



Executive Agency, Education, Audiovisual and Culture



One year and a half of the project: the progress report
June 2015

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Executive Summary

“Did you know that there are hundreds of thousands of young people across Europe and the rest of the world with medical needs, and that the majority recover and go on to lead full and normal lives?

Hospital schools and home tuition programmes ensure that students not only keep up with their education, but that they can go on to achieve magnificent things. ”

This is a quote from the first newsletter that we sent to our LeHo website subscribers on September the 17th 2014, after nearly one year of work together. We wanted to make it clear from the start that the theme addressed by our project, Learning at Home and in the Hospital, was not ‘the same old project about technology and education’, but a real attempt to explore the possibilities of the use of innovative technologies and methodologies to support the learning for children (and students in general) with medical needs.

A recent survey conducted by the Hospital Organisation of Pedagogues in Europe (HOPE) Workshop 15 (Capurso & Falk-Schalk, 2010) identified several barriers to continuity in education in Europe: unclear policies for the delivery of education children with medical needs – (CMN) and especially at home; poor contact between the mainstream school and the hospital school; no specific training for hospital teachers; no shared set of aims, values or vision between school staff and health service staff, etc.

Within this general framework, information and communication technologies (ICT) can play a key role in providing better communication and mediation of the educational processes when a student is absent from the classroom because of a medical condition.

The aim of the LeHo project is to outline key educational factors and good practices for students with a medical condition and subsequently explore and design realistic solutions, mostly ICT based, to provide education to children, in hospital or receiving treatment at home or who attend school part-time due to their illness, and then to verify how technology can impact on the methodology and pedagogy in HHE.

It must be noted that significantly, this project aims to define the technological approaches and solutions but always from a pedagogical perspective and not vice-versa.

When we initially wrote the project proposal, that was funded by the EACEA’s Lifelong Learning Programme, we immediately recognised that providing education for children and youngsters with medical or psychological needs was a world-wide problem for which each country had its own solution. There is a need for international recognition of this subject, to understand related policies, laws, organisation and initiatives to foster the use of innovative practices in each country. We knew that in some countries there were online/digital solutions that could help the schools and the family to guarantee the right to education for children. For instance, hardware devices in hospitals to support education are being used in different ways in Italy, Belgium and UK, so the question was how to learn from each other to improve our own practices? Innovative initiatives such as those carried out by Bednet in Belgium (www.bednet.be) and PSO in Italy (pso.istruzione.it) have great potential to be transferred to other countries.

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1. Project Objectives

The general focus of this proposal is the connection between the pupil (at home, in the hospital or undergoing any form of discontinuation of their schooling for medical reasons) with his/her teacher/regular classroom/Hospital School (depending on the specific case).

This will be explained in terms of:

- European, national and regional policies and regulations;
- Tools and programmes in use in the involved countries.

The specific objectives are:

- Improve the education of ill children by means of ICT-technologies:
 - via a connection with his/her own class/home school;
 - via a connection to a virtual classroom of other students (at a distance, at home or in a hospital).
- Improve the profile and competencies of hospital/home teachers with regards to with technologies and their roles in using these technologies.
- Improve the competencies of workers involved in helping reach this target (nurses, volunteers, technicians...) of using technology and the role they can play.
- Provide helpful ICT solutions in terms of information and support to parents and families of students with medical needs.
- Raise awareness of the contribution of ICT and digital media in supporting HHE beyond the network itself.

The **practical aim of the project** is to create a pool of resources (pedagogical, methodological and technical) and practices which have a proven high rate of success with client groups, backed by sound research in the field of hospital school education and virtual learning, whilst tapping into the expertise and competences within the Hospital School sector and cognitive and behavioural sciences.

Moreover the LeHo project will design a new European Model to approach the issue of HHE in the context of ICT technologies.

The first outcome of the project will be the **exponential grow of reciprocal and shared knowledge among participating countries** (and the network involved) on policies, practices and initiatives in Europe and Egypt. This will mostly impact at policy-maker level, who will have new and effective tools to assist them in their decision-making.

The teachers will be the main beneficiaries who will be able to take advantage of the Training Actions (TA), Fieldwork Experiences (FE) and the Practical Guide (PG). The PG will be disseminated by the international HOPE network to other teachers interested who which to **put the digital solutions identified in the project into their daily teaching practice**.

LeHo is helping to **bridge the gap between hospital personnel** (nurses, doctors, workers in general...) **and home/hospital teachers**, enabling efficient communication and the ability to work on common objectives. For example, the focus groups organized in Spain, Italy, UK, Egypt, Germany and Belgium gave us the opportunity to identify the needs and the issues faced by hospital teachers and the medical staff. The online hub houses the final

report of both rounds of focus groups in which we report on the outcomes from discussions with teachers and doctors.¹

To give an example, the top three problems associated with ICT use in HHE consist of technical factors, administrative problems, and equipment features: they represent nearly 46% of all problems associated with ICTs.

