

GUIDE 3. WORKING COLLABORATIVELY WITH OTHER PROFESSIONALS

A student who has a visible difference may or may not have special educational needs. Other professionals will be involved if the young person has:

- medical needs associated with their visible difference
- an additional disability or special educational needs – which may not necessarily be associated with the mark, scar or condition that affects the way they look

Medical needs vary greatly for people with a visible difference. 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 student's medical needs are inadequately supported, this can have a significant impact on his capacity to enjoy and achieve at school and on their long-term outcomes educationally and socially.

When a student 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 student's long-term educational achievement.

1 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, psychologist. They are all based at the same centre and they will all see the young person and their parents/carers 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 – for example, an educational psychologist, community paediatrician, outreach nurse, occupational therapist, speech and language therapist, physiotherapist, social worker, educational welfare officer, psychologist or specialist nurse from the Child and Adolescent Mental Health Services (CAMHS).

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 student.

- Ensure that a named person, perhaps the head of year, 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/carers as full collaborative partners. Always let parents/carers know when you hear (or don't hear) from other professionals and practitioners involved. Always ask if parents/carers have received copies of reports and other communications etc.

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- Where appropriate, be prepared to invite other professionals to meet and assess the young person in your school so that they don't always have to meet new people in unfamiliar settings and less school can be missed.
- Encourage all staff working with this student to keep an ongoing record of their 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 support staff and other professionals can work around these.

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

- Nominate a teacher, such as head of year, 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 student's educational progress and targets and any additional learning needs they may have. This should include regular updates about what the student'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 student's form tutor, to establish and maintain links between the absent student and their classmates so that their sense of belonging in the school is not lost. Most students enjoy sending each other texts, e-mails and messages via social media. If the hospital is not too far away, explore the possibility of school friends making visits.

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- Maintain an overview of learning covered while the student is away absent to help with identifying priorities for 'catching up' later.
- Maintain meaningful contact with parents/carers – this might include sending school information and newsletters home, perhaps with a covering note asking after their young person.
- If your student 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 student spends some time recovering at home, explore the possibility of arranging for school friends to visit.

3 CHANGED APPEARANCE

An injury or medical treatment may noticeably alter a young person 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 young person grows. Speaking, or the sound of the voice can be affected as well as appearance.

Children and young people 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 student's emotional and behavioural patterns. If there are concerns about behaviour or emotional well-being speak to the young person and their parents/carers and consider seeking professional advice. If you contact CAMHS, they will be able to provide advice and support for well-being issues such as Post Traumatic Stress Disorder and Clinical Depression.

4 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/carers and the medical/other professionals concerned as well as flexibility can help with smooth re-integration into school.

Your student 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 student may find eating difficult and need more time or other arrangements at mealtimes. After a period of hospitalisation, a young person may have lowered strength or stamina and need help with some tasks and activities. At first the young person may be able to manage only an hour or two at a time back at school.

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Learning needs

Trauma and hospitalisation may be followed by a period of regression: the student can no longer do some of the things they could do before and may behave in ways which seem 'younger' or inappropriate. It is important to allow time for the young person to recover from this set-back.

Psychosocial needs

As with learning needs, a young person 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 their new and perhaps temporary needs in order to modify the demands of tasks and activities and provide appropriate support (See the [Guide on Practical support with social skills](#)).

Physical needs

Physical activities are often of prime importance for young people 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, consider providing opportunities for the young person to rest during the school day rather than reducing participation in physical activities.