assignments or course outlines from the home schools. Other services that the school provides are academic testing when the student is medically able, referral for exceptional children's services and transition planning with the home school.

Homebound Services

Homebound instruction is co-ordinated through the hospital school and provides short-term instructional services while the student is still unable to attend their regular school. Increasingly though, teachers are finding that some students' medical conditions require extended absences from school. The majority of students receiving homebound instruction are secondary students and there are 4 homebound teachers each attached to one of the 6 secondary school in Durham. These teachers are full time employees of the school district, not on hourly rates. After an application for homebound service is received, the coordinator (who is the principal of the hospital school service) assigns a teacher for that student. The homebound teacher delivers instruction, provides transition support and works closely with schools, alternative schools and online providers to return students to a full instructional program as quickly as possible.

Points of particular interest

NEXUS Learning: This is an online learning system which provides real time, online instruction to public school students in middle and high schools who are unable to attend a normal school program including students who have a mental health diagnosis, a chronic illness, or who are recuperating. The homebound service utilises Nexus Learning for those students who are expected to remain out of school for an extended period and who require greater instructional time and a highly qualified teacher to direct the instruction. It uses fully interactive software including real-time audio and whiteboard communication between students and instructor. Students are grouped in classes of one to four and classes meet on a

prearranged schedule although students have access to learning materials at any time. Students do have to take on more responsibility for their learning and regular parent involvement is essential but it is an important addition to the ways that older patients can continue with their schooling.

Chesterfield County Public Schools and Norfolk Public School System, both in Virginia, also use Nexus Learning for some of their homebound students.

Other homebound students use Ed Options, an online distance education learning curricula available through the Durham Public School system. The homebound teachers work in conjunction with the school based staff to implement the program in the home and for many students this offers uninterrupted instruction and a smooth transition from school to home and back.

United Kingdom

The Statutory Framework

In the UK, Section 19 of the Education Act 1996 provides that Local Education Authorities must make arrangements for the education of children with illnesses who cannot attend school.

The Guidance Document

In 2001 a document entitled “Access to Education for Children and Young People with Medical Needs” was published by the Department for Education and Skills to provide guidance to Local Education Authorities. It contributed to the Government’s strategy to promote equal access to education for all children and young people.

It was distributed to Local Education Authorities, headteachers, governors (of school boards), social service departments and hospital trust managers. This document sets out minimum standards for the education of children who are unable to attend school because of medical needs. It makes special mention that this group now includes “a significant number of children and young people who experience clinically defined mental health problems.”

(Access to Education, pg 4)

The guidance includes chapters on policies and procedures, early intervention, successful reintegration, continuity of education and partnership with parents. It sets out case studies of good practice throughout the document.

Every Child Matters

In September 2003 the government published The Children’s Green Paper *Every Child Matters*. It set out ways of improving outcomes for children and young people, including the most disadvantaged. The Children Act 2004 then provided the legislation outlining statutory duties and accountability for children’s services.

In May 2005 *Every Child Matters: Change for Children* set out the national framework for local change programs to build services around the needs of children and young people to maximise opportunity and minimise risk. It aimed to move the focus from dealing with the consequences of difficulties in children’s lives to preventing things from going wrong in the first place. The objective was to get all agencies to work together to ensure the safety and care of children.

These pieces of legislation underpinned all the education services I observed in the UK and were evident in their policies and programs.

Healthy Schools

The Healthy Schools program was launched in 1999, a health and education collaboration, a response to concerns regarding the health of young people.

The aims of the program are to reduce health inequalities and promote healthy behaviours

The latest guidance for schools was issued in 2005 and schools can aspire to Healthy Schools Status by having a program which

“promotes the health and wellbeing of its pupils and staff through a well planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices.”

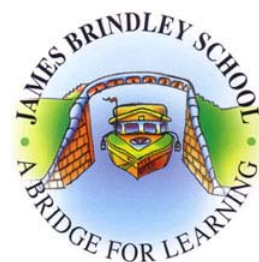
(National Healthy Schools Status, A guide for Schools , 2001 pg 1)

There are 8 key areas for schools: healthy eating, personal, social and health education, citizenship, drug education (including tobacco and alcohol), emotional health and well-being (including bullying), physical activity, safety, and sex and relationship education.