Problems facing ICT use in HHE	Frequency
Technical factors	17%
Administration	16%
Equipment features	13%
Connectivity factors	12%
Virtual assessment	8%
Cost factors	7%
Isolation factors	7%
Environmental features	4%
Privacy factors	4%
Psychological factors	4%
Hospital limitations	2%
Time factors	2%
Training support	2%
Motivation	1%

A comparison of the results from both focus groups with teachers and doctors clearly shows that for the most part, the hospital environment is where most of the negative statements originate.

This in depth report was possible due to the large-scale analysis carried out by the partnership countries on local policies, and was based on the extensive and knowledge and combined experience of project partners, which was then validated by the BoE. The result of this collaboration is the Guidelines Institutional Environment document. This takes into account:

- Cultural approaches (who is affected by the pedagogical, legal and educational issues);
- Laws and regulations;
- Institutions/entities in charge of Hospital School Education/Home Tuition services (ministries, main schools, Local Education Authorities, Regional Departments.);
- Institutions and other organizations involved (schools, hospitals, associations, charities, ministerial departments, policy makers, universities);
- Courses and education for the teachers involved in the field of Hospital School Education/Home Tuition (HT), including the pedagogical/psychological aspects and the effective use of ICT.
- Best practices in EU countries on HHE in general.

The results of this analysis are now available on the LeHo hub as a long document that will later be summarized as a Practical Guide and the EU Model.

Therefore, this work provides the basis for the next phase of the project where each partner, in collaboration with local and national stakeholders concerned, selects one or

¹ Please note that in some cases, due to practical restrictions, doctors were interviewed on a one-to-one basis and did not participate in group discussions.

more approaches identified in the previous phase, to test its implementation in their own context, either to improve an existing practice or to introduce a completely new approach.



1 Focus group in Milan with HHE teachers

2. Project Approach

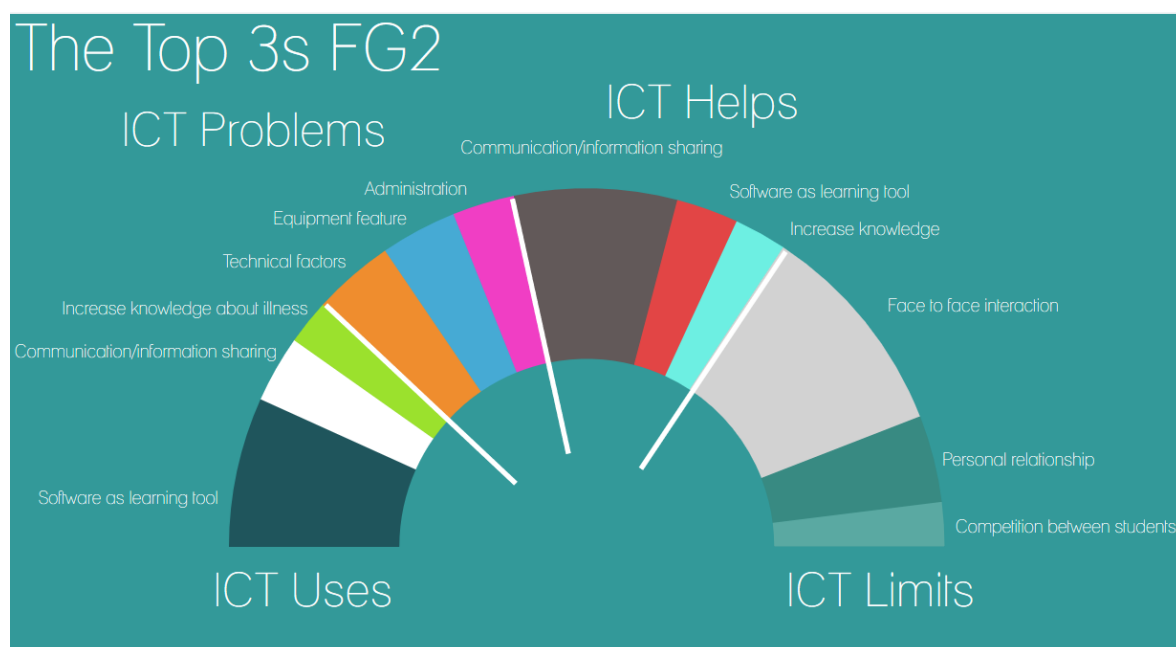
Analysis through focus groups and field research, training, practice and the collection of results to be disseminated to a wider audience is the way in which the work in the LeHo project is organized.

LeHo is developing an [online hub](#) to provide effective tools and relevant resources for [home and hospital education](#) practitioners, stakeholders and interested parties. **Everyone is invited** to share his/her experience with people from different countries and cultures, or to find peers and colleagues within the national communities.

