The Croft

SEND data	Numbers	Percentage of cohort
Specific learning difficulties (SpLD)	6	42.8%
Moderate learning difficulty (MLD)	0	
Severe learning difficulty (SLD)	0	
Profound and multiple learning difficulty (PMLD)	0	
Speech, language and communication needs (SLCN)	5	35.7%
Social, emotional and mental health (SEMH)	9	64.3%
Autistic spectrum disorder (ASD)	7	50%
Visual impairment (VI)	0	
Hearing impairment (HI)	0	
Multisensory impairment (MSI)	0	
Physical disability (PD)	0	
'SEN support' but no specialist assessment of type of need (NSA).	2	14.3%

Teacher in Charge comment:
Contextualisation: A maternity cover teacher was in post for the teacher in charge from 09/2019-10/02/20.   Due to the COVID-19 pandemic, and medical staff needing to be re-deployed to other acute units, the Croft Child and Family Unit closed from 17/03/20-25/05/20 (01/06/20 corrected for school term).

Impact on admission and length of stay:

Despite 4 pupils having significantly shortened admissions times due to the unit closing, the average length of stay is still significantly higher than average length of admissions in recent years. The cut off point for the data presented here was the 17/03/20 as all pupils currently on role since re-opening the unit are mid admission, therefore difficult to quantify in a way which is significant from the point of view of data presented here. A total of 14 pupils admitted up to 17/03/20 is within (or slightly under) the expected number of pupils based on averages from the past 3 years.

Impact on educational progress:

Very little educational progress over the length of admission is recorded from 09/2019-02/2020. This could be due to:

-Difficulties in consistently engaging the pupils in academic work.

-Behaviour management within the classroom

-Different sublevel descriptors being used (Educational progress in the Croft school is usually recorded using a system of 5 sublevel descriptors for each year group expectations (Beginning, Beginning +, Working @, Working@+, and Secure), based on moderation work and the system used at our local partner school) possibly not enabling the recording of more incremental educational progress.

From 10/02/20-17/03/20:

- 7 pupils were present. 5 were admitted prior to the 10/02/20, Of those, 2 spent more than 84% of their total admission length prior to 10/02/20, 2 spent nearly 50% of their total admission length prior to 10/02/20. The remaining 1 spent 20% of thei total admission time prior to the 10/02/20. The 2 pupils admitted between 10/02/20 and 17/03/20 spent 3 and 4 weeks in school on the unit (leave not included).

For this period, using the 5 sublevel descriptors described above, the following progress could be recorded for the 3 pupils where data was relevant (>50% of admission between 10/02/20-15/03/20):

Pupil	Year group on entry	Maths Entry	Maths Exit	Writing Entry	Writing Exit	Reading Entry	Reading Exit	Science Entry	Science Exit
A	6	3w+	4B+	4B	4W	3W	4B	4W	4W+
B	6	2S	3B+	1W	2B	ND*	ND*	3B	3W+
C	6	2W+	3W+	2B	3S	2B	3S	3B	3S

* This pupil was electively mute, and would not engage with any form of reading which would have enabled to assess their reading level.

Stakeholder feedback:

Feedback was not sought from stakeholders prior to 10/02/20.

Feedback forms given to all pupils and parents since.

Returned forms 3/7 parental forms returned (all 3 were parents of pupils who had spent more than 50% of their admission prior to 10/02/20) all 3 parents identified more regular feedback from school as an improvement point.

Action taken: In conjunction with the Ward staff: Ward round notes which include school feedback now shared with parents weekly. Teacher in charge to join weekend feedback/ward round feedback face to face with parents alongside a member of the MDT team fortnightly. I will also continue to regularly communicate with parents on the ward, handing over key information on a needs driven basis.

Addenbrooke's Primary

This data set comprises only those students who were registered with the school between 1.09.19 and 17.3.20

Headline cohort data	
Boys	38
Girls	30
EAL/BME	EAL - We don't collect this data. BME - this is a voluntary part of the registration form that is often left blank and so this data would be unreliable.
EHCP/Statement of SEN prior to admission	12
RIP	2
Total number of students registered	**68**
Number of recurring students within this group	40
Range of year group	YR – Y6
Year group breakdown	EYFS/KS1: YR- 7, Y1 – 18, Y2 – 13, KS2 : Y3 – 6 , Y4 – 7, Y5 – 9, Y6 – 8

It is interesting to note that 46% of our cohort were in Years 1 and 2 this year, whereas the spread between the other years is relatively even. One reason for this may be that children are being diagnosed earlier, and we know that this is particularly the case for children with brain tumours. This pattern had been observed in previous years, and we have spent a lot of time this year developing our provision for younger learners. This includes sourcing a great number of practical hands-on resources to support the teaching of maths and English, provision of resources to support the Early Years play-based curriculum and a new story based phonics scheme. The new practical resources have also been useful to support older children and particularly those with special needs. We are also adapting the Story Time Phonics resource books, so that they can be used in a cross curricular way for all of our learners.

