



The findings and Recommendations of the BAPN Review Group on Education and Play Provision within Paediatric Renal Units.

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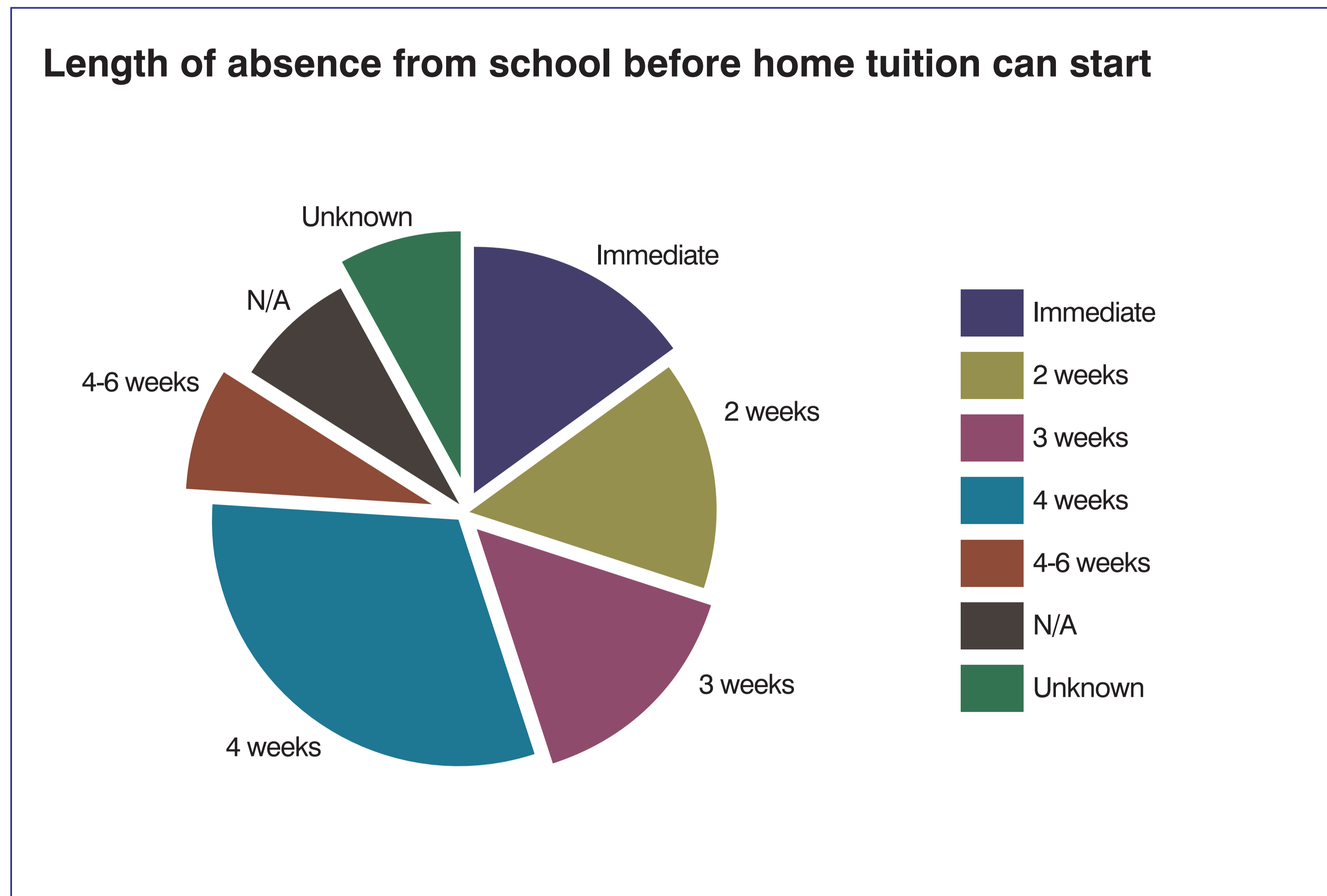