The main aims are:

- To outline [key educational factors](#) and highlight **good practices** dedicated to the education and care of students with medical needs;
- **Explore and design ICT-based solutions** that enable children in hospital, receiving home therapy (HT), or attending school part-time due to illness, to access an appropriate educational provision;
- Identify ways in which **technology can impact on pedagogy and teaching** methods in Home and [Hospital Education](#) (HHE) contexts.

Moreover, educational initiatives adopted at home and in [hospital schools](#) represent responses to a broad and complex range of educational challenges. They are designed to be innovative and to improve the engagement of those students at risk of missing out on their education due their medical needs.



2 Infographics showing the results of the focus groups

It is intended is that these initiatives may be effectively applied or adapted for their use in ordinary didactical contexts, and thus provide opportunities to extend and enhance practices in different educational settings.

Chronologically, the project activity is divided into three main phases – Analysis and Practice Exchange (9 months), Implementation (18 months), Modelling (9 months). Each phase includes activity within the network as well as events open to the wider community. An overlap of 1 month between the phases is included in the work plan to ensure the effective transfer, and to account for a small delay during phase 1.

All the intermediate steps are reported on the project online Hub where the **LeHo** communities communicate and share the experiences during the entire period of the project.

Phase A: In depth field analysis and exchange of practice

The network has conducted a **Field Analysis** with the aim to describe, compare and share different approaches in terms of pedagogy, practice and policy (at local, regional and national levels), paying particular attention to the transferability to other contexts.

Each of the network countries organised specific **Focus Groups (FG)** with teachers, nurses, doctors, health workers, technicians and decision makers (such as school and hospital directors).

The results from these FGs were analyzed and discussed by the **BoE**, which includes members of the network with specific experience in the field and also external experts.

Phase B: Implementation

This phase involves organizing **Training Actions (TA) on the use of selected ICT practices in HHE** for teachers, nurses, and health workers in general, at national and local levels.

The **BoE**, in collaboration with other stakeholders involved (teachers, ministry representatives, pupils, students) will select one or more approaches from those listed in Phase A to enable the partners to test their implementation in their own contexts to:

- Follow the results from Phase 1 and put into practice the lessons learnt in the TAs into actual **Fieldwork Experiences (FE)** in each country.
- Bring the results of the work to a wider audience through **Webinars (W)**.

Phase C: Modelling

- Implementation of a **European Model (EM)** for ICT applications in HHE.
- **Analysis of the results** -> strengths, weaknesses -> lessons learned and recommendations.
- **The Practical Guide (PG)** for teachers and hospital and school workers.
- The realisation of a **Toolkit (TK)** for HHE teachers
- Presentation of recommendations at a **Final Conference (FC)** and at the **European HOPE Congress 2016** before being published on the **LeHo** online hub.

In 2015, a **transnational workshop (TWS)** at a European Distance and E-Learning Network (EDEN) conference will bring together participants from several Member States to exchange ideas and experiences relating to the approaches they will be implementing.

Year 1			Year 2				Year 3			
Phase A (9 months): Analysis and exchange of Practice			Phase B: (18 months) Implementation				Phase C: (9 months) Modelling			
ANALISYS	FG	BE/IEF	TA	TA	TA/FE W	FE	FE TWS	FE	EM/PG/TK	FC

The online hub will be the focus of the whole project, representing a virtual place where all the network participants can share analysis results, best practices and approaches at local and international levels.



3 Focus group in Leicester, UK

3. Project Outcomes & Results

As already stated, the FG and the analysis phases have already brought many interesting results:

- [Glossary of HHE terms](#)
- [Institutional environments of HHE in Europe](#)
- [Brief resume on the outcomes resulting from the FGs](#)
- [Infographics on the results of the FGs](#)
- **Full report on the FGs on [ICT and education of children with medical needs](#)**
- **[LeHo - Key educational factors for the education of children with medical needs](#)**
- **Collection of good innovative practices** for the ensuing training actions and **useful online resources identified and provided in the training actions** (already collected but not yet public) that will constitute the Toolkit.

5 key educational factors (KEF) that structured FG1

Relationships:
Importance of interactions with others as a means of facilitating the educational process;

Making Sense:
Active and meaningful interpretational process during knowledge construction.

Assuming Roles:
Acknowledgement of new roles (e.g., tutor, participant, assessor, organizer, controller) that one assumes when acquiring new skills.

Metacognition:
Thinking, reasoning, planning, organizing, and controlling the learning process.

Individualities:
Strategies, approaches, capabilities used in the learning process that differ from individual to individual.

The infographic features a teal background with white text. On the right side, there is a stylized illustration of a school building with a central tower and a clock face. The building is composed of various shades of blue and red.

The hub is up and running and contains information for all the national communities of the partnership countries.



Learning at Home and in the Hospital

The LeHo community is open for everyone involved in home and hospital education with the support of ICT. Learn more and join us!

