

Children's Right to Education in Hospital



Education Rights for
Learners, Parents
and Educators

book
18



Children's Right to Education in Hospital

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Editor: Salim Vally

Warm appreciation for consultation and support in this project from education and health department and hospital school staff members in various provinces and The Hospital School (Great Ormond Street and University College Hospitals), London.

We have attempted to ensure that the information in this booklet is accurate up to the time of publication – December 2012. Policies, laws and regulations change. Please contact the Education Rights Project/Centre for Education

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Cover image: Johannesburg Hospital School, Science of the body

This page: Deputy Principal of the Johannesburg Hospital School, Mr Prinavin and class

Photos: Jill Kruger and hospital schools

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The struggle for quality public education continues!

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Centre for Education Rights
and Transformation

These booklets are dedicated to the millions of young people who are brutalised by the socio-economic and socio-cultural cruelties of life. Unfortunately, young people are also brutalised by those who are meant to provide healing in our country, at home and in school.

These booklets are also dedicated to those educators in formal and informal institutions, and organic intellectuals in social movements and unions, who see their own knowledge as a gift of trust from the people, who see the learning process as a mutual experience, who encourage the building of self-discipline and hard work through their own example, and whose greatest happiness comes from seeing those with whom they have been exploring and changing the world around them, go on to share the process with others.

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Reading the word and the world
Changing the text and the context

**ROSA
LUXEMBURG
STIFTUNG**

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Introduction

Over four million South African children have chronic illnesses or what we now call long term health conditions (LTHCs). These children need medical or other care for months and years, sometimes for life. Their health conditions may be physical or mental and many children will have more than one condition. **Epilepsy*** affects one in every 100 children although some outgrow it and **autism** affects one in every 88 children. Children may also have various forms of disability.

Hospital treatment for long term and other medical conditions may be required right from birth. Each year about 70,000 babies are born with birth defects that need remedy. In areas where mothers drink heavily about 80 in every 1,000 children have **Foetal Alcohol Syndrome**. This affects physical and mental development throughout childhood. Public health services cannot cope with the surgery required for the 11,000 babies born each year with (**congenital**) heart disease. Most need corrective surgery and over two-thirds will need open heart surgery.

Nationally, children are especially prone to spinal tuberculosis but tuberculosis can also affect the kidneys, the neck and the brain. Certain parts of the country pose special health problems for children: in Hobeni, south-west of the Port St Johns area in the Eastern Cape, almost three-quarters of the 209 school-age children tested were found to be infected with bilharzia. Although one in every 10 children has asthma, in some areas this is much higher.

* Explanations for words in bold can be found under the word list at the end of this booklet.

Did you know that environmental factors can give rise to asthma and cancer in children?

Poor, 'non-white' communities were forcibly moved to South Durban when this area was industrialised so that they could supply cheap labour to industry.

Over 285 000 people are now packed between Africa's largest port and second-largest industrial and manufacturing cluster.

A small research team studied the effects of pollution in educators and learners from grades 3 and 6 at the Settlers Primary School in Merebank.

A public health specialist at the University of KwaZulu-Natal Medical School investigated community complaints about the many children suffering with cancer in south Durban.

Over half (52%) of the children had mild to severe asthma and 26% had persistent asthma in comparison with international prevalence rates of 4.5%–28%.

High levels of cancer were found, especially leukaemia in young children. In Merebank this seemed to be 24 times higher than in other parts of the country. A more long-term health and pollution study confirmed the cancer risk.

Vanessa Black, Independent Environmental Services Professional.
The image is of the Engen oil refinery in Wentworth, South Durban

There has been no national survey to establish the extent of education provision for children in South African hospitals. It appears likely that this is low, even if children are in hospital for the long term.

The earliest hospital schools were in Johannesburg and Cape Town. A range of education and other services were provided in certain hospitals to cater for early childhood development, primary or secondary education. Hospital schools were in evidence from 1923: volunteers taught at children's bedsides at the Johannesburg Hospital (now Charlotte Maxeke Hospital) and in Cape Town girls learned to sew and boys to make crayfish nets at the Invalid Children's Aid Fund for children with disability (now the Maitland Cottage Home Hospital). In time, these schools were registered by the state and teachers appointed.

Hospital schools which are open

There are over 422 public hospitals in South Africa and 219 private hospitals. At present there are 21 hospital schools in five provinces:

Gauteng

Baragwanath Hospital School
Dr George Mukhari Hospital School
Johannesburg Hospital School
Kalafong Hospital School
Pretoria Hospital School
Sizwe Hospital School
H Moross School

KwaZulu-Natal

King George V Hospital School

Free State

Pelonomi Hospital School
Universitas Hospital School

Western Cape

Brewelskloof Hospital School
Groote Schuur Hospital School
Lentegeur Hospital School
Maitland Cottage Home Hospital School
Red Cross Hospital School
Tygerberg Hospital School

Eastern Cape

Cecilia Makiwane Hospital School
Frere Hospital School
Livingstone Hospital School
Mxesibe Hospital School
Nessie Knight Hospital School

In the Eastern Cape, Free State and KwaZulu-Natal, hospital schools are categorised as “ordinary” schools.

In Gauteng and the Western Cape, hospital schools are categorised as schools for children with “special education needs”.

Limpopo, Mpumalanga Northern and Northwest Province do not have hospital schools.

Hospital schools which have been closed

White Paper 6 (p.3) promised that “... special schools will be strengthened rather than abolished” but eight hospital schools were closed in 2001-2011. Reasons given informally for school closure include:

- the view that there were too few learners. However, children with special needs require more focused attention from educators than is the case in ordinary schools and 6 special needs learners could be equivalent to an ordinary class of 30 learners;
- the disintegration of buildings due to failure by state departments to accept responsibility for their maintenance.

