

7-11 GUIDE 3. WORKING COLLABORATIVELY WITH OTHER PROFESSIONALS

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

- medical needs associated with their mark, scar or condition.
- an additional disability or special educational needs – which may or may not be associated with the mark, scar or condition.

Medical needs vary greatly for children with visible differences. There may be no medical needs - perhaps following a completely successful treatment earlier in the child's life; because decisions about treatment still need to be made; or because no treatment is available. Alternatively, the child 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 their capacity to enjoy and achieve at school and on their 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 children need plenty of opportunities to play and socialise together. Children develop their capacity to make and keep friends and to achieve positive social interactions of all kinds through play and other social experiences over many years. A child's social well-being underpins their capacity to achieve their educational potential.

A child who has missed out on many of the early experiences of school may find peer relationships difficult at junior school. This is often the case for a child with a visible difference, due to a combination of other people's reactions to their unusual appearance and prolonged or repeated stays in hospital or outpatient appointments.

1 WORKING WITH OTHER PROFESSIONALS AND PARENTS

Some children see a multidisciplinary team of professionals at a specialist hospital centre (e.g. a Cleft Team which usually includes surgeons, a specialist nurse, speech and language therapists and child psychologists). The multidisciplinary team are all based at the same centre and some or all of them will see the child and their parents/carers during a hospital visit or a hospital stay.

Other children 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. This can range from just one or two to a large number of different professionals, such as 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 at the school. Good communications and collaborative working will help to ensure the best outcomes for your pupil.

- Ensure that a named person, such as the person responsible for coordinating support for children with special educational needs and disabilities, 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 and children as full collaborative partners. Always let parents/carers know when you hear (or don't hear) from other professionals and practitioners involved, and ask if parents/carers have received copies of reports and other communications.
- Where appropriate, be prepared to invite other professionals to meet and assess the child in your school. It may help the child not to have to meet new people in unfamiliar settings.
- Be sure to keep an ongoing record of the child's achievements and positive experiences as well as concerns and other observations, to help with preparing assessments and reports when these are required.

2 ABSENCE FROM SCHOOL FOR MEDICAL REASONS

Hospital settings where children stay in for treatment usually have a play specialist and sometimes a hospital school with teachers. Care is taken to provide play and learning opportunities but hospital environments and medical treatments inevitably entail very different experiences from those available in school and at home. These include:

- Much more contact with adults who are working to restore, maintain or improve specific aspects of the child's health
- Far less contact with children, 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 child 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. tube feeding, dressing changes, physiotherapy exercises
- 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 they are missing. However, a child with a visible difference may seriously miss out on vital social foundations due to prolonged or repeated stays in hospital or the accumulated effect of days spent in clinics with outpatient appointments. The child's social links with their peer group become all the more important, even if – in fact *especially if* – they seem reluctant because they are more used to being with adults.

There are several things you can do to help ensure the child's well-being, both educationally and socially:

- Nominate a teacher, such as the person responsible for coordinating support for children with special educational needs and disabilities, 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 the child's educational progress and targets and any learning needs they may have. This should include regular updates about what the child's class is covering in school. 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 their classmates so that their sense of belonging in the school is not lost. Most pupils enjoy sending each other texts, emails, letters and cards.

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- Maintain records of topics and learning covered by the pupil's class while he/she is absent to help with identifying priorities for 'catching up' later.
- Maintain meaningful contact with parents/carers – such as sending school information and newsletters home, perhaps with a covering note asking about their child's progress.
- If the child 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/her.

3 CHANGED APPEARANCE

An injury, illness or medical treatment may noticeably alter a child'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. The child 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. The way the child's voice sounds can be affected as well as their appearance.

Children 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 child's emotional and behavioural patterns. If there are concerns about a child's emotional or behavioural development, speak to the child and their parents/carers and if necessary, 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.

3 RETURNING TO JUNIOR SCHOOL

It is important that children who have had medical treatment return to normal life as soon as possible although a child may, at first, be able to manage only an hour or two at a time back in their class. Good contact with the parents/carers and the medical and other professionals concerned and being flexible will help with smooth reintegration.

The child may also have new or different needs following a stay in hospital:

- Medical needs - seek advice and support regarding staffing, medication, special equipment, specialist treatment e.g. physiotherapy. For example, burn injuries or severe eczema can lead to extreme sensitivity to warmth or to touch.
- Practical needs – a child with facial differences may find eating difficult and need more time or other arrangements at mealtimes. Also, after a period of hospitalisation, a child may have lowered strength or stamina and need help with some tasks and activities.
- Learning needs – trauma and hospitalisation may be followed by a period of regression: the child can no longer do some of the things he could do before and may behave in ways which seem 'younger' or inappropriate. It is important to allow him time to recover from this setback.
- Emotional and social needs - as with learning needs, above, a child who has spent some time in hospital may lose ground in terms of social and psychological development. It will be

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important to identify and assess his new and perhaps temporary needs in order to modify the demands made of him/her 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. If stamina is limited, extra rest during the day may be more beneficial than reducing participation in physical activities.

Before the child returns to your setting, have a conversation with the child and their parents/carers to discuss a return to school plan. This conversation can be online rather than face-to-face, if that works better for the family. It may be helpful to tell the children in the class that their friend has been in hospital, but research suggests that it is not a good idea to highlight any specific visible differences. When the child returns to school other children may have questions, but this is just natural curiosity and should not be a problem. See the [Guide Having Something to say](#).