

INSPECTION REPORT

PUPIL REFERRAL UNIT FOR MEDICAL NEEDS

Kingston Upon Hull

LEA area: Kingston Upon Hull

Unique reference number: 134596

Headteacher: Dr. D. Allenby

Lead inspector: Mrs C. Marsh

Dates of inspection: 22nd – 25th March 2004

Inspection number: 264970

Inspection carried out under section 10 of the School Inspections Act 1996

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INFORMATION ABOUT THE UNIT

Type of school:	General medical needs and psychiatric problems
School category:	Pupil Referral Unit
Age range of pupils:	5 – 16
Gender of pupils:	Mixed
Number on roll:	33
School address:	The Priory Centre Priory Road Hull
Postcode:	HU5 5RU
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Appropriate authority:	Kingston Upon Hull LEA
Name of responsible officer:	Mr S. Gardner
Date of previous inspection:	Not applicable

CHARACTERISTICS OF THE UNIT

This pupil referral unit (PRU) provides education for pupils who, for medical reasons, are unable to be educated at school. The provision comprises four parts: the West End Children's Unit and the West End Adolescent Unit, both for pupils with psychiatric difficulties, a classroom at Hull Royal Infirmary, and a home tuition service. The unit has been operating in its present form for just over a year. It was set up by the Local Education Authority (LEA), within the Special Educational Needs Support Service (SENS), as part of the authority's planned provision to provide education for pupils with medical needs.

There is no maximum number of pupils on home tuition or taught at the hospital. The psychiatric units take a maximum of 12 pupils in each unit at any one time. Up to half of these pupils can be residential. Medical staff run the residential provision.

Teaching at the hospital is provided on the wards or in the school room, depending on children's medical needs. A teaching session for an individual or a small group usually lasts for an hour, but there is flexibility within this.

Home tuition pupils get between six and ten hours a week depending on their age and circumstances. Whilst most pupils have a medical condition, the unit also provides education for a number of pupils who have been excluded from school, or who have complex needs and for whom there are temporary difficulties in admitting them to school.

The numbers of pupils being taught by the service can change rapidly, but at the time of the inspection, there were 33 pupils on roll. There were seven pupils with a statement of special educational needs. Attainment on entry is below average, but there is a wide variation. Pupils have a range of special educational needs, including, physical, social, emotional and behavioural difficulties. At the time of the inspection, there were no pupils from ethnic minority backgrounds.

INFORMATION ABOUT THE INSPECTION TEAM

Members of the inspection team			Subject responsibilities
2113	Mrs C. Marsh	Lead inspector	Science, Music, Personal, Social and Health Education.
14070	Mrs J. Tasker	Lay inspector	
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15764	Mrs E. Treacher	Team inspector	Special Educational Needs, Mathematics, Humanities.

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PART A: SUMMARY OF THE REPORT

OVERALL EVALUATION

This new unit has been well set up. **It is a good unit with some very good features. It provides good value for money.** It is particularly successful in making sure that, for pupils unable to attend school for medical reasons, learning continues and education is kept alive. Because of consistently well-planned work, a flexible, resourceful approach and effective liaison with medical staff, pupils make good progress in their work, as well as in their attitudes to learning, their behaviour and their personal development. Teaching and learning are good overall, as is pupils' achievement. The quality of relationships between staff and pupils is very good. Leadership and management are very good, with a clear commitment to keeping all pupils, irrespective of the severity of their conditions, in education. Medical staff, mainstream schools, parents and pupils value highly the work of the unit.

The unit's main strengths and weaknesses are:

- The integrated approach is very effective and ensures that pupils overcome barriers to their learning, have access to education and are well catered for, in spite of the challenging circumstances they face.
- The good quality of teaching makes for pupils' good achievement.
- The very good leadership and management of the headteacher and deputy are rooted in rigorous self-evaluation leading to improvement.
- Provision at the hospital school is of consistently high quality.
- The care and support for pupils are consistently very good
- The quality of teaching at the adolescent unit is only satisfactory.
- Information and communication technology (ICT) is not taught systematically enough.
- There has yet to be appropriate training of home tutors to deal with the small but increasing number of excluded pupils with complex social, emotional and behavioural needs.
- There are some weaknesses in the accommodation that restrict what can be offered.

This new unit has not been inspected before.

STANDARDS ACHIEVED

Pupils' achievement at the end of:	in relation to individual targets in:	
	Subjects of the curriculum	personal and social education
Year 6	Good	Very good
Year 9	Good	Very good
Year 11	Good	Very good

Inspectors make judgements in the range: excellent; very good; good; satisfactory; unsatisfactory; poor; very poor.

Overall, achievement is good. Given pupils' medical conditions, pupils make good progress and achieve well, even though standards overall are below the national average. In English, mathematics and science, achievement is good because of good teaching. In personal, social and health education (PSHE), achievement is very good. Achievement and progress in ICT are satisfactory for most pupils, rather than good – but are good at the hospital. All pupils make very good progress in achieving the targets that are set in their individual plans.

Pupils' personal qualities, including their spiritual, moral, social and cultural development, are good – they make good progress in this respect during their time in the unit. Attitudes, behaviour and attendance are good. This represents a significant achievement, particularly given the medical conditions of pupils. Thanks to the hard work, care and resourcefulness of staff, pupils leave the unit better able to pick up their education in mainstream school. Punctuality is good.