The hospital schools I visited were also taking part in this program.

James Brindley School, Birmingham

James Brindley School educates students who are unable to attend ordinary schools because of health reasons. The school covers 12 sites across the city including paediatric hospitals, paediatric wards within general hospitals, special teaching centres catering mainly for students with mental health disorders. The school also includes a Home Teaching office. Most students come from Birmingham but a few are from further afield and they come from a very wide range of backgrounds. The school works with approximately 3500-5000 children each year.



For curriculum purposes the school seeks to address the learning needs of all students within the framework of the National Curriculum. But because of the nature of the hospital setting flexibility is needed in terms of balance within the curriculum. As far as possible students work is based on their own school curriculum with short stay students following a James Brindley scheme of work.

Points of particular interest

Use of Information Technology through the school: At The Birmingham Children's Hospital (Diana Princess of Wales Hospital), approximately 150 students are taught each week. Access to IT is made easier when teachers are working on the wards because there is a dataport installed on each bedhead through which all staff have access to the IT network. This means that staff and pupils are able to access all the curriculum software installed in the school as well as access to the internet for learning. This makes a huge difference to the amount and type of work that can be done with students at the bedside.

The school has used **Global Leap**, a resource for teachers providing lessons through video conferencing. A huge variety of lessons are available to schools using galleries and museums and even one in Qld focusing on the Great Barrier Reef. Global Leap was initially funded by the UK Department for Education and Skills (DfES) and is now funded mainly by UK school subscriptions. This can be used successfully to supplement areas of study for some long term patients.

Home tuition service: This is a well structured service for students at home due to chronic illness or recuperation. It is available for students who live within the Birmingham area. Students are taught in their homes although some pupils are brought into one of the teaching centres for a few hours a week to be taught in small groups of 2 or 3. There is a referrals team who, when an application is received, review all the information and decide where the student can best be served (at a teaching centre or at home). A member of the referrals team then visits the home to meet the family and view the proposed teaching area within the home. If the placement is appropriate, a teacher is assigned and liaison with the regular school is established. Primary aged pupils are usually taught by one member of staff for an average of 5 hours per week. Secondary aged students are taught for an average of 6 hours a week by a number of staff with specialist subject experience. All placements are reviewed every 6 weeks. The student's recovery and progress is monitored and targets set accordingly for a return to school. Home teaching is done by full time teachers supplemented by about 50 sessional (ie. casual) teachers. Students taught at home are usually those with orthopaedic problems, oncology patients, patients on machines and students with mental health problems. The latter are usually on a target program to move them from home teaching to a teaching centre then back to their regular school.

Manchester Hospital Schools and Home Teaching Service

The Manchester service provides teachers in four hospitals and two teaching centres. A home tuition service also is available. It aims to minimise the disruption and interruption to a student's learning by continuing schooling as normally as the child's illness allows. Booth Hall is a large children's hospital and students are taught in classrooms and at bedside. Galaxy House is part of Booth Hall and is a child and adolescent psychiatric provision. Children are taught in their own attached school. The Christie Hospital and Wythenshawe Hospital have teachers working in them. At St Mary's Hospital, teachers visit when the need arises as most patients are short term. There are two teaching centres and there is a home teaching service.



Points of particular interest

Teaching Centres: Both the Burgess Centre (for children up to 13 or 14) and The Leo Kelly Centre (for older students) provide an excellent alternative school for students with long term illnesses including mental health problems. Transport may be provided by Special Needs Transport.

The Leo Kelly Centre also serves pregnant schoolgirls and young mums who are unable to continue their studies at their regular school. There is a nursery on site where the babies are cared for during lesson time by qualified nursery staff and students have the opportunity to study child care and parenting. The Reintegration Officer attached to The Teenage Pregnancy Reintegration Project is based at The Leo Kelly Centre and meets with all girls and their families to provide support and discuss options for continuing education.