Eastern Cape: Three of the 8 hospital schools closed. Eight were listed in 2004 but only 5 hospital schools are in the 2012 national list of schools.

Gauteng: One of 8 schools was closed: Charles Hurwitz (TB) Hospital School in Soweto.

KwaZulu-Natal: Edendale, King Edward and Prince Mshiyeni hospital schools no longer exist. The school at Clairwood Hospital burnt down but the school has been replaced by a playroom and educational equipment as most patients are babies and very young children.

Western Cape: The former **MEC** for Education in the Western Cape, Mr Yousuf Gabru, had given notice that he intended to close hospital schools in the province and transfer their functions to resource centres. In 2009, following public consultations, the incoming MEC, Mr Donald Grant, concluded that it would be better to transfer the functions of only a few hospital schools to larger special schools in their areas, as follows:

- Brewelskloof (TB) Hospital School to Pionierskool for visual impairment;
- Princess Alice Orthopaedic Hospital School to Groote Schuur Hospital School; and
- Sonstraal TB Hospital School to Lenteguur Hospital School.

Hospital schools are usually found in hospitals that train medical students or in hospitals that provide specialist services in, for instance: mental health, tuberculosis and disability.

Characteristics of hospital schools:

- They provide a broader focus for children than their identity as a “patient”.
- They provide education at multiple grade levels and in many languages.
- They develop individual education programmes that fit with the national curriculum.
- They stimulate learning through the arts and remedial interventions.
- They have lower learner numbers than ordinary schools.
- They have constantly changing numbers of learners with different special needs.

On pages 24-26 we provide brief profiles of three hospital schools: King George V Hospital School, H Moross Hospital School and Tygerberg Hospital School.

Children talk about illness, schools and hospitals

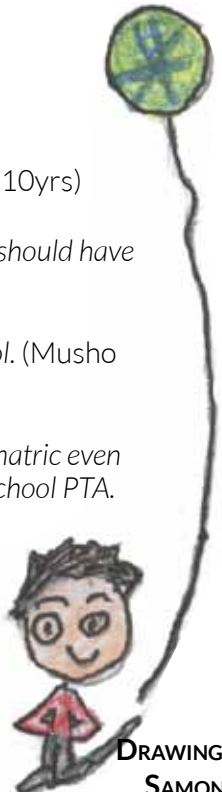
Some illnesses interrupt people’s lives. Some miss school. (Frank 10yrs)

I get tired a lot. It is a long time that I have been in hospital... We should have lessons to keep up with our schoolwork. (Sibonelo 13yrs).

In hospital I sat on a chair crying, because I could not go to school. (Musho 10yrs)

I’m truly gonna miss this school... it helped me get thru with my matric even thou I had a child... God bless all the staff members of Hospital school PTA. (Koketso, Pretoria Hospital School)

Green reminds me of the farm, the slaughtering of the goats, looking after the cattle and goats, swimming, unlike here [in hospital]. (Sizwe 10yrs, in King George V Hospital School art class)





I've been in hospital four months now. It is very enjoyable to be at the school. We do lots of maths and English. I'm going home on the 26th of October. Just as Uncle J.P. fixed the window, so too, will God make me whole and healthy.

(Samone 13 yrs Brewelskloof Hospital School)

A medical specialist reflects:

Children who have repeated hospital treatments or are admitted for long periods of treatment fall behind in their studies with no hope of catching up on their return to school.

*Children have the right to play, education and the opportunity to reach their full potential regardless of their **diagnosis** or **prognosis**. Children who are prevented from attending school by their illness should not have to forfeit these rights and the rights of very young children to early edu-care should also be respected.*

Being committed to hospital can be very isolating for a child, causing psychological issues, depression, anxiety or concerns about body image. This, in turn, can worsen symptoms and a child's quality of life. If we are to care for children, promoting health and healing, we need to consider the full range of a child's needs. Access to both education and play in hospital is a critical component of a child's management plan. An adequately stimulated patient is much less likely to focus on their disease or pain and may actually have fun despite their illness.

Professor Miriam Adhikari, University of KwaZulu-Natal Medical School,
Head of **Neonatology**

Extent of provision

Early childhood

The education department works with the departments of health and social development to plan early childhood programmes for 0-4 year olds from low income homes. Programmes are run by non-government and other organisations with financial support from the state. However, official documents are silent on requirements for early education in hospitals, except that Section 2.21 in the National Norms and Standards for District Hospitals (2002) requires toys and educational material for children and a play and stimulation area to be provided. This is not a requirement for regional and tertiary hospitals.

South Africa is divided into 53 health districts; each one should have at least one district (level 1) hospital to provide basic general medical services for the population in their health district. Almost two-thirds of South Africa's hospitals are district hospitals. They refer cases for further diagnosis or specialised treatment to regional (level 2) or tertiary (level 3) hospitals. About one-third of hospitals are regional; half of them provide general services beyond those of district hospitals and the other half provide specialist services such as for tuberculosis or **psychiatry**. Tertiary hospitals are low in number. They provide specialist and sub-specialist care.

Paediatricians and advocates for child health feel that it is important to deal more thoroughly with early childhood education in hospitals:

Creative play has been recognised by the United Nations High Commission for Human Rights as the right of every child. It is essential for all children even those considered the sickest. Play enables children to relax, to understand their world, and to forget their pain.

