



# Monash Children's Hospital School

*Bringing Education and Health  
Together*

*PYP Victorian Network - AGM*

*Colin Dobson  
Principal*



## Acknowledgement of Country

Wominjeka

As we gather here today, I would like to acknowledge with thanksgiving, the Wurundjeri people of the Kulin Nations, the traditional custodians of this land and pay my respects to elders past, present and emerging.



# Colin Dobson

- Teacher in New Zealand, England and Australia
- Primary and Secondary experience
- Wesley College – Teacher, Head of School, Director of Curriculum
- Mount View Primary School – Principal
- Monash Children’s Hospital School – Inaugural Principal
- Fellow of University of Melbourne: Co-creator of the First Post Graduate Certificate in International Education – International Baccalaureate 2005.
- International Baccalaureate Workshop Leader in the Asia Pacific Region
- Passions: Holistic education, International education, Health and Wellbeing, Inclusive education and a commitment that every child deserves an exemplary education.

# *Will's Story*

# Monash Children's Hospital School

Monash Children's Hospital School is a Department of Education and Training school located within Monash Children's Hospital. The school has been established to provide education for children who are inpatients and/or outpatients of Monash Children's Hospital inclusive of Early in Life Mental Health Services (ELMHS).

Monash Children's Hospital School delivers education services alongside a patient's **treatment, recovery and reintegration**. It supports patients with significant health conditions who are at-risk of disengaging from education, or who are unable to attend their regular educational setting due to their health condition. The intent of the school is to provide educational experiences and outcomes that children and young people would have had, had they not been experiencing a significant health condition. Our teachers work closely with the young person, their families, and their regular educational setting to enable this.

The school was officially opened on 15 October 2017 and was fully functioning in 2018.  
MCH School – Foundation to Year 12.

The logo for Monash Children's Hospital School is presented within a white circle that has a blue, hand-painted border. The text 'Monash Children's Hospital School' is arranged vertically. 'Monash' is in blue, 'Children's' is in blue, 'Hospital' is in blue, and 'School' is in green. A green vertical line with a sunburst at the top is positioned behind the letter 'o' in 'Monash' and the letter 'i' in 'Children's'.

# Monash Children's Hospital School

## **Vision**

Our children and young people will have access to high quality teaching and learning that will ensure continuity of their education regardless of their health condition.

*A Vision for Learning helps us as educators to create a united set of values and beliefs which drive the development of a high performance learning culture. It is framed by these fundamental questions: (DET Practice Principles Document) that we ask ourselves on a regular basis.*

- 1. Why are we here?**
- 2. What do we stand for?**
- 3. How do we achieve our goals?**

The logo for Monash Children's Hospital School is contained within a large, hand-drawn blue circle with a textured, watercolor-like edge. The text is arranged in four lines: 'Monash' in blue with a green sun-like graphic above the 'o', 'Children's' in blue, 'Hospital' in blue, and 'School' in green.

# Monash Children's Hospital School

## School Strategic Plan & Annual Implementation Plan

- **Goal 1:** To achieve a targeted personalised learning program for every student.
- **Goal 2:** To strengthen MCHS as a safe, supportive and inclusive learning community
- **Goal 3:** To provide an allocation of resources (human, financial, time, space & materials) that promote optimal student outcomes in achievement, engagement and wellbeing.

## Clinical Scope

96 overnight inpatient beds

10 Paediatric Intensive Care beds

64 Neonatal Care beds

20 Same Day Medical and Surgical beds/dialysis chairs

8 Neurodevelopment mental health beds

12 Same Day oncology beds

15 Early in Life Mental Health Service Beds (Stepping Stones )

4 Operating Theatres incorporating an Endoscopy Suite, plus a perioperative procedure room

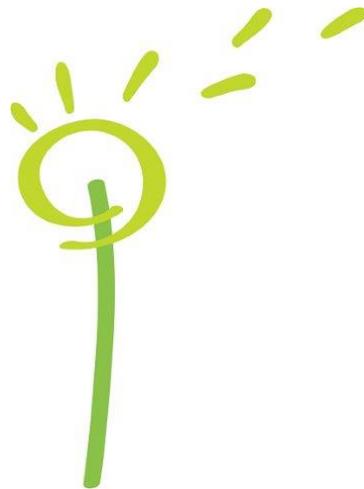
Specialist Consulting and Allied Health Therapy Spaces