As well as providing a broad and balanced curriculum, students at the teaching centres and from the hospital school generally, are given opportunities to undertake a range of visits for curriculum, social and personal development. The visits cover archaeology, sports, drama, science, School Council and supporting Local Education Authority events. Every year a group of students go to Ghyll Outdoor Centre in the Lake District where they can take part in the full range of activities. These opportunities help students recover their health and confidence.

Home Tuition: Home teaching is available for pupils not able to attend their own school due to ill health and who are expected to be absent for 15 days or more. Referral is through the administrator and can be made by hospital teachers, medical staff, parents, schools etc.

Manchester is an example of the home tuition being done by teachers within the service and all teachers can be asked to undertake home teaching. Senior staff allocate teachers to students and this is usually done geographically so staff will teach students in the same general part of the city where they live. If a home teaching session is cancelled teachers do ward teaching or other duties at their usual base. The minimum entitlement is 5 hours per week and pupils are transferred to a teaching centre where possible. Home teachers contact the regular school regarding programs, collect work and return it. They can also take children on educational visits if it fits with curriculum objectives.

Pinderfields Hospital School, Wakefield

Wakefield is in Yorkshire, about 20 kms from Leeds. The aim of the school service is to ensure that children and young people have an uninterrupted education regardless of their medical needs. It provides a broad range of options for flexible education for these children. The parts of this service are:-



- Hospital Tuition: class or ward based tuition on the hospital site
- The Wrenthorpe Centre: A flexible alternative for secondary students, following the ASDAN Youth Award Scheme as a major part of the curriculum (modular, flexible, nationally recognised alternative to the more academic GCSE courses)
- Outreach: Advice, inservice training and general support to staff in an educational setting
- The Early Years Assessment Centre: Multidisciplinary assessment of young children to inform their next educational setting
- School Age Pregnancy and Early Parenthood Education: Off-site tuition in mainstream settings and in the home
- The Jigsaw Team: Multi agency responsive support for school aged children with a life threatening illness
- Off Site Tuition: Individual tuition in mainstream settings, neutral venues and in the home

Points of particular interest

The Jigsaw Team: This service is available for children and young people from 0-19 years of age and is an excellent example of teachers being part of a multidisciplinary team. It offers all-round care to children who have a life-limiting or life-threatening illness, enhancing their quality of life whilst also supporting their families and siblings. It aims to complement existing services and to be flexible, timely and responsive to any changing needs. The service includes six key elements:

1. **Community Children's Nurses**: these nurses provide holistic nursing care and support.
2. **Home-based break service**: provided by the local authority for children with disabilities, can either be a home support service helping with physical care or providing a home-sitting service so the rest of the family can have social time away from the house; enables young people to take part in leisure activities.
3. **Community Nursery Nurse**: provides play activities and support to children and their siblings in their home, helps children better understand their illness and ongoing treatment.
4. **Youth Services**: assists young people to take part in activities outside the home such as a youth club; also provides emotional support.
5. **Education Staff: work with students in their own home focusing on individual needs while maintaining links with own schools.**
6. **Bereavement support**: counselling and support to family members to help with the emotional impact of a life-limiting illness as well as grief, loss and bereavement.

London

Evelina Hospital School

Evelina is the first new children's hospital in London in 100 years! It was opened in October, 2005 and the hospital school forms part of the atrium, a large open area on Beach level. The school offers education to pupils from 2 to 19 years and staff work collaboratively with hospital staff to contribute to children's recovery programs. The school aims to provide a non-sickness based environment and a positive educational experience. There are 5 areas in which teaching takes place:-