QUALITY OF EDUCATION

The quality of education provided by the unit is good. The unit is successful in its main task of continuing pupils' education, in spite of their medical reasons for being out of school. **Teaching is good overall.** There is a good deal of high quality teaching, particularly at the hospital, the children's unit and in the home tuition service. Teaching in the adolescent unit is satisfactory. There was only one unsatisfactory lesson. The unit provides a good curriculum. Good use is made of ICT across the curriculum to help pupils learn and to help them overcome problems – but not enough is done to teach the subject of ICT in a systematic way. The unit is well resourced, but there are some weaknesses in accommodation – the door to the hospital school room is not wide enough to admit bed-bound patients; teaching rooms in the children's psychiatric unit are cramped and there is no sink; some of the venues used by home tutors provide bleak learning environments. Very good links with medical staff, mainstream schools, parents and other agencies ensure that pupils' learning continues. Links with the community are good. Very good levels of care, support and guidance help pupils to overcome the barriers that might otherwise prevent them from accessing education.

LEADERSHIP AND MANAGEMENT

Leadership and management of the unit are very good. The leadership provided by the headteacher and the deputy is very good. They have welded together a strong team with a positive culture of reflection and action, committed to improvement. Management is also very good. Governance by the Local Education Authority (LEA) is good. The LEA complies with statutory requirements.

PARENTS' AND PUPILS' VIEWS OF THE UNIT

Parents are very positive about the unit. They feel welcomed and involved in what happens and believe they are well informed about their children's progress. They feel their children are kept in touch with school and that they make good progress.

Pupils say they like learning. They feel that their work helps them keep up with what is happening at school. Some also believe their work improves significantly. They feel valued as individuals.

IMPROVEMENTS NEEDED

The most important things the unit should do to improve are:

- Continue to raise the quality of teaching and learning, particularly in the adolescent unit, to the high standard seen in other parts of the provision, in order to raise achievement further.
- Raise achievement in ICT, by making sure the subject is taught systematically.
- Ensure that home tutors receive appropriate training so that they are best equipped to deal with excluded pupils with complex social, emotional and behavioural needs.
- Work with other partners to overcome weakness in accommodation at the hospital, the children's psychiatric unit and some venues used by home tutors.

PART B: COMMENTARY ON THE INSPECTION FINDINGS

STANDARDS ACHIEVED BY PUPILS

Standards achieved in areas of learning, subjects and courses

Standards of attainment are below average for pupils' ages – but, given their medical conditions or other complex difficulties, most pupils make good progress during their stay and achievement overall is good.

Main strengths and weaknesses

- Some pupils achieve very well, including for example those taught at the hospital, medical pupils receiving home tuition, and those in the children's psychiatric unit.
- Under difficult circumstances, pupils are kept engaged with education making a prompt return to school a real goal and a real possibility.
- Achievement and progress in ICT are satisfactory for most pupils, rather than good – but are good at the hospital.
- The achievement of pupils who have been excluded from schools is satisfactory, and occasionally good. This reflects the very challenging nature of the pupils.

Commentary

1. As a pupil referral unit (PRU) for pupils who have medical needs, the unit has a constantly changing population, since pupils may come into any part of the unit (and move on from it) at any point in the school year. Many pupils at the hospital or on home tuition, for example, stay for a very short time. The available information, including that from assessing pupils when they start at the unit, shows that pupils come with widely varying levels of prior attainment, but that, overall, attainment is below average. This is often the result of disrupted education due to physical or mental illness, or, in some cases, the problems caused by pupils' histories of social, emotional and behavioural difficulties.

2. Given pupils' starting points, length of stay and circumstances, pupils make good progress while in the unit and achievement overall is good. This applies to pupils of all ages, whether boys or girls, irrespective of their previous history. A key reason for this is that staff work closely with partners, for example schools and particularly medical staff, and treat each pupil with genuine care and attention, with a determination to meet their individual needs, taking account of their current circumstances.

3. Overall, in English, mathematics and science, achievement is good and pupils make good progress. Indeed, some pupils achieve very well. This is down to the quality of teaching and to teachers' good knowledge of what needs to be taught. In information and communication technology (ICT), pupils' achievement, although satisfactory, is not as good. This is because, although ICT is used extensively to help pupils learn in other subjects, it is not taught systematically enough as a core subject in its own right. However, at the hospital school the very good use of ICT enables some pupils to achieve well in the subject.

4. The rate of achievement is not the same in all subjects in all parts of the provision. For pupils at the hospital, at the children's psychiatric unit, and for those with medical conditions on home tuition, achievement is often very good, because of very good teaching. In some lessons in the adolescent unit and in some home tuition for pupils with complex emotional and behavioural difficulties, even when taking account of pupils' circumstances, teachers were less effective in engaging pupils and achievement was only satisfactory, and in one lesson unsatisfactory.

5. Thanks to the patience, imagination and persistence of staff, pupils are kept successfully engaged with education – and this is no small achievement. The very good liaison between medical

and teaching staff ensures that, whilst medical care is of prime importance, education is seen as being an essential entitlement of all pupils. Understandably, for some individual pupils progress is not without its ups and downs. Pupils have individual education plans (IEP's), or personal education plans (PEPs) and in some cases care plans, which are regularly reviewed and most pupils make at least good progress in achieving the targets set in them. The regular setting and reviewing of targets, wherever possible carried out in discussion with pupils' mainstream schools, is helping pupils to move forward in their work as they are helped to overcome what might otherwise be significant barriers to learning and achievement.

