



Lifelong
Learning
Programme



Results of the Focus Groups of the LeHo project

First Round

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LeHo

www.lehoproject.eu

Learning at Home and in The Hospital

Focus Groups: the process



researches guidelines
Key Educational Factors
litera

1st FG **KEF** and the illness

2nd FG from ICT to **KEF**

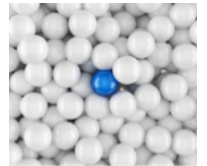
ICT solutions for
a better education of
Children with a Medical Condition

Key Educational Factors



Relationships

Individualities



Key Educational Factors



Metacognition



**Assuming roles
in front of others**



**Making sense and
constructing knowledge**

The Focus Groups



Countries: Belgium, Egypt, Germany, Italy, Spain, England.

People: Teachers (Home Education and Hospital); Medical staff (doctors, nurses, psychologists, social workers).

aim: : See how Key Educational Factors relate to the education of children with a medical condition.

Method: General guide for the FG has been shared among LeHo partners.

Partners from each country have conducted their own focus group and reported them on a preset report matrix. Results were analysed inductively by 2 independent coders ($\alpha = .88$).

The report Matrix



A. Relationships

Key Educational factors	Practices / activities in place that allow following these factors in hospital / at Home	What problems do you have following these factors in the hospital / school?	What problems do you have following <u>these factors</u> in the home?	Are there (have you used) any <u>ICT tools</u> which can help to fulfil this key educational factors?
Authentic learning always takes place within a system of interactions with others and with cultural artefacts. Shared cultural and relationships mediators can facilitate educational processes at all levels and in any context.	Books and notes go from class to pupil and back again. Provide tips for the class teacher on how to involve the pupil at home in class activities. An example: the class writes messages on a pillowcase.	It takes a certain amount of time before each child has made a drawing or written a text message. This form of interaction is not every pupil's cup of tea.	It takes time for the result to reach the ill pupil.	A more direct interaction is to send an e-mail to the pupil at home.

Example of the Report Matrix for the Focus Groups



Focus Groups Demographics

The Focus Groups



574 statements by FG participants were entered and then later categorised into one of 38 categories.

99 doctors and teachers participated in the focus groups (**31** Health care professionals - i.e., HCP and **68 teachers**). The **average age** for focus group participants was **44**.

The **average amount of work experience** across both groups was more than **17.5 years**. **70.5%** of participants were female.

Participants by Country by Role by Gender



COUNTRY	ROLE	FEMALE	MALE	NA
BELGIUM	HCP	89%	11%	0%
EGYPT	HCP	44%	56%	0%
ITALY	HCP	90%	10%	0%
UNITED KINGDOM	HCP	29%	71%	0%
BELGIUM	TEACHER	40%	60%	0%
EGYPT	TEACHER	69%	31%	0%
ITALY	TEACHER	90%	10%	0%
SPAIN	TEACHER	0%	0%	100%
GERMANY	TEACHER	44%	11%	44%
UNITED KINGDOM	TEACHER	80%	20%	0%

Table 1

The Focus Groups



Most of the teachers who participated in the focus groups had middle or secondary teaching experience as can be seen in table 5* as well as experience teaching in the hospital, as can be seen in Table 6*. (Note: Most teachers had experience in more than one grade level.).

*Note: Table numbers are not progressive but matches those of the written report

T. 5 Country by grade level teaching experience.



COUNTRY	PRESC.	PRIMARY	MIDDLE	SECOND.
BELGIUM	0%	50%	20%	30%
EGYPT	8%	92%	77%	54%
ITALY	27%	18%	27%	27%
SPAIN	0%	0%	83%	67%
GERMANY	17%	56%	72%	72%
UNITED KINGDOM	30%	50%	40%	80%

(Note: Most teachers had experience in more than one grade level.)

T. 6 Country by type of teaching experience.



COUNTRY	HOSPITAL	SPECIAL	MAINSTREAM	HOME
BELGIUM	40%	20%	50%	30%
EGYPT	38%	46%	85%	15%
ITALY	82%	36%	91%	55%
SPAIN	100%	0%	0%	0%
GERMANY	100%	33%	50%	22%
UK	80%	60%	70%	80%

Note: Most teachers had more than one type of experience.