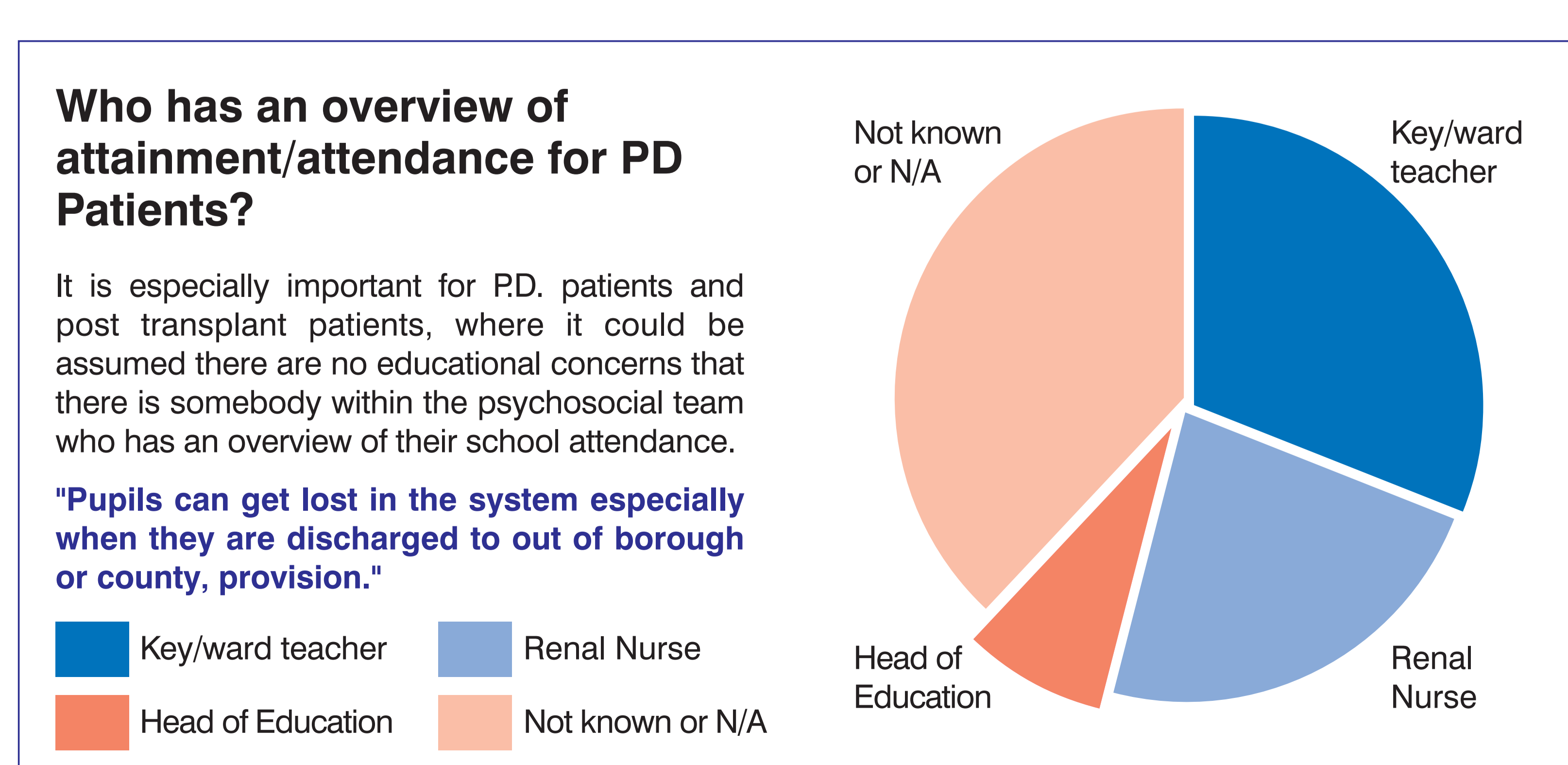
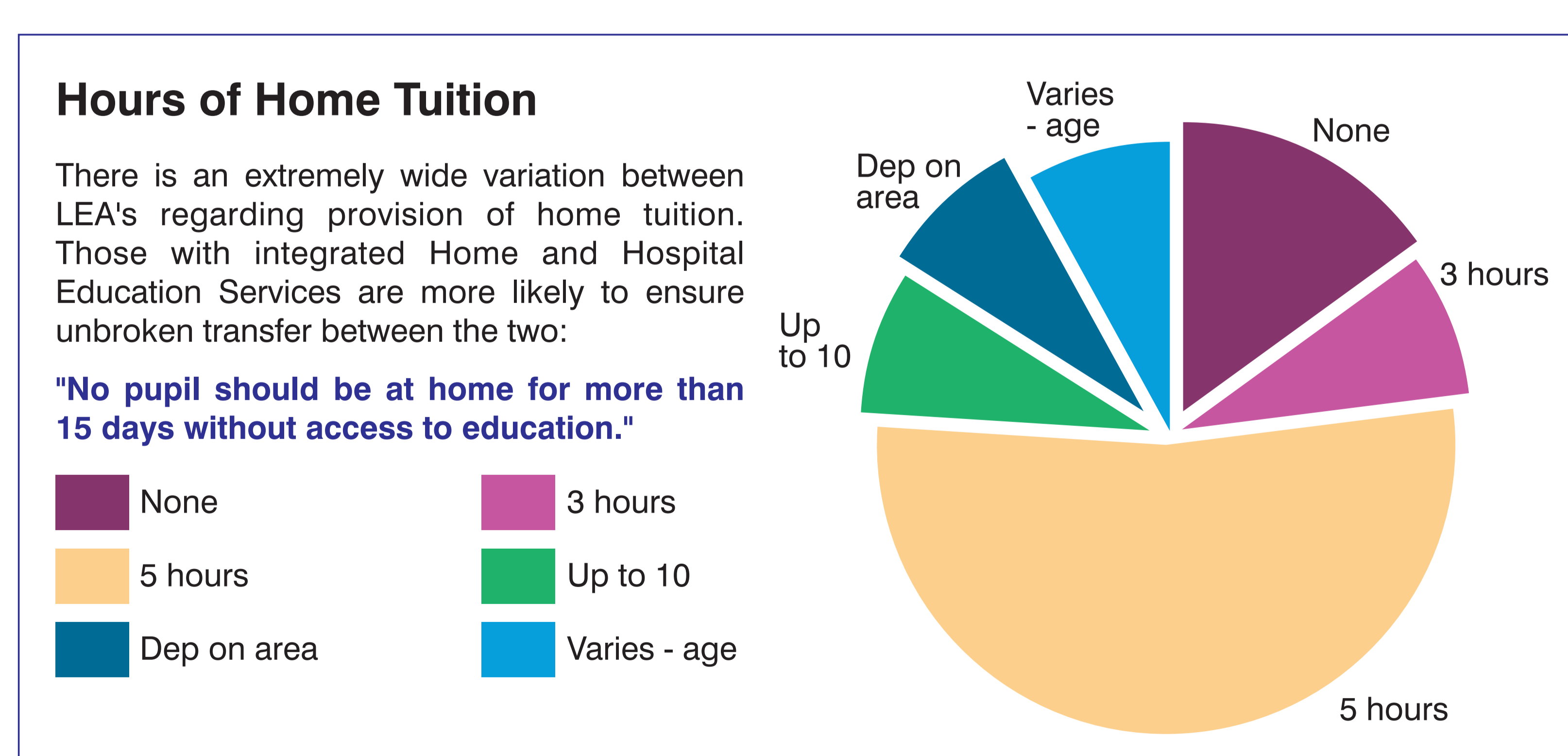