6. For pupils with medical conditions, the unit provides interim support prior to moving back into mainstream school or on to other appropriate provision. This goal is constantly kept before all concerned. The commitment to providing continued learning and keeping education alive is the driving force that underlies pupils' good achievement. Links between different parts of the provision, such as hospital and home tuition, operate smoothly, ensuring pupils get appropriate education even when they move at short notice between hospital and home and vice versa. This has made a positive difference, particularly to the achievement of pupils with severe medical conditions such as Huntington's disease and cystic fibrosis.

Pupils' attitudes, values and other personal qualities

Pupils' attendance and their improvements in attitudes and behaviour are **good**. Their personal development, including their spiritual, moral, social and cultural development is also **good**.

Strengths and weaknesses

- High quality relationships have gained pupils' trust and are helping them to learn and achieve.
- Reward systems and celebrations of achievement are used successfully to motivate pupils and to help them overcome the barriers they face.
- Staff are good at developing pupils' self-awareness and their confidence in their ability to succeed.
- Pupils in the adolescent psychiatric unit have less interest and involvement in learning when teaching does not successfully stimulate their interest.

Commentary

7. Although each of the types of provision within the unit caters for pupils with very different medical needs, there is a shared commitment to respecting and valuing each individual, to having a secure knowledge and understanding of their needs, and to fostering self-knowledge and belief in success. Pupils respond positively to this approach and respect and trust the adults in authority. For many of the pupils, particularly at the two psychiatric units, this is a huge step forward and contributes greatly to the improvement in their attitudes to learning and in their behaviour. It is only when teaching in the adolescent unit does not gain pupils' interest and engagement that they fail to show a positive attitude to their learning and achievement. The home tuition service has many successes in changing pupils' behaviour and attitudes, thanks to the consistent respect shown and to the way teachers communicate their belief in pupils' ability to be successful, despite many former setbacks. This was well exemplified in discussions with pupils, when a girl who had been out of school for more than two years spoke with enthusiasm and confidence about now expecting to gain 5 GCSEs. The hospital teachers are particularly skilled at helping pupils maintain high expectations of themselves and at encouraging them to continue to apply themselves to learning, sometimes in the face of considerable odds. Many of these pupils leave the hospital as more confident learners.

8. There is an appropriate range of rewards for good or improved behaviour which are tailored to the different ages and the particular needs of the pupils. This emphasis on positive reinforcement of good behaviour and achievement is effective across the range of provision and has particular success in helping to improve the behaviour of pupils in the children's psychiatric unit. On one occasion, a pupil who had had a very difficult day and had been extremely uncooperative made a determined effort to return to the classroom, behave appropriately and complete a set task

successfully, in order that he could enjoy a reward that he had previously earned. The support that both the psychiatric units provide for helping pupils to overcome the difficulties they face, to believe in themselves and to improve their attitudes and behaviour is very much appreciated by the staff in mainstream schools, who are kept well informed of the progress that their pupils are making.

9. The successful emphasis on promoting pupils' self-confidence and self-belief goes hand in hand with the way staff foster pupils' self-awareness and ability to reflect. This is making a real difference to the way pupils view learning, face up to their own strengths and weaknesses and are prepared to move on to their next stage in life with confidence, whether it be back to school or on to further education or employment.

Attendance

Attendance in the latest complete reporting year (%)

Authorised absence	
School data	8
National data	7.8

Unauthorised absence	
School data	0.3
National data	1.2

The table gives the percentage of half days (sessions) missed through absence for the latest complete reporting year.

Exclusions

Ethnic background of pupils

Categories used in the Annual School Census
White – British

Exclusions in the last school year

No of pupils on roll	Number of fixed period exclusions	Number of permanent exclusions
33	0	0

The table gives the number of exclusions, which may be different from the number of pupils excluded.

QUALITY OF EDUCATION PROVIDED BY THE UNIT

The quality of education provided by the unit is good. The unit is successful in its main task of continuing pupils' education, in spite of their medical reasons for being out of school. Teaching and learning are good overall and there is a good deal of high quality teaching. The recording and use of assessment are good. The unit provides a good curriculum. Pupils and parents are very supportive of the unit. Very good links with medical staff, mainstream schools, parents and other agencies ensure that pupils' learning continues. Links with the community are good. Very good levels of care, support and guidance help pupils to overcome the barriers that might otherwise prevent them from accessing education.

Teaching and learning

Overall, teaching is **good**, and consequently learning is **good** – although there are variations from very good to unsatisfactory across the different types of provision. Assessment of pupils' work is **good**.

Main strengths and weaknesses

- Because teachers know and understand their pupils well, they take effective account of both their learning and their medical needs to ensure that they are able to learn and make progress.
- Learning objectives and pupils' targets are clear and are used well to help pupils achieve, and good use is made of assessment data and target-setting to support learning.
- Teaching at the hospital unit is consistently very good, in challenging and demanding circumstances.
- Teaching at the adolescent psychiatric unit is mostly satisfactory, but some of the teaching seen was dull, lacked rigour and failed to fully engage pupils.

Commentary

Summary of teaching observed during the inspection in 27 lessons

Excellent	Very good	Good	Satisfactory	Unsatisfactory	Poor	Very Poor
0	11	10	5	1	0	0

The table gives the number of lessons observed in each of the seven categories used to make judgements about lessons; figures in brackets show percentages where 30 or more lessons are seen.