[International Community | Homepage](#)

[National Communities -> choose one](#)



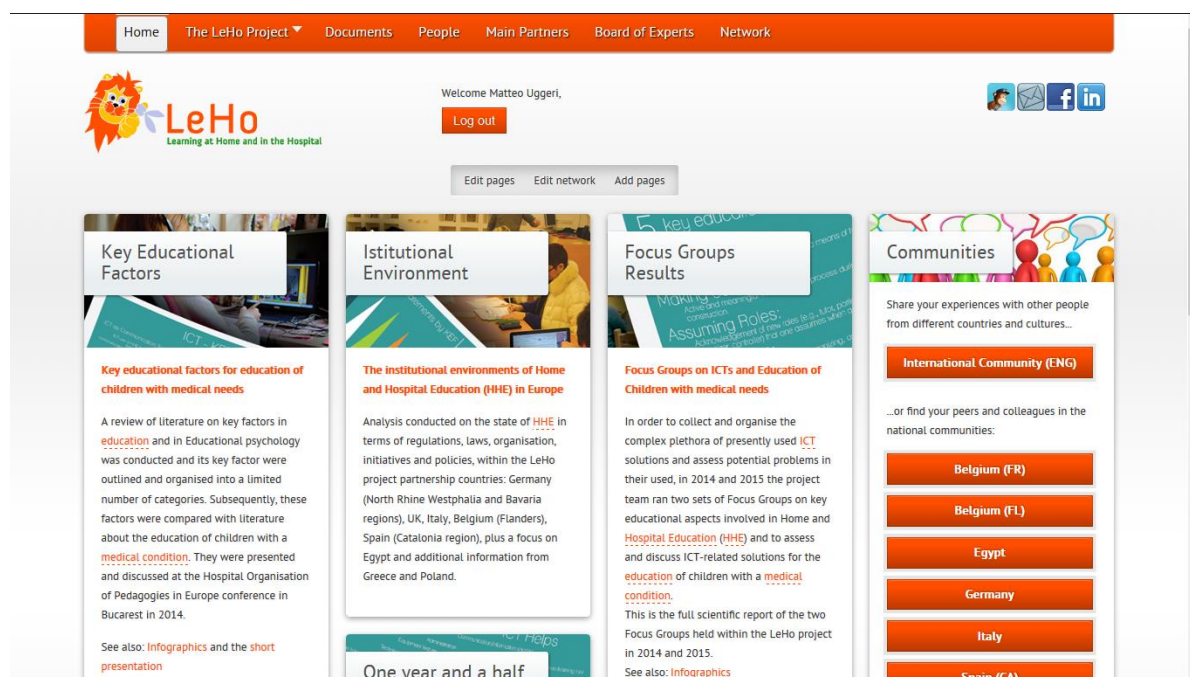
- Home and Hospital Education
- Innovation and Technology
- International Contest



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The next phase of LeHo is to organize the **TAs**, **FEs** and **Ws**, that will take place as follows:

- 1) Information exchange and dissemination of the results of the first phase to the associate partners
- 2) Selection of the approaches to implement
- 3) Identification of a 'key resource person' (with knowledge and experience of implementing new approaches)
- 4) Preparation for the implementation of the selected approaches, calling on the experience and expertise of the 'key resource person'
- 5) Organization of the TAs for teachers, students and/or pupils, at national and local levels, both face-to-face or online
- 6) Integration of approaches into existing practices wherever possible, or pilot implementation if not
- 7) Organisation of transnational webinars to ensure the results and activities reach an audience beyond that of the network partners



The screenshot shows the LeHo website interface. At the top, there is a navigation bar with links: Home, The LeHo Project, Documents, People, Main Partners, Board of Experts, and Network. Below the navigation bar, the LeHo logo is displayed on the left, and a user profile for Matteo Uggeri is shown on the right with a 'Log out' button. A secondary navigation bar contains 'Edit pages', 'Edit network', and 'Add pages'. The main content area is divided into three columns:

- Key Educational Factors:** A review of literature on key factors in education and in Educational psychology was conducted and its key factor were outlined and organised into a limited number of categories. Subsequently, these factors were compared with literature about the education of children with a medical condition. They were presented and discussed at the Hospital Organisation of Pedagogies in Europe conference in Bucarest in 2014. See also: [Infographics](#) and the [short presentation](#).
- Institutional Environment:** Analysis conducted on the state of HHE in terms of regulations, laws, organisation, initiatives and policies, within the LeHo project partnership countries: Germany (North Rhine Westphalia and Bavaria regions), UK, Italy, Belgium (Flanders), Spain (Catalonia region), plus a focus on Egypt and additional information from Greece and Poland.
- Focus Groups Results:** In order to collect and organise the complex plethora of presently used ICT solutions and assess potential problems in their used, in 2014 and 2015 the project team ran two sets of Focus Groups on key educational aspects involved in Home and Hospital Education (HHE) and to assess and discuss ICT-related solutions for the education of children with a medical condition. This is the full scientific report of the two Focus Groups held within the LeHo project in 2014 and 2015. See also: [Infographics](#).