Ms. Busi Nkosi, Advocacy Officer

International Children's Palliative Care Network

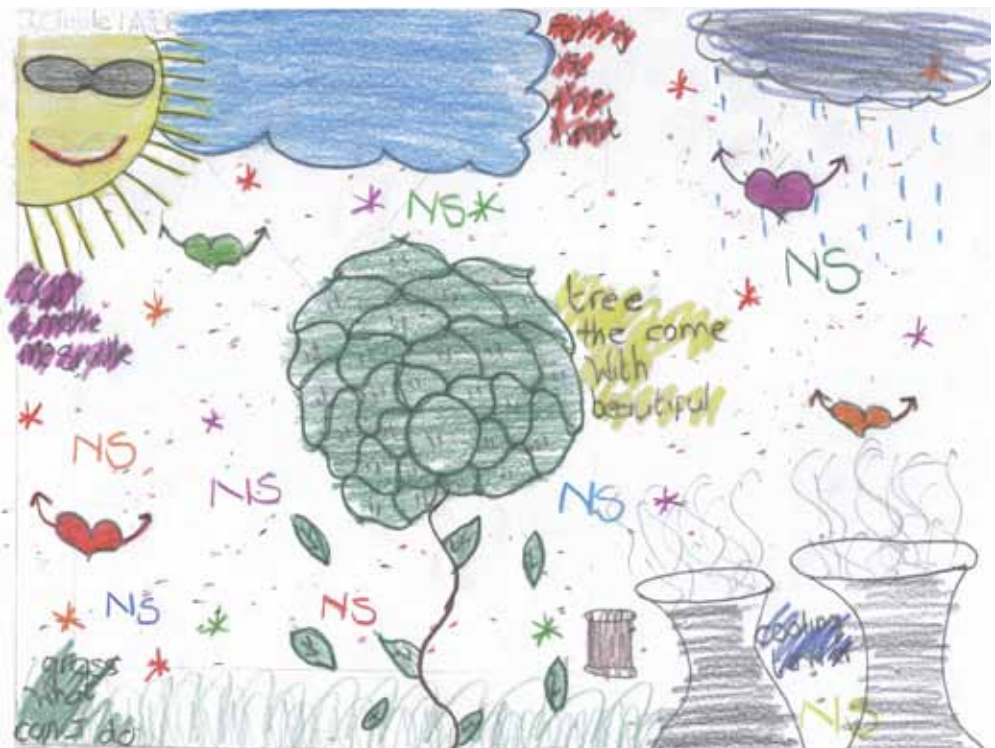
Chronic / long term illnesses in children under five years old are a significant issue which justifies attention and the need for a plan to meet the educational needs of these children.

In Pietermaritzburg we have three different non-government organisations providing stimulation and play activities in our children's ward with a focus on pre-school and primary school.

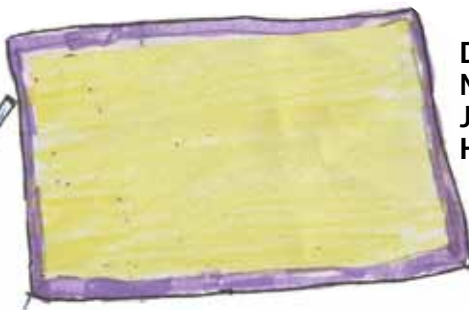
Although schooling is not part of the Department of Health care plan, stimulation most definitely is as it is one of the steps in the World Health Organisation's (WHO) 10 steps for the management of severe malnutrition; Step 7: Provide stimulation, play and loving care.

Dr Neil McKerrow, Chief Specialist and Head:

Paediatrics and Child Health, Pietermaritzburg Metropolitan Hospitals Complex



DRAWING BY XOLISILE, GR. 6, JOHANNESBURG HOSPITAL SCHOOL



DRAWING BY
MBONGENI, GR.9,
JOHANNESBURG
HOSPITAL SCHOOL

~~I will never ever ever forget
this lesson.~~

Schooling

Children in hospital are not excluded from education but South Africa's White Papers and Acts do not say anything about it. Although most people think that schooling is compulsory for children between the ages of 7 and 15 years old, this does not apply to learners with special needs. If a special needs learner cannot be placed in a preferred school then education officials do not have to find another school for the learner.

The South African Schools Act (No.84 of 1996) Chapter 2, says:

3. (2) *The Minister must, by notice in the Government Gazette, determine the ages of compulsory attendance at school for learners with special education needs.*

[This has never been done. The numbers of children that this applies to are not listed in national reports on education.]

(3) *Every Member of the Executive Council must ensure that there are enough school places so that every child who lives in his or her province can attend school as required by subsections (1) and (2).*

(4) *If a Member of the Executive Council cannot comply with subsection (3) because of a lack of capacity existing at the date of commencement of this Act, he or she must take steps to remedy any such lack of capacity as soon as possible and must make an annual report to the Minister on the progress achieved in doing so.*

[Points (3) and (4) do not apply to learners with special education needs because education is not compulsory for them.]

Many countries categorise hospital schooling as education for learners with special educational needs. In 2000, teachers in hospital schools in Europe launched the Barcelona Charter on the rights and educational needs of sick children and adolescents. The Charter says that hospital environments and teaching methods must be adapted to the needs and abilities of patients. Hospital educators must be recognised as important members of a child's support team in hospital and as the link back to the child's home school.

Various hospital schools abroad have websites with information for parents. Young patients are drawn into schooling soon after admission, when they are well enough. The Children's Hospital School in London provides classes for short stay, one-day and out-patients, under certain conditions. In South Africa such children often spend long hours in uncomfortable circumstances at hospitals and clinics with nothing to do.



CLASS IN TYGERBERG HOSPITAL SCHOOL, CAPE TOWN.