18% of our registered children have an EHCP. The majority of these received 1:1 sessions as most were unable to access the school room. For children with SEND on the oncology ward we worked closely with the children, parents and Play Team to determine whether 1:1 or school room sessions (or a mixture of both) would be most beneficial for the child. If the school room was used we planned transitions carefully, offering opportunities for a child to become familiar with a space and to develop relationships with the School Team outside of normal session time. We

usually find that we spend more time with these children and their families, offering additional support, to ensure that they can continue to access learning in a way that works for them.

Session data for 68 registered pupils

Autumn Term			Spring Term (up to 17th March)		
No. of registered pupils: 54	**Total possible sessions: 540**		**No. of registered pupils: 34**	**Total possible sessions: 246**	
1:1 or small group sessions with teacher	Independent work provided	Sessions unable to be taken up for medical reasons by registered pupils *	1:1 or small group sessions with teacher	Independent work provided	Sessions unable to be taken up for medical reasons by registered pupils *
288	61	191	112	88	46

* Some of our registered children may spend significant time in hospital but not be well enough to engage with school. When recurring patients are admitted but are too unwell, we make daily contact with parents and child, to help maintain these relationships and offer work where appropriate. Each of these figures * represents daily contact with a registered pupil or their family which does not result in a session or independent work given. There are also numerous occasions when a session is planned, but declined or interrupted at the last minute for treatment or other medical reasons. These are all incorporated in this * figure. For new registered patients we introduce ourselves and the service if appropriate and offer advice and books from the Read for Good scheme. In this way, we start to develop positive relationships with the children and their families ready for when a child is able to start schooling. This daily contact is time-consuming but incredibly valuable. It is relevant to note that included in these figures is the data for one child on our oncology ward who was incredibly unwell and he accounts for 62 of these daily contact only sessions across both terms.

All of our sessions including independent work are planned with clear learning objectives, based on the child's next steps. These are recorded alongside comments on the session including planning adaptations, assessment against learning objectives and next steps.

We also sometimes provide work for children who are not registered. These may be patients who are short term admissions who are not part of our main workload, or we are unable to register them as they are not resident in the UK and therefore not in the UK school system.

Reflection of differences between two terms

The session data between the two terms is very different but also reflective of the flexible ways we work at Addenbrooke's. We were incredibly busy in the Autumn term, and often had around 5 children in the school room each day, as well as numerous 1:1 sessions. The school room sessions worked really well, and the children were productive, engaged and supportive of each other. The children learnt well and also had lots of fun and laughter. In the Spring term, the wards had to reduce bed spaces for infection control as 'winter bugs' were prevalent, and rooms that usually have three beds had one, which had a knock on effect on our numbers. Many of our registered children were barrier nursed meaning we were often only able to provide work for children to complete independently. This was frustrating, especially when we had been making such good progress with some of our long-term patients before Christmas. Towards the end of this term we saw the impact of Covid 19, as far fewer children were admitted, and we were no longer able to carry out 1:1 sessions. In the spring term, we often had only one or two children in the school room, and it was interesting to note that although these sessions were productive in terms of learning, the children seemed to really miss the social benefits of learning together, and it highlighted just how valuable our school room sessions are for our oncology patients, contributing to their overall well-being, as well as their education.

Attendance Percentage: 69.8%
Comment – This figure represents the number of 1:1, small group sessions and individual work sessions delivered, out of the total possible number of sessions for registered pupils across both terms.
Exclusions percentage – 0% (We don't have exclusions due to the nature of our work.)

Pupil Outcomes

To give an example of pupil outcomes we have taken a sample week (week 6) from each term and outlined the number of Learning Objectives achieved for this period. We may teach 2 or more subjects during our time (session) with a child and so each subject taught has been shown below as an individual lesson.

Week 6	Registered pupils	1:1/group Sessions during week	Lessons during week	LOs achieved	LOs Partially achieved	LO not achieved	Missed sessions for any reason
Autumn Term	11	25	39	27 (69%)	12 (31%)	0 (0%)	30
Spring Term	7	15	26	22 (85%)	4 (15%)	0 (0%)	20

The percentage of Learning Objectives achieved during sessions is really encouraging, and shows that the majority of children are able to make good progress in their learning while at Addenbrooke's. The difference in percentages of Learning Objectives achieved across the two terms might be explained by the fact that the vast majority of our sessions in the spring term were 1:1, which enabled us to give children the precise support they needed at each moment. In the autumn term, we had far more school room sessions with a larger group of children from YR-6 in the school room at the same time. However, as has been previously mentioned, the busy school room in the Autumn term had huge benefits in terms of pupil well-being, confidence and motivation.

