

John Hunter Hospital School Annual Report



2016



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Introduction

The Annual Report for **2016** is provided to the community of **John Hunter Hospital School** as an account of the school's operations and achievements throughout the year.

It provides a detailed account of the progress the school has made to provide high quality educational opportunities for all students, as set out in the school plan. It outlines the findings from self-assessment that reflect the impact of key school strategies for improved learning and the benefit to all students from the expenditure of resources, including equity funding.

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School background

School vision statement

John Hunter Hospital School is committed to providing an inclusive, stimulating and supportive environment enabling students in exceptional circumstances to maintain educational continuity. Our school advocates for students and provides a conduit to their multidisciplinary teams, census schools and the community. Our school develops positive relationships to support engagement in learning leading to successful outcomes and transitions. The wellbeing of our students is our highest priority.

School context

John Hunter Hospital School provides educational support to hospitalised students from Kindergarten to Year 12 from all educational systems. Our school focuses on student welfare encompassing mental health, social and emotional wellbeing, as well as individual academic achievement. Assistive technology is used to support all key learning areas and increase engagement in academic programs. The Hospital School is located in Newcastle within the John Hunter Children's Hospital serving a diverse regional population. Students may have varying lengths of hospital stays and some students may have recurring admissions. Students are hospitalised due to illness, trauma, medical procedures and/or psychological disorders. The total student numbers per term is approximately 1200. The school maintains a culture which is based upon continuous improvement and quality service. The school's multi-skilled, professional staff continually enhance student's educational opportunities. Our school has a holistic approach to education and works collaboratively with medical staff, paraprofessionals, students, families and census schools to maximise student health and education outcomes. John Hunter Hospital School has two permanent teacher positions which include a principal and a class teacher. Additionally the school has one SLSO and a senior administration manager.

Self-assessment and school achievement

Self-assessment using the School Excellence Framework

For schools participating in external validation processes:

This section of the Annual Report outlines the findings from self-assessment using the School Excellence Framework, school achievements and the next steps to be pursued.

This year, our school undertook self-assessment using the School Excellence Framework and participated in an external validation. The framework supports public schools throughout NSW in the pursuit of excellence by providing a clear description of high quality practice across the three domains of Learning, Teaching and Leading. During the external validation process, an independent panel of peer principals considered our evidence and assessment of the school's progress, aligned with the standards articulated in the School Excellence Framework.

The results of this process indicated:

In the School Excellence Framework domain of Learning, the element of Student Performance Measures has been assessed at Working Towards Delivering, the element of Assessment and Reporting has been assessed at Delivering and the elements of Learning Culture, Wellbeing and Curriculum and Learning have been assessed at Sustaining and Growing. To support student engagement and learning, the school has focused on all long term or recurrent students having a quality constructed and evaluated Individual Learning Plan. (ILP) A learning and engagement rubric was implemented to assist school staff to ascertain student wellbeing, whilst an inpatient. This data has been very useful in establishing authentic connections with the students and allowing for the students learning and social needs to be met more effectively and individually. Students were encouraged to identify learning goals based on interests as well as subject preferences and needs. This approach has enabled both students and staff to establish strong bonds of trust on which to build their learning. The implementation of Pirozzo Learning Grids, based on the Multiple Intelligences and Blooms Taxonomy of Thinking, has supported staff to differentiate the curriculum through learning contracts, learning centres and personal learning plans. Staff members collaborated to develop, implement and evaluate whole school thinking skills programs to engage and challenge students. Both the rubric and the differentiated learning programs supplied useful data for the students' progress report and the student profile and assessment reviews, which combined to form a very concise account of the students learning while attending the John Hunter Hospital School, ensuring a smooth transition back to their census school. This continuity fostered student confidence and resilience and eliminated undue stress around their ability to cope, post discharge.