Challenges to be overcome

Education and health partnership

There is no national Memorandum of Understanding that sets out areas of collaboration between the Departments of Health and Basic Education. While there is evidence of cooperation between the two departments in some sites, the absence of policy and clear guidelines has on occasion resulted in tension and inconsistencies in the working relationships of the personnel employed by the two departments.

Problem areas therefore arise in:

- administration;
- space allocation and usage;
- building maintenance;
- time scheduling; and
- shared planning for children's recovery.

Some school staff members allegedly feel that they are not respected as professionals in the specific hospital where they work and that this hampers their work with learners. Others believe that mutual respect and cooperation have led to excellent outcomes for learners. Staffing is not constant, however, and personal goodwill is not a good driver for long term educational excellence.

At present, learners with **Degenerative** conditions who are too weak to attend school remain at home. Their only treatment is prescribed medication.

Educational resources

The Department of Basic Education uses official evaluation formats to allocate finance and educators to schools each year.

School classification:

Mainstream schools serve 'ordinary' learners but every learner has "special educational needs" while in hospital. However, some hospital schools in South Africa are listed as ordinary schools and are allocated resources for such schools while others receive resources for learners with special educational needs. Yet others receive a sum per learner that is higher than that for ordinary learners but less than allocations for special needs.

Snap surveys:

Snap surveys are conducted on the 10th day after a school re-opens at the start of the year to record the number of learners present. Staff and funds are allocated according to learner numbers. This is a problem for hospital schools. Although their learner numbers fluctuate they cannot change the record during the year nor gain more resources.

Special needs assessment of learners:

South Africa uses a special tool called **SIAS** (Screening, Identification, Assessment and Support) to assess the extent of the barriers to learning of learners with special educational needs. This information is also used for resource allocation since the barriers for some learners are greater than for others.

Children with autism require a whole lot more attention and a lot more specific intervention... So in a class where a teacher has 8 autistic kids, the teacher is working with 48 neurotypical kids. And that is costly. Our biggest expense is having enough people to work with the kids in these small groups.

Ms. Fathima Simjee, journalist, August 2010

The **SIAS** form has no category for children who are normally well but fragile while in hospital for treatment. In addition to such identification, the special barriers to learning that many children already have when they enter hospital should be taken into account: children with different barriers to learning cannot be grouped for education and educators must work with children in small groups as a consequence. But to what extent are **SIAS** assessments made for hospitalised children?

Quality of education

Most educators are committed and innovative in their work. The sheer workload of educators in hospital schools is remarkable and some are prone to burnout.

When a whole primary school curriculum is offered, and despite small classes, educators still have a considerable amount of work. Among other duties, educators must:

- repeat classes, using different teaching methods since children with different barriers to learning cannot be taught together
- cope daily with teaching across all classes in a number of languages
- be creative in teaching many different subjects in interesting ways
- design individual education plans that address backlogs and fast track and remediate learning in line with the curriculum
- fit the school day around the medical treatments of many different children
- adapt to constant change and regularly adjust the curriculum to cater for the specific needs of learners
- work closely with home schools where possible and provide assessments that enable a smooth re-entry to home schools.

Principals must often:

- carry a full teaching load
- fill gaps in the teaching programme and administration
- deal with administration when schools have no administrative staff
- submit official documentation whether topical for hospital schools or not
- seek sponsors to finance the maintenance of computers and ICT facilities
- seek sponsors to upgrade school buildings and provide or supplement stationery, special needs equipment and materials.

Other issues:

- Children who are unwell or have medical treatment on days set for examinations, do not write them. But the hospital school will be judged in the same way as an ordinary school if the pass rate is low.
- Placements of excess or redeployed educators without training in special needs education can cause added work for other educators who must supplement what they do.
- Educators need assistance to invigilate examinations as they cannot leave other learners unattended.
- Student teachers are reluctant to carry out community service in hospital schools where learners are categorised as high risk through behavioural, emotional and bi-polar disorders or illnesses such as tuberculosis HIV and AIDS, for example.
- Educators are keen to have refresher training courses but lack funding for this.



DOING EXPERIMENTS IN A SCIENCE CLASS AT THE JOHANNESBURG HOSPITAL SCHOOL

What can we do about these challenges?

Parents / caregivers

When your child is admitted to hospital:

- inform your child's early childhood development (ECD) centre or school;
- ask for the information that a hospital education programme will need;
- find out if there is an education programme at the hospital;
- if yes, hand in documents from the child's centre or school.
- if no, find out from your local education department which full-resource education service provides services for the hospital area;
- contact the full-resource education service and request early childhood or schooling support through an Individual Education Plan (IEP) for your child in hospital;
- if there is no educational support, contact your provincial education official.

Contact details are found at the back of this booklet.

School learners

If you have time, ask your educator or principal to give you:

- written details of the school name, address, phone and fax numbers and who to contact there; and
- a transfer letter with information about your grade and subjects.

If you are away from school when you go to hospital, write down and take with you:

- the name and address of your school
- the name of your teacher and principal
- the phone and fax numbers for the school
- your grade and school subjects.

Give this information to the hospital school.

Community members

If you are concerned about the lack of policies and guidelines for best practice in regard to education for early childhood and school education in hospitals:

- discuss or develop a petition to have these matters reviewed. State clearly what issues you wish to have attended to. Send your petition to the National Director of Inclusive Education.

If there is no education support for children in hospitals in your area:

- send a signed and registered letter about this problem to an education official in your province who deals with such matters.
- if you get no reply send a signed and registered statement about the problem to the National Director of Inclusive Education.

Contact details for education officials are at the back of this booklet.