Teacher comment
• The quality of teaching, learning and assessment The Pupil Outcomes table highlights that fact that we often fit more than one subject lesson into a session. We will usually try to deliver both English and Maths lessons within each hour long session. Our topic based curriculum in the school room ensures that our long term oncology pupils also have access to a broad curriculum, whilst maintaining the focus on developing skills in English and maths. We use a range of practical resources to support our teaching, particularly for maths. We also use well-regarded planning schemes such as White Rose Maths, and have just introduced Story Time Phonics, which has been popular and effective so far. We have started using VIPERS questioning to structure our reading sessions and ensure that children have the opportunity to answer a range of types of comprehension questions. Rapid and accurate assessment is key to enabling children to begin learning and we have just updated some of our assessment procedures to ensure that they meet the needs of our children. • Personal development, behaviour and welfare In the school room we offer opportunities to develop social skills, and we find that the children are very supportive of each other. Being with other children often helps improve self-confidence and confidence to attempt the learning. Opportunities to chat with other children in the oncology ward can be rare and are profoundly beneficial. Our topic based curriculum provides children with the opportunities to develop a broad range of skills, and express themselves in different ways. We also mark national events such as World Book Day, helping children to feel more connected to the world outside the hospital. • Outcomes for pupils The majority of our sessions are 1:1 or in small groups with a high adult to child ratio. This means that we are able to tailor the learning to the precise needs of the child at every moment, and as a result, a high percentage of the learning objectives taught are achieved. In the two sample weeks in the Pupil Outcomes data table above, the Learning Objective was achieved in 75% of the lessons taught.
Stakeholder feedback – Comments taken from exit questionnaires completed by children and parents between November and March.

Children:
"It's a fun time, lots of activities" Y1
" I like the creative activities and talking to the other children" Y1
"I like learning new things" Y3
"I like the teachers and the maths" Y1
" We get to do fun work" Y5
Parents:
 "Thank you so much. It's fantastic that my son has had lessons with the hospital school. He really enjoyed them." Y5 (23.01.20)
" I'd possibly like more sessions. Morning and afternoon" Y2 (6.12.19)
"It really lifted her spirits and she couldn't wait to go! Such a wonderful important service for children in hospital so they don't fall behind" Y1 (11.12.19)
"We were really happy with the positive effect hospital school had on our son and his positive recovery." Y1 (3.12.19)
"When in for chemotherapy attendance is adhoc due to how my child is feeling. Teachers at hospital school are very accommodating but encouraging and enthusiastic" Y1 (11.12.19)
" I can't thank the hospital school facility or the teaching staff enough. The school sessions W has participated in have done him a world of good in his recovery- including his psychological well-being. It has been a sheer joy to see him engage with the teacher and his learning – from a communication and educational perspective too. Thank you!" Y2 (4/3/20)

Reflection on practice and plans for development
- Improve data collection for registered pupils, ensuring that all relevant data is collected at registration and is kept in a single document, to enable speedy data retrieval, including columns for achievement of Learning Objectives and Parental contact.
- Pursue improvements with hospital Wi-Fi, to enable isolated students to access online learning, and to enable dialogue between pupil and teacher even when we are unable to meet in person.
- Find new ways to facilitate quality EYFS child-led learning within our time-limited sessions, while still having sufficient time to deliver the maths and English teaching that EYFS children need.
- Start using our updated baseline assessments, and evaluate whether they improve the speed and accuracy of our assessment.

Phoenix

Data set: All young people *discharged* from the Phoenix Centre between 05.09.19 and 30.06 20

Total data set: 17

Headline Cohort Data	
Boys	2
Girls	15
Transgender	0
EAL/BME	0
Non-mobile Pupils	0
Disadvantaged Pupils	1
CPP	2
Child in need	5
EHCP	1
Mean average time on roll	169.5 days *
Mean average year group	10.9
Range of year group	Year 8 – Year 13

*Completed admissions (number of days, including weekends)

Range of admissions in days: 318 to 28

Pathway[1]	Goal for Admission	Outcome (Red/Amber/Green)	Discharge Destination
ZPW *Blended*	Return to home college		Undecided work/college
AH *Reintegration*	Return to home school		home school
HL *Reintegration*	Return to home school, sit GCSEs Summer 2020		home school
SF *Reintegration*	Secure sixth form place, maths and English GCSE - Nov 2019		Sixth form college 'A' levels

---

[1] Reintegration, Blended, PRU only

LH _Reintegration_	Return to home college		home college
HCB _Reintegration_	New school place sought and secured, settle in to new school		home school
MS _Reintegration_	Return to home school		home school
FB _Blended_	Explore college courses or possible work / apprenticeship pathways		Self-discharge, undecided – work/college
HC _Reintegration_	Return to home school, sit GCSE exams Summer 2020		home school
MR _Reintegration_	Return to home school		home school
BB _Reintegration_	Seek sixth form place for Summer 2020, explore additional short courses		Sixth from college place
RD _Reintegration_	Return to home school, to sit GCSE exams Summer 2020		home school, sixth form college
LM _Reintegration_	Return to home school		home school
CM _Reintegration_	Return to home school, to sit GCSE exams Summer 2020		home school
NA _Reintegration_	Return to home school, to sit GCSE exams Summer 2020		home school, move to sixth form
KW _PRU_	Consider options for restart Y12, functional skills in maths and English to prepare for GCSE retakes in maths and English		EHCP assessment made, college place to be sought
IR _Reintegration_	Return to home college		Home college

