

Hospital Teaching Service

HISTORICAL GUIDANCE

On 1st November 2001, the Government issued statutory guidance on access to education for children and young people with medical needs. It set out minimum national standards of education for children who are unable to attend school because of medical needs. The time frame for this is, 'a pupil is absent from school due to ill health for a period of 15 days'.

The education of pupils with medical needs is a partnership and it is essential that education, health and other agencies work closely together to provide the support to enable a pupil with medical needs to receive appropriate education. This includes Local Authorities, schools and related bodies.

If a child of compulsory school age cannot attend school because of sickness or injury, the local education authority must arrange suitable education for them. Some children will receive education in hospital schools or hospital teaching units, and some will receive tuition at home.

A child who is admitted to hospital should have their educational needs assessed as soon as is reasonable after admission. They should be given tuition as soon as their condition allows.

The minimum entitlement to education is 5 Hours a week.

(DfES 0732/2001)

The new coalition government has withdrawn this document. Currently, a national survey is being carried out through the NAHHT to collect credible national data to demonstrate to Ministers and the Department of Education the nature and complexity of the work that is done everyday in provisions for children and young people with medical and mental health needs. This is quality assured by the NFER and the findings will be reported back to ministers by the middle of January.

There is also the issue of the '25 hour entitlement to education' and how current provision can meet this.

Brief outline of Rotherham's Hospital School

A.

1. Ongoing from 1979. Initially based at Doncaster Gate Hospital
2. Provides education on the ward for pupils aged 4-18 years
3. Moved to Rotherham District General Hospital in 1986
4. Stand alone school including: Hospital provision, Maple House & Home Tuition Service
5. Governed by a Management Committee
6. Judged as GOOD by OFSTED 2009/10

7. Full time provision on the ward
8. Staffed by:
 - a. Head
 - b. Full time teacher
 - c. Part time teacher
 - d. Teaching assistant
 - e. Clerical officer
9. **In April 2011 the Hospital Home Tuition Service (HHTS) was realigned and split into the ARC, which includes the PRU's, Home Tuition Service, and Maple House.**

B.

1. **The Hospital School was transferred to Newman School with a vision to move the school from good to outstanding. Monies to initially be transferred from HHTS to Newman. There was no consultation; however Newman's Acting Head at that time had always felt the Hospital School would be better placed in this way.**
2. Staffing was reduced to a 0.5 Teacher and a 0.5 Teaching Assistant (TA). Due to uncertainty of the needs of the school and future planning, staff were appointed on a supply basis
3. Newman teacher 1.5 days (supply)
4. Existing hospital school teacher 1 day (permanent)
5. Newman school 0.5 TA (supply)
6. Input from the Newman Deputy Head for 2 weeks at initial setup
7. Ongoing leadership and management from Newman Deputy Head
8. Ongoing administration support from Newman office staff
9. This necessitates the school only being open 9-12 each day.

C.

9th November 2011 the LA, without consultation, decided to close down the Hospital School from Christmas 2011. Seeking support from Joyce Thacker and Martin Fittes, the school is to now remain open until the end of the financial year to allow consultation to take place.

Improvement thus far to Hospital School systems:

- Electronic in-house registration system, rather than admitting pupils via SIMS. Pupils are entitled to their mark in their substantive school. Schools are contacted to keep them informed.
- Every pupil attending the hospital school is assessed on their first day of attendance to ascertain educational levels. Through consultation with child/parent/school teacher areas of priority are identified. Wherever possible work is designed to supplement work being covered at the substantive school.
- An individual education plan (IEP) is drawn up for each pupil identifying the learning objective/target and activity agreed. When the pupil completes the activity, it is assessed and feedback on the outcome is added to the IEP. Currently, 92 % of targets are achieved. Detailed

analysis is kept and used for future admissions and to keep schools informed.

- Depending on numbers admitted on any one day, pupils can usually receive teaching for three sessions each day.
- Worksheets and online learning is left for the afternoon sessions. Work completed during afternoon sessions is discussed with the pupil the following day.
- All completed work is given to the parent or pupil, to pass on to school.
- A resource bank has been set-up on the Hospital School computers which covers all key stages and subjects. This is a dynamic resource and is constantly being added to and updated. Staff are able to quickly access a topic/work suitable for the pupil from nursery to A' level.
- Hospital School staff are trained and able to invigilate exams whilst the pupil is in hospital.
- Work with pupils on exam revision and completion of specific modules.
- Implementation of questionnaire for parents/pupils/schools to feed into self-evaluation and school improvement.
- Ongoing dialogue with hospital staff ensuring Hospital School staff are aware of any issues with individual pupils. To feed into external services on discharge.
- Inviting classroom which pupils take pride in and where they can share their work with parents and friends.
- All staff are part of the 'Outstanding' Newman team: Reducing isolation, providing access to ongoing training and support, and online access to all Newman's planning and resources.
- Possible inclusion of longer stay pupils in selected Newman lessons, either physically or by Skype.
- The school is affiliated to the NAHHT and is working with membership to inform the government feeding into future changes to statutory provision.