Officials

Resolve challenges of collaboration between Departments of Basic Education and Health:

- a national Memorandum of Understanding (MOU) has been recommended to enable areas of responsibility in hospital schooling to be identified for the Department of Education and Department of Health. A medical specialist has prepared a draft to consider (see pages 20-23).

Include hospitals in the current review and revision of South Africa's National Integrated Plan for ECD (NIPECD). Since the Department of Education will take the lead to develop a "human resource framework and plan for early childhood development in South Africa, to be inclusive and facilitative of differentiated modalities of interventions" (RSA The Presidency 2011 p.9)

- specify ECD as crucial for hospitalised children;
- require all hospitals with paediatric wards to provide the equipment and facilities specified in the National Norms and Standards (Section 2.21) for district hospitals;
- require health facilities including clinics and outpatient divisions at hospitals to provide play areas for children. Evidence shows that children are at risk of tuberculosis infection from adults even those who are undiagnosed in the long waiting periods that they spend at health facilities including kangaroo care units (Smart T and K Alcorn 2008);
- provide clarity on the nature, service providers and manner of provision of ECD programmes for hospitalised children; ·
- liaise with appropriate national departments to develop a national strategy to ensure that every child has somewhere safe, accessible and challenging to play in accordance with UNCRC Article 31.

Develop uniform approaches for resource allocation that meet the real needs of hospital schools:

- categorise hospital schools nationally as ELSEN (Education for Learners with Special Educational Needs) in contrast to ordinary or mainstream schools;

- revise SIAS to take the special needs of hospitalised children into account through collaboration with hospital school principals and paediatricians who are already familiar and involved with the hospital schooling process as members of School Governing Bodies (SGBs);
- require provinces to develop prediction records for each hospital school from monthly Snap surveys of learner numbers and SIAS assessments, with annual updates;
- require provinces to allocate resources in terms of prediction records instead of 10th day Snap surveys;
- assign learning support facilitators specifically for hospital schools;
- ensure continued professional development through short course training;
- commission a design specialist to undertake a national audit of spatial allocations of schools in South African hospitals in terms of bedside, group, communal and ICT education and outdoor space.

Quality review:-

- exclude hospital schools from annual quality assessment in terms of learner examination passes and failures.



**A LESSON ON
THE SCIENCE
OF HEARING,
JOHANNESBURG
HOSPITAL
SCHOOL**

Draft MoU for DoBE and DoH collaboration

Draft Memorandum of Understanding for National Collaboration in Hospital Schooling between the Department of Basic Education (DoBE) and the Department of Health (DoH)

Compiled for further discussion and elaboration, by

Dr Neil H. McKerrow: Chief Specialist & Head:

Paediatrics and Child Health: Pietermaritzburg Metropolitan Hospitals
Complex

A. Background: Paediatric Patients and Hospitals

Categories of patients

- a Newborn babies:** require neuro-developmental care if premature or admitted to the nursery for prolonged periods. This mode of nursing care speaks to the developmental needs of these babies and falls into the domain of the Department of Health.
- b Preschool children:** ie less than 6 years of age, require stimulation and their mothers need education regarding the benefits of play and stimulation. Stimulation to this group is critical for both normal development as well as a modality of care for recuperation, especially in malnourished children. This could in theory be the responsibility of either Health or Education – the DoH could address informal stimulation or play for groups of children who spend a brief period in hospital whilst the DoBE could structure programmes for preschoolers who are admitted for a longer period.
- c Primary school children:** are admitted to the children's wards. Education activities for these children must be provided by the DoBE.
- d High school children and adolescents:** those who spend a substantial period in hospital tend to be found in the adult wards. Programmes must be provided by DoBE.

Numbers of patients

Babies predominate. There are lots of newborns in the nursery and with their mothers in the post-natal components of the maternity wards where they seldom spend more than 24 hours and so require minimal provisions. Babies in the nursery may spend a long time either in the ICU where they will need neuro-developmental care or in the Kangaroo Mother Care section where KMC meets their developmental needs. This is definitely a DoH responsibility.

Preschool children comprise the bulk of patients in children's wards especially in district hospitals. The emphasis should be on play and stimulation. Programmes are a shared DoH and DoBE responsibility.

School aged children and adolescents are found in larger numbers in specialised hospitals (TB or Psychiatry) or specialist hospitals (tertiary and regional).

Categories of hospitals

- a District hospitals:** the average length of stay is 4-5 days; informal stimulation or play activity is required.
- b Specialist regional or tertiary hospitals:** these hospitals cater for children with complex or chronic disorders often requiring repeated or prolonged admissions; the length of stay varies considerably; these hospitals may require both informal and formal education programmes.
- c Specialised hospitals:** children are admitted for prolonged periods (for TB and mental health treatment, for instance) and so the need for educational programmes is great.

B. Education in Hospitals

Purpose

To ensure uninterrupted educational activities in order to develop and maintain the academic goals of individual children whilst in hospital.

Who requires education

- a. All hospitalised children require informal or formal stimulation for physical, cognitive and emotional development.
- b. All preschool children require ECD programmes.
- c. School-age children who are admitted for a prolonged period, arbitrarily 3 or more weeks, require schooling;
- d. Children with chronic illnesses / long term health conditions necessitating frequent or repeated admissions require schooling;

C. Responsibilities

Education

The provision of hospital schools requires a partnership between the DoH, DoBE, parents and learners.

Parents need to serve as a link between their child and their home school.

Home schools to provide learner transfer information for hospital schools.

Hospital schools to provide progress and final reports for home schools.

When school learners are well enough to do so, they need to participate in the homework or assignments of their home school or to participate in hospital school activities.