SEND data	Numbers	Percentage of Cohort
Specific learning difficulties (SpLD)	4	23.5%
Moderate learning difficulty (MLD)	0	
Severe learning difficulty (SLD)	0	
Profound and multiple learning difficulty (PMLD)	0	
Speech, language and communication needs (SLCN)	2	12%
Social, emotional and mental health (SEMH)	17	100%

Autistic spectrum disorder (ASD)	2 with diagnosis	12%
Visual impairment (VI)	0	
Hearing impairment (HI)	0	
Multisensory impairment (MSI)	0	
Physical disability (PD)	0	
'SEN support' but no specialist assessment of type of need (NSA).	1	5.9%

Attendance percentage
Comment :   *Most students attended all sessions of school, if well enough to do so and present on unit. Students also attended their home schools as part of a phased return or were granted home leave by the medical team, which did not include attendance at their home school or at the Phoenix School. Further individual information is available from QNIC registration system.*   *Note 1: Theraputic sessions for all students can take place in school time, as there is not enough non-school time for all sessions to be accommodated.*   *Theraputic sessions include: weekly doctors' reviews, Clinical Team meetings, family therapy, individual psychology, individual occupational therapy and occasionally key-working sessions*   *Note 2: The Phoenix School was suspended from March 23rd 2020 due to the Covid-19 situation. It has not resumed by June 30th 2020. At the time of suspension 60% of patients were sent on extended home leave and 40% of patients remained on the unit. (Total 10 patients) By June 30th 33% of patients (including 1 new admission since lockdown) remain on extended home leave and 66% of patients (including 4 new admissions) are on the ward. (Total 9 patients)*
Exclusions percentage 0%
Comment
Teacher in charge comment   • The quality of teaching, learning and assessment   9 teaching sessions offered per week with regular access to maths, English, science, MFL and art teachers. Students have been supported with their home school curriculum or offered bespoke programmes of study as appropriate. Assessment for learning principles utilized by all teachers and progress recorded / targets set using Google Drive spreadsheet. Year 11 students supported with mock exams or to take examined papers of their courses eg. Cache Health and Social Care. Students given opportunities to explore own interests and gain accreditation through the AQA unit award scheme or the Trinity Guildhall Arts Awards. Students able to do maths and English GCSEs in the Autumn series, as appropriate and teachers followed Pilgrim PRU devised protocol for awarding

CAGs or offering supporting evidence to home schools with CAGs after the Summer series of GCSE exams were cancelled due to the Covid-19 sitaution.

- Personal development, behaviour and welfare
  In period September 2019 – March 2020) - PHSE – some group sessions eg. LGBT+ awareness and some individual/bespoke work eg AQA unit awards, pupil voice sessions (linked to Rights Respecting Schools) with visits from Management Committee members, visits eg. to King's College Choir, Carols for Schools service and individual life-skills interventions (led by Occupational Therapist). The Junction led 'Film Project' and proposed theatre visits cancelled due to Covid-19. A number of individual careers interviews took place, with our external provider – Form the Future. These were well-received by young people and included a detailed follow-up Action Plan. Further individual careers work has taken place depending on ages and stages of young people and also specific careers work from home schools has been facilitated in Phoenix School – we were able to support a young person to attend (with home school cohort) a Y9 careers event held at Anglia Ruskin University in February 2020.

- Outcomes for pupils
  76.5% of students were able to reintegrate to their home schools and continue to pick up their education there. We supported one young person to negotiate a change of year group so that she could repeat her Year 10, in line with her own and her family's wishes. Year 11 students discharged in this period had sixth form places secured (pending grades) and Phoenix School staff either entered Centre Assessed Grades or worked with home school to assess CAGs for Year 11 students whose GCSE exams were cancelled due to the Covid-19 situation.
  23.5% of students discharged in the specified period were either in the process of applying for sixth form places (re-sitting Year 12 or Year 13) or were at the time of discharge undecided about their future work/study plans. We had supported these young people with help and advice (eg offering careers interviews and events, bespoke programmes from a variety of sources, access to college admissions teams or local youth transition services) on which to continue their decision-making processes.
  We have helped one young person apply for an EHCP assessment to support a college place or a bespoke programme.

Stakeholder feedback

Work to develop new systems for gathering stakeholder feedback was suspended as consequence of Covid-19 – online questionnaires being developed for including in ward feedback protocols.

Other feedback not available as access to school currently not possible.

Much positive feedback from parents and students in form of cards given to staff at discharge.

Darwin

Headline cohort data for all students	
Boys	6
Girls	27
Transgender	0
EAL/BME	4
Non-mobile Pupils	0
Disadvantaged Pupils	15
CPP	4
Child in need	6
EHCP	9
Mean average time on roll	141 days
Mean average year group	12
Range of year group	5

All young people *discharged* from the Darwin Centre between 05.09.19 and 30.06 20 with admissions of longer than a week.

