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**What Makes a Good School for Young People with Long-term
Medical Conditions?**

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Table of contents

<i>Section</i>	<i>Page no.</i>
<i>1 Abstract</i>	1
<i>2 Introduction</i>	2
<i>3 Literature review</i>	5
<i>4 Methodology</i>	13
<i>5 Findings and discussion</i>	19
<i>6 Conclusion</i>	29
<i>7References</i>	31
<i>8 Appendices:</i>	
<i>Appendix A</i>	35
<i>Appendix B</i>	38
<i>Appendix C</i>	40
<i>Appendix D</i>	43
<i>Appendix E</i>	44
<i>Appendix F</i>	45
<i>Appendix G</i>	46
<i>Appendix H</i>	47
<i>Appendix I</i>	49
<i>Appendix J</i>	51

Abstract

Long-term medical conditions can have a significant and long lasting effect on young people, who are at a stage of their lives where they are developing new identities and making transitions to adult lives. Education, emotional and friendship needs are all impacted upon through having a long-term medical condition and school may be the only place where these young people receive continual support and are viewed as people rather than as patients (Shiu, 2001). This dissertation sought the opinions of young people and teachers through qualitative methods to understand what makes a good school for young people with long-term medical conditions, and found that it is essential that schools start by listening to the voices of this group of young people in order to plan relevant support. A sense of being 'normal' was desired by most participants and was achieved for the most part through school attendance. Therefore future policy and research needs to promote access to education for young people with long-term medical conditions. The data collected argues that meeting emotional, physical and academic needs can ensure that schools achieve this goal.

Introduction

There are a number of different definitions associated with the term “long-term medical condition”. The Department for Health (2008) and the World Health Organisation (2015) argue that such conditions are long lasting and, although they can be treated by medication, incurable; such as, cancer and asthma, diabetes and respiratory problems. Different definitions take the concept further and argue that some of these long-term medical conditions are curable in some cases (Naylor et al., 2012). Another study more closely related to education explains that their participants with medical conditions were all linked, not by their condition, but by the fact that they had “significant absences from school” (Ferguson & Walker, 2014, p.230). Therefore it could be said that a long-term medical condition is one which disrupts day to day life, in this example seen through absence from education. This idea is corroborated by the Equality Act (2010), which states that any long term mental or physical condition which has a “substantial and long-term adverse effect on [a person’s] ability to carry out normal day-to-day activities” (p.4) is defined as a disability.. This shows that long-term medical conditions, whether physical or mental, are defined in law as being a disability because of their impact on everyday life. This dissertation does not seek to argue what counts as a long-term medical condition, but considers how medical conditions which impact on everyday life could affect the experiences of children in education.

There are a number of arguments for researching the experiences of children with medical conditions. Firstly, this research is timely because the Department for Education (DfE) has recently introduced new guidance regarding the education of children with medical needs; in September 2014 governing bodies of schools were given a statutory duty to support “pupils at school with medical conditions” (DfE,

2014, p.5). Therefore it is appropriate to consider, approximately one year later, how well this statutory guidance is working. The research is also timely because of two recent trends:

1. Factors such as obesity that contribute to medical conditions are increasing, and at the same time it is projected that there will be a general rise in medical conditions (WHO, 2015, Department of Health, 2004). Specifically for this study, it has been recognised that there is a rise occurring in the incidence of “paediatric illnesses” (Shiu, 2001, p.271).

And at the same time:

2. Life expectancy is increasing for those diagnosed with medical conditions, and once life-threatening illnesses like cancer are now often survivable due to better medical treatments (Shiu, 2001, Rynard et al., 1998, Mukherjee et al., 2000).

This means that there are likely to be more medical conditions diagnosed over time, yet higher rates of survival and better treatments mean that more children are likely to be in education whilst managing a medical condition (Mukherjee et al., 2000). In any case, the number of children with a medical condition whilst at school is estimated to be 14 percent or around one in ten pupils (Chelsea Community Hospital School , 2015). In addition, mental health conditions are as much a medical condition as physical conditions such as cancer (Department of Health, 2011) ,and mental and physical conditions are both seen equally as disabilities in the Equality Act (2010) . Furthermore, physical health conditions often lead to the development of mental health conditions; therefore a focus on the mental health of children with

physical health conditions is essential (Naylor, 2012). Consequently, this dissertation includes participants with physical and mental conditions.

There is a significant amount of literature which recognises that children and young adults who have a medical condition want to continue with their education. Within this is a consensus that physical medical needs such as fatigue need to be understood by schools, as well as emotional and psychological issues (Rynard et al., 1998, Ferguson & Walker, 2014, Shiu, 2001, Mukherjee et al., 2000, Yates, 2014). This dissertation will aim to further explore these ideas. Lastly, research indicates that a sense of being 'normal' is important to children with medical conditions at a time where they are already undergoing significant changes due to adolescence (Ferguson and Walker, 2014). However the Department of Health (DoH) (2008) argue that in many cases, there is no "return to normal" (p.10) for those who have a long term medical condition. This dissertation will seek to explore and challenge this notion, instead arguing that it is dangerous to assume that a person affected by a medical condition cannot live a full and normal life.

I have a personal experience of having cancer whilst at school, and found that the support offered by my school was poor in terms of meeting emotional and physical needs associated with my illness. I decided to focus my dissertation on medical conditions because I understand how damaging this lack of support can be; for example I felt for a long time that I was different and not 'normal'. I believe that proper support at school may have countered this, and wish to argue that educationalists should never disregard the experiences of children who have overcome significant challenges.

Literature review

Introduction

There are a number of studies which consider the effect of having a medical condition whilst at school; however they tend to focus on the effect that supporting a child with a medical condition is likely to have on teachers. Mukherjee et al. (2000) for example argue that there is “little research in which children have been consulted” (p.60) about their own views of having a long-term medical condition, whilst they argue that there is plenty of research examining the effect on teachers. Furthermore there are a number of other resources which give teachers information on how best to integrate children with medical conditions back into school during and after illness (Chelsea Community Hospital School, 2015). However beyond this, there is little literature based directly on the child’s perspective which considers the effect of having a medical, as already alluded to in (Mukherjee et al. 2000). Since making that argument in 2000, a few other studies have emerged such as the *Keeping Connected* project which sought views from children with medical conditions (Yates, 2014). One theme that is common across the literature is that it is difficult to make assumptions about children with medical conditions as a whole, and that all individuals tend to have multiple constructions of what is important to them (Ferguson and Walker, 2014; Yates, 2014). This is significant as it means that although the literature can offer various perspectives, it may be that it cannot be used to make generalisations applicable to all children with medical conditions. One further significant issue is that much of the literature surrounding children with medical conditions and their education originates from North America and Australia. It can therefore give indications about general trends, but cannot be over-relied on, as even in the United Kingdom (UK) there are regional differences in

the provision of resources used by those with medical conditions (Steel et al., 2004).