- The early years classroom, for children aged 2 to 5 years is open from 9.30 until noon.
- The primary and secondary classrooms are also open mornings and again in the afternoons from 1.30 to 3.30.
- Ward teaching in the haemodialysis unit of Evelina: dialysis patients have to attend 3 times a week for four hours at a time and teachers work with students on tasks from their own school. Students are encouraged to develop independence and responsibility for bringing schoolwork. All school age patients on this ward are asked to take part in the school sessions in this unit.
- The Snowfields Adolescent Psychiatric Unit (at Guy's Hospital) where the school program is timetabled to fit in with the ward program. The unit provides acute psychiatric care for young people from 12 to 18 years and teachers are part of a multidisciplinary team. The students are offered both group and individual sessions covering a range of curriculum areas. **A primary function of the ward is to assess the mental health of the young people admitted. How they function at school and how they learn in general may provide important evidence for this process and teachers have a vital role in planning the rehabilitation of young people back into the community.**
- Home tuition is provided for children from the Local Education Authority who are unable to attend their own school due to illness and injury. Generally teaching takes place on a one-to-one basis in the student's home. In some cases, where the medical condition allows and satisfactory travel arrangements can be made, the student may attend school at the hospital for a limited period.

Chelsea Children's Hospital School

Chelsea Hospital School provides educational services at 3 locations:-

- The Chelsea & Westminster Hospital has 3 paediatric wards, an adolescent ward and a burns unit. Teaching takes place in 2 classrooms and at bedside.
- The Royal Brompton Hospital which caters for children with chronic and acute heart and lung problems. It is a tertiary referral hospital and students are taught in a mixed age classroom or, more commonly, at bedside. Students who are 17 and over are in a separate ward and appropriate educational programs are facilitated here including access to further and higher education courses, information technology and creative arts. Liaison with schools and colleges and careers advice plays an important role in this ward. Both groups enjoy educational outings.
- Collingham Gardens Child and Family Mental Health Unit is a tertiary referral hospital for children aged 5 to 13 with complex emotional, behavioural and mental health problems. Each child has an assessment of their educational needs and an individual education plan is agreed with the child and parents.



The average stay is four months, during which time the teacher works closely with the parents, carers, home school, and the Local Education Authority to develop an agreed integration plan. School staff have training in the management of challenging behaviour

Being in central London means that there is excellent access to outside bodies to provide **enrichment activities** for students at the hospital school. Organisations who provide workshops for students on a regular basis include the London Symphony Orchestra, City of London Symphonia, The Royal College of Music, the National Gallery, Science Museum, Serpentine Gallery and Green Candle Dance Company.

The hospital school has **links with hospitals throughout Europe** through H.O.P.E. (Hospital Organisation of Pedagogues of Europe) and the Comenius Project (linking schools within the European Union) and this helps to develop citizenship, stimulate communication, develop language skills and enhance staff professional development.

The hospital school has two Royal Variety Club mini buses with tail-lifts for wheelchairs. All children who are well enough have access to **weekly outings** to local museums, art galleries and environmental centres. Permission from parents/carers and advice from medical staff is obtained before including children in outings.

The Children's Hospital School at Great Ormond St and University College Hospital

Great Ormond Street Hospital is a tertiary referral hospital; it only accepts patients referred by other consultants at other hospitals all over the UK and indeed the world. The pupils have a huge range of severe medical and/or psychological problems and hence special needs, although not always in the normally accepted educational sense.



The school teaches school-aged pupils from 5 to 19 as well as children under five with Statements of Special Educational Need. Children of all abilities and all nationalities are taught. The school aims to provide an enriching and enjoyable experience for all pupils ensuring normality through education, and helping to prevent anxiety about school work. Students are taught in 2 classrooms and in the wards. Comprehensive use is made of laptop computers, especially by secondary students. When not in use the laptops are stored in a computer bank on charge, enabling them to be used easily in the classroom and wards. Secure wireless internet connection is available in the classrooms and in most wards.

Points of particular interest

- **Pupil Liaison Officer (PLO)**: This teacher is a liaison between the hospital school, the home school, the Local Education Authority and the family. The hospital teachers refer any child who will need to recuperate at home to the PLO who then talks to the family about home tuition. He assists the parents in making application to their LEA and makes sure appropriate sections of the referral form are completed by medical staff before the child leaves hospital. The PLO is also involved in integration of the pupil into a new school if a change is needed. His priority is supporting the family in times of high anxiety and ensuring the continuity of a child's education, including through home tuition. This is seen as part of the school's obligation under "Every Child Matters".
- **Use of database** for all student details and contact. This is used by all staff and as well as student details and attendance being recorded, all learning programs and teaching activities are noted. Some pupils are designated as Priority Education Pupils (PEP) ie. those students who have recurrent admissions and those who will be in hospital for 2 weeks or more. Any contact with support agencies, LEAs and parents is recorded. Extensive use is made of laptop computers with student records being updated constantly, so that information is available to all staff.