Pathway[2]	Goal for Admission	Outcome (Red/Amber/Green)	Discharge Destination
PRU only	Educational rehabilitation and sourcing of specialist placement.	🟩	Specialist ASC placement
Reintegration	Psychoeducation for ADHD and reintegration.	🟩	Home school
Reintegration	January entry GCSE English to build on strengths with support to reintegrate to home school.	🟧	Transferred to another inpatient unit

[2] Reintegration, Blended, PRU only

Reintegration	Support to catch up on A level work, reintegrate to sixthform.		Home school
PRU only	Support to achieve missed GCSEs and find specialist placement.		Specialist support package
PRU only	Support to catch up and to find specialist placement.		Specialist placement
Blended	Psychoeducation for ASC, support to take GCSEs early, return to home school.		Home school
Blended	Psychoeducation, plan for alternative pathways.		Home school
PRU only	Apply for EHCP source specialist placement, attachment work.		Specialist placement
Blended	Attachment work, psychoeducation and reintegration to home school.		Home school
Reintegration	Support home school to understand and meet need.		Home school
Reintegration	Psychoeduction and work with college to understand and meet need.		Home school
PRU only	Attachment work and sourcing of specialist placement.		Residential, therapeutic community with education
Blended	Attachment work, psychoeducation around ASC and therapeutic curriculum.		Residential, therapeutic community with education
Blended	Attachment work, retake GCSE maths, reintegrate to sixth form following year out.		Residential placement with return to home school
PRU only	Attachment work, psychoeducation for ASC and trauma, source supported placement.		College with support through EHCP
Blended	Psychoeducation, source appropriate placement.		EHCP applied for and in assessment phase
PRU only	Catch up curriculum, attachment work, supported placement.		EHCP secured, placement found.
Reintegration	Attachment work, support to keep up with A levels with a view to reintegrating to home school.		Home school

SEND data	Numbers	Percentage of Cohort
Specific learning difficulties (SpLD)	12	36%
Moderate learning difficulty (MLD)	3	9%
Severe learning difficulty (SLD)	0	0%
Profound and multiple learning difficulty (PMLD)	0	0%
Speech, language and communication needs (SLCN)	0	0%
Social, emotional and mental health (SEMH)	33	100%
Autistic spectrum disorder (ASD)	14	42%
Visual impairment (VI)	0	0%
Hearing impairment (HI)	1	3%
Multisensory impairment (MSI)	0	0%
Physical disability (PD)	1	3%
'SEN support' but no specialist assessment of type of need (NSA).	0	0%

Attendance percentage - 67%
Comment The percentage score reflects actual attendance at the learning centre, it does not reflect those working with us on the wards, all those on leave and those in therapeutic/medical sessions which account for a significant amount of the absence.
Exclusions percentage – 0%
Comment We run an attachment informed model where we offer unconditional positive regard at all times, we do not ever use sanctions or behavioural models of working. An exclusion would never even considered.
Teacher in charge comment • The quality of teaching, learning and assessment We had significant success in December with the successful moderation of 4 young people passing their health and social care level 2 certificate (14 academic credits), one with distinction, two with merit. One was in year 12 having been in inpatient untis for several years, two of these students were in year 10 and had been out of school for several years, the other in year 11 also out of school for 3 years. We also had one young person passing the health and social care at level 3 (AS level) achieving a distinction*, her work was requested by the moderator and used as an exemplar of distinction* standard. We supported a year 11 to take her maths and English in January 2020 in order to build confidence and to reduce the pressure on her in the summer, she passed each with grades

above her FFT target and a year 12 to take her maths and English in the November series as she missed the summer exam series in 2019.

In the summer we entered 3 young people for the level 3 health and social care, all at distinction grades and a further 3 people at level 2. We also had success with running the HPQ for the first time. Three young people, one in year 10, two in year 11 successfully pass at grades A and B. We entered 2 year 11s for GCSEs in the summer exam series in English, maths. We also had 6 young people complete the Arts Award and passed many young people for unit awards in numerous categories:

EFFECTS OF ALCOHOL
EMOTIONAL WELLBEING
EXPLORING MENTAL HEALTH
FIRST AID AWARENESS
LISTENING TO MUSIC
MAKING A HOT DRINK
PERSONALITY DISORDERS
POETRY
RESEARCH AND PRESENTATION SKILLS
RESPONSIBLE PET OWNERSHIP (UNIT 1):
GETTING THE RIGHT PET
REVIEWING A FILM
WRITING AN EMAIL OF COMPLAINT
FINGER-SPELLING
INTRODUCTION TO HORSE CARE AND RIDING
MUSIC FOR THE STAGE: OPERAS AND MUSICALS
STAGE MUSICALS
ANIMAL HUSBANDRY (UNIT 6): CARE OF A RABBIT AND A GUINEA PIG
DESIGNING ON THE THEME OF ANIMALS
INTRODUCTION TO HORSE CARE AND RIDING
THE SOLAR SYSTEM
USING WATER COLOUR PAINTS TO CREATE IMAGES