Imaging Modalities; MRI, X-Ray , Ultrasound, Fleuroscopy

# MONASH CHILDREN'S HOSPITAL

Monash Children's Hospital is:

- 230-bed Monash Children's Hospital in Clayton is a dedicated hospital for the children and families of Victoria.
- One of the largest children's hospitals in Australia and one of only two tertiary paediatric hospitals in Victoria.
- A purpose-built paediatric facility where clinical services are delivered in a child and family-friendly environment. The Monash Children's Hospital is co-located and integrated with Monash Medical Centre.
- Monash Children's Hospital services are also available at Dandenong and Casey



# Monash Children's Hospital



## Initial Focus for MCHS



- Immersion in Monash Children's Hospital and Monash Health
- **Developing the culture of MCHS – team building – strengths based**
- Aligning School Strategic Plan, Annual Implementation Plan and Performance and Development Plans
- **Aligning health and education and clarifying the interface between the two – ongoing process**
- Vision around learning and teaching in-particularly around literacy, numeracy, rights, resilience and respectful relationships as well as the social and emotional capabilities
- **Processes, procedures and forms – consistency of practice**
- Teaching with an innovative and pioneering mindset – **highly individualized for each young person**
- Fill the gaps – bring confidence back to the young person as a learner
- Providing 'space and time' away from their health condition.
- Advocacy for the young person and their family members
- Our professional learning program has been exemplary
- Building team members understanding around health conditions – so informative and insightful

# MCH School's Current Reach



## Monash Children's Hospital – Clayton

- Monash Children's Hospital School – 3 classrooms and an art room
- Oasis Unit – Child Neuropsychiatry Unit for under 12's
- Stepping Stones Unit – Adolescent Psychiatric Inpatient Unit for 12 – 18 year olds
- Paediatric Intensive Care - Cocoon (10 beds)
- Same Day Unit – Lagoon (20 beds)
- Inpatient Unit Ward - Forest (32 beds)
- Inpatient Unit Ward - Canopy (32 beds)
- Inpatient Unit Ward - Aviary (32 beds)
- Children's Cancer Centre - Reef - (12 chairs)
- Specialist Consulting clinics – educational consultations especially for the Victorian Paediatric Rehabilitation Service
- Therapy Clinics – educational consultations
  
- Dandenong Hospital – Paediatric Ward
- Casey Hospital – Paediatric Ward
- Butterfly Organisation – program for young people with an Eating Disorder

## Early in Life Mental Health Services

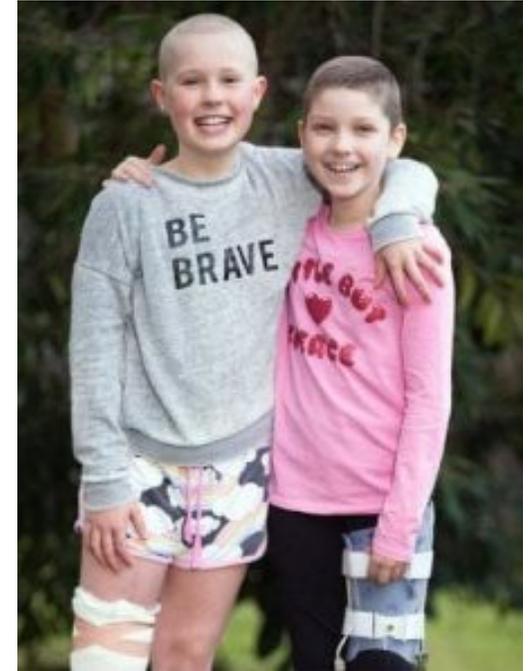
- ARC – Adolescent Recovery Centre
- CORE - Community Teams (also known as outpatient services)
- IMOS - Intensive Mobile Outreach Support (IMOS)
- Endeavour Neurodevelopmental Psychiatry
- CAMHS – Child and Adolescent Mental Health Service
- YPARC - Youth Prevention and Recovery Centre
- iACT- Intake, Assessment, Consultation and Treatment

# Number 1 Priority

As a teacher you must know your children - their strengths, challenges, passions, interests, how they like to learn etc.

Children must feel valued and respected for who they are.

I believe that schools must respond positively to each student's unique needs.



We have to act swiftly in capturing this information. We don't have the luxury of time.