Adapting during adolescence and learning to be resilient

This dissertation focuses specifically on the effect that having a medical condition has on children who have medical conditions during adolescence. Therefore it is important to consider literature in order to understand whether possible changes that may occur through adolescence play their own role when linked with a medical condition. Ferguson and Walker (2014) explain that during adolescence, “young people [experience] some degree of adjustment in their lives even if they are in good health” (p.227). Their paper argues in general that children with a medical condition form a different set of identities because of the fact that their new identities being created throughout adolescence are also being influenced by the experience of having a medical condition.

Other literature argues along similar lines, explaining how the personal context in which the changes of adolescence occur can have “far reaching effects” (Briggs, 2009, p.55). Briggs explains how adolescents from ‘better’ family backgrounds (in terms of for example socio-economic status or parental support), tend to make a better transition to adulthood because they are able to do it slowly and with the support of their family. By contrast, their counterparts with less favourable family backgrounds tend to have to make a much quicker transition to adulthood which, according to Briggs (2009) leads to poorer outcomes in relation to mental health and life in general (for example employment prospects). This suggests that there may be some personal circumstances that lead to children having to grow up faster; it may be that adolescents with medical conditions experience a similar situation

where they are forced to face new challenges and form new “identities” (Ferguson and Walker, 2014, p.227) much faster and in a different way to their healthy peers.

There is literature to support this, focusing on the “process of learning to adapt to life with chronic illness” (Kralik et al., 2006, p.187). One common theme is that having a medical condition leads to increased resilience (Kralik et al., 2006; Ferguson and Walker, 2014). Resilience is defined as the ability to adapt to adversity in a positive way (Luthar and Cicchetti, 2000). In exploring the idea of resilience, Ferguson and Walker (2014) refer to a “willingness and capability to strive for a normal life” that is evident amongst those with medical conditions (p.229). However, although children with medical conditions may be willing to strive for a normal life, they may not have the capability to do so; especially if it is considered that this is very reliant on family and socio-economic circumstances (Briggs, 2009). This highlights a significant issue that some of the literature, (e.g. Kralik et al., 2006; Ferguson and Walker, 2014) does not engage with; i.e. they do not consider how medical conditions may impact adversely on adolescent development and under what circumstances. Shiu (2001) suggests that chronic illness can impact negatively on development “both academically and socially” (p.270). Shiu (2001) further argues that children with medical needs have educational needs different to those of their peers, and that these need to be catered for to avoid negative academic and social development.

Overall, there appears to be consensus that adolescence is a time of significant change, and that any circumstances perceived as negative can have an impact; although resilience is perhaps heightened amongst those with medical conditions. The important point is that the impact of negative circumstances can be lessened if

the right support is in place (Briggs, 2009, Shiu, 2001). Therefore literature relating to support will now be considered.

Support for a changeable condition

Much of the literature argues that the levels of support needed for an individual with a medical condition will vary over the time that they have their condition. For example Kralik et al., (2006) indicate that the opinion of what counts as good support for those with a medical condition can change over time, especially when those with a medical condition are encouraged to reflect on their experiences with the help of a “facilitator” who can guide this reflection (p.191). However, their research is based on data collection and research that took place through email which may have a drawback for participants, due to the need to not only have a computer in the first place, but free time in which to complete the questions sent out by email . This may be an issue because those who are most at risk tend to be those who have less “social and cultural capital” (Briggs, 2006, p.55). It could be argued that this group may also lack the social and cultural capital to participate in research that requires a lot of input and reflection from participants. Nevertheless, there is other literature which agrees that having a medical condition is a process during which the required support changes, rather than being a fixed state (Rynard et al., 1998, Ferguson and Walker, 2014, Yates et al., 2010). Each of these papers is based on longitudinal research, which indicates reliability of the findings because they have had the chance to measure the phenomenon over time. The overall significance of the finding is that support for medical conditions needs to change during the time that a person has their condition.

Physical support for medical conditions at school

Much of the literature regarding children with medical conditions explains that being in school is of significant importance to those who have a medical condition. There is a general consensus that physically being in school is a way of retaining a sense of normality and has significant benefits in terms of academic achievement, social outcomes and general well-being for those with a medical condition (Wilkie, 2014, Yates, 2014, Ferguson and Walker, 2014, Rynard et al., 1998). However, whilst these studies see the importance of children attending school, they do not all discuss the practical support that may have to be put in place by a school to ensure that children with medical conditions can actually attend. Rynard et al. (1998) go some way towards discussing how practical educational issues must be addressed in order to help those with a medical condition to attend school in person, however their study considers children with cancer specifically. Although it is not academic literature, Chelsea Community Hospital School (2015) include a number of information sheets on their website which show the physical support that may need to be put in place for those with a medical condition. This physical support varies depending on the condition; as there are a wide number of medical conditions, it may be that unless the literature is engaging with a specific condition, it does not overly concern itself with physical support because it varies so much depending on the specific medical condition. In general however, there does seem to be a general gap in the discussion of physical support that may need to be in place to help those with medical conditions to attend school.

A different way of trying to see how physical health needs can be supported at school is considered by St. Leger (2014), who explored how health professionals can support children with medical conditions returning to school. St. Leger (2014)

found that a number of health professionals see part of their role as giving “advice about meeting the child’s physical...needs” as they return to school (p.257). This is a particularly good study because it sought the views of healthcare and education professionals at the same time; Robinson and Summers (2012) and Rynard et al. (1998) argue that a multidisciplinary approach is important when supporting those with medical conditions. Therefore St. Leger’s (2014) study is particularly reliable given that it seeks to give a balanced view after considering the opinions of both healthcare and education professionals who both need to play a part in aiding children with medical conditions to continue to attend their school. Robinson and Summers (2012) also conducted a literature review of papers which concerned children with different medical conditions. Having considered that different medical conditions need different forms of support (Chelsea Community Hospital School, 2015), this is a useful paper because it reviews eight different medical conditions across 101 published papers and identifies a number of common / general physical problems associated with medical conditions that require support in schools. One common problem is that of fatigue; it is clear that schools need to have systems in place to support this.

Overall, the literature highlights that support for physical needs is important, but this perspective tends to be drawn mostly from healthcare professionals. This suggests that the relationship between teachers, schools and supporting the physical needs associated with medical conditions is rarely considered. Since the majority of the literature reviewed agrees that school attendance is extremely important for those who have a medical condition, this highlights that a greater understanding of the arrangements needed to support the physical problems associated with medical conditions needs to be explored in order to widen access to education for those with long-term medical conditions.

