This report was prepared by Tony Barnett and Dr Liza Hopkins on behalf of the RCH Education Institute
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Procedure</td>
<td>5</td>
</tr>
<tr>
<td>Map of RCH-selected questions and subscales</td>
<td>5</td>
</tr>
<tr>
<td>Results</td>
<td>6</td>
</tr>
<tr>
<td>Sample characteristics</td>
<td>6</td>
</tr>
<tr>
<td>Importance of RCH learning being similar to regular school</td>
<td>7</td>
</tr>
<tr>
<td>Children’s and young peoples’ attitude to school and motivation to learn while at the RCH</td>
<td>9</td>
</tr>
<tr>
<td>Parents/caregiver satisfaction</td>
<td>10</td>
</tr>
<tr>
<td>Qualitative findings</td>
<td>10</td>
</tr>
<tr>
<td>Conclusion</td>
<td>14</td>
</tr>
<tr>
<td>References</td>
<td>16</td>
</tr>
</tbody>
</table>
RCH Education Institute Satisfaction Survey 2014

Introduction

The Royal Children’s Hospital (RCH) Education Institute provides innovative learning programs to support the educational and developmental needs of children and young people attending the RCH for treatment of a chronic health condition. These children and young people bring with them their own additional needs for support with education and learning, and are at increased risk of disengagement. Disengagement has been linked to poorer educational, social and later life outcomes. For example, research has shown that, in addition to disengagement from learning, children with chronic illnesses are at increased risk of absenteeism from school, exposure to bullying, disruptive behaviours that threaten social competence, and lower levels of academic achievement, college graduation and occupational attainment in later life as compared to their peers.

The hospital setting is clearly one that is focused on the achievement of the best possible clinical outcomes. Children and young people are predominantly and most frequently in contact with medical staff. Interactions with teachers at the Education Institute focus on the child’s or young person’s learning and, in this way, return a sense of normalcy, albeit in a non-traditional setting.

In 2013–2014, the Education Institute provided direct education support to 2,150 children and young people. A team of 30 staff works across four key areas, which include education support, research, corporate and communications, ensuring the Education Institute is well placed to promote learning as a key component of children’s education, health and wellbeing within the overall context of providing ‘Great care’.

The main goals of the Education Institute are to:

1. Continually improve student engagement and learning outcomes for children and young people with a health condition.
2. Generate and translate knowledge at the education and health interface to inform policy and practice.
3. Mobilise community and stakeholder support to ensure growth and sustainability of the organisation.

The teaching and learning model at the Education Institute is based upon a theoretical framework for practice which has been graphically represented as a logic map (see Appendix 1). Sometimes also referred to as a theory of change, the logic map makes explicit the four key areas in which we focus our activity: the child or young person, siblings and parents, schools, and the multidisciplinary medical team.

This study aimed to evaluate the level of satisfaction that children, young people and their parents have with the teaching and learning model provided by the Education Institute. It was undertaken as part of a broader body of research being conducted by the Education Institute that aims to gather robust evidence to inform best quality and effective service provision within a framework of continuous improvement. The study aimed to investigate the following questions:
1. To what degree are students and parents satisfied with the teaching and learning offered at the RCH by the Education Institute?
2. What areas of the Education Institute program are seen as strengths?
3. What areas could be improved?

Procedure

For three months from mid-March 2014 to mid-June 2014, we invited children (minimum eight years of age) and young people who had worked with an Education Institute teacher, along with their parents or caregivers, to complete an online Satisfaction Survey as a means of providing us with feedback. The online surveys (see Appendix 2) included questions about the number of times the child or adolescent had worked with a teacher, a short version of the School Life Questionnaire developed by the Australian Council for Educational Research (ACER), and general feedback on the strengths and challenges of the teaching and learning model in practice.

The School Life Questionnaire includes questions that cover five domains about the child’s identity as a learner, and their attitude to school, teaching and learning. The five domains are: general satisfaction, internal motivation, relevance of learning, success as a learner, and the student–teacher relationship.

The ACER School Life Questionnaire is intended for use in surveys of schools, for school reviews and school evaluations. It was developed in the belief that it would assist in the examination of outcomes of schooling that are different from the more usual outcome measures, such as student achievement. It would enable an examination of important outcomes such as attitudes towards school in general, towards learning, towards teachers and towards other students. Information on these kinds of ‘affective’ variables can complement the more usual measures of outcomes and be useful in a variety of contexts.