10. In most lessons seen during the inspection, teachers' detailed understanding of their pupils' medical and learning needs enabled them to plan work and choose methods that ensured pupils made good, and sometimes very good, progress. Good liaison with medical professionals meant that proper account was taken of the demands of treatments and therapies, and this information was well used when preparing activities for pupils. At the same time, teachers showed that they were well aware of what is expected of pupils in mainstream schools and used a wide range of suitable strategies to interest and involve pupils. They had good links with pupils' mainstream schools and were careful to find out what their pupils could do, using this to pitch the work at the right level. Teachers' expectations of pupils were high, and they convinced pupils that, whatever the illness they were suffering, they could and would succeed in their learning and would find the work interesting and worthwhile – and they did. Variety of activity, a brisk pace and active involvement meant that boredom and frustration did not creep in. Pupils usually rose to the occasion and were drawn in, showing sometimes surprising levels of application and concentration, given their medical conditions. Teachers were resourceful in finding ways of bringing out the best in even the most sick and reluctant learners.

11. The unit has introduced a rigorous approach to planning work, which takes good account of the national curriculum and the national strategies. Learning objectives and pupils' individual targets are clearly identified and explained to pupils. A good range of methods of teaching is then used to achieve these. Success in meeting the objectives is evaluated at the end of lessons. In general, this information is used well to help with future planning. To back this up, assessment and tracking of academic progress and personal development are handled well. Pupils have individual personal education plans (PEPs) and some also have IEP' and care plans, which are based on information gathered from main stream schools, medical staff and other professionals. The targets in these are used well by teachers to monitor progress for even very short stay pupils. Indeed, some assessment records are very good, being sharply focused and clear. For longer stay pupils, such as those regularly re-admitted to hospital, those on long-term home tuition or those in the psychiatric units, progress is regularly reviewed against individual plans in a well-organised cycle, involving parents and, where appropriate, partner schools.

12. The quality of teaching and learning at the hospital unit was of a consistently high quality, in very demanding circumstances. Here teacher and teaching assistant worked seamlessly as a team with medical staff to ensure that every child who was well enough was taught, either by their bed or in the school room. The teacher was very skilled at quickly assessing pupils' needs and at modifying planned work to meet any changing circumstances. Resources are well organised and quickly accessible and very good use is made of ICT to help pupils with their work and to overcome problems, for example for pupils who have restricted hand movements. Record keeping is good and

evaluations perceptive, bringing about ongoing improvements. The work of the teaching staff is highly valued by medical staff, parents and schools, and rightly so.

13. In lessons at the adolescent unit, where teaching and learning were satisfactory rather than good (and on one occasion unsatisfactory), pupils' progress was generally satisfactory. However, the rate of work and involvement could have been higher and pupils could have learned more. In some lessons there was a lack of pace and focus, with too much talk from the teacher, resulting in work that was rather dull and failed to interest and engage pupils. In this unit, there was not the same drive to ensure the highest quality of teaching that was evident in other parts of the provision.

The curriculum

The curriculum is **good**, meeting well the particular needs of the pupils served by the unit. Opportunities for enrichment are **good**, given the constraints faced by the pupils because of their medical conditions. Accommodation and resources are **satisfactory**.

Main strengths and weaknesses

- Teachers show flexibility and resourcefulness in adjusting the curriculum to meet the particular needs and circumstances of individual pupils, so that their best interests are served.
- A great deal is done to make sure that pupils' work builds properly on what they were doing in mainstream school and prepares them to cope when they return there.
- In spite of inevitable limitations, teachers work hard to give pupils a good range of worthwhile opportunities that help them to develop in a rounded way.
- There is much good use of ICT to help pupils learn – but not enough is done to teach the subject in a systematic way.
- Weaknesses in some of the accommodation restrict what can be offered.

Commentary

14. A strength of the curriculum provided by the unit is the determination of staff to overcome the apparent barriers to education caused by pupils' medical conditions. In the hospital, for example, both medical and teaching staff value the "normalising" effect of pupils continuing with school work – whether in the hospital school room or through bedside tuition – but they are not content just to keep pupils "ticking over" in the core subjects. Helped by good contacts with mainstream schools, they identify what pupils need to learn next in order to make progress and not simply tread water. They use the increased opportunity for individual attention to build pupils' confidence, to identify and tackle problems in learning, and to help them improve the quality of their work. There is a creative and imaginative approach to finding ways round problems – so that pupils confined to their beds are still able to carry out practical science investigations or do work in design and technology. Pupils whose illness does not allow them to work for more than five minutes at a time are nevertheless helped to carry a piece of work through to a satisfying conclusion. A pupil unable to speak and with very limited motor control has been provided with the right technology to allow effective communication. Very good liaison with home tutors, who are able to meet and work with pupils in the hospital prior to their discharge, means that there is no hiatus when pupils go home.

15. Underlying all of this is the good attention given to planning work that is matched to the level of each individual pupil's prior attainment and takes account of identified needs. Through their regular liaison with mainstream schools as well as their own initial assessment of pupils, teachers make sure that the curriculum pupils follow and the work they do – whether on home tuition, in the two psychiatric units or in hospital – builds on what they have done before and, as far as limitations of time and medical conditions allow, keeps them abreast of what is going on in mainstream school. The support given to pupils as they move back into mainstream school (often with the same tutor accompanying them) is very good. The continuity of provision and the ease of transition are helped by the fact that the unit, with its various component parts (hospital tuition, home tuition, psychiatric units), is managed as one.

16. In spite of the limitations arising from pupils' medical needs and a sensible emphasis on the core subjects of English, mathematics and science, much is done to see that pupils have access to as broad and balanced a curriculum as possible and that their individual interests are tapped. Pupils coming up to examinations are helped with a wide range of subjects. Pupils in the psychiatric units and even some of those on home tuition are able to take part in educational visits or enterprising activities such as those arising from a local "arts in health" project. A keyboard was provided in the hospital school room so that a pupil could continue with his music practice. This is a service where pupils are valued equally as individuals, whatever their needs, and staff work hard to ensure that a rounded education is provided.