On the right side, there is a 'Communities' section with the text: 'Share your experiences with other people from different countries and cultures...'. Below this, there is a button for 'International Community (ENG)' and the text: '...or find your peers and colleagues in the national communities:'. A list of buttons follows for national communities: Belgium (FR), Belgium (FL), Egypt, Germany, Italy, and Spain (CA).

4 The LeHo international community hub page

Regular updates on the project results can be found on the LeHo Facebook group (<https://www.facebook.com/groups/677222725654610/>), and also by subscription to the website which ensures that all interested parties receive copies of the LeHo newsletters (once every 4 months). Past issues of the newsletters can be found here ([LeHo newsletter](#)):

- [3rd Issue, April 2015](#)
- [2nd Issue, February 2015](#)
- [1st Issue, September 2014](#)

There is also an A5 four-page leaflet available online which explains the project basics: <http://www.lehoproject.eu/en/documents/viewdownload/17-international-community/186-leho-leaflet>

4. Partnerships

LeHo is an EU **project funded under the Multilateral Networks LLP program** (now Erasmus+). What this means is that not only are ICT and HHE the main topics of our work, but **the building of an international extended network is also one of the main project goals.**

Funding has been provided to operate in a limited number of countries, i.e., **Italy, Germany, Belgium, UK, Egypt and Spain.** This is because the main partners only applied for *the original proposal to the EU* (details and logos below).

The LeHo project is a **new** partnership which includes some HHE providers; Bednet (Belgium), SKM (Germany) CHS (UK), and 57357 (Egypt), three higher education institutions; UNiPG (Italy), University Foundations, FPM (Italy), two private organisations; Funditec (Spain) and the MMB Institute (Germany), and two networks; EDEN and HOPE which together cover the fields of ICT, education and Home and Hospital education. The partnership is further strengthened by the BoE which includes HHE experts and decision makers from each of the partner countries and also from Australia and New Zealand.

This core partnership is reinforced by an extended network that includes hospital schools, regional and national Ministry of Education departments and other government bodies. If you would like to join the partnership, the please visit [the 'network' page here](#) and [contact us](#).

Moreover, the **Children's Cancer Hospital in Egypt** can provide a strong basis to accommodate also the large number of people from Arab-speaking countries in the EU.



11 The member countries of the LeHo network

One of the main benefits has been the identification of how important and common, questions about HHE are, in terms of policies and the use of ICT across schools and hospitals in Europe.

The second important aspect of the partnership is that Focus groups held in the different countries and the collaboration with partners has enriched the diversity of approaches of using ICT to improve teaching in the hospital and at home, and has provided a number of well-described examples.

The third benefit is that partners are actively working in the HHE sector and this synergy of opinions brings different approaches and adapted methodologies to the project.

The partnership comprises different people, including managers, researchers, teachers, practitioners, trainers and even medical staff. This diversity of experts with complementary competencies is very helpful in identifying all the activities of the project and will enable the extension of the network in multiple directions.

The LeHo partners also work closely with groups of identified network partners, which help them to implement the case studies and turn them into concrete situations, giving them legitimacy in terms of the experimental approaches applied.

Contact has been made with other projects to test the results outside of the LeHo network, mostly through dissemination events that took place alongside the HOPE Congress, where LeHo was presented to the HOPE Committee (with representatives from each country in the network) and the EDEN conference in Zagreb (2014) and Barcelona (2015).

The proposed approach is to develop methodologies and services that may be of interest to the LeHo network and vice-versa. They could implement the LeHo case studies and complete the European Model which is planned during the last phase.

The BoE forms an additional partnership. It's presence is part of the Quality Plan which follows the progress of the project to provide advice, support and recommendations to the consortium at various stages to ensure that the project is moving forward and is 'keeping on track' (<http://www.lehoproject.eu/en/board-of-experts>). The BoE has a strong international membership, including experts from Australia and New Zealand, which will ensure that the project is represented outside of Europe and Egypt, and they can also provide input, literally from the other side of the world.



12 The LeHo network partners at the Milan kick-off meeting in 2014

5. Plans for the Future

Training, experience, dissemination and sustainability

To have an effective impact on all the targets outlined in the project plan, during its last phase the **LeHo** network will design and implement three deliverables to reach policy makers, teachers and all others involved in HHE, from schools to university level.

PRACTICAL GUIDE (an e-book / PDF) - Target: teachers, medical staff, nurses, volunteers, parents and workers in HHE

The PG will contain all the experiences of the project in a very concise and effective way. The main chapters will include:

- comparisons between national HHE procedures and experiences;
- a brief resume on main key factors that emerged from the FGs;
- a description of the profile of an HHE teacher;
- information on active services and best practices in ICT supporting HHE;
- collections of testimonials from the fieldwork experiences;
- hints and suggestions for managing HHE situations with the help of ICT.