Scotland

In Scotland, education authorities have a duty to provide education, either in hospital or at home, for children with medical conditions. This duty is set out in the document “Section 40 of Standards in Scotland’s Schools Etc Act 2000 – Education of Children Absent From School Through Ill-Health”. This is an amendment to an earlier Act. The intention of the amendment was to ensure that these children, within the constraints of their medical condition have access to education through special arrangements.

A circular giving clear details about how this should be done and examples of best practice was distributed to all local education authorities and heads of schools in Dec 2001.

Glasgow – The Hospital and Home Tuition Service

It is the aim of the service to minimise the disruption to education caused by hospital admission by teaching students in hospital and continuing home tuition with them if needed after their discharge. It mainly serves children from the Glasgow city area.

Teachers are based in the Royal Hospital for Sick Children with an outreach service to other Glasgow hospitals as necessary. Teachers are also based in several hospitals/units for students with mental health disorders, liaising closely with the clinical staff. The staff also work closely with the student’s regular school in planning a reintegration program or to find an appropriate alternative placement.

Points of particular interest:

The Douglas Inch Centre provides education for students aged 14 to 16 with diagnosed mental health problems and for whom a return to mainstream school is not an option. After a trial period of 5 weeks and a contract agreeing to certain conditions (attendance, behaviour) students are able to continue their schooling at this centre until school leaving time. The curricular focus is balanced between academic attainments, social/personal skills and life skills. Pupils receive extensive careers advice and the focus of much of their work is development of skills leading to further training, education or employment.

Outpatient mental health services: A team of teachers work with 8 community psychiatry teams delivering services throughout the city of Glasgow. These teams work in both areas of child and adolescent mental health.

The Adolescent Direct Access Service is designed to provide early intervention for moderate psychological disorder in 12 to 17 year olds in community settings. It is multi-disciplinary and psychology led but works in partnership with education.

Home Tuition: Teaching staff from the hospital school service but mainly from The Royal Hospital for Sick Children are responsible for home tuition and structured guidelines ensure an efficient system. It is offered to discharged patients if they will not be returning to school for at least 4 weeks. However, where a student has a long term condition requiring frequent admissions and the hospital school service is the main provider of education, this period need only be 2 weeks. Contact is made with the home school before teaching in the home starts, to ascertain as much information as possible about the student’s courses of study and levels. This may have already been done while the student was in hospital. Information regarding any issues within the household that visiting staff should take into consideration is also sought.

Where there is a reasonable concern for the safety of staff, initial visits are undertaken in pairs. Teachers on home tuition carry a mobile phone and contact a senior staff member before and after the home visit. After establishment of a regular service, this may not be necessary.

Edinburgh – The Hospital and Outreach Teaching Service (HOTS)

The primary aim of the service is to minimise, as far as possible, the disruption to a child's schooling. In Edinburgh the service covers students in The Royal Hospital for Sick Children, extensive programs for students with mental health problems (both inpatient and day programs) and a home tuition program. The service also teaches students in a Young Mums' Unit, supports "looked after" children (ie those in care) and gypsy/traveller children. For access to the home tuition service all referrals are assessed by the Community Child Health Service and regularly reviewed.

Points of particular interest

Open Access register: This is a special provision for students with chronic illnesses or those with long term illnesses who have frequent admissions to hospital and long periods at home unable to attend school. The register means that these students are taught as soon as they are admitted to hospital and do not have to have repeat full referrals for home tuition. Teachers liaise closely with the appropriate specialist nurses to make sure all supports are in place.