Emotional support, friendships and mental well-being

Whilst the literature discussed above mostly seeks to understand the physical problems associated with being in education whilst having a medical condition from the perspective of healthcare professionals (Robinson and Summer, 2012, Chelsea Community Hospital School, 2015, St. Leger, 2014), much of the literature does consider the views of teachers and pupils related to the emotional and social side to having a medical condition. St. Leger (2014) demonstrates that these are aspects that could be effectively supported by schools; healthcare setting-based respondents to the study indicated that they had little time to support emotional and social needs, whereas education-based respondents indicated that they did have the time to support these needs. However, this study was conducted in Australia and therefore may be less relevant to the UK, where provision and resources may be different (Steel et al., 2014). For example, a UK based study argues the opposite to St. Leger (2014); parents and teachers questioned whether teachers have the “necessary counselling skills” and also the time to provide effective emotional support to pupils with medical needs (Mukherjee et al., 2000, p.66). Both studies use a similar research design, similar participants and similar research questions and can therefore be compared fairly easily to demonstrate that there are differences in provision between the UK and Australia. This suggests that a study comparing the UK and Australia may be of benefit in future research.

Research questions

The literature reviewed makes it clear that being in school is important for children with a long-term medical condition. It is clear that emotional well-being, social lives and mental health can all benefit from being in school; and that schools are well placed to support these needs. At the same time, it is clear that there are sometimes physical needs which have to be met so that pupils with long-term medical conditions are able to attend school and that these are not always met due to the variety of different physical problems associated with medical conditions. Lastly, whilst being in school is viewed as important by the literature, it does not overly engage with the notion of academic achievement; for example what is good or bad for helping those with a medical condition to achieve their academic potential. As such, the research questions focussed generally on what makes a good school for children with long-term medical conditions and were as follows;

1. How do schools support the physical, emotional and academic needs associated with having a medical condition?
2. Is specialist provision appropriate for those with a medical condition?
3. Do schools and education professionals receive enough support to adequately support pupils with medical conditions?

Methodology

Approach

In order to gain insight into the effect of having a long term medical condition on education, this dissertation sought the direct views of children and teachers, using semi-structured interviews. This approach is strongly aligned with the interpretive paradigm which focuses on a “concern for the individual (Manion et al. 2013, p.17). As explained by Mukherjee et al. (2000), the main gap in research exists in the understanding of the experiences of children themselves who have a medical condition and so this made., the interpretive approach highly relevant for this study. Additionally, the interpretive approach was used because it seeks to understand individuals’ understanding of “the world around them” (Manion et al., 2013, p. 18). This study set out to understand what makes a good setting for those with a medical condition, and therefore an understanding gained directly from those affected by medical conditions was essential for understanding how the school, and other, environments influenced the participants’ experiences. The interpretive paradigm assumes that the individual and society are “inseparable”; however it is argued that for the purposes of analysis, the two can be separated so long as the other is always given consideration as to its effect on the other (O’Donoghue, 2006, p.16). For this study, this meant that although the individual’s experiences were a focus, the role of society also had to be considered. This meant that questions were asked to gain an understanding of the part that societal factors such as government play in the experiences of those with long term medical conditions. A qualitative approach was chosen for this study because of its emphasis on the “perspectives of insiders” (Lapan, 2011, p.3). Semi-structured interviews were chosen for this study since they allow some flexibility in what can

be discussed with participants, something that is required given that knowledge is socially constructed and therefore open to change (Lapan, 2014).

Participants

The participants used in the study were drawn from two groups. The first group was children and young people who had a medical condition (N=15), aged 13 to 19 years, with four males and eleven females. The young people were drawn from two pupil referral units, 'school A' which had links with a hospital school yet had a separate site for teaching and 'school B' which was based in a hospital. School A was based in the North of England, school B in Greater London. Recruiting participants through a hospital school gave straightforward access to a reasonable number of pupils in one setting who had medical conditions; at the same time, many of the participants were dual rolled, each attending secondary schools for other parts of the week. This allowed for their experiences in different secondary schools to be explored, meaning that the research question concerning whether specialist provision is relevant for those with medical conditions could be considered. The second group of participants included teaching staff from school A (N=10 females). Unfortunately, although school B had offered to provide teaching staff for interview, on the scheduled day a disruption in the classroom meant that they were unable to participate. The large and varied experience of various schools experienced by teachers in school A does however mean that the study is still reliable because each participant had taught in different environments and had varied experiences.

The study was relatively small scale in terms of sample size; however this does not overly detract from the study. Morse (2000) explains how in qualitative research,

there is an “inverse relationship between the amount of useable data obtained from each participant and the number of participants” (p.4). This means that the more usable data that is collected from participants, the fewer the number of participants needed to make the study valid. In the case of this study, large amounts of usable data were collected and therefore large numbers of participants were not needed to make the study reliable.

Recruitment of participants

Purposive sampling was used in the study. This allowed the researcher to invite participants who were best placed to answer the core research questions of the study (Lapan, 2011). Ten hospital schools and pupil referral units which focus on supporting those with medical needs were initially approached through email. This allowed each school the chance to consider whether or not to be involved without being under undue pressure. In the initial email sent to schools, a teacher information sheet (Appendix x) was included so as to give a brief overview of the study. Of the initial schools contacted, five expressed an interest in the study. Of these five, a number explained that they may not be able to provide a large enough sample for interview. Two schools, ‘schools A and B’ were identified to be the most suitable and therefore the researcher focussed on these. School A showed particular enthusiasm for the study and school B was already known to the researcher. Both schools were contacted by telephone in order to further explain the study, and both were provided with full information sheets (appendix x) and consent forms (appendices x–x). An interview schedule was also included; the researcher recognised the expertise of the staff in each school and therefore allowed staff to see the schedule in advance and raise any concerns. Both school contacts also received a copy of the ethics committee application as they showed a personal

interest in the study; it therefore seemed appropriate to provide them with more detail and a rationale which they could refer to if interested.

Data collection

As indicated, data was collected through semi-structured interviews. This is because semi-structured interviews allow participants to talk freely and go off topic, while also responding to the main questions asked; this in turn led to a build up of rapport which then encouraged most participants to express their own thoughts in a guided discussion (Curtis et al., 2014). It was also understood that the questions being asked of children involved the possibility of significant reflection on a topic that they may not have had to verbalise before; interviews often involve “a great deal of thought and consideration” from the participant (Curtis et al. 2014, p.114). As a result of this reflection, at the start of each child interview, a ‘mind mapping exercise’ (Appendix x) was completed to give each participant a chance to reflect on the help and support that they have received during their education. The mind mapping exercise was partly developed based on MacLeod (2014) which used a prompt sheet which autistic participants completed in advance of interview. MacLeod (2014) concluded that it was effective, especially in “guiding participants” and “demystifying” the interview process (p.412).

The researcher in this study found the same to be true; only two interviewees did not use the mind mapping activity, but those who did were more focused, and the participant took a more active role in the interview by guiding the researcher through their ideas using a visual prompt. Teachers were interviewed using the same semi-structured interview format (appendix x) but without the mind map exercise. All interviews with young people were carried out in the presence of a

teacher for safeguarding reasons but in a quiet room away from others. Teachers at both schools did not take an active part in child interviews and although in the same room did not appear to affect the responses gained from children.