17. Information and communication technology is used widely, and often imaginatively, to help pupils with their work, to increase their access to interesting and relevant resources (particularly important where hours of home tuition are necessarily limited), and to overcome some of the physical and learning difficulties faced by individuals. However, for many pupils, ICT as a subject is not taught in a systematic way; this is the main reason why achievement in ICT is not better than satisfactory.

18. Overall, the unit is well resourced, but there are weaknesses in some aspects of the accommodation. The door to the hospital school room is not wide enough to admit bed-bound patients who are well enough to go there, and the room itself gets hot and stuffy in the summer months. Teaching rooms in the children's psychiatric unit are cramped and there is no sink – the sink in the tiny staff room has to be used for science or art. At least one of the venues used by home tutors for sessions not held in pupils' homes provides a bleak learning environment.

Care, guidance and support

Pupils are very well guided and supported by the unit and their care and welfare is **very good**. Pupils have **good** involvement with targets for their learning and personal development

Main strengths and weaknesses

- Joint planning with other professionals is very effective, ensuring care, welfare and medical needs are identified and integrated support is provided.
- Very good guidance and support for pupils is based on detailed knowledge of pupils and their achievements.
- Relationships between staff and pupils are very good and pupils have good planned opportunities to take part in setting their targets.

Commentary

19. The very good relationships between teaching staff and other professionals result in a joint approach that succeeds in promoting pupils' well-being, access to learning and reintegration very well. Staff make a detailed assessment of each pupil that balances risks and ensures individual pupils are given every opportunity for self-development within safe environments. Innovative ways are found to improve pupils' access to learning, for instance using portable ICT in a variety of settings – whether in hospital at the bedside, or when undergoing treatment, or in the hospital classroom or in home tuition. Staff go out of their way to improve their understanding of each pupil's circumstances and needs and how best they can be met.

20. Personal education plans are used systematically to collect and use information on academic and personal development targets and achievements. Staff pay great attention to the match between what pupils learn while they are out of school and the requirements of mainstream schooling, and this helps significantly to give continuity to pupils' education. Shared planning is made possible by the ongoing dialogue between the unit and the mainstream school. Pupils in the unit are often encouraged by knowing that they are tackling work that their friends are doing in mainstream

school. Pupils have also been helped to continue with their exams and tests, maintaining their progress and measuring their achievement.

21. The plans are also used to good purpose with other agencies for pupils in public care and with Connexions advisors. Tracking continues after pupils have left the unit and the adolescent psychiatric unit makes significant efforts to keep in touch with past pupils, sharing this information effectively with other agencies. Achievements are rewarded and celebrated and successfully shared with mainstream schools and agencies, pupils and parents.

22. The unit ensures that pupils have planned opportunities to take part in setting their targets and managing their learning and in influencing what happens to them. Some pupils have made an important contribution to a recent training programme for designated staff in mainstream schools. Pupils are encouraged and helped to keep in touch with their friends and teachers at mainstream schools and this communication is very effective through e-mail, letters and personal visits. Pupils say they really value this contact.

Partnership with parents, other schools and the community

The service works **very effectively** with both parents and mainstream schools and makes **good** use of community links and resources to enhance pupils' opportunities

Main strengths and weaknesses

- Links with parents, families and carers are very strong, trusting and reassuring.
- Partnership working with mainstream schools and other agencies is very productive and successful in reintegrating pupils.
- Mainstream schools are very supportive of the unit and the multi-agency approach.
- Staff are good at tapping into local community facilities and resources and tailor their use creatively to individual pupils' needs.

Commentary

23. Parents are confident that the unit does the best for their child. They are canvassed for their views and the unit uses this information to guide improvements. Contact with parents and carers is regular, by telephone on a daily basis, through written information and face-to-face review. Parents are able to visit the unit regularly and know they can see staff at any time. The unit provides very good guidance for parents and pupils in everyday, reassuring language that explains what will happen during the placement. Parents are encouraged to be involved in the life of the mainstream school through training and the recently formed management committee.

24. Very good attention is paid to meeting all pupils needs and overcoming barriers that could hamper learning opportunities whilst the pupil is out of school, as well as during and after a return to mainstream school. The philosophy of the service ("to help the school to help the child") succeeds in getting mainstream schools on board and working on practical solutions within a strategic LEA framework. The recent joint training with mainstream schools of their designated teachers responsible for pupils with medical needs is a very good example of an ongoing successful approach that continues to raise the knowledge and skills of staff and improve procedures and relationships.

25. Mainstream schools praise the unit and its work and have a high regard for the staff. They welcome the emphasis on inclusion and access to learning and they value the specialist expertise of the staff. The unit regularly consults with mainstream schools through a formal questionnaire and maintains a regular dialogue that helps them take up opportunities to work jointly with the unit. Mainstream schools say this joint working has helped their teachers and learning support assistants improve their skills and develop new knowledge and understanding. In some instances it has been a crucial factor in keeping pupils in mainstream education and has provided overall benefit to individual pupils and improved the reintegration process.

