



OXFORDSHIRE HOSPITAL SCHOOL

EARLY YEARS FOUNDATION STAGE POLICY

Principles that shape practice

We believe that:

- every child is a **unique child**, who is constantly learning
- children learn to be strong and independent through **positive relationships**;
- children learn and develop well in **enabling environments**, in which their experiences respond to their individual needs and there is a strong partnership between teachers and parents and/or carers
- children **develop and learn** in different ways and at different rates and all are valued equally.

Learning and development

- The curriculum is based on the **DfE Statutory Framework for the Early Years Foundation Stage March 2017**.
- Each area of learning and development is implemented through planned, purposeful play and through a mix of adult-led and child-initiated activity. Play is seen as essential for children's development, building their confidence as they learn to explore, to think about problems, and where possible relate to others.
- We try to maintain a balance between teacher initiated and child led activities.
- We take into consideration the child's individual needs: their medical needs (which always take priority), interests, and stage of development. We use this information in our planning.
- In planning and delivering activities, we consider the different ways that children learn: through playing and exploring, active learning and creative and critical thinking (Characteristics of Effective Learning).
- Despite being in a hospital setting, we try to provide a stimulating environment by utilizing a range of accessible resources, attractive board displays and varying themes and activities.
- Phonics is taught in line with each child's home school programme so teachers use the Primary National Strategy's 'Letters and Sounds', the Read, Write Inc. reading programme, Jolly Phonics and other programmes as appropriate to each individual child.
- We foster appropriate behaviour and personal and social development by using positive encouragement and reinforcement. We use stickers, reward

charts and head teacher's certificates to reinforce appropriate behaviour. We encourage children to have a 'growth mindset' and award certificates where appropriate. We can tailor systems for each child e.g. Where necessary we may use a social story or a PSHE activity to help a child with a specific area of need.

- A lot of hospital teaching is 1 to 1, but wherever possible we provide opportunities for children to interact with others, in mixed age workshop settings and in groups with children of a similar age. We strongly believe that social skills are hugely important at this age and this is an area that many of our children struggle with as interaction can be limited due to medical constraints.

Assessment

- Ongoing assessment is an integral part of the learning and development process. Children are observed to understand their level of achievement, interests and learning styles, which then shapes future planned learning experiences. We value the input of parents, home school and home tutors in this process.
- Individual Learning Journeys provide a snapshot of learning and development and include contributions from parents. If a child is with us for a short time we will contribute to the learning journey set up by their home school. If we provide the majority of a child's education during their F1 year then we will provide the journal and ask home school and home tutors to contribute where appropriate.
- Progress and development are recorded in the child's learning journey and samples of evidence are kept for each child. Reference will be made to the 17 Early Learning Goals (see EYFS folder).
- Children considered to be 'exceeding' in maths and literacy can begin to access the year 1 curriculum where appropriate.
- The key teacher will speak to the child's home school about the EYFS profile which is completed towards the end of the summer term. If the child has been in the hospital school but has spent very little of their F1 year in their home school then the Hospital School key teacher will complete the profile and return it to the home school (preferably sharing it face to face). If the child has significant time in both their home school and the Hospital School then the key teacher will suggest that a meeting is held between the key teacher, class teacher and any home tutors to compile the profile together. If a child has spent most of the year in the home school then the key teacher will feed information back to the class teacher for inclusion in the profile.

Safeguarding and Welfare

The school will ensure that all staff understand and support the purpose and aims of the EYFS policy and that they are aware of their professional roles and responsibilities as determined by current legislation and follow the school's guidelines, OHS child protection and safeguarding policies and procedures.

Also see Child Protection Policy, behaviour policy, SEN policy, equal opportunities, health and safety policy, complaints procedure.

Children's Hospital Teaching Sector Practice

- Long term patients are initially approached by the Hospital School from the Easter before they are due to start school. They are invited to workshops so that they can become familiar with staff and the school. This also means that the Hospital School can liaise with the proposed home school prior to the start of the school year and set up home tuition if necessary.
- Each long term pupil is assigned a key teacher who aims to build strong relationships with a pupil's home school teacher, parents and any home tutors involved. The key teacher will communicate regularly to ensure that we follow a curriculum in line with the pupil's home school and feedback to all of the necessary people. They can also help to set up home tuition where necessary.
- The key teacher will attend an initial meeting at the home school if class teachers and parents feel it would be beneficial. This is an opportunity to establish relationships, gain information about the child's preferences and abilities and plan how to liaise between the two establishments and with home tutors if applicable. It may also be appropriate for an oncology outreach nurse to attend this meeting.
- The key teacher will liaise with other professionals, such as medical staff, psychologists and physiotherapists so that provision is in line with medical advice. Key teachers will not discuss medical issues with home schools unless specifically asked to do so by parents. (see Confidentiality policy)
- At the end of a long term pupil's treatment the key teacher will help with the transition back into their home school.
- At the end of their foundation year, the key teacher will ensure that all necessary information is passed on to the year 1 teacher in their home school.
- Shorter term pupils will be invited to workshops. If the child is likely to be in hospital for more than a couple of days then, with parent's permission, home schools will be contacted for work and information about the child's ability and preferences so that individual teaching can be tailored to their needs.

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