INTRODUCTION TO FILM MAKING
WATCHING AND RESPONDING TO A FULL LENGTH FILM
DRAWING AND COLOURING IN A CARTOON
PAINTING A WORK PIECE USING ACRYLIC PAINTS
THE BASICS OF DIGITAL PHOTOGRAPHY
BIOLOGY:THE HUMAN BODY (UNIT 1)
CHEMISTRY: ELEMENTS, MIXTURES AND COMPOUNDS (UNIT 1)
CHEMISTRY: ELEMENTS, MIXTURES AND COMPOUNDS (UNIT 2)
CHEMISTRY: ELEMENTS, MIXTURES AND COMPOUNDS (UNIT 3)
INTRODUCTION TO BIG CATS
MATHEMATICS: PROBABILITY
RESPONDING TO POETRY
SCIENCE: CELLS (UNIT 1)
SCIENCE: CELLS (UNIT 2)
STRUCTURE OF THE ATOM: ELECTRONIC CONFIGURATION
STRUCTURE OF THE ATOM: SUBATOMIC PARTICLES
USING THE APOSTROPHE TO SHOW OWNERSHIP

SCIENCE: CELLS (UNIT 1)
WRITING TO ARGUE OR PERSUADE
ALCOHOL, DRUGS AND SMOKING EDUCATION
INTRODUCTION TO MAKEUP
ALGEBRA (UNIT 3)
HORTICULTURE AND THE GARDEN ECOSYSTEM
ALGEBRA (UNIT 1)
ANIMAL HUSBANDRY (UNIT 6): CARE OF A RABBIT AND A GUINEA PIG
ART: CREATING DIFFERENT SURFACES ON PAPER
DESIGNING A TATTOO
HAIR AND BEAUTY: PLAITING HAIR
INFORMATION TECHNOLOGY SKILLS: PRODUCING A SCRAPBOOK
INTRODUCTION TO DRAWING SKILLS
INTRODUCTION TO POP PIANO
LEARNING AND PERFORMING SONGS
SEWING A SEAM BY HAND TO JOIN TWO PIECES OF MATERIAL
SOCIAL MEDIA
STYLES FOR LONG, THICK AND HEAVY HAIR
CREATING A COLLAGE
CARD GAMES: DEVELOPING SOCIAL SKILLS

CREATING AN ELASTIC BEADED BRACELET
CREATING AN INFORMATION BOOK ABOUT
THE JUNGLE
DESIGNING A TATTOO
INTRODUCTION TO HORSE CARE AND RIDING
INTRODUCTION TO PLAYING AN ACOUSTIC
GUITAR
LISTENING TO MUSIC
MAKING A HOT DRINK
CREATING A TOURIST INFORMATION BOOK
ABOUT A LOCAL CITY
DESIGNING A DREAM HOLIDAY
DRAWING AND COLOURING IN A CARTOON
INTRODUCTION TO MAP SKILLS
LISTENING TO MUSIC
PREPARING INFORMATION FOR A DAY IN
LONDON
REVIEWING A FILM
THE LOCAL COMMUNITY

FRENCH: IDENTIFYING COLOURS
FRENCH: NUMBERS (UNIT 1)
FRENCH: NUMBERS (UNIT 2)
FRENCH: NUMBERS (UNIT 3)
FRENCH: NUMBERS (UNIT 4)
BASIC SCIENCE: SOLIDS AND LIQUIDS
FRENCH PLAITING OR BRAIDING
INTERACTION WITH A RABBIT
INTRODUCTION TO DRAWING SKILLS
INTRODUCTION TO FARM ANIMALS
INTRODUCTION TO PICASSO
INTRODUCTION TO USING OFFICE
EQUIPMENT: USING A LAMINATOR
LEARNING ABOUT HORSES
ASTRONOMY (UNIT 6): MAKING A POSTER
OF THE SOLAR SYSTEM
CREATING A COLLAGE
MINECRAFT: BASICS
WILDLIFE PHOTOGRAPHY
INTRODUCTION TO REPTILES

DRAWING AND COLOURING IN A CARTOONS
INTRODUCTION TO DRAWING SKILLS
BULLYING AWARENESS
COMMUNICATION IN FRENCH (UNIT 1)
CREATING AN ELASTIC BEADED BRACELET
CREATING AN INFORMATION BOOK ABOUT
THE JUNGLE
CREATIVE POETRY WRITING
DESIGNING ON THE THEME OF ANIMALS
RATIO AND PROPORTION (UNIT 2)
ANALYSING FILMS
ANIMAL HUSBANDRY (UNIT 6): CARE OF A
RABBIT AND A GUINEA PIG
BODY ART: TEMPORARY TATTOOING
CATCHING AND EVOLVING POKEMON
DESIGNING A TATTOO
DRAWING AND COLOURING IN A CARTOON
ILLUSTRATION IN THE STYLE OF A CHOSEN
ARTIST