Statistics

Detailed analysis of the summer/exam term is particularly interesting.

32 children were educated within the Hospital School over the two month period.

19 KS 3-4

8 KS 2

9 KS 1

19 of these children / young people were admitted with undiagnosed abdominal pain which was ultimately associated with exam stress. The Hospital School staff contacted pupil's schools and offered invaluable 1-1 exam revision or support to complete exam modules.

6 were admitted with chronic illness

5 were admitted with acute illness

4 were admitted with accidental injury

1 with emotional problems

From May to July 2011 the Hospital School delivered education to 93 pupils.
The time spent in the hospital by each pupil was:

57 were admitted for 1 day

18 were admitted for 2 days

7 were admitted for 3 days

3 were admitted for 4 days

3 were admitted for 5 days

1 child triggered the statutory 15 day criteria

The autumn term has seen a huge rise in pupils being admitted to the ward, 113 thus far in 2011 compared to 59 in 2010.

Discussion with hospital school staff across the country through the NAHHT, suggests Hospital Schools are being looked into as a form of cost saving in these times of financial austerity.

Chris Seymour, current Chair of the NAHSL:

'The problem with statute is that it's open to local interpretation. Section 19 of the 96 Act which refers to Education Otherwise and Local Authority responsibility to arrange 'suitable' education. The attempt to contextualise this for medical needs is still the Access Document which, on page 8, opens the door for LAs to make these kinds of decisions as it refers to 'prolonged' or 'recurring' being the criterion for teaching from day one and then only as far as possible.

I think LAs are looking at how they can meet the absolute minimum and avoid the courts.

Sorry I can't be more positive with my response. I also know that the DFE's permanent exclusion trial committee are looking at how Section 19 responsibilities can be delegated and there are concerns about splitting off excluded pupils from those out of school for other reasons. A consultation on this looks likely so we need to keep eyes and ears peeled!

Rotherham DGH is a relatively small hospital, pupils with chronic and complicated medical conditions have consultants in specialist units which are located across the country, and hence if they are admitted to Rotherham DGH they are transferred to these units once their condition has stabilized.

The main question to answer is:

‘Do the benefits of this provision offer ‘value for money’ and does this provision positively impact on pupil progress and well-being?’

- Feedback from hospital staff, parents, pupils and substantive schools is exceedingly positive.
- Often pupils are eagerly waiting at the door of the Hospital School for it to open each day.
- Evidence of positive impact on attendance figures.
- Direct positive impact on schools’ exam results, through extra revision, completion of exam modules and invigilation of actual exams.
- Dialogue between substantive school & Hospital School provision ensures optimum educational outcomes.
- Pupils are emotionally supported during their stay in hospital facilitating a smooth transition into substantive school.
- Identification of additional services which could support the pupil and the school on discharge .e.g. Mental Health and exam stress

Costs to continue current provision for the next academic year:

£30,000 for 2011-2012

Possible solution to generating the £30,000:

Rotherham has 16 Secondary, 71 Junior & Infant, 14 Infant, 13 Junior and 6 Special schools.

If these are simply graded by their size/population and possible use of the service:

- Secondary: 5 units per school x16 = 80
- Special: 3 units per school x 6 = 18
- Junior & Infant: 2 units per school x 71 = 142
- Junior: 1 unit per school x 13 = 13
- Infant: 1 unit per school x 14 =14

Total units: 267

£30,000 divided by 267 units equates to £112 per unit

The above figures highlight how little equivalent contribution per school per year from the **DSG** would be needed to preserve this valuable service:

- Secondary £560
- Special £336
- Primary £224
- Junior £112
- Infant £112

Newman School is committed to continuing to facilitate this valuable provision and requests support from the Schools Forum to provide the necessary funding from the DSG.

The new Inspection Arrangements from January 2012 demand each school and Local Authority work together to take all necessary steps to 'narrow the gap' for all pupils by reducing the negative effect of any 'barriers to learning' on each individual pupil's educational progress.

Newman school believes the Hospital School has an invaluable role to play in supporting schools and the LA to enable a significant number of Rotherham's children and Young People to achieve their full potential despite periods of absence from their school due to short or sustained periods of ill health.

Further more, Newman School believes the Hospital School could play a larger and more important role in working with families and schools along side other agencies to promote the health and well-being of a significant number of our children and Young People who experience unacceptable levels of stress during national tests and examinations.

2nd December 2011

Julie Mott & Margaret O'Hara Newman School