

Tallaght Hospital School

■ Title

Wellbeing policy

■ Introductory Statement

The Board of Management of the National Children's Hospital School have developed this policy in line with the Department of Education and Youth's wellbeing policy statement and framework for practice.

■ Persons affected

The policy applies to all school staff, the Board of Management, parents/guardians, hospital staff and students in so far as the measures under the policy relate to them.

■ Rationale:

Tallaght hospital school recognizes that for children and young people in a hospital setting, education is a "normalizing" force. It provides a sense of purpose and a connection to the world outside the clinical environment. We aim to support the holistic health of our pupils—physical, mental, and emotional—ensuring that learning supports recovery rather than adding to their burden.

■ Wellbeing Policy Statement and Framework for Practice

The Department's Wellbeing Policy Statement and Framework for Practice assists schools in ensuring that wellbeing promotion is embedded within the school's existing practice. The school's review and development process using the Wellbeing Policy Statement and Framework for Practice provides guidance and practical resources to assist in the further enhancement of whole school approaches to wellbeing promotion.

The Wellbeing Framework for Practice outlines:

1. Key areas of wellbeing in education
2. Indicators of success in each of these areas
3. Statements of effective practice to guide schools
4. Suite of online wellbeing resources

■ Guidelines

Our school has developed our policy with the students and staff of Tallaght hospital school in mind. Taking into consideration why they are admitted into the hospital. Our plan differs for each student depending on their needs but we have developed the following guidelines however this is not an exhaustive list.

1. The Five Pillars of Hospital School Wellbeing

Pillar	Implementation Strategy
Pace & Flexibility	Lessons are modular. If a pupil is fatigued or called for a scan, the lesson stops without penalty.
Connectedness	Facilitating contact with the pupil's "home school" and peers to reduce the isolation of a long stay.
Environment	Creating "clinical-free zones." When in the schoolroom, we minimize medical talk to focus on the child as a learner.
Agency	Giving pupils choices (e.g., "Would you like to do Art or Math today?") to restore a sense of control lost to hospital routines.
Holistic Staffing	Multidisciplinary collaboration between teachers, nurses, play therapists, and social workers.

2. Tailored Support for Medical Profiles

We acknowledge that wellbeing looks different for every pupil depending on their diagnosis:

- **Chronic Conditions (Diabetes, Cystic Fibrosis):** Focusing on autonomy, self-management, and reducing the anxiety associated with lifelong treatment.
- **Neuro-Trauma (Head Injuries):** Prioritizing cognitive pacing, sensory-friendly environments, and celebrating incremental progress.
- **Mental Health Issues:** Providing a safe, non-judgmental space with a heavy focus on emotional regulation and collaboration with psychiatric teams.
- **Acute/Social Cases:** Offering stability, routine, and a "safe harbour" for those whose home or health situations are in flux.

3. The Intersection of Medical and Educational Needs

We adopt a **Social Model of Disability**, recognizing that our environment must adapt to the child, not the other way around. We categorize our inclusive support into three primary areas:

- **Neurodiversity (Autism, ADHD, Dyslexia):** Hospital environments are sensory minefields (beeping machines, bright lights). We provide "Sensory Toolkits" including visual timetables and sensory equipment to reduce cognitive load.
- **Physical & Sensory Disabilities:** Ensuring all educational materials are accessible for those with limited mobility (e.g., eye-gaze technology for head injury recovery) or visual/hearing impairments.
- **Acquired Learning Needs:** For pupils with head injuries or post-viral fatigue, we treat "re-learning" with the same prestige as "new learning," focusing on neuro-rehabilitation through educational play.

4. Staff Wellbeing

Teaching in a hospital is emotionally taxing. To support our staff, this policy mandates:

- Regular **debriefing sessions** following difficult incidents or pupil bereavements.
- Clear boundaries between clinical responsibilities and educational roles.
- Access to professional supervision or counselling.

■ Samples of wellbeing activities

In a hospital school, wellbeing tasks need to be "low floor, high ceiling"—meaning they are easy to start but can be deeply meaningful. They must also be physically undemanding to accommodate fatigue and medical equipment (IV drips, monitors, etc.).

Here are several daily wellbeing tasks categorized by the pupil's energy levels and needs.

a. The "Emotional Check-In" (5 Minutes)

Best for: All pupils (Primary & Post-Primary).