- Personal development, behaviour and welfare
  The young people discharged during this period achieved on average an increase in their SEMh functioning scores of 23.4%. This is down to many of the young people arriving without any educational placement and leaving with a placement which meets need agreed and thus with a pthway out of hospital. In addition significant investment was made in developing epistemic trust using AMBIT approaches within the team for effective mentalising of the young people, many of whom had disruptive and damaging experiences of education and of teachers.
  We worked with The Junction to create a collaborative student –driven mental health awareness project, we also worked with Cambridge university to develop opportunities for our young people to communicate and express themselves through an art medium of their choice. We sourced personalized career focused experiences e.g. visiting professionals such as a horticulturalist and

artists and we visited the East Anglian Paramedic service. We further enriched the curriculum with visits from the museum of zoology as well as putting in place enrichment activities off the ward:

- Swimming
- Circus Training
- Fortnightly Rights Group with the NYAS advocate
- Rabbit Rescue work experience
- Tesco
- Pat Dog
- Zoo visits
- Park
- Theatre in London
- Darwin Nurseries
- Walking
- Computer museum
- Paramedic service

- Outcomes for pupils
  We were able to discharge all of our young people to an educational placement this year, we have cultivated close working relationships with educational psychology to support schools in reintegrating their students, we applied for 5 EHCPs and supported with 3. We also spent a substantial amount of time researching placements, carrying out school reintegration visits and supporting schools with risk assessments and psychoeducation.

Stakeholder feedback

Young Person Feedback
Thank you for all your time (to all of the staff) leading up to this point and helping me achieve these grades! I'm suprised I got a five on the maths, but all thanks to Richard and you I have done better than anticipated.

In the Darwin learning Center the staff have put endless effort into our education and to be able to support our need in every way possible, they are always there to help and support us not just in our learning but also in our mental health as well which I find amazing because not every school would do that and the endless effort they put in just so it suits us is over beyond , sometimes young people thought that the

education staff were better at supporting us than the regular health care assistants , the bond that we had was outstanding I couldn't say there was anything bad about it , I hope they can continue to provide that through out the years and to be able to give the support they can offer.

The Darwin learning centre was a big part of my recovery, because all of the staff are supportive and always eager to help in any way they can, the staff are all kind, caring and just amazing, they where always offering their time to listen to you and they helped in any way they could when I wanted to do a project and really cared about the things that are important to me as an individual. Staff made me feel welcomed and supported throughout and helped me incredible amounts.

During my time at the DLC I only had positive experiences. The staff were approachable, caring and always willing to help. Even during difficult times, the staff still made time for one-to-one conversations and lessons, even if their own time was sacrificed.

The dlc a safe environment Where I know kids loves to go too. Teacher were understanding on bad days they wouldn't shout at you if you were to sad to do work. They play games with you listen to you. They put the young people's needs before there's always and that's soenthing I'll always remember. They try to create as many memories for a young person as possible and I know for me they have succeeded in that and I've taken a lot from the dlc they teach you things no other teachers teach or not many teach and that is really special much more important things then just maths and English and science.

Parent feedback
My child has never really enjoyed education and struggled to make progress. However, since she started education at the Darwin Learning Education she has really engaged with the teaching staff and made significant progress. She has left with a qualification in Health and Social Care which would never have been possible if it wasn't for the Darwin.
I am truly grateful for everything that Catherine Fraser Andrews has done for my daughter in her education and also looking into and arranging post discharge education provision for my child.

We have always known our child was bright but you are the first teachers to ever engage her in the right way, the seeds of hope are blossoming thanks to you and your expert team.

No one has ever fought for my daughter like Catherine did, she has a future now because of her tireless advcocacy.

Addenbrooke's Secondary

This data set comprises only those students who are registered with the school between 02.09.19 and 12.3.20. Non registered students also received 51 lessons over the two terms in addition to the 242 sessions of registered students.

Headline cohort data	
Boys	31
Girls	32
EAL/BME	No reliable data. This part of registration often left blank
EHCP	No reliable data.
Total number of students registered	63
Total numbers of days registered students attend hospital	457
Total number of sessions (including independent work, being read to, formal one to one lesson)	242
Range of year group; range of ages	YR 7- 13; 11 years old to 18 years old
Breakdown of students per year group	5 year 7s; 16 year 8s; 16 year 9s; 8 year 10s; 14 year 11s; 3 year 12s; 1 N/A……..37 KS3; 22 KS4;
Range of subjects taught	Focus on English, Maths, Sciences, but also support for French, Spanish, German, RS, History, Geography

The registering of a student gives the hospital school permission to contact the home school teachers. They are invited by phone and email to send school work, or at the very least information on general topic areas that are currently being studied by their peers in the core subjects. Hospital school is seen as important part of the daily life of a registered student; even when it is not possible to schedule a lesson (the student is feeling too unwell, asleep or having treatment) there will always be a discussion with the student and/or carer about the plan for going forward. All lessons are taught one-to one, mainly at the bedside, but occasionally in one of the two small 'teenage rooms' on wards C2 and D2, or in the lounge area on ward C9.