(Source: ACER School Life Questionnaire notes for researchers)

The School Life Questionnaires (primary and secondary school versions) consists of 40 statements about school to which students are asked to indicate their level of agreement on a four-point Likert scale from ‘agree’ to ‘disagree’. The questions encompass a number of different aspects of school life and form seven clusters or subscales. For application in the hospital context, we selected five of the seven subscales: general satisfaction, internal motivation, relevance of learning, success as a learner, and student–teacher relationship. For each of these subscales, we then selected up to three questions.

Map of RCH-selected questions and subscales

<table>
<thead>
<tr>
<th>Question</th>
<th>SLQ – Primary</th>
<th>SLQ – Secondary</th>
<th>RCH version - 2014</th>
<th>Subscale name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please indicate your level of satisfaction with the teaching and learning opportunities in the hospital by indicating how much you agree or disagree with the statements below</td>
<td></td>
<td></td>
<td></td>
<td>General satisfaction (Positive affect)</td>
</tr>
<tr>
<td>I like to be</td>
<td>I like learning</td>
<td>I like learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning is fun</td>
<td>I find that learning is a lot fun</td>
<td>I find that learning is a lot of fun</td>
<td></td>
<td>General satisfaction (Positive affect)</td>
</tr>
<tr>
<td>I enjoy what I do in class</td>
<td>I get enjoyment from being there</td>
<td>The learning I do in the hospital is enjoyable</td>
<td></td>
<td>Motivation (Advenute)</td>
</tr>
<tr>
<td>Teachers help me to do my best</td>
<td>Teachers help me to do my best</td>
<td>I always try to do my best</td>
<td>Motivation (Advenute)</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>I get excited about the work we do</td>
<td>I really get involved in my school work</td>
<td>I get excited about the work I do at the RCH</td>
<td>Motivation (Advenute)</td>
<td></td>
</tr>
<tr>
<td>The work we do is interesting</td>
<td>I am given the chance to do work that really interests me</td>
<td>I am given the chance to do work that really interests me</td>
<td>Relevance (Opportunity)</td>
<td></td>
</tr>
<tr>
<td>The things I learn are important to me</td>
<td>The things I am taught are worthwhile learning</td>
<td>The things I am taught are worthwhile learning</td>
<td>Relevance (Opportunity)</td>
<td></td>
</tr>
<tr>
<td>My teachers listen to what I say</td>
<td>Teachers listen to what I say</td>
<td>Teachers listen to what I say</td>
<td>Student–teacher relationship (Teacher)</td>
<td></td>
</tr>
<tr>
<td>My teacher takes an interest in helping me with my work</td>
<td>Teachers take a personal interest in helping me with my school work</td>
<td>Teachers take a personal interest in helping me with my school work</td>
<td>Student–teacher relationship (Teacher)</td>
<td></td>
</tr>
<tr>
<td>I am a success as a student</td>
<td>I am a success as a student</td>
<td>I am a success as a student</td>
<td>Success (Achievement)</td>
<td></td>
</tr>
</tbody>
</table>

Legend: Green = perfect match with SLQ primary and/or secondary. Yellow = close match/adaptation of SLQ for hospital setting.

Results

Sample characteristics

A total of 30 parents and 44 children and young people completed the online survey. Eighty per cent of children and young people were female and the majority (n=30) were in year levels 9 to 12 (Figure 1). Roughly half (52 per cent) were enrolled in government schools, with the remainder enrolled in independent (23 per cent) or Catholic schools (25 per cent). And, interestingly, one out of three students reported that when they were not in hospital they usually either did not attend school or attended school only sometimes.

*Figure 1: Number of students per year level*
While in hospital, half the students had worked with an Education Institute teacher 10 or more times (Figure 2).

**Figure 2: Number of times student has worked with an RCH teacher**

We provided respondents with a list of activities that they may have done with an Education Institute teacher and asked them to mark all that applied. Generally, parents and students similarly reported the activities that the student had undertaken with an Education Institute teacher (Figure 3). However, students were more likely than parents to report that they had completed homework set from school. Roughly half of all respondents reported that they had worked on an Individual Learning Plan (ILP) and on core education skills. In addition, roughly three out of four respondents reported doing ‘other’ activities organised by the Education Institute teacher.