Ethics

Ethics approval was gained from the Ethics and Research Governance Committee at the University of Southampton (Ethics number appendix x). There were a number of ethical considerations identified and incorporated into the study. Firstly, it was recognised that medical conditions are sensitive and sometimes distressing to discuss. As a result, pupils in pupil referral units / hospital schools were invited to participate because it was more likely that they had had the opportunity to come to terms with their condition; Ferguson and Walker (2014) corroborate this assertion, explaining how participants with medical conditions who participated in their study were “perceptive...reflective [and] very aware of themselves” (p.232). Furthermore, it was felt that teachers in these schools would have a greater ability to recognise and support any potential discomfort or upset caused through the study due to their experience of supporting this group. These understandings were based on a previous placement undertaken in school B during Summer 2014. Interview schedules were sent to the contact at each school so that they could identify any questions that they felt may not be appropriate.

Secondly, as the study involved some children under the age of 16, parental consent was required. However although ‘opt out’ consent could have been used for those over 16, it was decided to seek full parental consent anyway because.... Parent information sheets were sent to all parents (Appendix x), accompanied by a

letter written by a senior member of teaching staff from schools A and B (Appendix x).

Thirdly, all participants were guided through an age– appropriate information sheet (Appendix x) (Appendix x) and signed to indicate their consent (Appendix x). Usual protocols regarding anonymity were adhered to and all participants recognised their right to withdraw.

Data analysis

Each interview was recorded using a Dictaphone which allowed the researcher to focus on the participant in order to build up rapport. Focussing on the participant also ensured that any potential discomfort resulting from questioning could be more easily identified, and information transmitted through facial expressions and body language noted. These interviews were transcribed in full, and then analysed. In analysing the data it is noted that the researcher's interpretation was only one possible view of the data (Cohen et al., 2013, Auerbach et al., 2003). A grounded (inductive) approach to coding was used to analyse the data as explained in Auerbach et al., (2003). Data was first organised into themes and colour coded accordingly, building up from raw text to integrating "research concerns" (Auerbach, 2003, p.35). An example of this coding is shown in appendix x; firstly, the data was read to find recurring themes. The data was then colour coded into these themes, which at this point were partly informed by the research literature that already exists. Finally, notes were made against these themes based on research literature and the views and research concerns of the researcher.

Findings and Discussion

Identities and the desire to be 'normal'

One of the key discussions that took place in every interview conducted with young people concerned their identity; how they viewed themselves and how they felt they were viewed by others. A prominent theme was a desire to be 'normal', although participants did not always offer a view over what constitutes 'normal', and it is clear from the literature that there is not easy to define what 'normal' is (Ferguson and Walker, 2014). For example, Participant A compared School A to her mainstream secondary school and was clearly very excited to discuss how "it feels like everything has gone back to normal" now that she attends School A. She expressed a sense that challenges had been overcome during her education which meant that she "realised I can be who I want to be here now, I feel content". Participant A seemed to have negotiated challenges and managed to settle on an identity for herself that she was happy with. This supports the literature; having a medical condition and moving towards being 'normal' is very much about overcoming a series of challenges according to Kralik et al., (2006) and Rynard et al., (1998).

Participants A and E both expressed a sense of overcoming challenge to get to a state of what they viewed as 'normal'; they both have clearly had bad experiences and for participant A in particular, it seemed that for her being 'normal' was about being free of the bad experiences that she had experienced in her mainstream school.

12 out of the 15 participants also expressed the belief that feeling normal was connected to being free of bad experiences and being able to be who you want to

be in what participant C described as a “relaxed “ school environment. For virtually all of the participants from schools A and B, a sense of being ‘who you want to be’ did not however mean that they wanted their medical condition to be completely forgotten about – rather accepted. For example participant J found it particularly important to her identity that she does not need to pretend that she is someone she is not. Participant B also explained how being treated “like a number, like you’re just another one of [them]” contributed to him describing his mainstream school as “horrible”. Indeed for him, there was a tension between his view of normal and what he felt his teachers would view as normal; he wanted teachers to think of him as normal yet felt that hiding his mental health condition was the only way to do this in case his teachers viewed him as a “loony”. Unfortunately, most participants were reluctant to tell teaching staff in mainstream schools about their medical condition; they reported that it was the acceptance of their condition by teaching staff in the medical pupil referral units that they each attend that made a positive impact on the formation of new identities whilst growing up. Ferguson and Walker (2014) support this idea, saying that staff in schools need to be “flexible and understanding” where health conditions are concerned (p.236).

Importance of being in school

The sense of being ‘who you want to be’ and striving for ‘normality’ was dependent in most cases on acceptance from teaching staff. However every participant explained how being in education more generally was of importance to them. Participant L, for example, discussed how he “always wanted the chance to learn” despite the bad experiences of bullying from children and staff that he experienced in his mainstream primary school. Similarly, participants B and C agreed that obtaining their GCSEs was important to them. This supports ideas within research;

for example Wilkie (2014) argues that school is an important part of life for those with a medical condition. What did vary however were the reasons that were given by the young people to explain why education is important to them. Participant J put a particularly strong emphasis on how being in school is important so that she can be with friends who are her own age; Shiu (2001) agrees with this and further argues that good friendships positively influence a student's ability to "perform and cope effectively" (p.274). Participant J corroborated this assertion, explaining how her friends help her a lot when she feels "bad". Similarly, participant E discussed how she likes being around people and how school is important to her in terms of fulfilling the social part of her life.

Friendships and understanding as a precursor to learning

A number of participants discussed the learning aspect of being in school before discussing friendships. Generally, this was the case amongst participants who had especially bad experiences of bullying at school. For example, participants L and F were keen to focus on their education and keep up with school work. However, this is not to say that friendships were not important to these participants, and it was the negative relationships in mainstream schools which most participants indicated to be the reason for their original disengagement with school. The need for being social was further seen through the fact that although home tuition was important to a number of participants, their ultimate goal was to attend school. All except for one participant explained how a safe environment with friendly people in it was a precursor to their being able to learn. This was especially evident in School A, where every participant was keen to discuss how accepting each of their peers is. The advantage of medical pupil referral units such as Schools A and B identified by pupils and teachers was that the people within them are accepting and

understanding; this was seen through the interactions between each child in, for example, break times. Participant H felt that to really understand, people have to have to have been through a medical condition themselves; a majority of other participants agreed with this idea and explained how friendships in mainstream schools were often a source of tension and anxiety which led to their disengagement from school and learning because other pupils and indeed teachers simply did not understand. Participant L summed this feeling up; “I’ve always wanted to learn, it’s just the school aspect that’s frightened me”.