A personalised programme of learning for each student is devised which takes account of their condition on a daily basis, to enable academic progress (revising, consolidating, addressing gaps and introducing new topics). Each one-to-one session aims to maintain interest and confidence; to reduce anxiety; to promote some normality and continuity; and to support the transition back to school after discharge.

There is continual liaison with medical and psychosocial teams, playteam specialists, home schools, parents and carers.

For every registered pupil there is a record of all communications with carers and medical staff and home school, along with daily learning objectives, reflections on outcomes and plans for next steps forward.

Non- registered children (mainly short-term admissions) also receive support and one to one teaching, often based around hospital school activity packs or work they have brought with them from their home school.

This academic year's data not only reflects the early closure of the unit due to the Covid 19 outbreak, but also a big reduction in staffing levels since October 14th 2019.

Session data for 63 registered pupils

AUTUMN TERM 2019					SPRING TERM (to 12th March 2020)				
No. of registered pupils : 44		Total possible sessions 288			No. of registered pupils: 25		Total possible sessions: 170		
1:1 lesson	Independent work from home school	Work on hospital school activity pack	Pupil too unwell for lesson, but read to	Pupil missed session (unwell, treatment, asleep)	1:1 lesson	Independent work from home school	Work on hospital school activity pack	Pupil too unwell for lesson, but read to	Pupil missed session (unwell, treatment, asleep)
137	4	22	2	123	59	4	22	0	85

Average level of engagement: Autumn term 57%; Spring term 50%. Highest level of engagement in one week was 88%.

'No engagement' means that it was not possible to schedule a lesson because the student was too unwell, asleep, undergoing treatment, had a visitor or see below for further explanation

Comment: A reduction in staffing since October 2019 to one part-time TA plus science teacher on Fridays from Oct. 14th 2019 affected the service. The last week was not productive as the hospital made preparations for dealing with the pandemic.

Non- registered children (mainly short-term admissions) also receive support and one to one teaching, often based around hospital school activity packs or work they have brought with them from their home school.

Pupil outcomes. A sample week from each term

WEEK 4	Registered pupils	1:1 sessions	LOs achieved	Los partially achieved	LO not met	Pupil engaged with hospital school activity pack	Pupil engaged with independent activity from home school	Pupil too unwell for lesson, but read to	Pupil missed session – too unwell or treatment or asleep
Autumn Term	10	13	77%	13%	0%	5	0	0	7
Spring Term	5	10	70%	20%	10%	5	0	1	10

The percentage of learning objectives met is good. Learning objectives are carefully tailored to maximize attainment when a student might well be experiencing a high level of discomfort.

- The quality of teaching, learning and assessment, and student welfare.

The luxury of one-to-one tuition allows for a nuanced approach that carefully nurtures progress and moves at a pace that is in tune with the student's level of concentration. Usually each session will touch on one subject only. Long-term students that can manage an hour might study two subjects in that time. Lessons are often interrupted or even curtailed by medical staff interventions, and lesson must be wrapped up as efficiently and naturally as possible. A student may be completely immobile, and books or computers must be held aloft for the duration of the lesson. A student will often be unable to write for themselves, and an important job of the teacher is to act as scribe. Assessment is carried out on a daily basis; a student's confidence in their ability to learn, despite their surroundings, is of paramount importance, and it is vital that the work offers an appropriate level of challenge.

The lessons are usually a welcome distraction from pain or anxiety and go a long way to helping them feel that they are not being left behind. Work that has been set by their own teachers offers a particular level of reassurance and a sense of connection with their home school.
 The students appreciate the individual attention and will often seize the opportunity to gain an understanding of a topic area that has previously eluded them.

Stakeholder feedback

"Thank you for your useful help with my French. You really helped me understand my homework with useful vocabulary and advice with my pronunciation and grammar"

"I really enjoyed all the lessons I had and learnt so much more than I would if I was at School"

"R learnt so much from Elizabeth Cotton. He didn't realize how much he enjoyed Maths!"

Reflection on practice and plans for development
- Response and response time from home schools to request for work for core subjects. Given the recent widely publicised recognition of the damage that long-term absence from school can do to life chances of students, and the new approaches to online learning that have been devised by schools during this crisis, it is hoped that this will get better.
- Data for level of response from home school should be recorded in future.
- The above will also lead to more important consistent data collection on EHCP and statement of SEN prior to admission.
- Ensure that all parents/guardians/carers are aware of the child's right to access education when absent from school as a result of a medical condition and know how and where to seek help after discharge, if a child is unable to return to school full time immediately.

Whole PRU

Staff turnover
31.6%

Vacancies
There is currently one vacancy for a teaching assistant at the Darwin Centre.

Pupil Premium Spending
See head's report