



Good Practice: Webchair

"Webchair" is a videoconference system which was developed in the Netherlands. Its target groups are schools for children with medical needs. It helps students to participate in lessons at their mainstream schools (http://www.webchair.com). The system is always available in the classroom whenever a student at home or in hospital wants to take part in lessons, but it also supports teachers at school.

This helps to prevent ill children from isolation. They can operate the camera and can interact with their classmates.

The telepresence technology provides an open atmosphere, also for autistic children. "Webchair" allows children to concentrate on lessons. They can focus onto the blackboard to read the words on it and can change the camera angle to get every perspective a classmate can have. They are also able to improve sound quality. This perspective conveys a kind of presence in the class. Students with medical needs at home and in hospitals become active participants in class. With these functions, Webchair can improve the learning progress and the overall well-being in a positive way.

Good experiences with the Webchair system have been made by Dr Oliver Basu, children's oncologist and palliative doctor, and his team at a bone marrow transplantation station at the University of Essen/Germany. Children who suffer from cancer could participate in lessons in their mainstream school.

Shortly after the first steps with Webchair they expanded its functions and used the system additionally for the communication between hospital and home and other for special events that are important for the children. So children with medical needs can also participate in communion teaching. They can watch their pets in their stables and can listen to a bedtime story their parents read at home.

The Webchair team could also use the channel in the other direction and inform the classmates in the mainstream school about the illness of their friend. And when the child returns back to home class after a longer time the classmates do not ask any unpleasant questions or treat him badly [tease him] because they have noticed the whole development of the child.

After the system is installed in class, the medical doctor uses the opportunity to explain the situation and therapy of the child if the family agrees with it. The classmates can ask questions concerning cancer.

It is also part of the communication that the medical doctor joins the grieving when a child dies in the hospital.

An important issue concerning the use of Webchair is caring for personal rights and data security. All parents of the mainstream class have to sign a special privacy note that a camera will be installed in the classroom and transmits the lessons – point to point – to the hospital. This of course leads to





discussions among the parents. Therefore, the Webchair stakeholders have to be very empathically to convince the parents of the good reasons and the safety of the system.

In the future, it is necessary to keep this discussion going on – with parents, teachers and medical doctors. They all have to find a suitable balance between the external access to the class by children with medical needs and data security for the other children. The project LeHo can offer a platform for this discussion.

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Text in German: http://www.lehoproject.eu/de/edit-news/120-webchair-news

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