Support from teachers

Shiu (2001) argues that teachers are an important source of support for young people and can have a positive effect on keeping students with medical conditions in school and so should be well placed to help pupils such as participant L who was “frightened” by school. Although participant H explained how she felt that understanding of what it is like to go through a medical condition came through personal experience, the majority of participants were hugely appreciative of the support and understanding that came through teaching staff; there was very much a sense that their experience in teaching young people with medical conditions enabled them to really engage with the children who they teach. Participant C explained, for example, that she felt able to tell teachers in school A that she was depressed; something that she had been unable to do in her mainstream school. Although teachers should be a source of support, both the opinions of participants (both pupils and teachers) in this research and the literature agree that teachers in mainstream settings are simply not equipped to deal with the emotional aspects of having a medical condition. The literature often argues that teachers themselves do

not think they have the time or training to support children with a medical condition (Wilkie, 2014; Daly, 2013; Robinson and Summer, 2012).

Clearly, although young people participating in this research could identify scenarios where their teachers did not offer them adequate support, teachers themselves are best placed to discuss the emotional support that they are able to give. Teacher H spoke about her initial teacher training, explaining that there was no training about dealing with “any kind of traumatic thing”. Teacher B echoed this by discussing how her initial teacher training took place through a postgraduate course that she chose to take; she did not receive specific training about supporting those with medical conditions. Many of the teachers who participated had taught in mainstream schools, and so were also able to explain how they support children differently in School A. Virtually every teacher explained that their teaching in School A included more of a focus on supporting emotional needs and some explained why this was possible. Teacher F, who is the Head Teacher of School A, explained that emotional support “goes on all the time” and other teachers indicated that this ethos gave them the backup to spend time on emotional needs. By contrast, they indicated that in a mainstream school, they would not necessarily be able to justify spending time on emotional support to their leaders or managers. Teacher H for example said that in a school of 1,300 pupils, it is easy to end up focussing on academic achievement rather than being able to have an individual focus on each student and their needs.

Teachers in School A also spoke about their motivations to work in schools where they were successful at supporting emotional needs. Teacher G explained that “you know why you’re there; to support [the] child”. Similarly, Teacher C was motivated to return to her hometown to “put something back” and felt a “massive

responsibility” towards the pupils that she teaches. Certainly teachers who their pupils saw as successful at supporting their needs gave a strong sense that they teach because of their desire to help children; it is therefore important for society to consider whether the motivations of potential teachers are more important than their academic background. More immediately, it is clear that the literature and teachers interviewed agree that training and support is currently a barrier to helping young people with emotional problems, which needs to be reviewed by education leaders and the government (Clay et al., 2004; Wilkie, 2014; Daly, 2013; Robinson and Summer, 2012).

Overall, young people participating in this research all indicated that good emotional support from their teacher was extremely important and offered their own views on what they liked in a teacher. A building of rapport between teacher and student alongside understanding was what they sought, alongside an appreciation of the effort that they put into their education. A focus on the strengths of each child by teachers also appeared to be extremely important; teacher H was able to understand “just how hard it has been for [each child] to turn up at school” and from there seemed to foster a sense of achievement in each child that continued into their academic life.

Academic support

As much as individual teachers are important to facilitating academic achievement, young people identified other aspects of education which helped and hindered their academic outcomes. Interestingly, whilst children need to be emotionally stable to actually learn (Teacher A; Mukherjee et al., 2000; Robinson and Summers, 2012), even participants who had themselves decided to disengage from their past school

still recognised the importance of education (Participant K). This willingness to engage with education that was evident from all participants despite their medical conditions supports Wilkie (2014), who argues that education almost becomes a symbol of determination to overcome challenges for those who are ill. Wilkie (2014) further argues that a lack of support for education is often the biggest barrier to those with a medical condition; participants interviewed generally agreed that this had been the case at some point in their education.

Computer-based support is often discussed in the literature as a way of providing education to young people with medical conditions (Clay et al., 2004; Wilkie, 2014). However, the participants in this research generally all spoke about computer-based education in a negative way. One of the problems discussed was the practicalities of completing work online and then returning it to a teacher for marking. Participant J explained how teachers would email her work which she would do by hand on account of being on a ward without computer access. She would then have to spend time typing up her work and emailing it back to her school if she wanted it to be marked, which she felt “wastes loads of time”. The marking of work was also an issue for participant A, who completed tasks for her teachers on a programme called ‘EDLounge’ but never received feedback on it (despite sending it back to her teachers). However, it seemed that although participants were initially discussing their feelings about work on the computer, they moved on to discuss the work they received whilst away from school as a whole. Participant A explained that she felt her work had been “fourteen weeks of rubbish” which, combined with the opinion of participant J, suggests a sense that unless teachers make the effort to review it, work sent home during absence is seen as a waste of time. Participant M summed up this feeling by explaining that she felt that the work was “more to keep you busy”.

Home tuition was discussed as an alternative to receiving work from the pupil's original school during prolonged periods of absence. Participant D spoke about how home tuition was useful in terms of giving some "stimulation". Participants E and F were interviewed together and discussed the differences of opinion that they had about home tuition. After prolonged bullying, participant F liked being educated without the pressure of other pupils being around her whilst participant E described herself as a "people person" and so did not enjoy feeling "isolated" through home tuition. Despite this, participants who had experienced home tuition felt that they benefitted from it as a way of easing them back into school-based education.

A trend which emerged across all discussions about academic support was the importance of teachers. Methods of support that did not seem to work were almost always attributed to a lack of involvement from teachers; methods that did work seemed to always lead to discussions about good teachers. All participants expressed that good subject knowledge, personal interest in the child, understanding and compassion and a sense of going beyond expectations were important traits in teaching staff. The overall opinion of participants was that emotional and academic support have to be combined in order to provide children with medical conditions with the right environment for learning; both School A and School B were effective at this which showed through the fact that every young person who participated wanted to do A-Levels, attend college or go to university. Individual success stories resulting from the support in School A were clear; participant I had overcome significant challenges to be able to attend university despite prolonged absences and participant D went from a year of school absence to being settled in college.

Societal issues

This research intended to look at the issues that young people found important in their education. However as teachers and leaders in School A were interviewed, it became clear that the environment in which many felt “content” (participant A) is under threat from factors beyond school control. Firstly, Ofsted are “constantly changing the bar” (teacher F) and give the LEA reason to close or remodel School A because they judge the school on the same criteria as for other schools which do not have issues with, for example significant absence which can lead to a lower Ofsted rating. One teacher described Ofsted inspections as “a complete lottery” (teacher A), explaining how the inspections are often entirely dependent on the attitudes and opinions of the lead inspector. Secondly, the Local Authority (LA) do not see School A as good value for money since it has such low numbers on its roll – despite the fact that they actually teach larger numbers than are on their roll since they provide home tuition as well. Healthcare organisations, such as the Child and Adolescent Mental Health Service (CAMHS), want numbers to remain low as they know that this has the greatest benefit on outcomes, something young people also indicated.

Therefore there is a conflict between budgets and what actually helps educational outcomes, often played out between LEA and health authority. This supports Mukherjee et al. (2000) who indicate that the National Health Service (NHS) and LAs often disagree over who should purchase medical equipment, for example. Overall there is seemingly a conflict between what works for young people and what works within a budget. As made clear in law, local authorities are required to provide alternative provision for those who cannot attend mainstream school (Department for Education, 2014; Robinson and Summers, 2012) and based on opinions of

teaching staff in School A, it may be that further research should be conducted to see how closely local authorities are supporting this requirement.