**Figure 3: Activities student has undertaken with an RCH teacher**

Importance of RCH learning being similar to regular school

It was more important to parents than to children and young people that the learning undertaken while in hospital was similar to that which they would do in school (Figure 4). This may reflect the
A personalised learning approach that is used in the hospital. While in hospital, all students develop an ILP which identifies ‘learning goals’ that may then be taught through project-based learning—many with an arts-based focus—to engage children’s passions. It was also more important to parents and caregivers than to children or young people that the Education Institute teacher communicated with teachers at the student’s regular school (Figure 5). Fifteen per cent of students did not think that this was important at all. Such a finding is not completely surprising given that the majority of students that participated in the survey were young people who may have a greater preference for privacy regarding communication with their regular school.

**Figure 4: It is important to me that the learning I do in hospital is similar to what I would do at school**

Further, 61 per cent of students agreed that learning in hospital was better than learning in school (Figure 6), a positive result indicating high levels of satisfaction among children and young people regarding the teaching and learning approach in the hospital; again, this possibly reflects the highly personalised and passion-based model.

**Figure 5: It is important to me that my RCH teachers communicate with my teachers at school**
Children’s and young peoples’ attitude to school and motivation to learn while at the RCH

As previously mentioned, we used 10 questions from the ACER School Life Questionnaire covering five domains (general satisfaction, internal motivation, relevance of learning, success as a learner, and student–teacher relationship) to develop a scale score for children’s and young peoples’ attitude to school and motivation to learn.

ACER recommends two methods for reporting the results. The first is a calculation of the overall mean score of the combined five subscales. In a range between 1 (low) and 5 (high), the overall mean score was high at 4.1 (SD 1.1). We also observed that the score slightly increased the more that children and young people had worked with an Education Institute teacher.

The second method of reporting the results is the level to which the children and young people agreed with the 10 statements about school and learning. Overall, there was 86 per cent agreement with the 10 statements about school and learning. Further, while the level of agreement varied across the five subscales (Figure 8), no subscale ever fell below 80 per cent, including the students’ reported level of motivation to learn. The level of student agreement to statements about the quality of the student–teacher relationship was very high at 96 per cent.

Figure 6: Learning in the hospital is better than learning at school

Figure 7: Level of students’ agreement per subscale
Parents/caregiver satisfaction

We asked parents and caregivers to indicate the extent to which they ‘agreed’ or ‘disagreed’ on a five-point Likert scale to the following three statements about the provision of education support:

- overall, my child’s experience of education support in hospital is positive
- overall, I am satisfied with my child’s access to education opportunities at the RCH
- it’s easy to get hold of an RCH teacher when my child needs to

As can be seen from Figure 9, parent’s total level of agreement with these statements was high at 80 per cent, 73 per cent and 70 per cent respectively. The largest differences, however, were with the proportion of parents who strongly agreed to the three statements. For the first two statements, 57 per cent of parents strongly agreed, but this dropped to 37 per cent with respect to having good access to an Education Institute teacher for their child.

Figure 8: Level of parent agreement to three statements about provision of education support

Qualitative findings

The Satisfaction Survey asked respondents to provide written answers to five open-ended questions. These questions were the same across all three versions of the questionnaire (child, adolescent and parent versions). The responses to each question are given below, grouped into child/adolescent responses (n = 44) and parent responses (n = 30). The first question asked: What is the best thing about having a teacher when you are in hospital?

Student responses to this question could be summarised into three categories:

- keeping up with school work (15 responses)
- engagement in a non-medical experience while in hospital/fun (eight responses)
- general education assistance (15 responses)

Typical comments included:

“Gives you the chance to stay up-to-date with normal school work. It’s good so you don’t fall behind!”
“The best thing about having a teacher while in hospital is that they help you keep on top of your workload and assist you.”

“Keeps u distracted from your pain.”

“Everything! ... We worked on debating skills and I happen to love debating!! I haven't been to school for over one year so it was nice to make contact with a teacher that understood and went at my pace. I was in hospital for pain and needed lots of pain meds, but when [the teacher] came in the room he always put a smile on my face! I LOVE school at the hospital SO much more than my school! :)

“I really liked that [the teacher] understood and really helped me when I was struggling with all the school work ... because sometimes at school teachers wouldn't really understand how difficult it is to not fall behind with school work when you are constantly away and in hospital. She was really caring and made me look forward to going to school each morning in the hospital.”

Parent responses also fell into the same three categories. Typical comments included:

“It takes my child's mind off treatment and makes her still feel 'normal'.”

“As a parent who is living in with a 7 yo, having a fresh set of hands to assist with schooling is invaluable. We have liaised with our son's school and have education packs being sent along. It's a great support to have a qualified professional assist with this task.”

