



The institutional environments of Home and Hospital Education (HHE) in Europe

Analysis conducted 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

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Introduction

The Leho Project

All over Europe, educational initiatives designed to improve the engagement of those students at risk of missing out on their education due to their medical needs are adopted in Hospital schools and in home education. Those initiatives often represent meaningful responses to a broad and complex range of educational challenges.

The main aim of the project “**Learning at Home and in the Hospital**” (LeHo – www.lehoproject.eu, funded with support from the European Commission under the LLP programme) is to investigate and document ICT roles in providing a better communication and enabling access to education of children with a medical need. This aim is reached through the pursuit of the following specific objectives:

- *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 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 contexts (HHE).*

This analysis

The issue of providing education to children and youngsters with medical or psychological needs, which preclude them from accessing mainstream education it, 's a world-wide problem and every country has its own solution for it. We think that an international confrontation on this subject may be very useful, as in some countries there are **online/digital solutions** that may help the schools and the family to guarantee the right to education also to those children who suffer from serious diseases that force them to stay in the hospital or at home for long time (in Italy the most common case is leukaemia, for instance).

The aim of this project is to assess and network different ideas and solution already present in the partner countries and provide good practices and ITC solution to the general public, politicians and expert working in the field. The final output of this activity will be an **European model for decision makers and a Practical guide for home and hospital teachers**, where the network will analyse and summarize the experiences of the whole project trying to focus on the weaknesses and strengths of the national practices in order to evaluate their transferability and potential application at an international level. These final documents are aimed to disseminate the innovative practices, taking care of their interoperability. HHE workers, from teachers to medicals, from volunteer to policy makers of every level will get a wide overview on the

evolving world of HHE and to help them to integrate in their policies and decisions the use of ICT to support the HHE.

This analysis document that you find here represents the first step in order to achieve the goal of designing such more comprehensive documents, that will benefit also from the Focus Groups carried all over Europe and in Egypt, whose results can be found on the LeHo hub: <http://www.lehoproject.eu/>

Final Guidelines institutional environment analysis

Intention

The starting point of all the analysis was the HOPE “Education of children and adolescents with medical needs in hospital or at home” ministry’s survey, which in 2007 identified barriers and good practice on 33 European countries. It was based only on institutional channels, and therefore it gave only very partial results, as most of the ministries contacted didn’t provide proper data.

To overcome this problem a common template to compare the situation in each partner country was designed by the Staatliche Schule für Kranke München (SKM), in charge of the overall analysis. Moreover, a research on other countries innovative experiences in HHE will be carried to arise the knowledge on European best practices. Actually it was possible to include the countries of Poland and Greece.

All but one partners in the project prepared a paper, based on the template. Our friends in Egypt will use this document as a means to reflect the conditions in their country in comparison with the European countries with a longer tradition in developing a system of Home and Hospital Education (HHE) und to find their national profile. Realizing the differences in the countries may be an encouragement for all of us to find suitable ways in using ICT and to get better in education for children and young students with medical conditions.

The part of Egypt is still to be added in a later phase of the project, and also a section describing Best Practices in EU countries on HHE in general. So the documents are something like a living paper with the need of changes.

The members of the Board of experts will find some helpful suggestions for their work and they will help us to complete our work with their feedback. The first part "Final Guidelines Institutional environment document" offers a general résumé of the carried analysis. This document will be a base in order to collect and afterwards disseminate the “National Institutional Environment documents” into a comprehensive “Guidelines Institutional Environment document”. The second part emphasises the national issues with more details and is thought as a support for the specific national activities.

Laws and Regulations

All nations represented in the project own a basic philosophy to include pupils and students with medical conditions in the process of education. These countries and almost all countries in the world accept a right to education for all pupils and students e.g. by ratifying the Convention on the Rights of the Child in the 1989 (CRC) and other international covenants. Adopting the Salamanca Statement in 1994, the nations listed in this project - in a total of 92 states - refer to the ideals of inclusion. Others like the United Kingdom don't define explicitly a philosophic statement on a national level, all the same they organize education for pupils and students with medical

conditions.

All statements lead to more or less comprehensive measures for different settings during a medical treatment that can take place in the hospital, at home or in other places. The intensity of the tuition often varies from scarcely anything to very extensive measures, depending on the accepted needs, the regional structure, the financial conditions of the country or the specific institution and last but not least on the concerned pupils' and students' ability to take part in the process of learning.

The Article 26 of the Universal Declaration of Human Rights(1948) and later the UNESCO Convention against Discrimination in Education (1960) describes a right to education. Especially the Article 28 of the Convention on the Rights of the Child (1989) gives a legal base ratified by nearly all UNO member states. With the Salamanca-Resolution (1994) 92 governments and 25 international organizations agree on the guiding principle of inclusion for their policy of education.

Also the Charter of Fundamental Rights of the European Union (2009) sets a valid legal source in Article 14 for all member states except the United Kingdom and Poland. All these international laws do not explicitly mention children and adults with medical conditions. But they take effect for this group by a strict inclusion of completely all children and adults.

Frequently a national law or a law for a country describe the tasks, resources and the special competence of a hospital school and the rules for home tuition, sometimes on the basis of a constitutional law. In Belgium, Spain, Italy, UK, in Germany in several countries, exist a lot of specific school laws and rules for the children and adults with medical conditions. In a longer process of about 30 years or more all nations have created a legal basis for education during diseases with a certain impact. Different laws cover specific themes e.g. for hospital education, for home tuition, or for a disadvantage compensation via changing some legal standards for mainstream schools (e.g. more working time for tests and examinations due to the effects of a medical condition). Some of the national or regional laws define the right and as well the duty to participate in the hospital education. They may define limits like a maximum and a minimum of lessons that can be granted. They can describe the special competence of a hospital school e.g. the right of editing school reports in special cases instead of the mainstream school. essentially depends on the local resources. The existence of specific laws and rules can be seen as an indicator of activities caused by implementing these laws.