The DoBE needs to:

- a. Allocate staff (principal, educators and administrative support) to hospital schools in a number appropriate to the number of children in the hospital.
- b. Provide in-service CPD (Continued Professional Development) training for educators
- c. Provide teaching materials
- d. Ensure suitable programmes:
 - appropriate to the age distribution in the hospital
 - that recognises the primacy of health related interventions
 - that accommodates both classroom as well as bedside teaching.

Accommodation

The DoH needs to:

- a. Provide facilities for indoor and outdoor play in all children's wards in every hospital.
- b. Provide facilities to the DoBE for a hospital school in all specialised and tertiary hospitals as well as select regional hospitals. These facilities should be sufficient to accommodate a number of classrooms, offices, media centre/computer lab. The number of classrooms would be according to the size of the hospital and childhood population but a single room for multiple grades or shared space with hospital staff or in wards for communal teaching is NOT acceptable.
- c. Allow access for teachers to the wards for bedside teaching to children confined to bed.

The DoH and DoBE need to assign responsibility for the physical upkeep of schooling premises to prevent their deterioration.

Profiles of three hospital schools

These hospital schools are well established, with a range of classrooms and other facilities.

King George V Hospital School in Durban serves learners referred by other hospitals for complex forms of tuberculosis or with treatment complications. A high number have HIV infection and many become ill with pneumonia or cancer. Multiple treatments can last for 6 months to 2 years or more. The school building belongs to the hospital but was rebuilt by sponsors in 2011 and now has 4 classrooms, a sick bay, recreation room, computer centre and an outdoor area with jungle gym and benches.

The school is officially listed as an ordinary school. Two educators and the principal provide a Grade R to Grade 7 curriculum for 60 special needs learners of different ages and levels of ability. The principal, ward sister and **paediatrician** discuss children's progress and problems informally. Learners are often tired and rest in the school sick bay. Nurses collect children who are sick and must return to bed. Educators also provide lessons twice a week for young **orthopaedic** patients at Wentworth Hospital.

Children are referred directly from other hospitals, mostly without schools. Few are able to provide home school information. The school identifies each learner's level through a short review. Learners write continuous assessment tests and receive a report and transfer letter from the hospital school, on discharge.



Many children have missed at least six months of schooling by the time they arrive at the hospital and the hospital school. Mrs Vani Singh, Principal

**THE TELEVISED OPENING
OF NEW SCHOOL
FACILITIES AT THE KING
GEORGE HOSPITAL IN
2011**

The **H Moross School** accommodates specific learning needs of children and adolescents admitted at TARA hospital in Johannesburg. This tertiary psychiatric hospital provides mental health services for patients who are referred from other hospitals.

The H Moross School works closely with the team of specialists at the hospital to provide specialised learning programmes for children who are admitted for a wide range of behavioural and emotional conditions. Such conditions may include school refusal, severe anxiety, depression, concentration concerns and learning disorders. The school is seen as a valuable adjunct to the comprehensive treatment, care and rehabilitation of children and adolescents admitted to TARA Hospital.

Using the syllabus from the child's registered school, the H Moross School provides education from Grade R to Grade 12 and refers adolescents to adult basic education and training (ABET) if appropriate. An individual learning plan is formulated for each learner. Learners continue to write their registered school tests and examinations in so far as possible.

Learners are assessed throughout their stay and the school facilitates placement at schools for learners with special needs when learners leave. Parents are included in decision-making and made responsible in facilitating the educational needs of their children.

*Some of our children pose special challenges
as they have never been to school or have
been absent from school for extended
periods for various reasons.*

Mrs S Elliah, Principal

Tygerberg Hospital School in Cape Town serves children with a wide range of illness and injury, including chronic and psychiatric illnesses, surgical and orthopaedic cases. The school has 7 classrooms, a computer centre, a library, 2 recreation rooms and outdoor recreation areas. Many learners are immobile because they are on drips or machines due to the severity of their injuries. Educators work with these patients at their bedsides. The hospital and education department share responsibility for care of the premises.

The school is officially listed as one for learners with special educational needs. Learners' best interests are served when hospital staff and educators work together. This is often difficult as goals are not the same although both parties are addressing the needs and best interests of hospitalised children. There is ongoing promotion of the school within the hospital since it is an academic hospital with high staff turnover.

When learners are sufficiently well, are capable of writing examinations and illness is unlikely to affect their results, the hospital school coordinates the examination process with the learners' home schools.



As learners do not have access to board games, puzzles and other perceptual games at home the school enables them to play these before classes begin. Mrs Susan Potgieter, Principal

BOYS LEARNING FRENCH KNITTING, TYGERBERG HOSPITAL SCHOOL

Useful contacts and resources

Hospital schools

EASTERN CAPE

Cecilia Makiwane Hospital Primary School	Cell: 083 332 8621
Frere Hospital Primary School, East London	Tel: 043 709 2339
Livingstone Hospital Primary School, Port Elizabeth	Tel: 041 405 2411
Mxesibe Hospital Senior Primary School, All Saints Hospital	Tel: 047 548 1111
Nessie Knight Hospital Primary School	Cell: 047 557 0722

FREE STATE

Pelonomi Hospital Primary School, Heidedal	Tel: 051 405 1396
Universitas Hospital Primary School, Mangaung	Tel: 051 405 3645

GAUTENG

Dr George Mukhari Hospital Primary School, Ga-Rankuwa	Tel: 012 529 3796
Johannesburg Hospital School, Forest Town Charlotte Maxeke Hospital	Tel: 011 481 5189
Kalafong Middle Hospital School	Tel: 012 373 5203