26. Imaginative use is made of links with the local community to enhance the curriculum and widen pupils' experiences. The hospital environment is used effectively to extend pupils' experiences, whether, for example, by photographing and interpreting the views from the ward window or using the pupil's experience of being in hospital. The home tuition service and the two psychiatric units actively look for opportunities for individual pupils to visit local facilities and take part in local activities. These have resulted, for example, in visits to the library and the local animal sanctuary and taking part in local arts and photography initiatives. The unit is also involved more generally with fundraising and invites local organisations to visit, an example being a local school choir's visit to the hospital.

LEADERSHIP AND MANAGEMENT

Main strengths and weaknesses

The leadership and management of the unit are **very good** enabling it to provide successfully for pupils with medical needs. Leadership of the headteacher and other key staff is **very good**. The management of the unit is also **very good**. Governance is **good**, providing a secure grasp of the unit's strengths and weaknesses.

Strengths and weaknesses

- An effective unit has been established in a relatively short time, raising the profile of its work and gaining the respect of partners and other agencies.
- The vision and direction of the unit are clearly articulated and communicated, gaining the commitment of staff across very different types of provision.
- Rigorous self-evaluation of all aspects of the unit's work underpins and drives improvement planning.
- The head and the deputy give a very strong lead to staff firmly focussed on raising achievement.
- There has yet to be adequate training for home tuition staff to deal with the increasing numbers of excluded pupils for whom it is now expected to provide home tuition.

Commentary

27. In a short space of time, the leadership of the unit has been particularly successful in establishing an effective unit. Close and effective liaison between health service professionals, the headteacher and the teachers-in-charge of the different parts of the provision has been key in this. It has resulted in good practices which are based upon clear guidance in statutory policies, along with other appropriate policies and procedures, including an effective approach to performance management.

28. Central to the effectiveness of the leadership has been the success in welding together the separate parts of the provision (that is, home tuition, hospital teaching and the two psychiatric units), in nurturing a shared commitment to raising the achievement of pupils with medical needs, and in providing support and training to raise the awareness in mainstream schools of the needs of these pupils. The success of the training provided by the unit for designated teachers for pupils with medical needs has raised the profile and credibility of the staff of the unit and consequently improved the support for the pupils. The flexibility, care and high quality of liaison between the staff of the unit and mainstream schools are also key contributors to the esteem in which the unit is held and the effectiveness of the provision for pupils. A practical outworking of this was seen when a Year 6 pupil was admitted to hospital following a road traffic accident. The pupil was concerned about missing her end-of-key-stage tests, and through the speedy communication of the hospital teacher with the school and thanks to the ensuing co-operation, the pupil was able to take the tests at the same time as her peers.

29. The leadership of the unit, particularly by the headteacher and deputy, is relentlessly focused on identifying, tracking and improving achievement. Self-evaluation has been a driving force for improvement from the outset. It has underpinned all aspects of the work and has helped the senior management team to develop both a wider overview of the unit's provision and a shared understanding of the direction of its development. Staff at all levels have a shared commitment to providing a high quality of provision. Through regular evaluation of how well the unit is doing in meeting its planned objectives, and through regular, focused evaluations of the quality of teaching, leaders know well the strengths and weaknesses of the unit. Outcomes of evaluation are translated in appropriate strategies and procedures that are enabling the unit to achieve its objectives. These strategies have been particularly effective in raising the quality of assessment procedures and in recognising and improving pupils' achievements.

30. The headteacher and the deputy provide excellent role models for the staff – they show a consistent commitment to the goals of the unit in all that they do and say. Together they have worked very successfully in bringing together the different aspects of the unit's provision and in fostering shared values and practices, while enabling staff to continue to have appropriately different approaches to meet the widely differing medical needs of the pupils.

31. Currently the unit is having to provide short-term home tuition for a small but increasing number of excluded pupils who have extremely complex emotional, social and behavioural needs. This is putting new demands on the service, which it is working hard to meet, but staff have yet to undertake any in-service training in managing such challenging behaviour and some are finding these pupils very difficult to manage.

PART C: THE QUALITY OF EDUCATION IN AREAS OF LEARNING, SUBJECTS AND COURSES

SUBJECTS IN KEY STAGES 2, 3 and 4

ENGLISH

Provision for English is **good**.

Main strengths and weaknesses

- Most pupils achieve well thanks to good teaching.
- Training on assessment and on the National Strategies for teaching English has paid off and is helping ensure continuity for pupils while they are out of school.
- Within the limited time available, the emphasis given to developing pupils' language and literacy means that pupils do not miss out.

Commentary

32. Not surprisingly, there is a wide range of attainment in English, reflecting pupils' very varied starting points when they enter the unit. Overall, attainment is below average for pupils' ages. However, achievement is good. Indeed, some pupils who are out of school for medical (including psychiatric) reasons achieve very well, because the teaching helps them to overcome problems that have held them back for some time. For example, some young pupils make very good progress mastering basic reading, thanks to individual attention and encouragement underpinned by well-planned phonic work. Others significantly improve their listening and speaking, helped by the way teachers take on board the strategies recommended by speech therapists. Most pupils make good progress with their writing (using appropriate aids where they are not physically able to write). Many teachers are creative in capturing pupils' imagination, helping them to produce a wide range of interesting, lively work – in spite of sometimes daunting medical conditions – whilst at the same time focusing uncompromisingly on improving specific features of language and literacy. In the case of some older pupils, their work in English literature is of a high standard. The good achievement in English is down to good teaching. In some cases teaching is very good; only rarely is it no better than satisfactory. In most cases, the work of excluded pupils with emotional and behavioural difficulties who are on temporary home tuition shows that progress and achievement are satisfactory, rather than good – and clearly hard won – although one of these pupils has made very good progress over time and is now achieving very well in her English.