- **The Weather Report:** Ask the pupil: "If your mood was the weather right now, what would it be?" (e.g., "A bit cloudy but the sun is trying to come out" or "A total thunderstorm").
- **The Scale of 1–10:** Use a visual scale with emojis or characters. "Where are you on the Pokémon/Footballer/Singer scale today?"
- **Why it works:** It allows the child to communicate their emotional state without needing to find complex clinical words.

b. The "Mindful Minute" (Sensory Focusing)

Best for: Pupils with Head Injuries or Anxiety.

- **5-4-3-2-1 Technique:** Ask the pupil to name:
 - 5 things they can see in the room (that aren't medical equipment).
 - 4 things they can touch (their blanket, the desk, their hair).
 - 3 things they can hear (the hum of the ward, birds outside).
 - 2 things they can smell.
 - 1 good thing they can taste (or their favourite food to imagine).
- **Why it works:** It grounds the pupil in the "here and now," pulling them away from hospital-related intrusive thoughts.

c. Gratitude & Connection Tasks

Best for: Long-term patients (Cystic Fibrosis, Social Cases).

- **The Three Glads:** Ask the pupil to identify three things they are "glad" about today.
 - *Example:* "I'm glad I liked my breakfast; I'm glad my friend texted; I'm glad we are doing Art."
- **The Digital Postcard:** Spend 10 minutes helping the pupil write a "thinking of you" note or drawing a digital picture for their "home school" classmates.
- **Why it works:** It combats the isolation of being an inpatient and maintains their identity as a friend and student.

d. Agency & Empowerment Tasks

Best for: Pupils with Chronic Conditions (Diabetes, CF) who feel a loss of control.




- **The "Menu of Choice":** Instead of saying "We are doing Math," present a menu. "Today we need to move our brains. Do you want to do the 'Puzzle Starter,' the 'Creative Writing Prompt,' or the 'Science Experiment?'"
- **The Teacher for a Minute:** Ask the pupil to teach *you* one thing about their favorite hobby or a game they like.
- **Why it works:** In a hospital, children are told when to eat, sleep, and take meds. Giving them power in the "classroom" restores their sense of self.

e. Creative Expression (The "Clinical-Free" Zone)

Best for: Mental Health and Acute cases.

- **The "Six-Word Memoir":** Ask post-primary pupils to describe their day in exactly six words. (e.g., "*Tired today, but I finished chapter four.*")
- **Music/Playlist Building:** Create a "Power Up" playlist together on a tablet. What songs make them feel strong? What songs help them sleep?
- **Why it works:** It provides a safe outlet for complex feelings that might be too difficult to talk about directly.

Summary Table: Task Selection by "Traffic Light" Status

Light	Mood/Energy	Recommended Task
 Green	Energetic	Digital Postcard or Teacher for a Minute.
 Amber	Tired/Low	The Weather Report or The Three Glads.
 Red	In Pain/Resting	Mindful Minute (audio only) or just listening to a story.

5. Roles and Responsibilities

- **The Teaching Staff:** Act as the bridge to "normalcy." They are trained to recognize signs of "medical burnout" and adjust educational goals accordingly.
- **The Medical Liaison:** Ensures teachers are briefed on a pupil's daily "readiness to learn" (e.g., if a CF patient had a difficult night of physiotherapy).
- **The Pupil:** Encouraged to express their limits and celebrate small wins.

6. Safeguarding and Emotional Safety

Given the prevalence of "social cases" and mental health struggles staff are encouraged to do various courses including:

- **Trauma-Informed Practice:** All staff are trained to recognize triggers.
- **Wellbeing:** for themselves (the staff) and CPD courses on how to support the students.

Confidentiality: Maintaining the delicate balance between medical necessity and the pupil's right to a private educational space.

■ Review/Success criteria:

We measure the success of this policy not just through academic credit, but through:

- Students' self-reports of feeling "less like a patient" during school hours.
- Increased engagement levels from pupils with long-term illnesses.
- Smooth transitions for pupils returning to their mainstream "home" schools.

■ Timeframe for Review

The policy will be reviewed February 2028

■ Timeframe for Implementation

This policy will be implemented from February 2026

■ Ratification and Communication

The Board of Management ratified this policy on the _____ of _____.

Signed: _____, (Chairperson, BOM)

Signed: _____, (Principal).