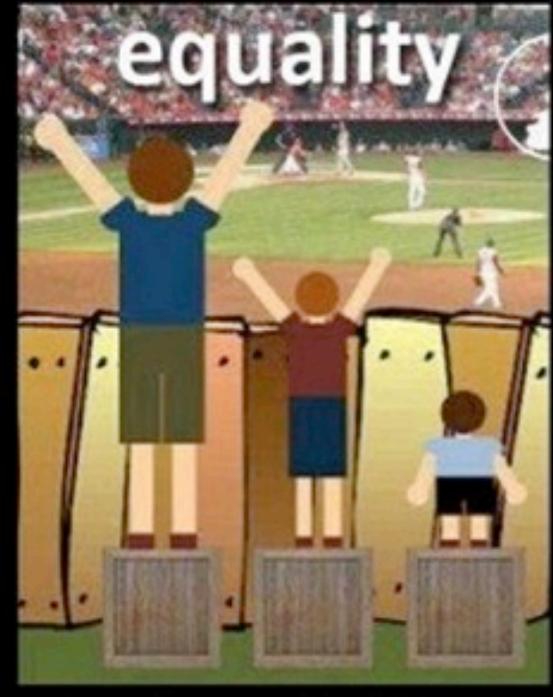


# My Foundational Beliefs

- **ALL** children have the capacity to learn
- **ALL** children can learn
- **ALL** children will learn if trusted and supported to do so
- *However*, not all children will learn in the same way, at the same rate or in the same time and that's okay.
- *SO* every child needs to be seen and supported to move along their own learning continuum.

In the hospital setting this can change from day to day and in fact at times the child's capacity may alter significantly.