In the School Excellence Framework domain of Teaching, the elements of Effective Classroom Practice, Data Skills and

Use and Learning and Development have been assessed at Delivering and the element of Collaborative Practice has been assessed at Sustaining and Growing. Teaching staff have undertaken professional learning in the new history and geography syllabus to build understanding and capacity to teach the necessary skills and concepts in these key learning areas. Another professional learning focus throughout 2016 has been around effective strategies and tools for successful differentiation of the curriculum. Practices and language that promote differentiation and engage students in their learning are beginning to be embedded into the classroom learning culture. The teaching staff, when collaborating and planning teaching sequences, has given considerable prominence to the inclusion of Aboriginal content and perspectives, across all key learning areas, in an attempt to build and support a culture of high expectations and improved educational outcomes for all Aboriginal learners. The teaching staff is committed to ensuring that Aboriginal and Torres Strait Islander people's histories, values, languages and cultures are acknowledged and respected by non-Aboriginal people and that this too, in time, will become a part of the fabric of the JHHS. Staff members met regularly to respond to feedback and plan upcoming teaching phases. During these collaboration meetings, classroom teachers' analysed relevant data, created individual learning plans, collaborated with colleagues and reflected upon and created new learning programs. All teaching staff completed a PDP, in collaboration with their supervisor. Regular reflection occurred and timelines were met, as per the PDP frame-work guidelines, throughout the three phases of plan, implement and review. The professional learning undertaken, by staff, to support the achievement of performance goals, is a fundamental element of the school's strategic plan.

In the School Excellence Framework domain of Leading the element of Leadership has been assessed at Delivering and the elements of School Planning, Implementation and Reporting, School Resources and Management Practices and Processes have been assessed at Sustaining and Growing. The JHHS continued to work with and engage parents and health specialists to effectively meet the individual needs of patients/students. This involved communication with census schools via email, telephone and video conferences. Staff members also attended multidisciplinary team meetings for acquired brain injury, eating disorder and oncology patients. These meetings allowed for a collaborative approach to the holistic management of the patient/student and played a vital role in sharing information and planning medical, social and educational intervention and support. The school is considered by the hospital staff as an integral part of each patient's/student's hospitalisation and they encourage all school age patients, who are well enough, to engage in the school's educational programs. This assisted in normalising their days and encouraged the patients/students to keep up with their educational programs, so that they can return to their school without falling behind in their academic work. The medical staff considers the school and its role as a vital part of the recovery of these patients/students. The JHHS has been very good at liaising with the patients'/student' census schools to ensure continuity and consistency of learning with all long term patients being supported in their transition to their census school. Health care plans are prepared and reports compiled about the patients/students, their academic and special needs. Special team meetings have been coordinated involving the JHHS, hospital staff, parents, the enrolling school staff and relevant DoE staff to ensure a successful transition for our students back into their local schools and communities. The student/parent questionnaire is offered to all long term patients/students and their family members. The responses overwhelmingly agreed that the school supports the learning and well-being of students with highly competent teachers in a safe and stimulating environment. The school has worked hard to promote the vital role the school plays in the recovery of patients/students. A community survey indicated that there was a general lack of awareness of a school within the hospital and the role it plays. As a result we have had a new logo designed which is more in keeping with the philosophy of 21st Century Learning. The school's information brochure was also reviewed and updated and placed in prominent positions on J1 and J2 wards for parents and community members to access. All school communication e.g. letterheads and emails now have the new logo too. The school was committed to creating and maintaining links outside the school setting. We have ongoing links with The Starlight Foundation, Ronald McDonald House, Muloobinbah AECG, SEPLA and the local SSP association, LMG and NSW Hospital Schools' Association. These connections allow for broader collaboration around the vision, values and purpose of the school. The school has promoted succession planning through the PDP framework which has ensured distributed leadership among staff members. Staff members were encouraged to participate in professional learning related to their PDP goal(s) and lead other staff members through this new learning. Financial management was used to gain efficiencies and maximise resources available to implement and achieve the school plan.

Our self-assessment and the external validation process will assist the school to refine the strategic priorities in our School Plan, leading to further improvements in the delivery of education to our students.

For more information about the School Excellence Framework:

<http://www.dec.nsw.gov.au/about-the-department/our-reforms/school-excellence-framework>

Strategic Direction 1

Excellence in Personalised Learning

Purpose

To actively engage all students in meaningful and challenging learning experiences which are personalised and differentiated. To promote students' intellectual, social, emotional development and wellbeing in challenging circumstances.

Overall summary of progress

Our continued focus on actively engaging students in meaningful and personalised learning experiences has enabled us to achieve satisfactory progress in this strategic direction, through a successful approach to differentiation and student wellbeing.