Pretoria Hospital School/Hospitaalskool	Tel: 012 329 1560
1 Military Hospital	
Pretoria West Hospital	
Steve Biko Hospital	
Tshwane District Hospital	
Tshwane Rehabilitation Hospital	
Weskoppies Psychiatric Hospital.	
Sizwe (TB) Hospital School, Edenvale	Tel: 011 531 4409
Rietfontein Tropical Diseases Hospital	
H Moross School, Randburg	Tel: 011 535 3146
TARA Hospital	

KWAZULU-NATAL

King George V TB Hospital School, eThekweni	Tel: 031 242 6115
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WESTERN CAPE

Brewelskloof TB Hospital School, Worcester	Tel: 023 348 1338
Administered by Pionierskool for visual impairment	Tel: 023 342 2313
Groote Schuur Hospital School, Observatory	Tel: 021 404 5012
Includes Princess Alice Hospital School	
Lentegeur Hospital School, Mitchells Plain	Tel: 021 371 4111
Includes Sonstraal Hospital School since 2010	
Maitland Cottage Home Hospital School, Newlands	Tel: 021 674 0182
Red Cross Hospital School, Wynberg	Tel: 021 658 5042
Tygerberg Hospital School, Parow	Tel: 021 938 5261

Education offices

*Information is correct for 2012.
Names of people
may change later.*

NATIONAL Department of
Inclusive Education, South Africa
National Director: Dr Moses
Simelane
Private Bag x895
Pretoria 0001
Tel. 012 357 4094/ 357 4082
Fax 012 323 7749
Simelane.m@doe.gov.za

Provinces with hospital schools

EASTERN CAPE DoBE

Director: Ms N Tezapi

Tel: 040 608 4205

Fax: 040 608 4249

nokuzola.tezapi@edu.ecprov.gov.za

FREE STATE DoBE

Institutional Development
Management and Governance,
e-Education and ELITS

Ms B Kitching

Private Bag X20512

Bloemfontein 9300

Tel: 051 447 8144

Fax: 086 519 7677

kitching@edu.fs.gov.za

GAUTENG DoBE

Inclusion and Special Needs
Education

Director: Dr Hester Costa

Private Bag X 7710

Johannesburg 2001

Tel: 011 355 0700

Fax: 011 355 0970

Hester.Costa@gauteng.gov.za

KWAZULU-NATAL DoBE

Special Needs, Rural, Inclusive
Education

Chief Director: Dr HP Gumede

Private Bag X9137

Pietermaritzburg 3200

Tel: 033 846 5130

Fax: 033 846 3193

Happy.Gumede@kzndoe.gov.za

WESTERN CAPE DoBE

Specialised Education Support

Director: Ms Berenice Daniels

Private Bag X 9114

Cape Town 8000

Tel: 021 467 2027/8

Fax: 021 425 7465

Berenice.Daniels@westerncape.gov.za

Provinces with no hospital schools

LIMPOPO Department of
Education
Education Professional Auxiliary
Services
General Manager: Mrs Cebile
Khanye
Private Bag X 9489
Pietersburg 0700
Tel: 015 290 7652
Fax: 015 297 9109
khanyeci@edu.limpopo.gov.za

MPUMALANGA Department of
Education
Special Needs Education
Manager: Dr MC Pieterse
Private Bag X 11341
Nelspruit 1200
Tel: 013-7665875
Fax: 086-562-4730
m.pieterse@education.mpu.gov.za

NORTHERN CAPE Department of
Education
Inclusive and Special Needs
Education
Director: Mr Pieter Moolman
Private Bag X 5029
Kimberley 8300
Tel. (053) 839 6366
Fax (053) 839 6580/1
pmoolman@ncpg.gov.za

NORTHWEST Department
Education
IPDS Institution Policies
Development Service
Director: Ms MC Wessie
Private Bag X2044
Mmabatho 2735
Tel: 018 389 8114
Fax (018) 389 8245/8
mwessie@nwpg.gov.za

Organisations

Autism South Africa

Tel: 011 484 9909

Fax: 011 484 3171

info@autismsouthafrica.org

<http://www.autismsouthafrica.org/>

Child Care Information Centre (CICC)

Directory of special needs services for children in the Cape Town area

Tel: 021 689 1519

Send emails from the website

<http://specialneedsdirectory.org.za/>

Epilepsy South Africa, National

Tel: 0860 374 537

Tel: 021 595 4900

Fax: 021 595 4901

gauteng@epilepsy.org.za

<http://www.epilepsy.org.za/>

FARR (Foundation for Alcohol Related Research)

Prevention and support programmes for Foetal Alcohol Syndrome (FAS) in Ashton, Ceres, De Aar, Upington. Cape Town office

Tel: 021 686 2645/6/7

Fax: 021 685 7034

Email: info@farrsa.org.za

Website: <http://www.farr-sa.co.za/>

Pebbles Project:

Help for children and teens with special educational needs from disadvantaged backgrounds, especially if their lives are affected by alcohol. Western Cape: Paarl, Somerset West, Stellenbosch.