# Equality vs. Equity



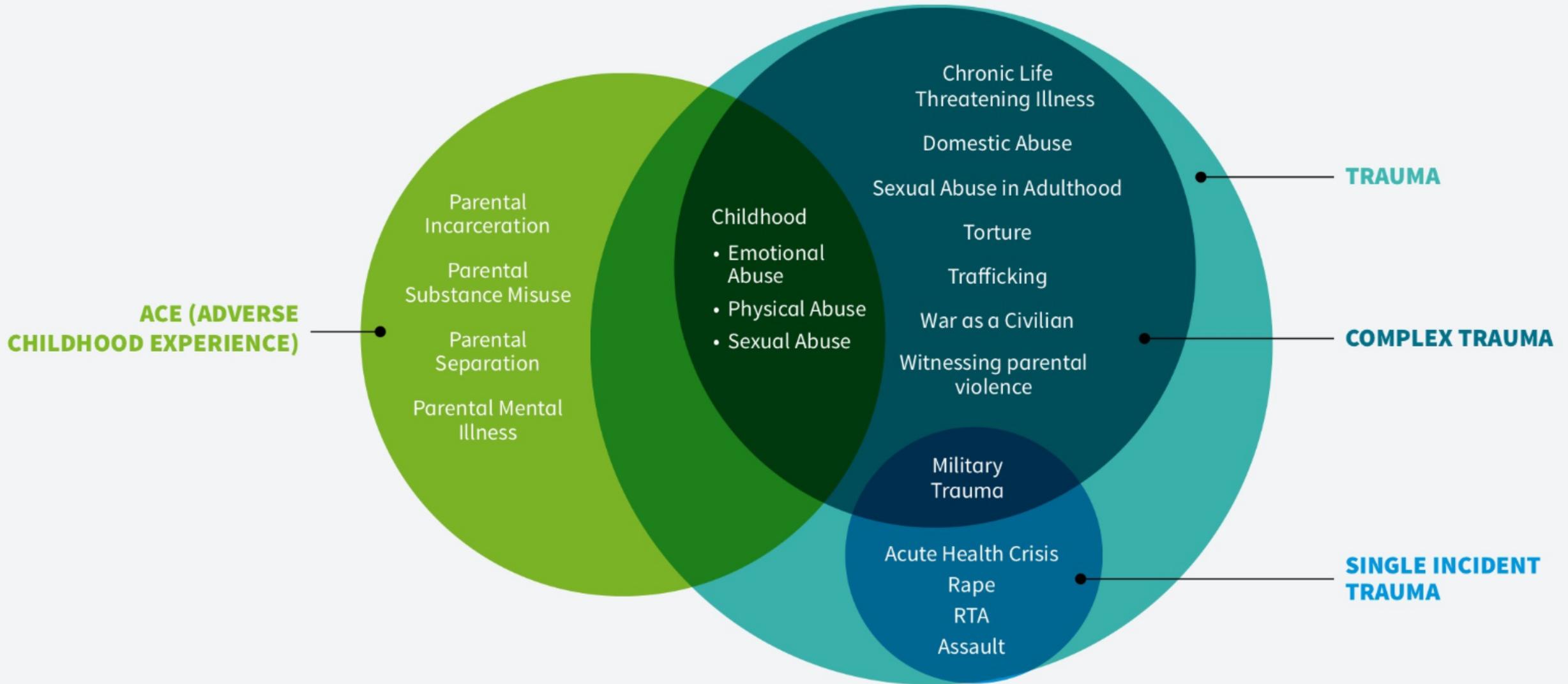
**EQUALITY=SAMENESS**

**GIVING EVERYONE THE SAME  
THING → It only works if  
everyone starts from the same  
place**



**EQUITY=FAIRNESS**

**ACCESS to SAME  
OPPORTUNITIES → We must first  
ensure equity before we can  
enjoy equality**



# Psychological stress and hospitalisation

Research shows about 10 to 15 per cent of children who are admitted to hospital after sustaining an injury develop post-traumatic stress disorder (PTSD),

For those admitted to areas such as the intensive care unit (ICU), the rate of psychological disorder in children is much higher – in the order of 20 -25 per cent.

For children who have multiple hospital presentations and stays the rates of PTSD like symptoms is as high as 50%

Complex developmental trauma; the neurological development of the brain becomes distorted such that the "survival" mechanisms of the brain and body are more dominant than the "learning" mechanisms (Atkinson, 2013), resulting in wide-ranging impairments in arousal, cognitive, emotional and social functioning.

Source: Adverse Childhood Experiences (ACE) : educational interventions. L Smith 2018

Video link below about the resilient brain

<https://www.albertafamilywellness.org/resources/watch/brains-journey-to-resilience>



# Daily Process

- Briefing – daily notes, calendars etc.
- Allocation of Students
- On the ward – read patients notes, check with Treating Team
- Gain consent and information about key base school contact person
- Connect with base school - if child is at school
- Complete [Getting to Know You](#) document
- May need to use a form of screening tool – literacy and numeracy
- Provide teaching and learning experiences - ongoing
- Write up notes in the patients file as well as on MCHS database – accessible to all MCHS teachers
- Attend treating team (multi-disciplinary) meetings – information gathering and sharing
- Continue conversations with base school or other agencies
- Prepare for discharge and capturing of important information for schools
- Student/family complete MCHS Experience survey
- School follow up – check in.



# Model of Learning



An individualised program is created for each student, inclusive of their own school work and learning tasks developed by Monash Children's Hospital School teachers.

This can occur in the following formats:

- One-on-one sessions at the patient's bedside and on the ward.
- Small group learning classes, which take place on the wards and in specific activity rooms – focusing on the needs of the individual.
- Classroom learning with groups of up to ten students
- Our teachers work closely with Monash Children's Hospital health professionals as part of a multidisciplinary approach and provide education for 5 -18 years of age. We aim to build a safe and supportive environment and culture, one that promotes positive relationships, values diversity and supports the holistic development of our students'.



# Learning and Teaching

We are not in a position to 'cover' the curriculum. Very quickly we have to work out what is the greatest need for this student.

## Learning Maps:

As part of our teaching and learning we have developed learning maps that we use with each of our students to plan, track and evaluate their individual learning. The way we create our learning maps is as follows:

- Student and teacher identify learning goals
- Student interests inform content
- Teacher and student develop specific skills and understandings around Literacy and Numeracy
- Learning tasks are collaboratively developed
- However, if learning tasks are provided by the student's base school then these become the focus
- Reflections are added each day to monitor learning and inform the next step with the young person's learning.

We have developed 2 key documents for each student:

- Record of Communication
- Record of Learning

All this is stored on OneDrive – accessible for all MCHS at anytime



## Ongoing Communication

13/3- [redacted] emailed Distance Ed Wellbeing in the afternoon using Mel's (teacher) computer. She received a reply from Rob (Wellbeing) and this has been uploaded in her file on One Drive. [redacted] told Rob she is an inpatient at Stepping Stones and is feeling quite stressed and asked how to best catch up with her learning. Rob added Fiona Cole (Learning advisor) to the email and will talk with Psych teacher as well as other teachers to request they provide time extensions/offer additional support with SACs.