Focus Groups Results

Focus group data was organized in the following way:

5 Key Educational Factors:

Relationships, Making Sense, Assuming Roles,
Metacognition and Individualities

Issues

Practices, Hospital Problems, Home Problems and ICT

Evaluation

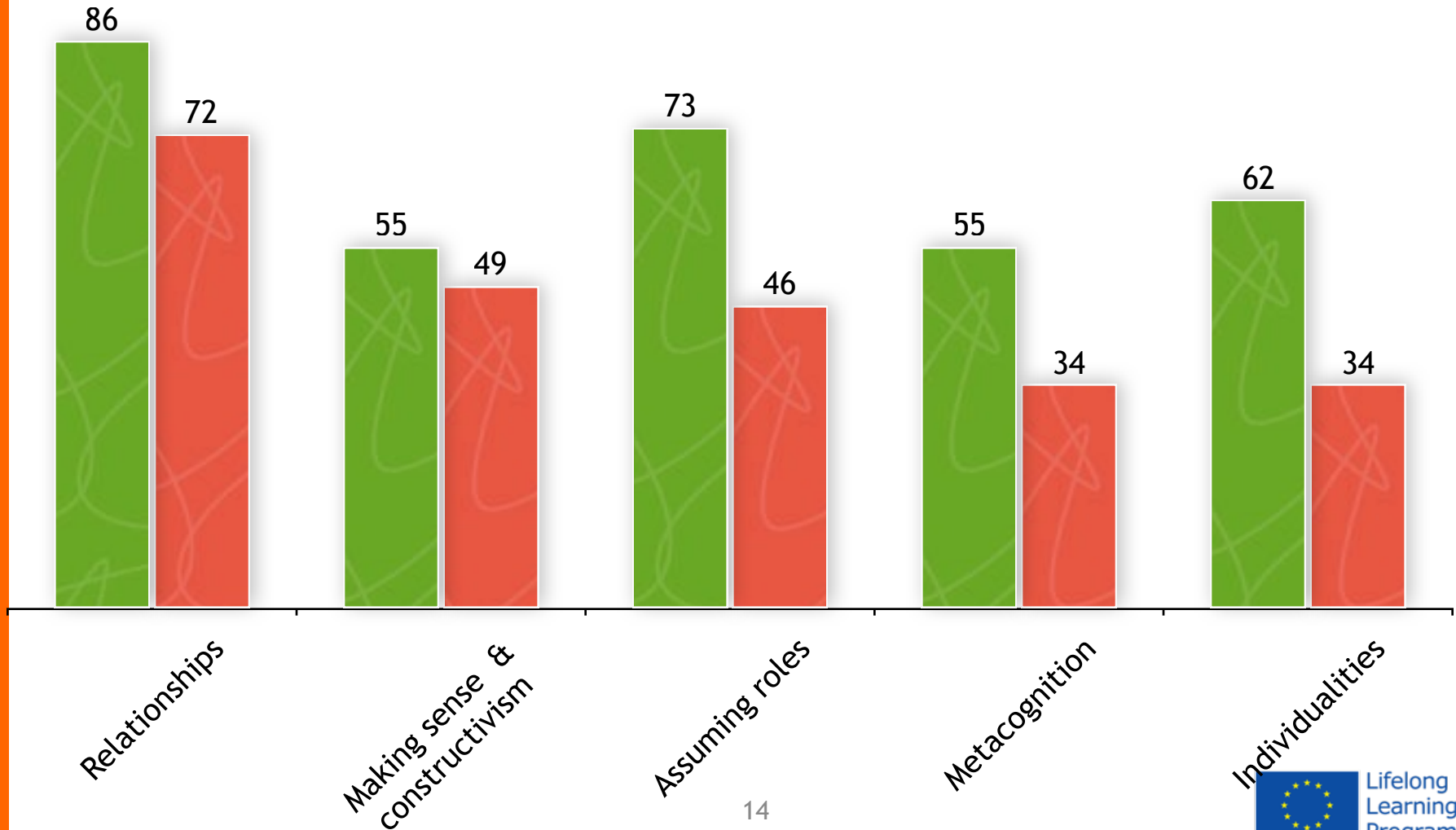
Positive, Negative.

Positive and negative statements for each KEF



■ positive

■ negative



Overall results



Percentage distribution of answers per Key Educational Factor per issue.