“[The teacher] has created a positive learning environment where the child escapes mentally from the hospital and medical activities. [The teacher’s] input has allowed the child to be a child and has mentally stimulated him accordingly. He has used physical materials to make maths and learning fun. He has used computer programs that the child can use independently and has provided reading materials that are used with the [teacher] and the child can use independently.”

“Stimulating for my daughter. She's not so interested if it’s me or her dad directing her school work. She wants to impress a teacher!”

Not all parent comments were positive, however, with one parent stating that:

“Great idea but the teachers are not meeting my expectations.”

The second question asked: Is there anything you don’t like about working with a teacher when you are in hospital? Overall, the responses to this question were very positive. Twenty-two students and 17 parents responded that there was nothing that they didn’t like. Two students found it difficult to work with a teacher when they were feeling sick and two students commented on the lack of specialist teachers, particularly at the senior secondary level. Two students reported that they disliked the lack of focus in teaching at the hospital, as one student explained:

“They organise and focus on extra activities rather than helping with school work/homework.”

Another student reported that:

“I get embarrassed because I’m not very good at some things.”

Five parents commented on things that they disliked or thought could be improved in the service:
“The only weakness of the service is that, whereas school is for 6 hrs per day, school in RCH is for 1–2 hrs per day.”

“Unreliability of [teachers] turning up, have to chase them.”

“We love the teachers, we just don’t get enough sessions.”

“Difficult to get access to in CCC [Children’s Cancer Centre] ward, unless you have an extended stay.”

“We experienced difficulty with the lack of consistency from the teaching staff. This was due to not having a regular teacher assigned to our child and to the lack of contact that we had with the Education Department while our child was in hospital. Our child benefits from familiar and regular contact, in order to build a relationship conducive to a positive learning environment. Due to these factors, we feel our child did not benefit from what promised to be a fantastic program but which, in our minds, failed to deliver.”

The third question asked: Is there anything that stops you from working with a teacher at the hospital? Twenty-two students and eight parents responded that there was nothing that stopped them/their child from working with a teacher. Issues that did stop students from working with a teacher included:

- working when feeling sick (seven students, eight parents)
- conflicting time pressures for appointments, such as physiotherapy (four students, two parents)
- teacher availability (four parent responses)

Typical comments included:

“When I am really sick or nauseated.”

“When I was recovering from surgery, I struggled to work with a teacher.”

“Time. Scheduling a session around other appointments and medical procedures can be difficult.”

“My child was unable to work with the teachers at the hospital when they failed to keep appointments to work with him. This occurred regularly.”

The fourth question asked: Is there anything that would make teaching and learning in the hospital better? Again the responses were very positive, with 16 students and five parents reporting that there was nothing that would make teaching and learning better. Six students and eight parents thought that teaching and learning would be improved if there was more time, more teachers or more equipment available to them. Typical comments included:

“Probably more help for the teachers as they had to cover a lot of children and so sometimes had limited time, even though they were awesome. Education to long-term patients in our opinion is invaluable, and should be encouraged and supported.”

“I would like it to be for a sometimes longer amount of time. Learning is less effective for my child when there is not a consistent teacher or small team of teachers as she is shy and uncooperative with new people.”

Other suggestions for improving teaching and learning in the hospital included:
“If it's possible to set a time with the teacher for each treatment day. Sometimes teachers are not around on the day.”

“Increase my child's interest & improve on the skills set out in ILP to engage him more. Increase cause and effect style learning to engage him more!”

“Better communication around their needs and when they come to hospital.”

“Have an overall idea of what child is doing in lessons.”

“Maybe if there was a separate room for a little privacy.”

“Delivering a solid, consistent, well thought through, individualised plan, would improve the potential for learning.”

The final question asked students and parents if they had any other comments to offer about the teaching and learning at the RCH. Twenty-one students offered a positive assessment of their teachers in this section. Typical comments included:

“It's really fun and the teachers are all very helpful and funny, they also make you feel welcome.”

“All the teachers are super nice and always put a smile on your face. They help you with anything and always have fun and exciting work for you to go on with. Love the teachers at RCH.”

“The teachers are sick as.”

Four students again mentioned the value of being engaged in a non-medical or ‘normal’ learning experience while in hospital, while two students requested continuation of the teaching and learning for when they go home:

“Can u come home to teach stuff ‘cause I will be in isolation for 2 months because I had a bone marrow transplant.”