TOOLKIT (as an online searchable and indexed tool) - Target: teachers in HHE

To support the education of teachers all over the EU in the use of open/web2.0 solutions to suit their specific context, a special **TOOLKIT** will be designed and implemented and made available for free on the website.

The aim is to facilitate the use of technological tools through tutorials (as documents or videos) enriched with examples of use in different modes and countries.

The **TOOLKIT** will be a collection of resources in terms of:

- a glossary of HHE terms in various languages, already available on the hub: <http://www.lehoproject.eu/en/glossary>;
- a list of good innovative practices collected for the TAs as well as useful online resources that have been identified and which are provided in the training actions (already collected but not yet public);
- a description of the key educational factors used in the FGs, and these are available on the hub: <http://www.lehoproject.eu/en/documents/viewdownload/17-international-community/206-leho-key-educational-factors-for-the-education-of-children-with-medical-needs>
- multilanguage versions of a quality of student life scale (still to be developed);
- video interviews and multimedia material from the FEs;
- online lectures from the public international webinars.

EUROPEAN MODEL (a very short and focused document) - Target: policy makers

The **European model** will analyze and summarize the experiences of the whole project, with particular focus on the strengths and weaknesses of the national practices, to evaluate their transferability and potential application at an international level. This means that with BoE support, , the network will combine all the results emerging from the project (from

research at policy-level, to data collected from the FEs) to define a model aimed at disseminating the best practices, whilst ensuring their interoperability.

The aim of the EU model provide the policy makers at every level, from school and hospital directors to regional and national policy makers, with a wide overview of the complex and evolving world of HHE, and to help them to integrate the use of ICT to support HHE in their policies and decisions. Moreover, at a European level, the model will provide a consolidation of the policies, experiences and the state-of affairs within the EU which will potentially provide support to EU itself. Part of this work has already been carried out, as mentioned above (<http://www.lehoproject.eu/en/documents/viewdownload/17-international-community/209-leho-institutional-environments-of-hhe-in-europe-june-2015>).

To disseminate the project results and provide real sustainability, the final conference planned for the last year of the project will most probably take place in Vienna in May 2016, alongside the HOPE Congress. At the time of writing, negotiations are underway with the organisers to possibly conduct an international TA as a pre-conference event and to present the LeHo results at that point to teachers in HHE.

The possibility of setting up a fee-based system for those countries that would like to have an online community within the LeHo hub for their own organization is also under consideration. A request has been already made by the Hungarian Hospital Teacher Association, and others may follow. This is not easy, both in terms of technical, cultural and economical issues and therefore the network is investigation several potential solutions.

6. Contribution to EU policies

Given that supporting the education of children with special needs and providing help to people at a risk of exclusion are priorities in Europe, it makes sense to tackle these issues at a European-level. The LeHo network activities are designed to gather a pool of information, experience and initiatives at local, regional and national levels to create a concerted response at the European level and beyond.

Transnational and trans-sectoral collaboration are cornerstones of LeHo, where SE and HE institutions from different member states participate in all the activities to exchange and implement practices, improving on existing approaches and identifying critical success factors for the transferability to different contexts, whether from one member state to another, or from one educational sector to another.

The LeHo consortium is working to use some of the concrete examples like those listed above, which have been implemented in each partner's country, to improve European practices in general. Innovative initiatives such as the use of social media to support learning in HHE have been identified and developed to be transferable.

This is why LeHo has already held and will hold future workshops and webinars, to show hospital teachers around Europe how to implement the numerous innovative initiatives within their own particular learning contexts. The FGs have been carried out in all six project languages (i.e., English, Flemish, Italian, German, Spanish, Arabic and Catalan) to overcome linguistic issues. The Practical Guide and the TOOLKIT for HHE teachers (in progress) are other examples of key deliverables that will help teachers to use key resources suited to their needs.

On a final note, as exemplified by the Key Educational Factors and by the FG report, the fact that this practical guide and the approach leading to its creating has been successfully developed in a transnational context adds great value to its credibility, and it is hoped that this will contribute to overcoming any resistance that teachers and decision makers may sometimes have to introducing new methods.