KEY EDUCATIONAL FACTORS	N	ISSUES %					
		Practices		ICT		Hosp.	Home
		-	+	-	+	-	-
Relationships	163	0	35.6	0	17.1	34.4	9.8
Making sense & constructing knowledge	105	1.9	30.5	0	20	38.1	6.7
Assuming roles	120	0	50	2.5	10	24.2	13.3
Metacognition	89	0	40	1	11.2	32.6	5.3
Individualities	97	1	58.8	0	4.5	28.9	5.2

Overall Results:



Answers were well distributed among the five issues, except for **Home tuition**.

The less managed KEFs with educational practices (and also the most problematic) appears to be ***Making sense and constructing reality***

Individualities seems to be well covered by appropriate educational practices (given that most of the educational activities within HHE are individualized).

ICTs: perceived as a tool of choice in ***Making sense and Constructing knowledge*** (which is the KEF less covered with other educational practices. It's good that ICT can help with this aspect.).

Relationships: Good ICT coverage but still many problems. Why?

KEF Relationships (163 stmts, 86+, 72-, 5n)



Positive statements (86)

ICT learning tools

27

Integration and
school re-
integration

14

Teamwork

4

Negative statements (72)

External
psychological
factors

12

Isolation

10

Stigma

5

Some questions emerge:

Are the solutions adopted (ICT, integration) effective?

Why are these solutions, which are designed to reduce isolation related issues, associated with problems of isolation and difficulties related to the child's psychological issues?

Suggestions:

Stigma needs to be addressed with human and social mediation (need of school re-entry and mainstream school educational Programmes).

HHE needs to deal with psychological stressors, for instance with paths and awareness of building meaning in the eyes of the child, long term educational planning, etc.



<i>Positive</i> statements (55)	
ICT learning tools	13
Virtual community	8
Adaptive	4

<i>Negative</i> statements (49)	
Isolation	12
External psychological factors	6
HHE not valued	6
Setting	4

Making sense and constructing knowledge



ICT appears to be the elective choice when it comes to creating meaningful and constructivist activities with ill children, however isolation still remains the bigger burden.

It's ironic that a **communication technology** is not able to effectively solve problems of **isolation!**

Suggestion:

The management of the educational setting in hospital can not be sustained only by teachers. We need a coordinated policy in general among those who manage hospital wards and those who manage the educational process.

Lack of communication among those who manage hospital wards and those who manage the educational process is probably the real problem to be addressed.

KEF Assuming roles (120 stmts, 73+, 46-, 1n)



Positive statements (73)

Integration

10

Teamwork

9

ICT learning tools

5

Negative statements (46)

Stigma

7

Isolation

5

Intrapersonal
psychological factors

4

External
psychological factors

4

Working in an integrated educational environment, through forms of cooperative learning seems to be the ideal method for allowing sick children to take active roles in front of their peers. ICT is indicated as an aid to these methodologies.

The presence of stigma and problems related to intrapersonal psychological factors indicate the need to properly prepare the educational level of recipients (including the class and the teachers in the school to which the ill child belongs).

KEF Metacognition (89 stmts, 55+, 34-, on)



Positive statements (55)

Adaptive

8

ICT learning tool

7

Experiential
learning factors

5

Negative statements (34)

Safety

7

Cost factors

5

Metacognition appears to be well connected with experiential learning tools and activities, However the possibility to perform an effective metacognitive learning interacts with **contingent problems** related to the disease state (e.g., safety) or the **lack of economic resources**.

Suggestions:

2 pathways for ICT:

1. Use it as a medium for metacognitive processes.
2. Use it facilitate vicarious student participation with fellow concrete classmate experiences.

KEF Individualities (97 stmts, 62+, 34-, 1n)



Positive statements (62)

Communication

10

Assessment

10

Integration

6

Negative statements (34)

Assessment

5

Re-integration

4

Time factors

3

The recognition of the individuality of each student seems adequately covered by appropriate pedagogical practices (adaptive teaching and guidance, communication, systems of self-evaluation and assessment, attention to integration).

The problems identified appear to relate to the sharing of practices and procedures with the school to which the children belong or are probably linked to the rigid use in the context of the hospital school of assessment procedures of the normal school.

Future work of the LeHo Project



The same countries will run a second Focus group aimed at addressing key points and issues in the implementation and use of ICT relating to the key Educational Factors.

A list of ICT solution for each Key Education Factor will be published;

Related Training Actions will be developed and run in the participating countries.

Please check the LeHo website for latest updates:
Lehoproject.eu



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