

Queensland Children's Hospital School

Executive Summary





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1. Introduction

This report is a product of a review carried out by a review team from School and Region Reviews (SRR) at **Queensland Children's Hospital School** from **18 to 22 July 2022**.

The report presents an evaluation of the school's performance against the nine domains of the [National School Improvement Tool](#). It also recommends improvement strategies for the school to implement in consultation with its regional office and school community.

The report's executive summary outlines key findings from the review and key improvement strategies that prioritise future directions for improvement.

Schools will publish the executive summary on the school website within two weeks of receiving the report.

The principal will meet with their Assistant Regional Director (ARD) to discuss the review findings and improvement strategies.


For more information regarding SRR and reviews for Queensland state schools please visit the SRR [website](#).

1.1 Review team

Scott Curtis	Internal reviewer, SRR (review chair)
Cameron Wayman	Internal reviewer
Brad Clark	Internal reviewer
Alan Smith	Internal reviewer
Diana Masci	Principal School Improvement and Inclusive Leadership
Bert Barbe	External reviewer

1.2 School context

Indigenous land name:	Yuggera and Turrbal																											
Location:	<p>Queensland Children’s Hospital School (QCHS)</p> <p>Direct supervision for six campuses:</p> <ul style="list-style-type: none">○ Senior campus Year 5 to 12 (QCHS)○ Junior campus Prep to Year 3 (Mater site)○ Jacaranda Place (Chermside)○ Eating Disorder Day Program (Chermside)○ Adolescent Mental Health Inpatient Unit (Herston)○ Act for Kids (Woolloowin) <p>QCHS has responsibilities for an additional 16 hospital education programs across Queensland.</p> <p>Locations include:</p> <table><tr><th>Region</th><th>Location</th><th>Number of programs</th></tr><tr><td>FNQ</td><td>Cairns</td><td>1</td></tr><tr><td>NQ</td><td>Townsville</td><td>2</td></tr><tr><td>CQ</td><td>Rockhampton</td><td>1</td></tr><tr><td>DDSW</td><td>Toowoomba</td><td>2</td></tr><tr><td>NCR</td><td>Sunshine Coast University Hospital</td><td>3</td></tr><tr><td>SER</td><td>Robina</td><td>3</td></tr><tr><td></td><td>Logan</td><td>3</td></tr><tr><td>Metro</td><td>Ipswich</td><td>1</td></tr></table> <p>In addition, virtual education programs are operating at Princess Alexandra Hospital, The Prince Charles Hospital, Mackay Hospital, and soon to commence at Emerald Hospital.</p>	Region	Location	Number of programs	FNQ	Cairns	1	NQ	Townsville	2	CQ	Rockhampton	1	DDSW	Toowoomba	2	NCR	Sunshine Coast University Hospital	3	SER	Robina	3		Logan	3	Metro	Ipswich	1
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FNQ	Cairns	1																										
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SER	Robina	3																										
	Logan	3																										
Metro	Ipswich	1																										
Education region:	Metropolitan Region + regions listed above																											
Year levels:	Kindergarten (pilot) at QCHS and Prep to Year 12																											



Enrolment:	6990 students registered state-wide in 2021 3810 of these were registered at QCHS
Indigenous enrolment percentage:	Varies due to transient enrolments. All students have an enrolment at a base school as well as a registration with QCHS.
Students with disability percentage:	Varies due to transient enrolments. All students have an enrolment at a base school as well as a registration with QCHS.
Index of Community Socio-Educational Advantage (ICSEA) value:	N/A
Year principal appointed:	2014



1.3 Contributing stakeholders

The following stakeholders contributed to the review:

School community:

- Executive principal, two campus principals, five deputy principals, three Heads of Department (HOD), Principal Project Officer, two Business Managers (BM), 14 guidance officers, 51 teachers, 16 teacher aides, 35 students and 10 parents.

Community and business groups:

- Two QCHS school patrons, Chair Hospital Schooling Advisory Council (HSAC), two Juiced TV representatives, Queensland Conservatorium of Music teacher and two ACT for Kids staff.

Partner schools and other educational providers:

- Queensland Pathway College representative, three City Collective principals and 10 hospital education program (HEP) supervising school leaders.

Government and departmental representatives:

- Assistant Director-General (ADG) State Schools – Performance, Assistant Regional Director (ARD), four Nurse Unit Managers (NUM), two Josephine Sailor Adolescent Inpatient unit and day service staff, Metropolitan regional teaching and learning manager, Queensland Interdisciplinary Paediatric Persistent Pain Service (QIPPPS) representative, nine Child and Youth Mental Health Service (CYMHS) - clinical team adolescent, seven CYMHS - clinic team child staff, CYMHS Team Leader Day Program South, nine CYMHS Day Program South staff, Logan Adolescent Mental Health Unit - Director of Nursing, two CYMHS Team Leaders Jacaranda Place, Jacaranda Place Medical Director, Acting Assistant Director of Nursing, Consumer Carer – Senior Consultant and Eating Disorder Day Unit Team Leader.



2. Executive summary

2.1 Key findings

Staff continually strive to enhance the equity of educational access for all students regardless of the complexity of need.