21/3-

Contact: Fiona (Distance Ed Learning Advisor)

Type of communication: Phone

Fiona phoned my school phone at 12.05pm today. She was on speaker phone and spoke with [redacted] for about 10 minutes.

Discussion included-

Fiona wanted to find out what she can do to help [redacted] getting her work done. She suggested that [redacted] possibly just use time on computer to scan and upload submitting work. She spoke about an app called CamScanner to take a photo of work to submit [redacted] said she has printed out Week 7 to Art and Sociology is an issue with limited access to having computer access. Fiona suggested for Literature that [redacted] work with someone on the literature, especially when looking at writing/vocabulary in the texts and recommend reading parts of it, not all. There will be a Literature Film: Week 6.

Fiona then asked [redacted] to tell a bit about herself [redacted] enjoys reading dystopian books like Hunger Games, had dogs: Angel and Digger and Tabby Cat called Billy.

[redacted] was told that if she ever feels angry, frustrated, confused with learning, she can call Fiona. Fiona wants her to feel supported. And if possible can there be a regular check in time such as Thursday's 12pm to call.

Date: 25/3/2019

Contact: Meeting held here at MCHS with Rob Mason ([Wellbeing worker from Virtual School Australia](#))

[redacted] attended a meeting here at MCHS with myself (Mel) and Rob Mason (wellbeing) from Virtual School Victoria (VSV, formerly known as Distance Ed) [redacted] Learning Advisor Fiona Cole from VSV phoned in and participated in the meeting over the phone. We talked about how [redacted] is going with her studies and what the obstacles are [redacted] was assured that allowances could be made and she was encouraged to contact them if she had any concerns or struggles whatsoever. They also said that she passed Unit 2 Literature last year, so she does not need to repeat it again in Semester 2 this year, which was a relief for [redacted] MJ

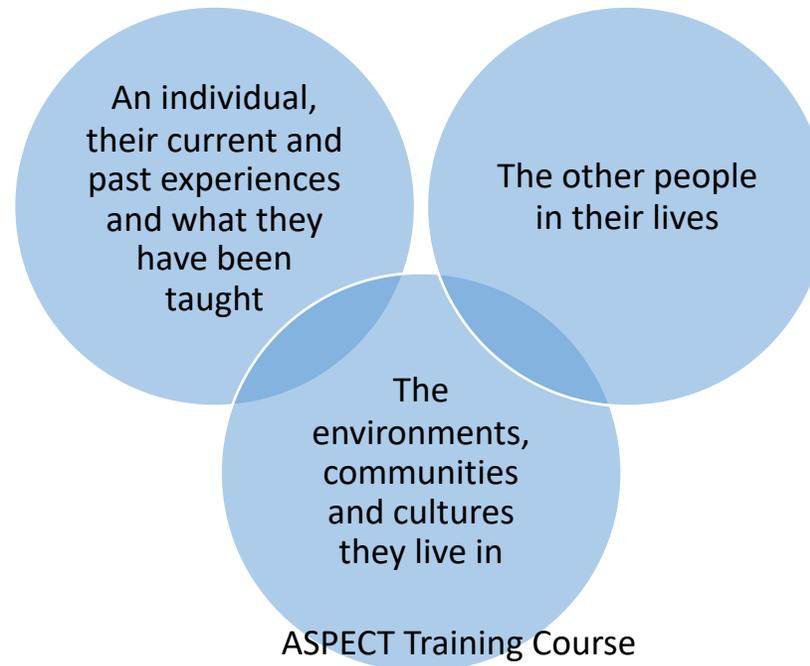
DATE	INITIALS	LEARNING INTENTION: SUCCESS CRITERIA:	LEARNING TASK	TEACHER COMMENT: STUDENT COMMENT:
26/3/19	MJ	To explore the different types of neuro imaging. To demonstrate understanding [redacted] as type of neuro imaging technique.	Read pages 109- 11 of text book. Fill in gaps on table including advantages and limitations.	Student: I used the textbook to complete the learning and was happy to submit the tasks. It was a productive lesson for me.
26/3/19	MJ	To gain an understanding of the nervous system and demonstrate knowledge of peripheral nervous system and central nervous system.	Draw outline of human body and then draw and explain function of peripheral nervous system and central nervous system.	Student: I used the textbook to complete the learning and was happy to submit the tasks. It was a productive lesson for me.  [redacted] was happy to be able to submit two tasks today for Psychology and pleased to have been able to catch up a little bit after having been worried about falling behind.
27/3/19	JA	To work as part of a group; understand how a kitchen works; how to read and follow a recipe.	Make healthy sweet bits; clean- up work space	[redacted] initially wasn't going to participate but changed her mind. She worked with peers to produce chocolate crackles and small covered sweet tarts.
28/3	BH	To understand portrait drawings.	Research a range of portrait drawing styles on the internet as part of Art.	[redacted] was focussed for both sessions. She was able to watch a variety of clips of artists completing portraits. She printed off a range of pictures to help with her own art.
29/3	SA	To complete Sociology: Task 2 Research Methods Plan (from Distance Ed Online website)	Research: 'To what extent has the experience of 'youth' changed or remained the same over the last century.'	[redacted] took a little while to settle into an activity. She was guided to login to her Distance Ed portal and choose a subject and an activity to focus on. Once at this point, she was able to choose her research question from a list provided in the task online.
				29/3 (SK) [redacted] worked on a submission of task, research and note taking to gather info
		(To be developed as [redacted] chooses an activity provided from Distance Ed online)		
1/4	MJ	To explore how youth have changed over time (Sociology). Consider a range of images and respond to their level of youthfulness with an explanation for your thinking.	To respond to an online post listing images from least youthful to most youthful with an explanation for each.	'I submitted the first task of week 3 to Distance Ed. It was fairly easy.'  [redacted] worked well in this session and was pleased to have uploaded her Sociology task.
1/4	MJ	<b>Art</b> Students to explore the pop art genre and use primary colours to paint a pop art picture of a famous icon (Obama, Bob Marley, Martin Luther King, Marilyn Monroe or Elvis).	Students to create a Pop Art painting of a popular icon.	[redacted] completed a Marilyn Monroe pop art painting and then also completed a <u>self portrait</u> square with pastels.