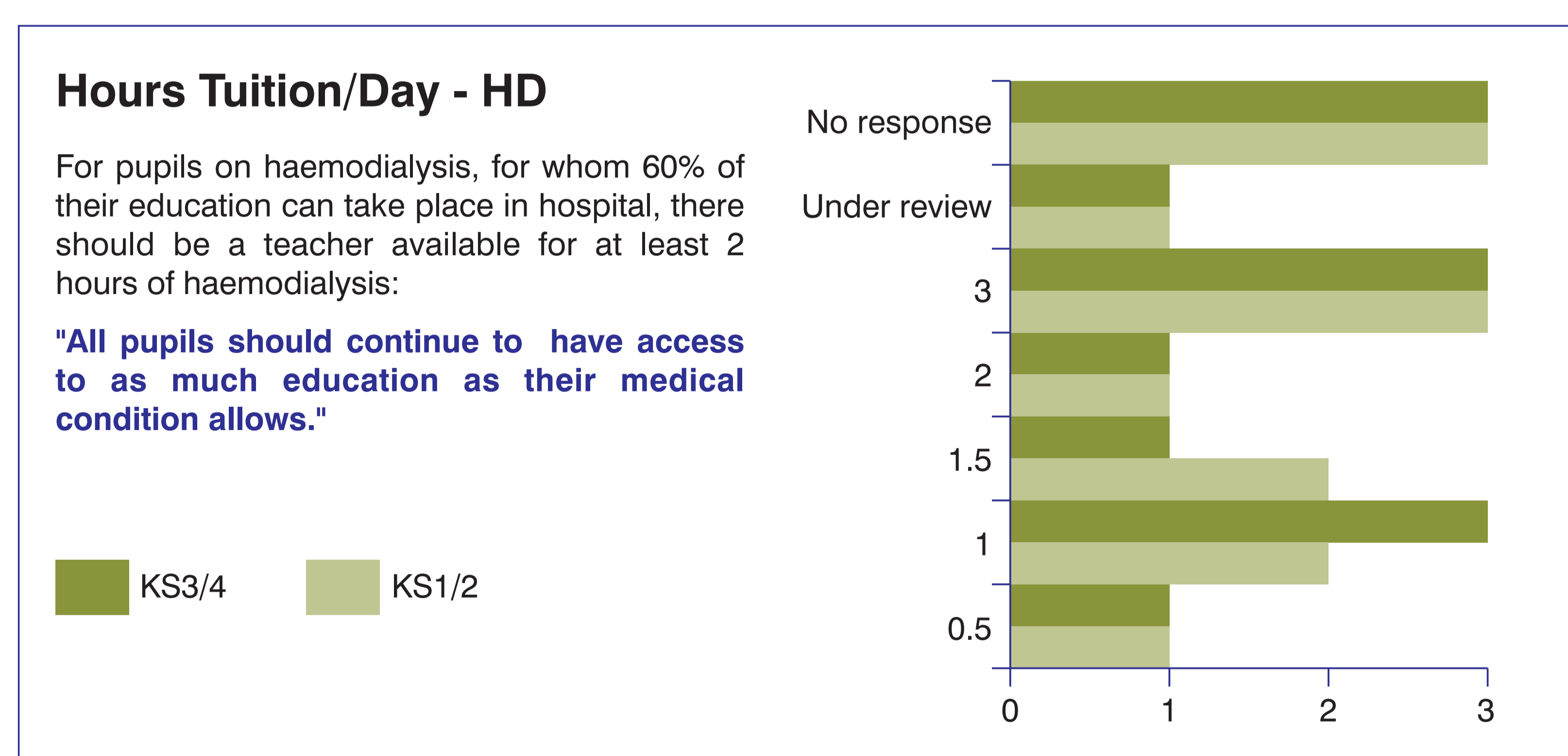
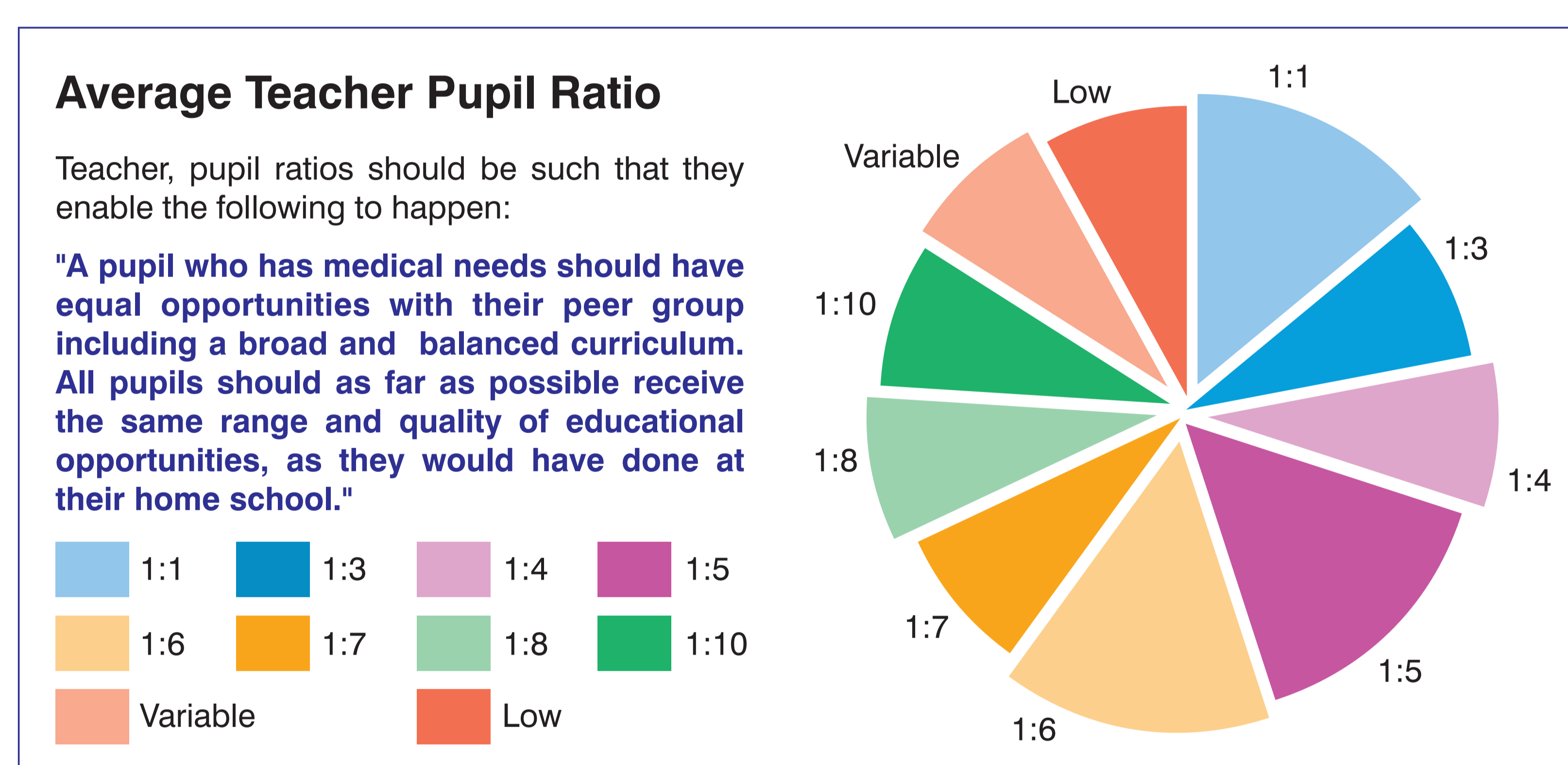
GENERAL METHODOLOGY