The Queensland Children's Hospital School (QCHS) and the state-wide Hospital Education Program (HEP) offer an educational program for school-aged students across Queensland. Students accessing these educational programs include students impacted by hospitalisation, and those who are family members of hospitalised patients. In 2021, QCHS and HEP supported the educational access of close to 7000 students from a range of education settings.

The Leadership Team (LT) recognises the importance of using data to inform practice.

Staff discuss a broad range of data and student information that is taken into consideration to inform the teaching and learning process. Teachers discuss the importance of developing a deep understanding of the wholistic needs of all students by using a range of data sets and approaches. The school has established a range of practices to build shared understanding of all learners and engage staff in rigorous professional data conversations.

Staff express their deep belief and commitment to maintaining learning continuity.

Staff members express their positive regard for every student with a focus on continuity of their learning. Teachers value the partnerships they develop with parents, carers, health professionals and students. Parents speak highly regarding the wraparound support and ongoing positive engagement. They identify that teachers interact and work closely with the student, their parent and siblings in the ward, through rehabilitation, the classroom, and transition back to school. 'We never felt alone through all of it' is a repeated sentiment.

Teachers identify a range of complexities and diversity when driving high expectations across the range of learning environments.

With learning occurring in classrooms, at the bedside, through inpatient and day patient arrangements, many staff identify that with growing complexity of sites and future growth of the HEP, a redesign of the organisational governance structure is necessary. Many staff identify that an organisational structure supporting leadership positions to facilitate enactment, consistency, oversight and Quality Assurance (QA) of desired priorities is an operational requirement.

Staff articulate that the school's curriculum model considers the unique circumstances of each student.

Staff comment that the curriculum delivery model is cognisant of each student's length of stay, including their designation as either day patients or inpatients. Curriculum is enacted through classroom settings or in the wards. Bedside learning occurs when students are typically not well enough to attend class. A further level of complexity is described regarding those students requiring significant adjustments to their educational programs. Many staff



members identify the need to review the school's curriculum model to ensure it is relevant to all sites and circumstances.

The moral purpose to ensure learners make progress with every learning opportunity is driven through the leadership team.

Leaders share the strong commitment to *'developing and implementing a statewide continuum of educational delivery to ensure that students with chronic health or complex mental health conditions receive specialised and appropriate educational support at all stages of their illness'*. Staff demonstrate collective ownership of all learners and are united in their approaches to ensure high-quality outcomes for the students in their care. The enactment of the Transitions and Engagement Framework is recognised as pivotal to supporting continuity of learning and a collaborative response, and driving expectation across the range of sites and learning environments.

Explicit teaching, high expectations and trauma-informed care are described as important.

Leaders articulate that high-yield strategies delivered within an explicit teaching approach support the maximisation of learning outcomes for all students. Teachers acknowledge the need to ensure that lessons are both engaging and challenging. Many staff discuss a desire to identify and utilise a pedagogical approach that best suits the many and varied sites of learning.

Leaders and key staff identify the importance of coaching, mentoring and feedback.

Key staff discuss the importance of building shared ownership and understanding of the approach, intent and expected outcomes to coaching and mentoring. Observation is an important aspect of the school's agreed Annual Performance Review (APR) process. It is an expectation that written feedback is provided to teachers by leaders. Some leaders identify that the introduction of a moderation process at the leadership level will support consistency and quality of feedback across the sites.

The importance of building and sustaining a culture of continuous professional improvement is apparent.

Staff acknowledge that teaching in this unique environment requires a specific skill set to promote improvements in student learning and wellbeing outcomes. There is a shared belief that ongoing professional learning strengthens capability across all sites. Staff identify professional learning regarding Trauma Informed Practices (TIP) and, in particular, the Berry Street Education Model (BSEM), as supporting pedagogical approaches.

Leaders emphasise the importance of differentiated teaching to enable all students to access, participate in, and progress through the curriculum.

A Whole School Curriculum Plan (WSCP) is informed by the P-12 curriculum, assessment and reporting framework (CARF). The WSCP references several important guidelines and frameworks. Across all settings, significant attention is provided to English and mathematics.



Teachers describe a number of professional learning opportunities offered to fully understand the myriad of curriculum frameworks within which they work.

During review, the school was celebrated at the Children's Health Queensland (CHQ) Excellence Awards, winning the award of Supporting Service Excellence at CHQ.

Staff have been recognised for the way they initiate and maintain collaborative communication with students' families and key contacts at the base school to achieve quality outcomes. In addition, the school was recently announced as the Metropolitan Region winner of The Bevan Brennan 'Every Child Needs a Champion' award for their work effectively supporting students with complex mental health conditions. The school's patrons, chair of the Hospital School Advisory Council (HSAC), and many community partners and system leaders speak highly of the leaders' foresight and dedication.



2.2 Key improvement strategies

Collaboratively design, with a future-focused perspective, an organisational structure to drive, support enactment and monitor strategic priorities across all programs and school sites.

Review and refine the WSCP, with particular attention on providing flexibility and consideration of contexts in the school's curriculum model.

Develop a shared understanding of, and systematically enact, the Transitions and Engagement Framework across all sites.

Collaboratively determine and implement agreed pedagogical approaches that align with curriculum delivery within the context of the various teaching environments.

Develop and enact a process for leaders to moderate and quality assure feedback provided to teachers.