CFS/ME Support: HOTS has been concerned with the increase in the number of young people being diagnosed with CFS/ME (chronic fatigue syndrome) resulting in a disruption to their education and social isolation. They usually require long-term input from the service and so a support group for these students began in 2005 to help meet their social and educational needs. The group meets twice a week and several other young people with mental health difficulties joined the group. It has proven to be a successful initiative with students displaying pleasing results in external exams. HOTS has also prepared an excellent booklet entitled "Information for Parents and Teaching Staff involved with Children Who Have CFS/ME".

Ireland

There are educational facilities in hospitals throughout Ireland. Some are in paediatric hospitals, some attached to children's wards in general or specialist hospitals and a teacher works with children in smaller settings as the need arises. In Dublin, I visited hospital schools at Our Lady's Hospital for Sick Children, Crumlin and Temple St Children's Hospital (both large children's hospitals) and Beaumont Hospital (a general hospital with a children's ward for neurosurgery).

The hospital schools are staffed through the Department of Education and Science and all note the strong support of each hospital's board of management in obtaining and continuing a school service.

Teachers aim to provide a meaningful and productive educational service and to maintain links with students' home schools. The hospital schools throughout Ireland also maintain links with each other and are all part of the Ait Eile project (an on line community) developed at Trinity College Dublin. (see details following)

The hospital school in Cork has also had links with hospital schools in Europe as part of a Comenius Project. The European hospital schools were in Germany, France and Spain.

The Comenius Project is a European Union initiative which aims to link together schools across Europe in order that they can share the benefits of mutual research, exchange teaching experience and create contacts between students of similar ages.

Home Tuition: The Department of Education and Science provides funding for home tuition to children:-

- who have a significant medical condition which will cause major disruption to their attendance at school
- as an interim support for children awaiting an appropriate educational placement
- as an educational intervention only; it is not intended to fund health related supports
- on a school term basis

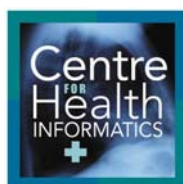
Parents themselves are required to find a home tutor for their child. This is often done through the local school where names of suitable teachers are usually available. The name of the proposed teacher is submitted as part of the application process and parents then wait for approval.

Teachers at the hospital schools often advise and assist parents in obtaining home tuition by explaining the process to them.

Points of particular interest:

**Projects of the Centre for Health Informatics,
Trinity College, Dublin**

There are two projects of the Centre specifically for children in hospital, utilising information technology and the hospital setting.



Ait Eile: This is an on line community for children in hospital and is linked through the hospital school setting. Ait Eile allows children to communicate with other children via a video link, email and live chat. It also provides activities for entertainment and education.

Children can communicate with one another (in the same or another hospital), with their classmates and teachers. It aims to empower and educate children in hospital as well as providing social support and entertainment through games, quizzes and secure links to suitable websites. Ait Eile has been live since May 2002 and currently links fourteen sites nationwide.

Solas: This is a newer project of the Centre for Health Informatics and aims to reduce children's sense of isolation and empower them through communication, creative activities and entertainment. It is particularly targeted at children in isolation wards who have restricted access to face to face social interaction and to other forms of communication. It is a collaboration between The Centre for Health Informatics, The Children's Research Centre (both at Trinity College) and Media Lab Europe

Getting Better Together Conference

London Nov 2nd – 4th 2006

This conference was organised by H.O.P.E, the Hospital Organisation of Pedagogues in Europe.

Background to HOPE

HOPE is an international organisation which started in 1988 with the first congress in Slovenia. A newsletter and teaching exchanges followed enabling hospital educators to share experiences. This has grown, through the formation of an Association in 1992 to include many countries of Europe including the UK and Ireland and associate members in Australia and New Zealand.

“Our main aim is always to ensure that the sick child receives an education that is comprehensive, of the highest quality and covers his individual needs.” (HOPE Presentation – website)

HOPE has a conference approximately every 2-3 years and as the 2006 Conference was to be held in London, I took the opportunity to participate in this gathering of hospital educators.



The Conference

The conference consisted of 2 full days of presentations and workshops and 2 evening social events. The third day of the conference was devoted to the General Assembly of HOPE for those on the Board of HOPE and those representing the member countries in Europe.