Conclusions

This dissertation aimed to explore the challenges which are faced by young people who have a medical condition. This research is timely because of new guidance from the Department for Education regarding this group of children (2014) and because of a gap in research; as found through the literature review, the majority of current research considers having a medical condition without seeking the views directly of young people who have one. Further to this, a large amount of the published literature considers the situation in Australia, where hospital-based education is much more prevalent than in the UK (Wilkie, 2014).

The central aim of this research was to consider the importance of education for a group of people who are at a crucial stage in their lives; where they are trying to form new identities whilst having to overcome the impact of medical conditions (Ferguson and Walker, 2014). The literature makes it clear that school is an important place in terms of developing these new identities during the transition to adulthood (Kralik et al. 2006; Ferguson and Walker, 2014; Shiu, 2001). This dissertation found that school is important to young people, but it seems that the emotional support offered by School A and B is what helped them to look beyond their illness. Teacher C from School A explained how “the compassion and warmth in this place [is] massive”, referring to the entire ethos of the school and everyone within it; teaching staff, support staff and children themselves all seemed to find benefit from the support that they could take from each other. Some of the participants visibly became more animated and cheerful when discussing Schools A and B compared to their mainstream schools, and it was encouraging to find that this was not simply because they perhaps found the work easier or the staff more forgiving if they were tired. In fact, the opposite was true, participants in this study

found that they could finally make progress with their education, something that they had always strived for. Therefore, the main conclusion to be drawn from the participants in this research is that emotional support which fosters a feeling of safety for those with medical conditions is what makes a good school.

This is not to say that hospital / medical pupil referral unit based education would be suitable for everyone, and indeed a number of participants missed being in a mainstream school. Of course it is also likely that some mainstream schools give young people with medical conditions an extremely good school environment and further research needs to be conducted in mainstream schools to identify these schools and find out what makes these schools good, from the perspectives of teachers and students. However for some young people, specialist provision is still important and it would be unwise to dismiss the personal opinions and experiences of children who favour them; being educated in an environment that they think will care for them is important (Rizvi, 2011).

One important observation was the quality of information gained, especially from child participants who each engaged strongly with the research question. Ferguson and Walker (2014) claimed in a similar study that their participants were a “very perceptive and reflective group of young people” (p.232). This echoes the opinion of the researcher; that children with a medical condition are a very empathetic and important group of children, which educationalists need to ensure that they do not ignore simply because of their own assumptions with regard to their capabilities. Government, policy makers, future researchers and teachers need to ensure that they start by considering the view of the child and do not dismiss the often carefully considered views and preferences of young people with medical conditions.

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A study into the issues surrounding the education of young people who have a long term medical condition

Version 1, 15 November 2014 Ethics no. 13005 Information sheet for teachers

The study

The study has been initiated because there are a growing number of children who have a long term medical condition whilst at school. There is significant focus on special educational needs, but little on long term medical conditions. The study is taking place now because new guidance has been issued by the Department for Education concerning long term medical conditions and education. Therefore this is a good time to consider the issues surrounding the education of young people with medical needs.

Why have I been asked to be involved?

You have been asked to participate so that you can talk about your experiences of educating children with a long term medical condition. The study is also recording the experiences of around twenty children, however the involvement of teachers is very valuable so that the study can consider the challenges and issues that teachers think are relevant to this important area of research. Of course, any best practice that you identify will also be included in the study to help other teachers in the future.

How much involvement is required and when?

We are looking to conduct a short interview to understand your experiences. We will try and make sure that we get as much information as you are happy to give whilst ensuring that we do not take too much of your time. It is expected that you will be interviewed for somewhere between 20 and 30 minutes at a time and place convenient for you.

Risks and benefits

Appendix A**A study into the issues surrounding the education of young people who have a long term medical condition**

Version 1, 15 November 2014 Ethics no. 13005 Information sheet for teachers

It is anticipated that this study will be low risk. This is because although you will be asked about your experiences of teaching children with medical needs, you will not be asked to talk about any specific children. In terms of benefits, the main benefit is that you will be helping to inform future research. Your responses may also perhaps benefit other teachers and you will have the opportunity to see how other teachers and children respond.

Confidentiality and withdrawal

When the study is written up we will ensure that you remain anonymous. We will try and ask you about your experiences of educating children in general rather than about specific children, so that we ensure no children you have taught are identified either. All of your responses will be used in accordance with the Data Protection Act and in line with University of Southampton Policy.

Your involvement in the study will be hugely valuable, however it is recognised that you may wish to withdraw. You may do this any time without being pressured to continue.

Feedback

An overview of the study will be fed back to you so that you can see how your opinions fit in with those of other teachers. We will also include the responses of children which we hope will be interesting and informative.

Any further questions?

If you have any more questions you can contact the researcher at any time.

Appendix A

A study into the issues surrounding the education of young people who have a long term medical condition

Version 1, 15 November 2014 Ethics no. 13005 Information sheet for teachers

In the unlikely event that you feel something is going wrong, you may contact the researcher or the Head of Research Governance at the University of Southampton with the details provided below.

Contact details

Contact	Email	Telephone
Charlie Maton	cm1g11@soton.ac.uk	07701079354
Head of Research Governance	rgoinfo@soton.ac.uk	02380 595058

Information for young people: Project about what makes a good school for people who have a medical condition

Ethics no. 13005
November 2014

Version 1, 15

What is the project about?

There is lots of information about how teachers need help to teach people who are unwell at school. But not many people ask children and young people what they think about being unwell at school. So this project is all about what you think.

Why have I been chosen?

You've been chosen because you might be able to help understand what is good and bad for young people who are unwell at school.

What will happen? When?

You will just be asked to talk about having a medical condition at school. You can talk with your friends, a teacher or on your own. This will probably happen at your school but can happen somewhere else that's safe if you want. It can take as long as you like, but probably 20 minutes. Your answers will be written about in the project, but no one will know you've been involved.

Information for young people: Project about what makes a good school for people who have a medical condition

Ethics no. 13005
November 2014

Version 1, 15

What do I have to talk about?

Don't worry about what other people might want you to say - we want you to talk about how you feel and there is no right

or wrong answer. There is no work to do, you just need to answer the questions you want to. You can say as much as you like, and you can stop whenever you like.

Who will be involved?

Charlie from the University of Southampton.



Phone: 07701079354



Email: cm1g11@soton.ac.uk



Confused?

If you still have questions, you can talk to your teacher or Charlie.

A study into the issues surrounding the education of young people who have a long term medical condition

Information sheet for parents and carers Ethics no. 13005 V 2, 12 December 2014

What is the project about?

There is lots of information about the issues facing teachers when teaching children with medical conditions at school. But there is little research into children and young people and what they think about being unwell at school. This project will try and understand the important views of the child that you care for.

Why has my child / the child in my care been chosen?