Cell: 083 208 6074

marileze@pebblesproject.co.za

<http://www.pebblesproject.co.za/>

SAaled (SA Association for Learning and Educational Difficulties)

An organisation of parents and professionals (psychologists and remedial teachers)

Helpline: 011 648 5779 (National Office)

Fax: 086 681 3547

membership@saaled.org.za

www.saaled.org.za

Readings

Barcelona H.O.P.E. Charter (2000) The Rights and Educational Needs of Sick Children and Adolescents. <http://www.hospitalteachers.eu/>

Disability Factsheets. R2ECWD 2012 Campaign for the right to education for children with disabilities. [http://www.saaled.org.za/...](http://www.saaled.org.za/)

Education for hospitalised children: Lessons from Philo Impilo, by J Kruger, D De Wet and S Vally 2012. *Education as Change* vol.14 No.2 December. [http://www.tandfonline.com/...](http://www.tandfonline.com/)

Children's Hospital School, Leicester (UK) [http://www.childrenshospitalschool.leicester.sch.uk/...](http://www.childrenshospitalschool.leicester.sch.uk/)

Lucile Packard Children's Hospital School Learning. Designing Learning Spaces: 2008 project design, D Gilbert EDUC 303X: 21 page report. Space-specific needs and design solutions shown and linked to learning goals and learning theory in clear, descriptive ways: <http://learningspaces2008.pbworks.com/f/LPCHS.pdf>

The Children's Hospital School (Great Ormond Street & University College Hospitals), London. The hospitals and school are known for excellence in work with children. <http://www.gosh.camden.sch.uk>

Teachers' experience of teaching in a hospital school, by LE Carstens, former hospital school principal, SA 2004: [https://ujdigispace.uj.ac.za/...](https://ujdigispace.uj.ac.za/)

A Charter for Children's Learning at The Royal Children's Hospital: Literature Review. By S Wilks 2010, Australia: Melbourne 93 page review on: theory, practice, policy; stages of learning; characteristics of learners 3-8 yrs, 8-10 yrs, 10-15 yrs, 15-16 yrs and 16-18 yrs; how spaces affect teaching and learning; consulting children and young people about preferences; levels of education (bedside, class, virtual); successful cultural shifts in the use of learning spaces; importance of the Arts, outdoors; evaluation of learning outcomes: http://ww2.rch.org.au/emplibrary/edinst/CharterLitReviewJune2010_final.pdf

Word list/glossary

Autism	The official name is Autism Spectrum Disorders (ASD) because this is a group of three development challenges for children: Autistic Disorder (also called “classic” autism), Asperger Syndrome and Pervasive Developmental Disorder. ASD is a brain disorder that can make it hard for children to communicate and to interact socially.
Child	A person 2-18 years old in terms of the Children’s Act (38 of 2005 as amended).
Congenital	A condition existing at birth and often before birth. This is a bodily condition in which the state of one’s organs, cells or overall health gradually declines.
Diagnosis	The process that a doctor follows to find out what illness a patient has.
DoBE	Department of Basic Education
DoH	Department of Health
ECD	Early Childhood Development
Epilepsy	Epilepsy is a disorder of the nervous system. People have seizures when the electrical signals in the brain misfire. There are different types of epilepsy and of seizures. People can develop epilepsy as children or teens or adults. It fades in many children as they get older. It is no longer acceptable to call people with epilepsy “epileptics” or to say they throw, or have, “fits”. A 16 year old boy pointed out: “Epilepsy is what I have, not who I am”.

Foetal alcohol syndrome (FAS)	Mothers who drink alcohol to excess during pregnancy cause mental and physical defects in their unborn babies. The effects are permanent. There is no cure or treatment. FAS seriously harms a child's capacity to function mentally, physically and socially.
GUIC	Growing Up In Cities
MEC	Member of the Executive Council
Neonatology	The medical care of newborn infants, especially the ill or premature newborn infant.
Paediatric	Paediatrics is the branch of medicine that deals with the medical care of infants, children, and adolescents.
Paediatrician	A doctor who provides specialist medical care to infants, children and adolescents.
Prognosis	A doctor's expert opinion about a patient's recovery from illness.
Psychiatry	The branch of medicine that deals with the diagnosis, treatment, and prevention of mental and emotional disorders.
SIAS	Screening, Identification, Assessment and Support
UNESCO	United Nations Educational Scientific and Cultural Organization

Reference list

Information in this booklet was obtained from the following sources, among others:

2012 13 September Meeting on special needs education including hospital schools: Representatives from Gauteng schools and the education department. Chair: Dr Lorna Jacklin, principal consultant paediatrician at Charlotte Maxeke Johannesburg Academic Hospital.

2011 14 February Meeting: Gauteng hospital school principals with Gauteng directorate of inclusive education representatives and SA director of UNESCO's GUIC project. Chair: Mrs Ronel van Biljon, principal of Johannesburg Hospital School and the autism unit of the school.

2011 6 April Meeting on hospital schooling: Gauteng director of inclusive education, program manager SA National Commission for UNESCO, SA Director of UNESCO's GUIC project, four education officials. Chair: Dr Marie-Louise Samuels, National Director of Early Childhood Development.

2012 Masterlists, SA Schools <http://www.education.gov.za/EMIS/...>

Audit of paediatric cardiac services <http://www.saheart.org/journal/...>

Census 2011 P0301.4. Statistics South Africa

Chronic conditions in children
http://www.hst.org.za/uploads/files/chap15_06.pdf

Chronic illness Grades R-3
http://www.unicef.org/southafrica/SAF_resources_learnersill.pdf

Department of Education 1996 South African Schools Act No. 84.

Department of Education 2001 White Paper 5. Early Childhood Development.

Department of Education 2001 Education White Paper 6. Inclusive / Special Needs Education.

Department of Education 2007 White Paper 7. e-Education.

Department of Education 2008 SIAS School Pack

Department of Education 2008 SIAS Learner Pack

Department of Health 2002 District Hospitals: Norms and Standards

eThekweni Municipality 2007 South Durban health study. Multipoint Plan Project 4.

Simjee: Autistic children struggle to get an education 2010

<http://www.health-e.org.za/...>

Western Cape proposed closure of hospital schools 2009

<http://www.westerncape.gov.za/...>

**DRAWING BY LERATO, GR.7,
JOHANNESBURG HOSPITAL SCHOOL**