There were over 240 participants, mainly from Europe and the UK, but also from New Zealand (colleagues I visited while in NZ), the US and Australia (myself and Grant Wheatley, Head of the Hospital School Services in Perth WA and also a 2005 Churchill Fellow!)

It was a wonderful opportunity for learning, sharing, networking and socialising with fellow teachers of students with health needs.

The conference theme, “Getting Better Together”, had 2 sub-themes:

- “Every Child Matters”, the UK legislation focusing on a holistic approach to child welfare (Day 1)
- How Information Technology can change the lives of children with medical and mental health needs (Day 2)

On day 1, morning presentations focused on the “Every Child Matters” legislation, and caring for the whole child. The afternoon workshops were diverse, covering topics such as the impact of illness on siblings; acquired brain injury; chronic fatigue syndrome; learning mentors in a mental health team; and a multi-agency approach.

Of course it was very difficult to choose which workshops to attend as all offered interesting aspects of hospital teaching. I chose a workshop on siblings presented by Olga Lizasoain, a researcher from Spain. As well as giving results of her research, Olga also gave her ideas on the needs of siblings and some guidelines for intervention. I also attended a workshop presented by Sian Rees from Bristol where she works with students with acquired brain injury. She gave valuable practical ideas. Another workshop was presented by Beth Silver, a learning mentor, working with adolescents with mental health problems in the Bristol Hospital Education Service. Beth has a background as a youth worker and successfully communicates with the young people as a friend, organises camps, liaises with outside agencies and assists with transition back to regular school. Peter Wright, head of service, confirmed the great success of the learning mentor program and the positive outlook and effect that Beth has.

On day 2 the morning presentations covered topics such as areas of IT use; creating animations; and BBC Jam, a free online service providing interactive resources designed to stimulate learning at home and at school, structured around the UK curriculum for 5-16 year olds. In the afternoon I attended workshops on IT with special needs students and video conferencing in the US presented by Jim Meinke from Ohio who works in IT at Baldwin-Wallace College, Cleveland. He received a grant from the Beaumont Foundation to equip Ronald McDonald House of Cleveland with a wireless computing environment and a mobile cart of wireless laptops for children and guests of the home for family communications and connections to the children's schools.

There were two evening events for all participants to attend. One was a reception in the members' dining room at the House of Commons and the other was the conference dinner at the Institute of Directors in Pall Mall, Central London. Both were very enjoyable gatherings where everyone had the opportunity to socialise and get to know one another a little better. There continued to be a lot of swapping of cards and email addresses which had begun during the days of the conference.

Attending the Getting Better Together Conference was one of the highlights of my fellowship trip.



Me (2nd from left) with colleagues at the House Of Commons reception

Conclusions

As a teacher working with students with medical needs it was inspiring to meet, in the course of my fellowship trip, other educators doing the same job. All whom I met loved their jobs, valued their students and displayed an unswerving desire to improve the outcomes for these students. They were able to show their students that, despite the difficulties they may encounter, educational opportunities are available to them. Sometimes there are monetary restraints, staffing restraints, and geographical restraints, but there continues to be a strong motivation amongst teachers to improve services, take on board changes in roles and embrace new developments in technology.

My professional and personal observations of these overseas settings gave validation to the work we do with students in NSW hospital schools but also showed ways we could improve services at all levels.