33. Although co-ordination of the subject poses a particular challenge, given the diverse nature of the unit's different specialist components (hospital tuition, home tutors, and the two psychiatric units), good leadership and management by the unit's senior staff have had a positive impact on raising the quality of provision. Lesson observation and feedback, the focus on sharpening assessment, and the training provided to keep teachers up to speed on the national strategies used in mainstream schools have helped to share good practice. Teachers in the unit have a good understanding of what pupils are doing in their mainstream schools and about the learning objectives (taken from the national frameworks for teaching English) that they need to focus on if pupils are really to move forward and not simply mark time. This means that, in spite of the problems that currently prevent pupils from attending school, disruption to their work in English is kept to a minimum.

Language and literacy across the curriculum

34. The teaching of English and literacy across the curriculum is good. In part, this is because of the priority given to developing pupils' literacy and communication skills as a core emphasis of the unit's work. In part, too, it is because of the way teachers regularly make links between the (several) subjects they teach, using them as a vehicle to reinforce key literacy skills.

MATHEMATICS

Provision in mathematics is **good**.

Main strengths and weaknesses

- Pupils are helped to make good progress in developing their knowledge and understanding of mathematics.
- Good communication and liaison with mainstream schools enable pupils to keep up with their peers in school despite their medical difficulties.
- Good teaching builds pupils' confidence in their ability in mathematics.

Commentary

35. Overall, standards are below average for pupils' ages, although some pupils reach the standards expected nationally and a few exceed them. Pupils' achievement and progress, however, are good. Baseline assessments are used successfully by teachers to plan individual programmes for pupils, which also make good use of work which is set by mainstream schools. There is an effective emphasis on helping pupils to keep abreast of the work of their peers in mainstream schools. This, coupled with effective individual support, is helping pupils to make good progress and, particularly in the hospital school, to reinforce their confidence that they can be successful in mathematics. In the children's psychiatric unit, there is very effective support for the development of pupils' numeracy skills and for encouraging them to explore different ways of calculating. They make clear progress in understanding fractions, in interpreting the twenty-four hour clock and in handling simple algebra. In the hospital, the teacher is good at identifying areas where pupils previously experienced difficulties and at focusing on these, so that pupils leave with increased knowledge, understanding and self-confidence. Pupils in Years 10 and 11 are helped to keep up with their GCSE course and they show growing competence, for example, in solving equations, calculating the mean, median and mode of a range of numbers, and in solving probability problems.

36. Teaching overall is good. Teachers are particularly successful in motivating pupils to take mathematics seriously and to want to make progress. In the children's psychiatric unit and in the hospital, teaching was very good in the mathematics lessons inspected. Teachers were particularly skilled at enthusing pupils about the subject, using a variety of approaches to capture pupils' imagination and build competence and confidence. In these particular lessons, teachers were very quick to pick up when pupils had a specific difficulty and were imaginative and creative in helping them to overcome it.

37. The leadership and management of the subject are good, with effective liaison with mainstream schools. Baseline assessment is well established and ongoing assessment is developing well in line with the unit's assessment procedures. It provides a good basis for tracking pupils' achievements.

Mathematics across the curriculum

38. The development of numeracy across the curriculum is satisfactory, with sensible use of ICT for data handling, although it is not yet formally written into the schemes of work for other subjects.

SCIENCE

Provision in science is **good**.

Main strengths and weaknesses

- Thanks to good teaching pupils make good progress in science.
- Teaching ensures that pupils continue to learn science, even under very demanding circumstances.

Commentary

39. Under difficult and challenging circumstances, pupils' achievement in science is good, even though (perhaps not surprisingly, given pupils' medical conditions) standards are below, and sometimes well below, the national average for most pupils. The teachers' empathetic understanding of the limitations imposed by pupils' physical and psychiatric conditions ensures that a pupils' illness is not allowed to prevent learning. This is a strength of the teaching.

40. The good quality of teaching is the key factor in the good progress made by pupils. In the lessons inspected, teaching overall was good. Work was carefully structured and stepped to ensure that pupils were able to build on what they had learnt before. New knowledge and skills were carefully introduced and good use was made of ICT to support this. Shrewd evaluations at the end of lessons ensured that, wherever possible, next steps were carefully planned. Teaching frequently related scientific concepts, such the Ph value of materials, to everyday life, thereby making them more relevant and understandable.

41. The inevitable restrictions caused by pupils' circumstances are not allowed to serve as an excuse for lowering expectations or for watering things down. Pupils are helped to become familiar with technical terms and scientific principles. Good attention is paid to hypothesising, predicting, recording and interrogating results. Most pupils willingly join in discussions, drawing upon their previous experience and demonstrate that they enjoy science lessons. Indeed, at the hospital there was great enthusiasm from some pupils. Under difficult circumstances, such as bedside teaching, or teaching in a small kitchen/office area, there is still a good emphasis on practical approaches to learning. This successfully motivates pupils to want to learn. Lessons are carefully planned with precise learning objectives, which are based on what each pupil can do and on what they need to work on. Leadership and management of the subject are good. Resources interest pupils and are appropriate.

INFORMATION AND COMMUNICATION TECHNOLOGY

Provision for information and communication technology (ICT) is **satisfactory**.

Main strengths and weaknesses

- Good (and developing) use is made of ICT to help pupils learn and to overcome barriers to their education.
- For most pupils, not enough is done to teach the subject in a systematic way, so that their progress and achievement in ICT are satisfactory, but not good.