The Learning and Engagement rubric was adopted by staff to determine the level of engagement, of long term students. It was also an accurate indicator of student wellbeing and the data was used as part of the information disseminated to census schools via the students' progress and transition to school report.

The model of differentiation adopted by staff, in the classroom, allowed for student individual learning goals to be recognised, acknowledged and achieved, by all students, based on individual interests as well as subject specific needs. The school's commitment to excellence in personalised learning, through the Learning and Engagement rubric and differentiated Individual Learning Plans, has seen a positive impact on student confidence and resilience pre discharge.

Progress towards achieving improvement measures

Improvement measures (to be achieved over 3 years)	Progress achieved this year	Funds Expended (Resources)
100% of students achieve the learning goals identified in their individual Learning Plans.	<ul style="list-style-type: none">• Learning intention implemented through Pirozzo grid• Technology for learning investigated, purchased and implemented	Professional Learning – Pirozzo w'shop x 3 Course fees – \$600, Casual salaries – \$853.04
Increased student learning and engagement as measured against a collaboratively designed rubric.	<ul style="list-style-type: none">• Learning rubric trialled and implemented for long term students	Keypads – \$2205, document camera –\$221 3D printer – \$1299

Next Steps

1. Continue to implement 21st Century strategies and learning tools, within the classroom, which will lead to embedding the philosophy of differentiated learning and individual learning goals/intentions for all students.
2. Develop and implement lessons around the department's "Wellbeing Framework for Schools" and "Mindfulness" training to support the holistic welfare of students.
3. Develop and implement school procedures, which outline the school's learning culture, including pre and post assessment of students, contact with census schools and teaching/learning strategies which address curriculum differentiation.
4. Refine student ILPs, with greater emphasis on student owned learning intentions and evidence of parent input, the use of census school data to inform teaching focus and mapping students on the literacy/numeracy continuums to accurately track progress.

Strategic Direction 2

High quality innovative, resilient and collaborative staff

Purpose

To promote, build and sustain professional practice which enables staff to successfully address diverse learning and welfare needs of all students.

Overall summary of progress

Differentiating the curriculum, a deeper understanding of the new history and geography syllabi and Aboriginal perspectives, across all Key Learning Areas, were the key professional learning foci, in 2016, to achieve this strategic direction, through Gardner's Multiple Intelligences and Blooms Taxonomy of Educational Objectives. All teachers collaborated to produce learning programs which incorporated the strategies, learning tools, practices and language of a fully differentiated curriculum. This model (Pirozzo Learning Grid) challenged what staff understood about teaching and learning and changed the culture of the classroom from teacher driven to student centred. Continual collaboration, feedback and reflection, by all staff, throughout each of the plan, implement and review stages, has led to more focused and strategic PDPs. As a result, staff were able to build and support a culture of high expectation relationships with students and parents.

Progress towards achieving improvement measures

Improvement measures (to be achieved over 3 years)	Progress achieved this year	Funds Expended (Resources)
Staff achieve meaningful performance and development goals aligned with the school plan and DEC key reforms.	<ul style="list-style-type: none">• Staff attended combined NSW Hospital Schools' PL days with a focus on history, geography and Aboriginal perspectives across the curriculum• Staff attended SEPLA conference• Staff collaborated on planning, implementing and reviewing teaching and learning programs at own and neighbouring hospital school	Casual Salaries = \$1239.71 Professional Learning T2 = \$184 Professional Learning T3 = \$1480 IT training = \$575.00

Next Steps

1. Develop and implement procedures which enable staff to collaborate to develop and reflect on teaching programs, amend programs according to need and effectiveness and track these changes.
2. Develop and implement procedures for mentoring and coaching, of staff, which includes documented evidence of meetings, new learning and the impact of that learning.
3. Document monitoring and review of milestones.
4. Refresher training – use of the literacy and numeracy continuums to track student achievement and implementation of visual literacy strategies in the classroom to promote student engagement and challenge student thinking to enhance their learning outcomes.
5. Principal to participate in “Smarter Stronger” with the aim of creating and promoting a school environment that respects and values Aboriginal cultures and protocols and uses resources strategically to improve Aboriginal student outcomes.
6. Continue to refine the practice of peer observations, as part of the PDP cycle, with a focus on learning intentions, success criteria and effective feedback.
7. PDPs are established so that teaching staff have purposeful leadership roles based on professional expertise.