## Strategies – Setting Conditions and Triggers - the power of a multidisciplinary approach

- Understand the setting conditions that the student may be experiencing – prior to the school session, during the lesson and after the session. Understanding that the setting conditions can set the scene for the behaviours that can be experienced on a daily basis. E.g. What time did the student wake up, have they had breakfast, what was the relationship like with their health team, what interactions have occurred today, last night etc. The more we know about the child the more we are able to adjust the learning environment, learning experiences and expectations for the student.  
(Understand, Identify, Plan & Review)



Focus on the setting conditions and not so much on the trigger



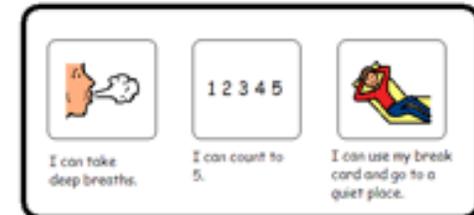
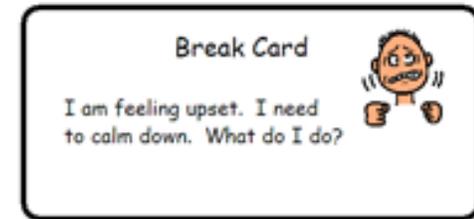
The trigger

# Classroom Strategies – PECS

- Picture Exchange Communication System (PECS) is an augmentative/alternative communication intervention – developed for individuals with autism spectrum disorder and related developmental issues – wonderful strategy for a child who is finding it difficult to express themselves



circle	triangle	square	rectangle	change clothes	fork	spoon	plate	cup	bowl	pencil
pegs on a string	ruler	pray	sleep	good morning	good night	straw	sit down	quiet	wipe mouth	sneeze
yes	no	itchy	cough	shirt	shorts	trousers	belt	medicine	koosh ball	play
YES	X	hand on head	crying	shirt	shorts	trousers	belt	medicine	koosh ball	play
computer	penguin	bears	dog	sunny	raining	windy	cold	hot	noodles	cake
lascut	chips	drink	juice	rice	fries	chocolate	apple	fish burger	eyes	ears
I see	I hear	pink	grey	white	brown	black	purple	blue	red	yellow
green	orange	ice cream	eat	skytrain	wash hands	wash	shower	swimming	aeroplane	shopping
church	shopping cart	home	school	toilet	airport	playground	car	bus	train	bicycle



# Advocacy & Case Study

While the young person is an inpatient/outpatient of Monash Children's Hospital the teachers can act as educational advocates for the young person and their family.

