

11-16 years. Supporting a child with a disfigurement: a teacher's guide

Guide 3. Working collaboratively with other professionals

A pupil who has a disfigurement may or may not have special educational needs. Other professionals will be involved if he has:

- medical needs associated with his disfiguring injury, illness or condition
- an additional disability or special educational needs – which may not necessarily be associated with the illness, injury or condition that affects the way he looks

Medical needs vary greatly for children with disfiguring illnesses, injuries and conditions. There may be no medical needs - perhaps following a completely successful treatment earlier in the young person's life or because no treatment is available. At the other end of the spectrum, the young person may need medical interventions which lead to frequent or lengthy absences from school. If a pupil's medical needs are inadequately supported, this can have a significant impact on his capacity to enjoy and achieve at school and on his long-term outcomes educationally and socially.

When a pupil goes away to hospital, concerns often focus on keeping up with schoolwork. However, for good long-term social development young people need plenty of opportunities to socialise together as well as to maintain educational progress. Young people develop their capacity to make and keep friends and to achieve positive social interactions of all kinds through wide-ranging social experiences over many years. Social well-being underpins the capacity to achieve educationally. Feeling fully involved among peers at school is as important as schoolwork in a pupil's long-term educational achievement.

2 WORKING WITH OTHER PROFESSIONALS AND PARENTS

Some young people see an interdisciplinary team of professionals at a specialist hospital centre, e.g., a Cleft Team usually includes surgeon, specialist nurse, speech and language therapist, child psychologist. They are all based at the same centre and they will all see the young person and his parents during a hospital visit or a hospital stay.

Other young people may see health professionals at different hospitals or in their home area, depending on individual medical needs. If there are other needs, professionals from other disciplines may be involved too. E.g. an educational psychologist, community paediatrician, outreach nurse, occupational therapist, speech and language therapist, physiotherapist, social worker, educational welfare officer, child psychologist or specialist nurse from the Child and Adolescent Mental Health Service.

The professionals involved may not meet together except, in some cases, for an annual review meeting. Good communications and collaborative working will help to ensure the best outcomes for your pupil.

- Ensure that a named person, the SENCO perhaps, in your school is known to all the other professionals involved so that you receive a copy of all assessments, reports and other communications.
- Include parents as full collaborative partners. Always let parents know when you hear (or don't hear) from other professionals and practitioners involved. Always ask if parents have received copies of reports and other communications etc.
- Where appropriate, be prepared to invite other professionals to meet and assess the young person in your school so that he doesn't always have to meet new people in unfamiliar settings and less school can be missed.
- Encourage all staff working with this pupil to keep an ongoing record of his achievements and positive experiences as well as concerns and other observations, to help with preparing assessments and reports when these are required.
- Identify exam dates as early as possible so that health professionals can work around these.

3 ABSENCE FROM SCHOOL FOR MEDICAL REASONS

Hospital settings where young people stay in for treatment sometimes have a hospital teacher or a hospital school. Care is taken to provide recreational and learning opportunities but hospital environments and medical treatments inevitably entail very different experiences from those available in school and at home:

- Much more contact with adults who are working to restore, maintain or improve specific aspects of health
- Far less contact with young people, often including less contact with siblings and other family members
- Painful or frightening medical procedures
- Restriction of movement during treatment and recovery, e.g. treatment of serious burns may immobilise a patient for many weeks
- Restriction of functioning during treatment and recovery, e.g. feeding through tube to stomach following surgery to face, mouth, jaw or throat

At home afterwards:

- Parents may be required to continue with procedures, e.g. dressing changes, physiotherapy exercises, preparing liquefied food.
- Strength and stamina may be reduced following hospitalisation.
- A range of activities may continue to be restricted for a time.

When a pupil spends time away from school there is often concern about the learning and schoolwork being missed. However, your pupil's social links with his peer group are of great importance too. There are several things you can do to help ensure your pupil's well-being both educationally and socially:

- Nominate a teacher, e.g. Head of Year or SENCO, to establish and maintain contact with other educational services such as the Hospital School or Home Tuition Service.

- Provide the hospital school or hospital teacher with information about your pupil's educational progress and targets and any learning difficulties they may have. This should include regular updates about what the pupil's various teachers are covering in school and how they are delivering their material. Continuity in content and teaching methods will ease re-integration later.
- Nominate a teacher, perhaps your pupil's class teacher, to establish and maintain links between the absent pupil and his classmates so that his sense of belonging in the school is not lost. Most pupils enjoy sending each other texts, e-mails, letters and cards. If the hospital is not too far away, explore the possibility of school friends making visits.
- Maintain an overview of learning covered while the pupil is away absent to help with identifying priorities for 'catching up' later.
- Maintain meaningful contact with parents – such as sending school information and newsletters home, perhaps with a covering note asking after their child.
- If your pupil spends some time recovering at home, it will be important to maintain the links set out above, and also to liaise with a home tutor or send some schoolwork home.
- If your pupil spends some time recovering at home, explore the possibility of arranging for classmates to visit him.

4 CHANGED APPEARANCE

An injury, illness or medical treatment may noticeably alter a child or young person's appearance.

- A head injury for example, or burns can change facial features or skin colour and texture, and can affect the mobility of the face. During recovery, patients may be required to wear special pressure garments at all times, sometimes including a face-mask, to control and manage the growth of new skin.
- Illness and treatment can affect appearance – hair loss following chemotherapy; darkening of birthmark following laser treatment; loss of fingers or toes following meningitis and other serious infections.
- Some conditions require a series of surgical or medical treatments. A cleft palate, for example, may need a series of surgical repairs as the child grows. Speaking, or the sound of the voice can be affected as well as appearance.

Children and teenagers are often thought to be resilient, but don't assume that this is so. School staff are well placed to make good observations of a pupil's emotional and behavioural patterns. If there are concerns about behaviour or emotional well-being seek an assessment from the School Nurse or Child and Adolescent Mental Health Service. They can identify conditions such as Post Traumatic Stress Disorder and Clinical Depression so that, if necessary, early intervention can be made.

5 RETURNING TO SCHOOL

It is important that young people who have had medical treatment return to normal life as soon as possible. Good contact with the parents and the medical/other professionals concerned as well as flexibility can help with smooth re-integration into school.

Your pupil may have new or different needs following a stay in hospital:

- Medical needs** Seek advice and support regarding staffing, medication, special equipment, specialist treatment eg physiotherapy. For example burn injuries or severe eczema can lead to extreme sensitivity to heat or to touch.
- Practical needs** Your pupil may find eating difficult and need more time or other arrangements at meal times. After a period of hospitalisation, a young person may have lowered strength or stamina and need help with some tasks and activities. At first he may be able to manage only an hour or two at a time back at school.
- Learning needs** Trauma and hospitalisation may be followed by a period of regression: the pupil can no longer do some of the things she could do before and may behave in ways which seem 'younger' or inappropriate. It is important to allow him time to recover from this set-back.
- Psychosocial needs** As with learning needs, a child who has spent some time in hospital may lose ground in terms of social and psychological development. It will be important to identify and assess his new and perhaps temporary needs in order to modify the demands made of him and provide appropriate support. See the *Guide on Practical support with social skills*.
- Physical needs** Physical activities are often of prime importance for children who have been physically constrained for long periods by illness, injury or medical treatment. Be prepared to consider varying arrangements for activities such as PE and swimming. If stamina is limited, extra rest during the school day may be more beneficial than reducing participation in physical activities.