Strategic Direction 3

Strong, positive, respectful community partnerships

Purpose

To ensure that the health, wellbeing and educational outcomes of students are optimised within a multidisciplinary learning environment.

Overall summary of progress

Staff continued to work with and engage parents and medical staff to effectively meet the needs of all students. Excellent communication continued with students' census schools to ensure continuity and consistency of learning.

Multidisciplinary Care Team meetings continued to employ a collaborative approach to the holistic management of the patient/student which was seen as important, by all stakeholders, in planning, intervention and support for the student. The school continued to be considered an integral part of the recovery of the patient/student from both a medical and wellbeing perspective. The shared opinion was that the schoolroom normalised the patients'/students' day and encouraged them to keep up with their schoolwork in order to minimise anxiety when returning to their census schools. Parent/student survey responses continued to highly value and support the work of the school, and its programs, in the recovery of the patient/student.

Staff undertook professional learning, to build capacity, in areas of interest and skill. This new learning was shared with staff. This model of distributed leadership will ensure successful succession planning.

Progress towards achieving improvement measures

Improvement measures (to be achieved over 3 years)	Progress achieved this year	Funds Expended (Resources)
Increase in collaborative practices between all multidisciplinary partners including parents/carers, evaluated through annual use of SWOT tool. (Baseline Data collected: 2014)	<ul style="list-style-type: none">• Staff representation at Multi-disciplinary Care Team Meetings within the hospital setting E.g. Acquired Brain Injury, Eating Disorder Program, Oncology	
Increase in hospital staffs' awareness of the goals and purpose of our specialised school setting through high levels of quality communication leading to improved outcomes for students.	<ul style="list-style-type: none">• Developed and implemented new promotional material – logo, letterheads and merit certificates	Logo Design = \$350 Business Cards = \$135 Merit certificates = \$195

Next Steps

1. School facilities are optimised to best meet the needs of students in the 21st Century, i.e. recognising the relationship between pedagogy and physical space to create a dynamic learning environment that inspires motivates and engages.
2. To promote the school in the community and effectively engage with members of the wider community to access resources and improve student outcomes.
3. Continue to work with and engage parents and health specialists to effectively meet the individual needs of patients/students and assist in normalising their days and encourage the patients/students to keep up with their educational programs, so that they can return to their school without falling behind in their academic work.

Key Initiatives	Impact achieved this year	Resources (annual)
Socio-economic background	"Speaking in Colour" Education kits implemented into teaching/learning programs, in the classroom. Staff members have greater cultural awareness of Aboriginal perspectives across the curriculum. Students have access to culturally appropriate Aboriginal learning resources.	\$2070.29 – 2016 funding \$298.00 – carried over from 2015 RAM funding \$332.00 – Global (HSIE)

Student information

Students who attend John Hunter Hospital School are predominantly inpatients of the John Hunter Children's Hospital. The hospital wards supported by the school are H1, J1 and J2. The John Hunter Hospital is a regional hospital which services an area from Morisset to the south and Boggabilla to the north and Wee Waa to the west. Siblings of inpatients attend the school, when negotiated with the principal and the census school, to decrease disruption to student learning.

Management of non-attendance

Students who attend the Hospital School remain enrolled in their census school. During 2016, the John Hunter Hospital School continued to share students on ERN. Students are supported on the wards or, if medically approved, attend the schoolroom.

During 2016 an average of 122 students were supported by John Hunter Hospital School each week. The length of hospital stay has ranged from 1 day to 4 months, 41% of hospital stays were 1 day and 19% were stays greater than 5 days. In 2016, 75% of students were from government schools, 20% of students were from non-government schools and 3% of students were from Schools for Specific Purpose (SSP). The hospital school consisted of 51% boys and 49% girls. Primary School students represented 49% of the school enrolment and High School students represented 41% of the school intake. 5% of students were either TAFE, pre-school or other.

Workforce information

Workforce composition

Position	FTE*
Principal	2
Classroom Teacher(s)	1.25
Teacher Librarian	0.08
School Administration & Support Staff	1.98
Other Positions	0

*Full Time Equivalent

On the basis of the information available to the John Hunter Hospital School there were no Indigenous staff members employed on a full time basis in 2016. All teaching staff meet the professional requirements for teaching in NSW public schools.