- Treatment Phase: Establish and maintain contact with the young person's regular educational setting in a supportive and confidential manner in order to provide continuity with their learning.
- Recovery Phase: Ongoing conversations and liaising between home, hospital and school for the period of time the young person is recovering at home.
- Reintegration Phase: Providing support to the young person and the family to assist in a smooth and positive reintegration back to school or to a new educational setting.

- Case Study 1





During daily morning briefings we have included Health Snippets – this includes health professionals and medical staff from across the hospital coming to share their expertise. These topics have included: Psychosis, Music Therapy, Occupational Therapy, Eating Disorders, Grief and Loss, Vicarious Trauma, Anxiety Disorders etc.

Professional Learning sessions are run weekly and focus on education and health.

We have staff supervision/support sessions which are held every 4 weeks and facilitated by ELMHS Head of Psychiatry – Dr. Michael Gordon. We are so aware of the need to support our staff and understand the impact of vicarious trauma on staff who are working in this unique environment

And we remind our staff to finish each day by thinking about 3 things that went well and why.

## Understanding Good Practice: University of Manchester - Farrell and Harris: 8-11

- This most comprehensive research found 5 overarching themes which emerged in the data as the most important in ensuring education authorities were meeting the statutory requirements of quality education provision. The five themes were:
- *Mainstream ownership - the student's enrolled school continuing to take responsibility for the student's overall educational journey (Please stay the journey!)*
- *Partnership and Collaboration - establishing collaborative working relationships between hospital, school and relevant agencies*
- *Flexibility - the ability of the service to adapt to the individual's changing needs and circumstances*
- *Responsiveness - the ability of the hospital and base schools to respond to the changing needs of key stakeholders, including students, parents, teachers and healthcare staff*
- *Clarity - having written policies and procedures to guide all practices and outline important roles and responsibilities*

### • **United Nations Convention on the Rights of the Child. Article 28**

*a child has the right to an education*



# Summary of Research Findings

- Effective models of education support for students with chronic health conditions must encompass the following features:
  - *Is child centred and focused on the individual needs of the child*
  - *Is flexible, responsive, accessible and able to be delivered in a range of settings including the hospital, school, home and in community spaces*
  - *Provides clear communication channels between health care professionals, education professionals, the student and the family*
  - *Provides appropriate direct and personalized academic support to the student*
  - *Provides opportunities for social and emotional support as well as peer connectedness*
  - *Is coordinated by a designated education professional, linked to the mainstream education system and does not rely on the parent to fulfil this role*
  - *Utilises technology effectively to keep the students connected to learning and to peers*

Source: An Australian and New Zealand review of education support for children with chronic health conditions

RCH Institute April 2015



## Research Title: Absence makes the heart grow fonder: students with chronic illness seeking academic continuity through interaction with their teachers at school. K. Wilkie. ACU 2012

- Teachers are familiar with short-term illness – it has a minimal impact and school work can be caught up. however, they are unfamiliar and unsure of working with children who have a chronic illness.
- Prior research shows: that some teachers believe once a student is not attending school the responsibility does not belong with them to provide education
- (Shui) reported that the longer a child's absent, the more likely they are to receive declining support from their school
- Students are now spending less time with a hospital admission and are more likely to be recuperating at home – often with no educational support during this recovery phase

The positive impacts of continuity of education are:

- Minimise educational disadvantage
- Meet student desire for normalcy
- Broaden choice
- Increase hope
- Provide distraction
- Decrease anxiety
- Increase sense of control

Helps the child cope better with treatment



## Research Title: Everyone was really happy to see me: the importance of friendships in the return to school of children with chronic illness. S Dockett. Early Childhood Australia

Positive friendship connections assist in successful return to school, it creates positive feelings about school and in return reduces absenteeism, promotes academic success and social success.