The following points are the main findings:-

- Home tuition/homebound services are an integral part of the education of children with medical conditions. Where legislation exists, this mandates school districts, state authorities or local education authorities to make provisions for those students whose attendance at their regular school is interrupted by a life-threatening or chronic illness or accident. In other parts of the world it is accepted as a student's right to continuity of education even though they are ill. From my observation, this provision varied in its effectiveness depending on the response of the education authority, their commitment to its application and the manner in which it is managed. The service to students at home can be managed through a hospital school or through an administrative office. However, where the need is seen to be important and there are structures and guidelines in place, a home tuition service provides a most important arm of the education service.
- There is an increasing number of students of all ages being treated for mental health problems. This could be anxiety, depression or severe psychological and psychiatric problems. It was alarming to note that in all the countries I visited and from speaking to participants at the conference, this growth, that educators in Australia have noticed, is evident elsewhere. There needs to be a range of options available for their education, both in the short and long term.
- All services I observed aimed for continuity of education for this group of students. Whilst being aware of and sensitive to a student's illness, hospital schools and teaching centres aimed to provide a non-medical environment. The basis for the education services has moved, in the last 15 years or so, from activities to entertain and "keep them busy" to programs with a strong curriculum focus and catering for the individual needs of each student.
- Information technology is playing a greater role in the lives of all students and for those with medical conditions this is no different. In fact for these students it is even more important, providing students and staff with access to many learning options and communication systems. On line learning systems, such as Nexus and Accipio, are being used, proving useful for accessing curriculum when the needs of a student cannot be met through the normal staffing allocations; students are linking to their schools, friends and teachers to a greater extent through email, video conferencing and the use of a secure interactive portal such as Ait Eile. Robotics combined with video conferencing in the PEBBLES system means that a child is virtually in the classroom alongside his peers. Information technology has greatly lessened the isolation that these students often feel. Databases and learning systems are greatly assisting staff in recording student details, learning programs and teaching activities, providing ease of access for all staff.

- In some hospital services, teachers are taking on roles other than working in the classroom. The work of educational consultants in outpatient clinics in Norfolk is of great support to students and families. Teachers working as liaison between hospital, home school and the student is another important change in the traditional role and supports classroom teachers in both the hospital and the home school.

Recommendations

1. **A home tuition service** needs to be part of the educational options available, through the NSW Department of Education and Training, to recuperating students or those with chronic or life-threatening illnesses. For parts of the metropolitan area of Sydney and large regional cities, such a service could be managed from hospital schools. In country areas, an itinerant service with teachers attached to a regional office or to an educational area within a region could provide a home tuition service with teachers working on a needs basis. An existing itinerant or support service could be expanded to include this role.
2. Casual teachers with a broad teaching experience or retired teachers could take on roles as the **home tutors**. An in-service training program could be put into place regarding this role.
3. **A structured referral system** could be in place whereby parents, home schools, hospital schools, home school liaison officers or others as needed could all refer students whom they know will be unable to attend school for a length of time. In order for this to be successful, an information package needs to be available to all schools.
4. A range of **options**, including interim teaching centres, could be considered as either a short term or long term provision for the **education of students with mental health problems**.
5. **The hospital education service needs to develop a higher profile** within the medical and associated professions in order to become an integral member of patient-care teams. In clinics for children with chronic illnesses or on-going medical conditions, and as part of other multi-disciplinary teams, teachers should be available for student and family support.
6. A teacher could also work as **liaison** between the student, their home school and hospital, educating school personnel and supporting classroom teachers in conjunction with other health professionals.
7. **Information technology** should continue to be extended to include access to the internet within the hospital wards for those students who are increasingly isolated for their hospital stay. Learning management systems could be used for better tracking of student progress and record keeping. Secure ways for students to communicate with peers and their school, including their learning programs, could expand their learning options.
8. **Establish links**, for both students and staff, with hospital schools in overseas to share experiences, and broaden the knowledge of students about other countries and foster intercultural communication.

Dissemination

I will inform others of my fellowship findings in the following ways:-

- Reporting to the Director, Access and Participation, within the NSW Department of Education and Training to present findings and recommendations will hopefully lead structural changes to the service for students with medical needs to include a home tuition service.
- Reporting to various associations and lobby groups through newsletters, speaking at conferences, submitting material to professional journals, submissions to committees; groups include NSW Hospital Schools' Association, Australian Association of Special Education, Australian Hospital Schools' Network, NSW Teachers Federation. Sharing information with colleagues will create awareness of the existing gap in this area and lead to a momentum for change.
- Presenting findings and recommendations to medical and multi-disciplinary teams at The Children's Hospital at Westmead and other hospitals and health teams who care for children with chronic and long term illnesses and those requiring long recuperation at home.

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Ireland

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Australia

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