“I always miss it when I go home! Love it! :)”

Fourteen parents also offered positive comments about their child’s teacher:

“All the teachers we have encountered during numerous and sometimes lengthy stays at RCH have been great. They have all been enthusiastic, encouraging and engaging and we love having access to them.”

“I love that we are not at the hospital regularly but that [the teacher] remembers my daughter.”

Three parents praised the quality of the teaching and learning service:

“Great initiative—given we had no idea we would be here this long.”

One parent also requested more service:

“My child will be in isolation at home for 2 months. Extended learning at home would definitely benefit my child.”
In addition to the positive comments, four parents responded that there were areas that needed improvement. These comments included:

“Nice people but unimpressed with actual service provided.”

“As a parent, I have not been given any information on how to contact teachers. I don’t want to hassle the nursing staff as they are busy with patients. When we come into hospital it is usually for the day and by the time a teacher comes in to see us it is almost time for us to go home. This is the main reason why Day Medical needs a more permanent teacher.”

**Conclusion**

The RCH Education Institute has learning as one of its key values, stating: “*We value, celebrate and promote learning every day*”. This includes not only the learning that we facilitate with children and young people—which this Satisfaction Survey sought feedback about—but also the use of this information as part of the Education Institute being a learning organisation.

Specifically, this project sought feedback from students and parents who had worked with an Education Institute teacher about the degree to which they were satisfied with the teaching and learning offered, the perceived strengths of the teaching and learning model, and the areas that could be improved.

We created a short version of the ACER School Life Questionnaire, which is a measure of children’s and young peoples’ attitude to school and learning. We used the short version of the questionnaire not only to measure attitudes to school and learning in the hospital setting, but also as a proxy for children’s and young peoples’ levels of satisfaction with the teaching and learning opportunities in the hospital. We selected 10 questions (from the original 40) based on their face validity for the hospital learning setting. They covered five domains: general satisfaction, internal motivation, relevance of learning, success as a learner, and the student–teacher relationship. Children and young people were asked to indicate their level of agreement or disagreement on a 5-point Likert scale to the 10 statements about learning. We found that overall there was a high (86 per cent) level of agreement with the 10 statements. And, while the level of agreement varied across the five domains, no domain ever fell below 80 per cent, including the students’ reported level of motivation to learn. The level of student agreement to statements about the quality of the student–teacher relationship was very high at 96 per cent. In addition, 61 per cent of students agreed with the statement that learning in the hospital was better than learning at school.

We also asked parents and caregivers about the extent to which they agreed or disagreed with three statements about the provision of education support in the hospital. We asked them whether their child’s experience of education support in the hospital was positive, whether they were satisfied with their child’s access to education opportunities, and if it was easy to get hold of an RCH teacher when their child needed one. Parents’ total level of agreement with these statements was high at 80 per cent, 73 per cent and 70 per cent respectively. However, the proportion of parents that ‘strongly agreed’ varied. For the first two statements, 57 per cent of parents strongly agreed, but this dropped to 37 per cent with respect to having good access to an Education Institute teacher for their child.

The Satisfaction Survey included open-ended questions that sought feedback from students and parents about the perceived strengths of the Education Institute’s teaching and learning model, and also about what they thought could be improved.
Many students and parents reported that the teaching and learning in the hospital provided valuable opportunities for the child or adolescent to ‘feel normal’ or ‘escape’ mentally from the medical experience of being in the hospital. A further strength of the teaching and learning model, as reported by many students and parents, was being able to stay up-to-date with ‘normal’ school work.

The perceived quality and positive nature of the student–teacher relationship was again mentioned frequently when we asked parents about the strengths of the teaching and learning model in the hospital. This is important for two reasons. First, Australian and international research shows that chronic illness, and special needs generally, can have a negative impact on the quality of the student–teacher relationship as measured by teacher-reported closeness and conflict (Quach et al. 2015; Demirkaya & Bakkaloglu, 2015). Second, it is well established that a positive student–teacher relationship plays a vital role in creating positive learning outcomes and environments for all students, but especially for those with special needs (Capern & Hammond, 2014).

Parents also reported on areas that could be improved. This included improved ‘access’ to Education Institute teachers—a qualitative finding that was also reflected and supported in the quantitative analysis. Parents wanted more teaching time per day, including better or more regular scheduling of teaching and learning sessions. They also suggested better consistency in terms of having a regular teacher assigned to their child. One parent made the suggestion for a continued teaching service to be available to students after they go home.
References