When children are hindered in getting back to school it involves:

- Children experience feelings of rejection, loneliness, isolation and academic failure
- Lack of communication between medical and educational staff
- Sense of exclusion from decision making for the child
- Feelings of inadequacy for teachers in dealing with children with chronic illness
- Difficulty in maintaining/making friends
- Issues around disclosure of medical information within a school



Children feel that going back to a school is the only place they're seen as a student not a patient. School 'anchors their lives' and serves as a primary influence in academic and social development



**Those who cannot go back to school:**

- Feel devalued
- Have a decrease in self esteem
- Become fearful they might die alone



**Let us: |**

- Ensure that young people are asked about their return to school, identify areas with which they feel comfortable and areas of concern. Specifically young children should have a say in what information is disclosed to staff and fellow students
- Facilitate the maintenance of friendships through opportunities for continued contact and interaction, especially when children are absent from school
- Focus on the child and their capabilities, rather than on their illness and the things they cannot do
- Recognise the stabilising and normalising influence of school for children with chronic illness
- Promote appropriate involvement in all possible aspects of school life
- Have one key contact at school, the hospital and at home
- Be specific with the work set – NOT –it's on Compas

# Resources and Organisations

- **Camp Quality** – puppet shows, camps etc. At every stage of the cancer experience, they provide innovative programs and services to develop life skills and strengthen the wellbeing of children aged 0 -13 growing up with cancer, and their families. [www.campquality.org.au/](http://www.campquality.org.au/)
- **Monkey in the Chair** – connectedness with school. Through the program, each child is provided with a "monkey kit" which includes a big stuffed monkey that takes their place in school when they are unable to be there. The kits include the monkey with a backpack, a book to help teachers explain to students the situation their classmate is facing and how it affects them, teacher companion guide, along with other items that can be utilized by the child and/or their classmates. All kits are sent out at no cost to the families or hospitals. <http://www.monkeyinmychair.org/program>
- **Ronald McDonald Learning Program**. The Ronald McDonald Learning Program is a national program of Ronald McDonald House Charities helping children with serious illness catch up on their missed education following lengthy hospital stays and absence from school. <https://www.rmhc.org.au/our-programs/learning-program>
- **EDMED**- Professional Development for Teachers – refer to above link - Ronald McDonald Learning Program

# Resources and Organisations

- **Redkite** – education grants for camps, school fees, tuition etc. One-off grant of \$2000. Redkite is an Australian cancer charity providing essential support to children and young people (0–24 years) with cancer, and the family and support network who care for them. [www.redkite.org.au/](http://www.redkite.org.au/)
- **Challenge** – If you have a child aged 18 years old or under who has been diagnosed with cancer or a life threatening blood disorder, we welcome you and your family to get in contact with us to become Challenge members. Siblings and parents are equally considered members, as Challenge is about the entire family.  
Contact: phone (03) 9329 8474 and they will send you a membership pack and more information.  
[www.challenge.org.au/about-us/our-promise/](http://www.challenge.org.au/about-us/our-promise/)
- **Make a Wish** - Each year, thousands of Australian children are diagnosed with a life-threatening illness. Our mission is to create a life-changing wish for every one of them. With 700 kids on a Wish Journey in 2019, every dollar helps grant more wishes, which is why your support is so important. <https://www.makeawish.org.au>

- **Missing Schools - Using Robots To Connect Ill And Injured Students**

Robots live in the regular classrooms of students, are operated and moved in real-time by the student on their device from the remote location (home or hospital). They feel empowered with their independence, can see their teachers, receive the same instruction as their peers, move around/between classrooms if allowed, socialise with friends, and participate in as much of the school day as possible with their classmates.

<http://missingschool.org.au/sick-kids-missing-school-due-to-illness-in-hospital>



**Time for Reflection**

**Any questions or reflections?**



Please don't hesitate to contact me if you have questions about the presentation.

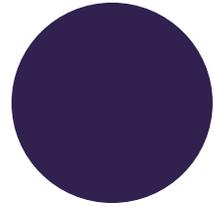
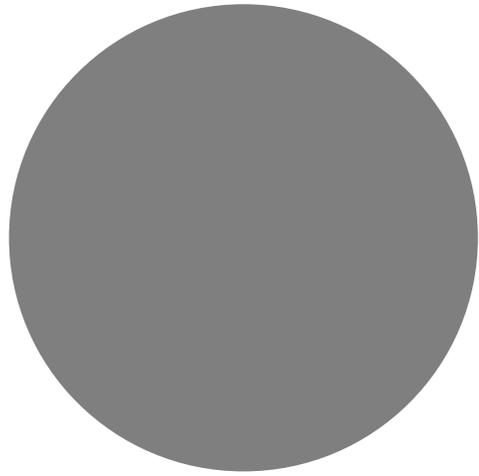
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Remember – *begin with the child  
and the rest will be taken care of*