Your child been chosen because they might be able to help understand what is good and bad for young people who have a medical condition whilst at school.

What will happen? When?

Your child will just be asked to talk about having a medical condition at school. They can talk in a group with friends, with a teacher, with you or on their own. This will probably happen at their school but can happen somewhere else that's safe if they or you want. The interview with your child will probably last about 20 minutes so that your child is not too distracted from their school work.

What will my child / the child in my care be talking about?

Your child will only be discussing their experiences of having a medical condition at school. They will not be expected to talk at length and will be able to stop whenever they feel like stopping. Your child can withdraw from the study at any time or you can withdraw them from the study at any time. No one will know that they have been involved

A study into the issues surrounding the education of young people who have a long term medical condition

Information sheet for parents and carers Ethics no. 13005 V 2, 12 December 2014

in the study, and when the study is written up they will be kept completely anonymous. You are welcome to receive a copy of the questions that your child will be asked.

Risks and benefits

It is anticipated that this study will be very low risk. The main risk is that having to talk about an upsetting experience may be distressing, however the questions included in the study will be carefully put to try and avoid any upset. Additionally, your child's teacher will be on hand to help if your child becomes upset. Finally, it may be beneficial for your child to have the chance to discuss any problems they have in a relatively safe setting.

The benefit of taking part in the study is that the child you look after will be helping to inform future research and help pass on best practice in educating children with medical conditions to other teachers.

Who will be involved?

Charlie Maton from the University of Southampton, who is studying towards a degree in Education.

Phone: 07701079354

Email: cm1g11@soton.ac.uk

A study into the issues surrounding the education of young people who have a long term medical condition

Information sheet for parents and carers Ethics no. 13005 V 2, 12 December 2014

Further queries

If you still have questions, you can talk to the teacher who looks after the child you care for or Charlie Maton.

If you have any complaints or if you feel something is going wrong, you can contact the Head of Research Governance at the University of Southampton, who is completely independent of the study (phone: 02380 595058, email: rgoinfo@soton.ac.uk)

Consent

If you are happy to involve your child / the child you care for in the study, please sign the consent form. Your child will also be given a consent form and information sheet. Every effort will be made to ensure that they understand the study and are not subjected to distress or inconvenience.

Appendix D

CONSENT FORM FOR TEACHERS

Study title: Exploring the issues and experiences surrounding children who have a long term medical condition whilst in education

Researcher name: Charlie Maton

Ethics reference: 13005

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (Version 1, 15 November 2014) and have had the opportunity to ask questions about the study.

☐

I agree to take part in this research project and agree for my data to be recorded and used for the purpose of this study

☐

I understand my participation is voluntary and I may withdraw at any time without my legal rights being affected

☐

I understand that my responses will be anonymised in reports of the research

☐

Data Protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study.

Name of participant (print name).....

Signature of participant.....

Date.....

Signature of researcher.....

Appendix E

Consent form: Project about what makes a good school for people who have a medical condition (v2 05/12/14)

Ethics number: 13005

Researcher name: Charlie Maton

Please put your initials in each box if you understand

- I understand that I do not have to be involved and that I can stop being involved at any time I like. My participation is voluntary: this means that I have chosen to be involved myself
- I understand that my answers will be anonymised when the project is written about. I understand that this means that no one will know that I have taken part in the project
- I agree to take part in the project and agree for my answers to be recorded. I understand that this means that my answers will be written down for others to look at
- I agree that I have read and understood the sheet that gives me information about the project (version 1, 15 November 2014). I am happy to be involved and know I can ask questions if I do not understand at any point.
- I understand that my answers are covered by Data Protection. These are rules about how my answers can be used and looked after

Participant signature:.....

Print name:.....

Date:/...../.....

Researcher signature:.....

Appendix F

CONSENT FORM FOR PARENTS

Study title: Exploring the issues and experiences surrounding children who have a long term medical condition whilst in education

Researcher name: Charlie Maton

Ethics reference: 13005

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (Version 2, 12 December 2014) and have had the opportunity to ask questions about the study.

☐

I agree for my child or the child in my care to take part in this research project and agree for their data to be recorded and used for the purpose of this study

☐

I understand that the responses of the child in my care will be anonymised in reports of the research

☐

I understand that the participation of the child in my care is voluntary and they may withdraw at any time without their legal rights being affected

☐

Data Protection

I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of this study.

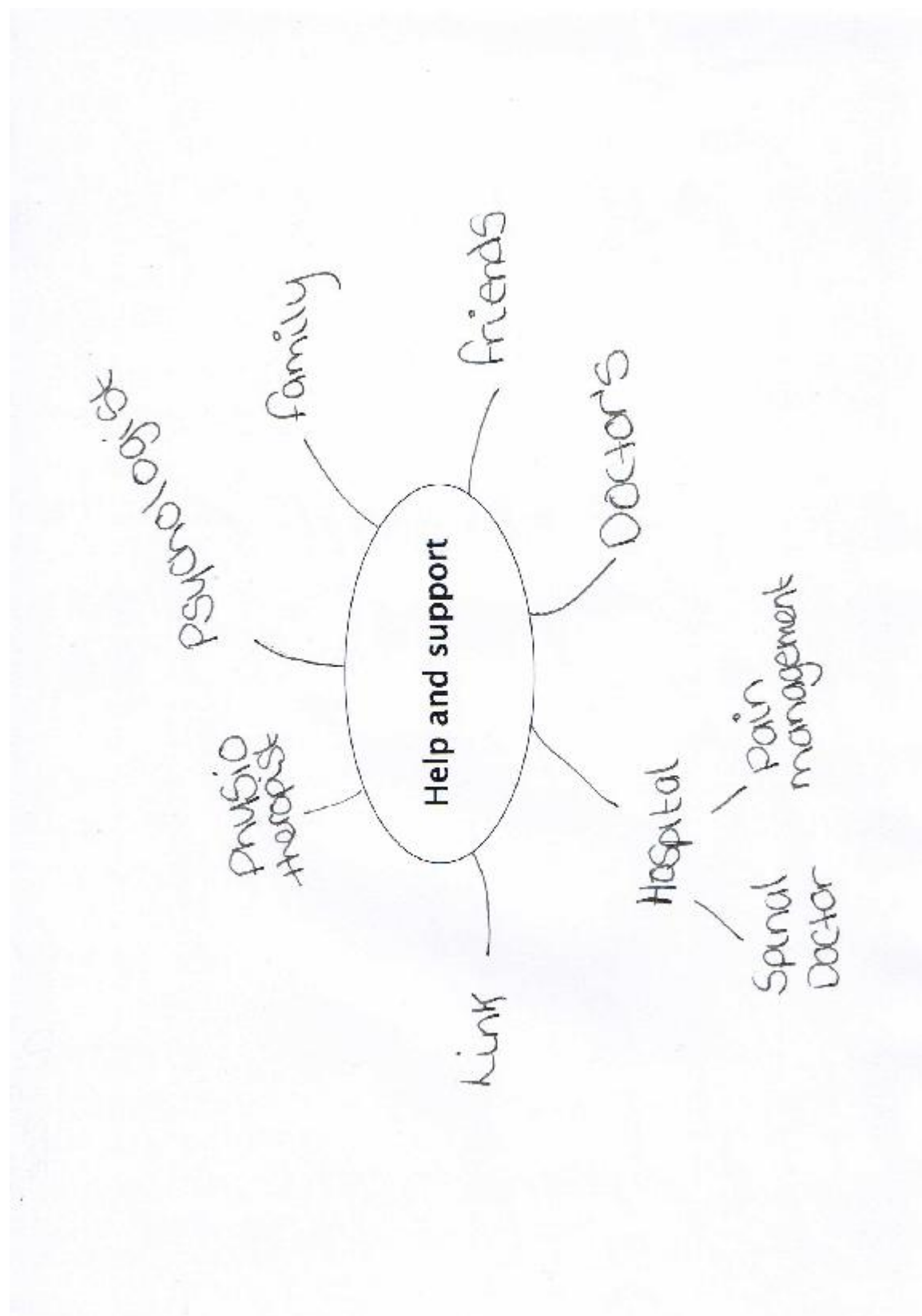
Name of participant (print name).....