Commentary

42. Most pupils have extensive opportunities to use ICT. Computer programs are effectively and imaginatively used to help pupils learn in a wide range of subjects – usually well targeted to tackle the precise learning objectives set for the individual pupils concerned. ICT is also used to allow pupils to work on their own beyond the hours of direct tuition, and to give them access to resources and information that would otherwise be denied them because, for medical reasons, they are currently unable to attend school. ICT is successfully used to foster motivation, interest and initiative, and to build confidence. Teaching staff in the hospital are particularly resourceful and creative in using ICT to find ways round what might otherwise be barriers to pupils' achievement. Specific equipment and programs are quickly brought in (or devised) to help pupils overcome problems, for example of limited mobility, motor control or communication or of visual impairment – and, thanks to the good arrangements for transition between hospital, home tuition and then mainstream school, to help

pupils cope better when they do move back into mainstream school. Good use is made of the Internet, although access is difficult for bed-bound pupils in the hospital, since the door to the hospital school room is too narrow. E-mail has allowed pupils to keep in contact with friends and schools.

43. Overall, attainment in ICT is below average for pupils' ages, although the range is wide. Pupils' progress and their achievement in the subject while in the unit are satisfactory. In some cases – particularly younger pupils who are learning the basics about using computers, as well as pupils who receive hospital tuition – progress is good: they not only use ICT well to help them with their other work (as indeed do other pupils in the unit), but they also really move forward in their grasp of the subject itself, including their ICT capability and understanding. For most pupils, however, because ICT is not taught in the systematic way that other core subjects are taught, achievement in ICT is only satisfactory. Teaching is satisfactory in that it equips pupils to use ICT effectively to complete the tasks in hand, using ICT for real purposes, and certainly builds their confidence and basic skills; but, for most pupils, it does not go on to develop their competence across other aspects of the subject or to track their achievement and progress in it. Leadership and management of the subject have been satisfactory in that this need has been recognised (in the unit's development plan); all staff have received training in the use of ICT; and there has been a significant investment in ICT resources.

Information and communication technology across the curriculum

44. Good use is made of ICT across the curriculum to help pupils learn. It is a significant tool in overcoming the barriers that face pupils. What is lacking, as mentioned above, is a systematic, coordinated approach to developing pupils' ICT skills, knowledge and understanding – to raising pupils' achievement in ICT.

OTHER AREAS OF THE CURRICULUM

45. Work was sampled in other subjects: humanities, music, personal, social and health education (PSHE) and physical education. There was insufficient evidence to make a judgement on provision, standards and achievement overall.

46. In the one **humanities** lesson seen, teaching and learning were satisfactory. Pupils made satisfactory progress in acquiring knowledge. However, parts of the lesson were rather dull and failed to engage pupils, and too little attention was paid to matching work to individual pupils' needs. However, pupils' views and efforts were consistently respected and valued and pupils were encouraged to develop independent learning skills.

47. In the one **music** lesson seen, teaching and learning were very good. There was a very good emphasis on evaluating and improving the pupil's composition. The pupil was enthusiastic and articulate in his understanding of how his (and his teacher's) performance could be improved. The relationship between teacher and pupil was very good and was a key factor in the success of this lesson.

48. In the one **personal, social and health education (PSHE)** lesson seen, teaching and learning were very good. Pupils were required to face up to their own attitudes and prejudices, and to think about their responsibilities to themselves and to others. The teacher made a point of tackling the sort of habits and behaviour pupils need in order to cope better in the classroom. For example, pupils were taught to take turns, when playing a game, listening and respecting other points of view – none of which came easily to them. Behaviour management was insistent and resourceful, with clear expectations made explicit. Relationships were good-humoured yet firm.

49. In **physical education**, one lesson was seen, in the gym attached to the children's psychiatric unit. Teaching and learning were good, as were attitudes and behaviour. Due attention was paid to warm-up exercises and fitness and to discussing their importance. Time was well used, with activities successfully focusing on skills development, including improved ball control (dribbling, passing, shooting) as well as refining and linking movements. Pupils at both the children's and the

adolescent psychiatric units have regular opportunities for planned physical activity. In the case of older pupils, the programme includes a satisfactory range of different sporting, leisure and outdoor activities, making good use of facilities in the wider community.

PART D: SUMMARY OF THE MAIN INSPECTION JUDGEMENTS

<i>Inspection judgement</i>	<i>Grade</i>
The overall effectiveness of the school	3
How inclusive the school is	2
How the school's effectiveness has changed since its last inspection	NA
Value for money provided by the school	3
Overall standards achieved	3
Pupils' achievement	3
Pupils' attitudes, values and other personal qualities	3
Attendance	3
Attitudes	3
Behaviour, including the extent of exclusions	3
Pupils' spiritual, moral, social and cultural development	3
The quality of education provided by the school	3
The quality of teaching	3
How well pupils learn	3
The quality of assessment	3
How well the curriculum meets pupils needs	3
Enrichment of the curriculum, including out-of-school activities	3
Accommodation and resources	4
Pupils' care, welfare, health and safety	2
Support, advice and guidance for pupils	2
How well the school seeks and acts on pupils' views	3
The effectiveness of the school's links with parents	2
The quality of the school's links with the community	3
The school's links with other schools and colleges	2
The leadership and management of the school	2
The governance of the school	3
The leadership of the headteacher	2
The leadership of other key staff	2
The effectiveness of management	2

Inspectors make judgements on a scale: excellent (grade 1); very good (2); good (3); satisfactory (4); unsatisfactory (5); poor (6); very poor (7).