Questionnaires were circulated to all 13 paediatric renal units to establish the current level of provision in terms of staffing and resources. Information was also sought on specific concerns and needs. Analysis of the questionnaires gave an overview of existing provision and allowed a general standard of provision to be suggested. Staff were asked at all stages for their comments and suggestions and professional bodies were informed of the work that was being carried out and the recommendations being made.

INTRODUCTION TO EDUCATION

There is disparity in the provision for continuity of education for pupils with medical conditions. The recommendations of the Review Group are in line with those of the Department for Education and Skills (DfES) publication quoted in the reference section. They must therefore be acknowledged by Local Education Authorities (LEA's) as statutory guidance. The quotes in red are from this DfES publication. Legally they relate only to England, however, Scotland and Wales have similar guidelines supporting access to education for pupils and young people with medical needs. At the present moment Northern Ireland has no such document but discussions are currently taking place to produce one.

Key Educational Findings and Recommendations



EDUCATIONAL KEY REFERENCES

DfES "Access to Education for Children and Young People with Medical Needs". Ref 0732/2001 November 2001.

Welsh Office Education Department "Circular 57/94" December 1994

Scottish Executive Educational Department, "Guidance on Education of Children Absent from School through Ill Health", Ref Circular 5/2001 December 2001

RECOMMENDATIONS FROM PLAY

Staffing

WTE staff member, HPS qualified, per 10 in-patients. This may be supplemented with play assistants and/or volunteers. There should be play provision daily, including evenings and weekends.

In addition, there should be 1 Play Specialist for renal patients in the community, liaising with a Nurse Specialist.

Cover for leave should be arranged. This may be from other members of the play team or bank staff, but those offering cover should be aware of the special needs of renal patients and their families.

Play Equipment

There should be a budget for equipment and adequate storage for play materials.

Information

Play Specialist to have means to give and receive information on patients.

Play Specialist to attend team meetings, including psycho-social.

Activity

Play Specialist to prepare patients for invasive procedures in conjunction with others in the inter-disciplinary team, particularly the Clinical Psychologist. By offering preparation for procedures and post procedural play, the Play Specialist will help prevent emotional or psychological problems, encourage co-operation in treatments and compliance with regime.

Due to the nature of treatment for renal patients, many children face isolation, lack of opportunity for developing social skills or forming and maintaining relationships. It is important that the Play Specialist gives opportunities for group activities to help overcome these difficulties, building patients' confidence.

Training

Play Staff should have opportunities for on-going training, with funding available. Staff who take up post without the HPS qualification should be given leave and funding to acquire this.

Policy Making

Play Specialist to be represented in decision making/planning group for service development.