Teacher qualifications

All teaching staff meet the professional requirements for teaching in NSW public schools.

Teacher qualifications

Qualifications	% of staff
Undergraduate degree or diploma	100
Postgraduate degree	

Professional learning and teacher accreditation

Professional Learning in 2016 focused on staff and student mental health and wellbeing, building staff capacity around Aboriginal education and, school improvement. Courses included:

- HeadRest Mindfulness Training
- Stronger Smarter leadership Program
- The Mental Health and Wellbeing of Young People
- Anti-Racism Contact Officer Training
- Strategic Financial Management and Core Financial Literacy
- Maximising the Learning Potential of Aboriginal Students
- Dean Fink Master Class – "Finding the Sweet Spot Between Trust and Verification"
- Neuroeducation – Learning with the Brain in Mind
- Child Protection Training Update

Financial information (for schools using OASIS for the whole year)

Financial information

This summary of financial information covers funds for operating costs to 30/11/16 and does not involve expenditure areas such as permanent salaries, building and major maintenance.

Income	\$
Balance brought forward	149 372.37
Global funds	42 764.92
Tied funds	11 827.01
School & community sources	0.00
Interest	2 868.46
Trust receipts	0.00
Canteen	0.00
Total income	206 832.76
Expenditure	
Teaching & learning	
Key learning areas	5 113.35
Excursions	311.47
Extracurricular dissections	143.64
Library	515.91
Training & development	9 867.44
Tied funds	15 176.54
Short term relief	7 412.32
Administration & office	12 838.59
School-operated canteen	0.00
Utilities	148.81
Maintenance	0.00
Trust accounts	0.00
Capital programs	276.95
Total expenditure	51 805.02
Balance carried forward	155 027.74

A full copy of the school's financial statement is tabled at the annual general meetings of the parent and/or community groups. Further details concerning the statement can be obtained by contacting the school.

Parent/caregiver, student, teacher satisfaction

Each year schools are required to seek the opinions of parents, students and teachers about the school. Their responses are presented below.

- 90% of respondents strongly agreed that the JHHS is a welcoming and well resourced school
- 80% of respondents also strongly agreed that the JHHS is a safe, supportive and stimulating environment
- While 80% of respondents strongly agreed that the JHHS welcomes parental involvement, 5% of respondents disagreed with this statement
- 86% of respondents agreed that the JHHS maintains a focus on literacy and numeracy
- 100% of respondents strongly agreed that the JHHS is a friendly school that is accepting of all students

Sample student/parent responses included:

- "All the staff were very friendly and helpful. JHHS is a great idea – it has kept me busy during my stay. Thank you!"
- "We have been extremely happy with the schooling that T and her sister E have received. Both girls have enjoyed their time in the classroom and looked forward to their lessons."
- "C really enjoyed the school and it was extremely beneficial during recovery. Thank you for the help and support."
- "WONDERFUL! T has thoroughly enjoyed her time at the JHHS. Thank you so much!"
- "I had a wonderful two weeks at the JHHS. The teachers and other students were very inviting and lovely. Thank you for making my experience, at the hospital, better."
- "Fantastic school, fantastic program and wonderful staff. I can't thank you all enough. THANK YOU!"
- "The staff could not have been better. When we arrived G was at her worst physically and psychologically, but the staff helped her through this. She has thoroughly enjoyed her time at the JHHS."

Policy requirements

Aboriginal education

Aboriginal education is integrated into all Key Learning Areas, utilising strategies from the Stronger Smarter Leadership Training. We plan for the success of all identified Aboriginal students by consulting with the census school, parents and students. We aim to connect with family members to ensure success. Aboriginal and Torres Strait Islander culture is an integral component of Human Society and Environment units taught throughout the year. These units of study have an Aboriginal perspective that reflects awareness of culture and knowledge of Aboriginal history and contemporary issues.

Multicultural and anti-racism education

The John Hunter Hospital School population is representative of a wide range of cultures. Our school actively promotes harmony, understanding and the celebration of differences and commonalities among cultures. Diversity is explored and celebrated through school practice, programs and resources. Multicultural perspectives are taught across Key Learning Areas and new resources, supporting this, are purchased as required. Students participate in Harmony Day and NAIDOC Week activities. With shared understandings we are more able to recognise individual differences and increase levels of tolerance.