Name of parent (print name)

Signature of parent.....

Date.....

Signature of researcher.....



Interview Schedules – examples of possible questions

Child interview schedule

Children will be asked about how they are supported with the physical side of having a medical condition (e.g. how their school helps if they have mobility problems) and about the emotional side of having a medical condition (e.g. how their school keeps them in contact with friends).

- How did you feel when you first found out that you were unwell?
- Who helped you first of all? (e.g. parent, doctor, nurse, teacher, friend)
- How does having ‘.....’ make you feel when you are at school?

These highlighted questions will likely be asked of the child’s teacher initially. If the interviewer and teacher are in agreement that the questions will not cause upset then they may also be asked of the pupil, although only if there is a further need to because the questions have not been fully answered by the child’s teacher.

Parents will be given a copy of the questions if they would like them, and so would also be able to give their response as to whether asking these questions will be appropriate for their child.

- How does your school help you when you are in school and *feel tired / need to take medication / feel unwell etc.*
- How does your school help you if you need to be away from school for a while?
- Do you like getting work sent home to you?
- Does your school help you keep in touch with your friends?
- How do your friends support you?
- Think of a teacher who has been really helpful to you without naming them – what made them a good teacher?
- Does your school keep in touch with your parents?
- Can you think of anything more your school could do to help you with *school work / keeping up with friends etc.*

- If you went to a different school before coming to this school, was that better or worse?
- Why was it *better* / *worse*?

Teacher interview schedule

Teachers will be asked about their general experiences of teaching children with long term medical conditions. They will then be asked about whether they get enough support and if so where they get it from.

- How does your approach to teaching a child with a medical condition differ (*if at all*).
- What is most difficult – supporting educational needs or supporting emotional needs?
- Are educational needs or emotional needs as important as each other or is one more important?
- How do you support these needs?
- In your experience, have the majority of children you have taught with medical conditions been supported by their peers?
- How are you supported? (*by your school, other teachers, Local Authority*).
- Do you think that teacher training gives enough support for teaching children with medical conditions? Is there too much focus on SEN?
- Have you undertaken any training on how to educate children with medical conditions? Can you remember what the main message of this training was?
- Have you looked at government guidance on children with medical needs? If so, do you think it is good enough or could it be improved?

Appendix I

Contact:
Tel:
Fax:
Email:
Date: 21.1.15

Dear

I am sending you the enclosed forms to read, and to sign the relevant ones. I am hoping you will agree to a 20 minute interview with Charlie Maton, a student in his final year at Southampton University. He contacted me after finding on the internet.

Charlie had a major illness as a child that impacted on his education and he is writing his dissertation about the effects of long term illness/accident on young people's education. He has asked to interview pupils (past/present) and teachers. I will sit in with you for the interview. If you do not want to answer any of his questions, you do not need to. No names are recorded, it is all anonymous.

Once you agree, we can arrange a convenient time/place for the interview to take place. Charlie will be in from 4-6 February.

I think his dissertation could have a big impact on pupils with ongoing medical conditions.

Thank you for considering this request.

Yours sincerely

ASSISTANT HEAD
HOSPITAL SCHOOL HOME TUITION

Encs

H:\Teaching\Letters\Student Dissertation Interview 21.1.15

Children, Young People & Families,

PRU, Hospital Teaching Service,

Appendix I

22/1/15

Dear Parent or Carer,

Charlie Maton is an undergraduate at the University of Southampton and has worked with our school in the past. Charlie has approached our school to ask for help with a piece of research that he is undertaking.

Charlie's research is into the education of young people who have a long term medical condition. He is hoping to interview a number of our pupils for about twenty minutes each to provide him with data for this research.

Hopefully you will be happy for your child to be interviewed by Charlie for the purposes of this research. If you are, then please read the information sheet enclosed and return a signed copy of the consent form to school.

We look forward to hearing from you.

Regards

Appendix J

The things you've mentioned so far, they are the physical side of things? What about the emotional side, like them helping you to be with your friends?

Um, well, I think the school didn't, I don't think the schools been any good at it, it's only my friends kind of off their own back who've been keeping in touch. Um but, err, I don't think they're great, they haven't really done anything on that side of it. Um, obviously I have friends at the school here, and it's quite inclusive and they encourage lots of interaction with other people as well, there's a photography lesson which means working with other people.

Interaction built into lessons / Social activities

Was there one teacher that you found really helpful?

Personal teachers - who go beyond teaching

Um, yeah there are teachers that are more kind of... personal than other teachers, kind of less of the I'm here to teach you and that's it. There is one teacher at my school, I think she's been quite supportive of me, um and just even little things like sending me a card when I came into hospital, which shows that people are thinking of you. And actually, I guess that my school was quite good, school sent me a card when I came in, the headmistress sent me one which was really nice and made me feel kind of, still part of the school. But things like sending cards and keeping in touch is really important. My school hasn't been great at it, but they could have been worse.

"People are thinking of you".

What do you miss most about your old school?

Level of lessons. Difficult to get right in class or I guess, the level of the lessons, 'cos, some of the lessons here I find that I've covered before, and I guess learning in a big class as well, with lots of other people who are all at my same level I miss. Um, yeah I think that's it. But obviously being

Small environment not always favoured. // gaps in knowledge.

Appendix J

with people and friends my own age - I mean, the people here are lovely but there aren't many people. And I miss my friends from my old school.

Desire for mainstream / old friends.

What one thing would help you get back to your other school?

Um, I think more support at school for my illness, both physically and emotionally.

Are your friends quite accepting?

→ Haven't told many people.

I think so; I haven't told many people at school, I mean I told them that I'm ill. But they don't know details. They help me a lot when I feel bad.

↓ Some children
can be helpful -