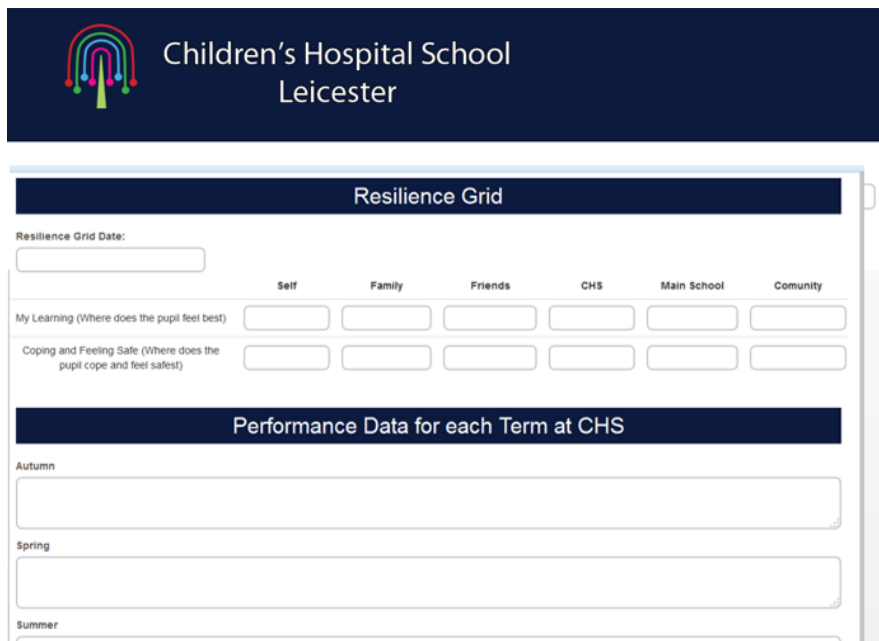
7. Extra Heading/Section

As said, providing education for children and youngsters with medical or psychological needs is a world-wide problem for which each country had its own solution. To make this point more clear, we think it can be useful to show some examples of online/digital solutions that could help the schools and the family to guarantee the right to education for ill children. We already mentioned innovative initiatives such as those carried out by Bednet in Belgium (www.bednet.be) and PSO in Italy (pso.istruzione.it), that may have great potential to be transferred to other countries, but they're nation-wide projects. We can show some examples of practices that we collected during this year and a half and that can be more easily disseminated and shared.



5 Monkey in my Chair, Australia

For example, in the US and Australia an initiative called “Monkey in My Chair” exists (<http://www.monkeyinmychair.org/program/>), which is for children undergoing treatment for cancer. The ill child receives a Monkey, which can go to school when the child is too sick to attend, and sits in the child’s place in the classroom. In addition to each “Monkey Kit,” each child is given online access to Monkey Message, an online component that allows the sharing of pictures and documents to ensure the line of communication stays open between the ill child and the classroom.



The image shows a digital form titled "Resilience Grid" from Children's Hospital School Leicester. The form includes a header with the school's logo and name. Below the header, there is a section for "Resilience Grid Date" with a text input field. The main part of the form is a table with columns for "Self", "Family", "Friends", "CHS", "Main School", and "Community". There are two rows of data entry: "My Learning (Where does the pupil feel best)" and "Coping and Feeling Safe (Where does the pupil cope and feel safest)". Each cell in the table contains a small rectangular input box. Below the table is a section titled "Performance Data for each Term at CHS" with three rows labeled "Autumn", "Spring", and "Summer", each followed by a large text input area.

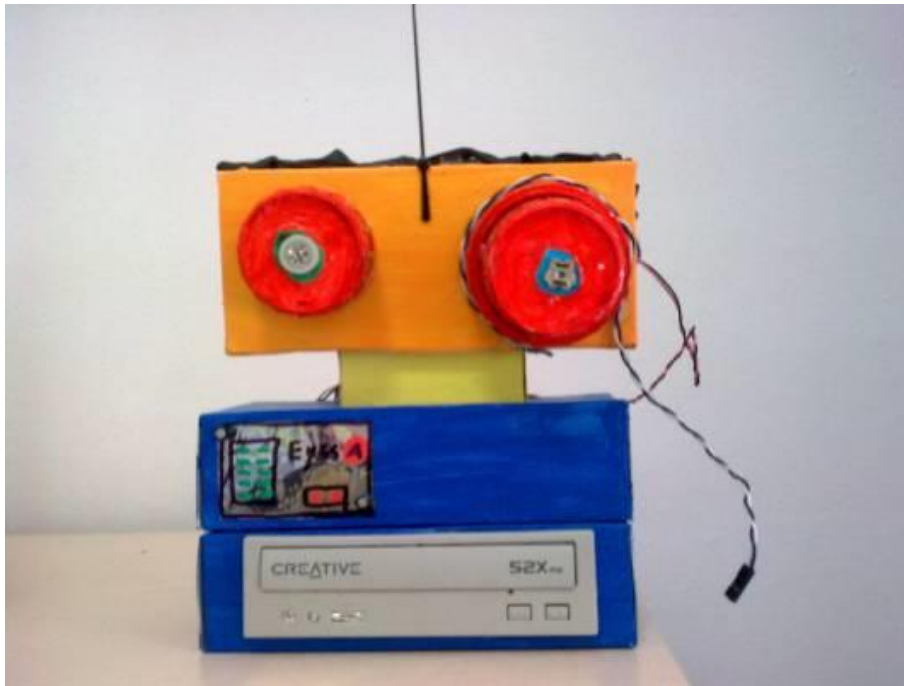
6 The hospital student portfolio, Leicester

In England, Willow Bank School (WBS, part of the Children's Hospital School in Leicester) use a pupil 'Passport' (<https://secureform.egress.com/childrenshospital>) as a way of collecting and using significant data on their pupils. It is an on-line form which enables schools and medical personnel to contribute to the information about the pupil's medical and educational history.



7 The WebChair, the Netherland and Germany

Germany and The Netherland use "WebChair" (<http://www.webchair.com/>), a mobile device (mostly a notebook) fitted with a camera in the classroom. This enables students who are isolated (eg. in quarantine) to steer the camera and interact with classmates and teachers.



8 Robotics in the hospital, Genova, Italy

In the Gaslini Children's Hospital in Genova (Italy) they have used the principles of 'Educational Robotics' in a hospital context. In this project, a team of teachers and experts from the Robotics School of the CNR (National Research Centre) taught students with medical needs how to build little robots (<http://pso.istruzione.it/index.php/robot-realizzati-dai-bambini-in-ospedale>).



9 Aventura Tok Tok, Spain

"Aventura Tok Tok" is a tool, not specifically designed for HHE, that allows the creation of virtual networks, but it was developed and used in [Fundació Pere Tarrés](#) y [Hospital Sant Joan de Déu](#) to promote interaction between hospitalized children.

The children can then then publish their own works (characters, environments, etc.) broadcast them to the other platform users (<http://santosmiquel.me/project/aventura-tok-tok/>).

The question is, why are such wonderful not even known and used in the country in which they were developed, never mind in other countries? Is it possible to put a German teacher in touch with one in New Zealand and see if they can use the same innovative approach for two similar cases? If Italy has a nation-wide portal for tracking all the hospital students, why can't this be copied for use in Spain? If the Cairo Children's hospital is able to support not only high-level and innovative cures for its patients, but also provide effective teaching support for the ill children through sustained and effective fundraising, would it be possible to apply similar approaches for other hospitals in England?

In this project, we aimed to answer some of these thought-provoking questions. However, potential barriers (attitudes, culture, curriculum as well as national policies) must to be identified and addressed for this transfer to be effective.

The final output of these activities will provide a European model, where the network will analyze and summarize the experiences of the whole project, with the focus on the weaknesses and strengths of the national practices, to evaluate their transferability and potential application at an international level. The model aims to disseminate the innovative practices, noting their interoperability. Policy makers at every level will be provided with a wide overview on the evolving world of HHE with the aim to help them to integrate the use of ICT in support of HHE into their policy- and decision-making.

Therefore, to maintain an EU dimension to the project, and ensure the quality of the contents generated by the LeHo network, a Board of Experts (BoE) has been created which has input into all the key points of the process. This board has a strong international representation, with members from each of the partnership countries, but also from New Zealand and Australia.



10 Focus group with HHE teachers in Cairo, Egypt

The first face to face meeting of the Board took place in Bucharest in November 2014 which was a huge success: it was the first time that representative of so many countries met to discuss local policies for HHE and shared experiences in the use of technology in HHE. For example, it was discovered how in most Anglo-Saxon countries mental illness is considered at the same level as a physical illness, and how important this is to the care of patients in

these countries. In practice, this means that a boy suffering from anorexia and with leukemia will be present in the same (hospital) classroom. In Italy this does not happen, and in Spain there are different regulations for these different illnesses. Even the concept of hospital schools does not exist in Italy, Spain or Egypt, where they have hospital sections/classrooms in (some) of the hospitals. Even more interesting has been matching the centralized organisation for HHE in Italy with the German regional-based model, it was discussed for only two specific regions/lander, such as Westphalia and Bavaria. In Germany, each region has its own laws and regulations for HHE. Results of that analysis can be found in the LeHo document repository and constitutes a comprehensive field analysis (<http://www.lehoproject.eu/en/documents/viewcategory/17-international-community>). Presentations from the Board of Expert members are also available as short PDF/PPT:

- [HHE in Catalonia \(by Rosa Fort\) - 2014 ENG](#)
- [HHE in UK \(by David Bateson OBE\)](#)
- [HHE and ICT in Italy - The Italian Portal for School in the Hospital \(by Matteo Uggeri\) - 2015 ENG](#)
- [HHE in Italy \(by Speranzina Ferraro\) - 2015 ENG](#)
- [HHE in Western Australia + Murdoch University \(by Dorit Maor\)](#)
- [Home and Hospital Education in New Zealand + Northern Health School \(by Richard Winder\)](#)
- [Home and Hospital Education in Germany \(by Heidrun Friebe\)](#)

This demonstrates how difficult it is not only to discover, but also to share international innovative practices in HHE! However, the LeHo project is breaking these boundaries and forging new link. Follow us on the [website](#) and in the Facebook group!