A smaller group of countries in Germany prefer a more situational handling of the individual case. Then the practical use of education for pupils and students with medical condition

Institution/Entities in charge of Hospital School Education/Home Tuition services (Ministries, main stream schools, Local Education Authorities regional Departments)

The ministry of education, the authorities of a department and the local authorities share the responsibilities of hospital school education and home tuition services, usually according to the administrative competence between central, regional and local public authorities in the country.

Not surprisingly there is also a mixture of national authorities like the ministry of education and local authorities to promote the use of ICT. All nations or countries brought out recommendations

for using ICT in order to execute exercises in the public curriculum. Hospital schools normally participate in an adapted manner in the situation in the hospital. However sometimes special complications of hospital schools are to be solved step by step, e.g. organizing internet access in the clinic. The smaller groups of children in a ward in often very small classrooms not seldom hinder the use of ICT in group activities in the hospital. Obviously the complex technology with rapid innovation cycles in a few years causes permanently problems in using ICT at an adequate level.

Usually local authorities or institutions provide ICT related technical equipment and service. In Belgium the organization Bednet provides service for an ambitious video conference system with the help of sponsors.

Most of the Nations offer the possibility to be involved in a program of the government for using ICT, but differ in the objectives and the intensity of the programs. Possible activities can be a participation in a professional workgroup, a special nationwide service for e.g. media or a funding program for equipment.

In several nations, e.g. in Bavaria, exist groups that offer didactical proposals and experiences with specific software, like learning platforms, to all schools in their region. Two activities, in Italy and in Bavaria, have a direct relation to the needs of pupils with medical conditions.

Associations of hospital teachers like the Hospital Organisation of Pedagogues in Europe (HOPE) support the development of hospital education and home tuition. HOPE is present in all countries, that are involved in this project

As a minority in the environment of other school types hospital schools have to fight for attention. The competition between hospitals encourages medical institutions to establish education in the hospitals especially for chronic sicknesses. Parents often are too charged. Though they are very interested in a support for resolving school problems and education, they have the focus on managing the psychological situation and the familiar and financial consequences of the health problems of their children.

Predominantly the institutions involved have a legal status with a responsible authority, e.g. as public school or private school. In many cases the education of pupils and students with medical conditions is not the dominant purpose of the institution. So associations and foundations have an important role to compensate an institutional gap or to stabilise existing educational institutions working as small units in a medical environment. In Belgium an association takes over a defined service nationwide. A typical support can cover additional equipment, additive personnel including volunteers, to enable in-service training for special issues not covered by the usual teacher trainings.

Institutions and other organizations involved **(Schools, hospitals, associations, charities)**

In hospitals the ministry of health and other health institutions often have an influence on some aspects by setting the framework for educational activities. These institutions or the clinic management can decide about available rooms, wanted services and technical infrastructure in their buildings. Also observing special hygienic aspects and security aspects e.g. in the forensic psychiatry can play a role for the education.

Mostly the relations between educational services and health services have no fixed guidelines and are to be negotiated individually.

Data protection, child-welfare, service problems e.g. of PC software, aging of equipment, presence of internet with enough bandwidth bring nearly the same problems, the mainstream schools may

have. To handle the problems in the clinic environment sometimes needs a lot of patience and energy.

Associations and charities, when existing, can take an important role to overcome smaller problems that result from the different peculiarities of the cooperating institutions.

Some hospital schools considerably profit from contacts to charity-organizations and sponsors e.g. in Belgium. This indicates that the special needs of using ICT in hospital education often don't correspond enough to the rules made for all schools in the region.

In all countries education for pupils and students with medical conditions is an interdisciplinary activity with teachers, doctors, nurses and therapists. Usually teachers give lessons, but need information about the patients' ability to take part in the learning process and the process of the medical treatment. Teachers often deliver a treasured feedback about the patient's educational behavior in interdisciplinary meetings.

Some countries have a tradition for cooperating with volunteers giving lessons. In some countries nurses get a training about how to communicate and deal with some problems with the mainstream schools.

Typical tasks in caring for pupils and students with medical conditions begin by making contacts to the patient, the parents, the mainstream school, the doctor responsible, the nurses, the therapists, in order to gather information about chances and limits. With a knowledge about the educational needs and the medical treatment, e.g. the duration and the location of the treatment, the disposable learning time, the available resources, an educational support plan can clarify the intentions and the tasks of the interdisciplinary team. Very important is the consolidation of the faith in the patient's own future. Their education needs a shaping that enforces the will of survival or achieving healing or the ability to come to terms with a lifelong sickness. The ideals of inclusion or the right to education for all individuals with medical conditions require a high level of quality, intensity and continuity of education. That is to be ensured by the local institutions.

Due to medical progresses all countries show an increase of pupils and students with medical conditions. The extension and the improvement of services for this education, e.g. with the help of ICT, is an important step to keep track with this development everywhere in Europe.

Education is possible in basically all stays of patients, e.g. at home, in the hospital, in the mainstream school, in rehab hospitals. So all countries have developed structures traditionally for education in the hospital, but as well for home tuition and in other places. With the increasing importance of the outpatient clinic in the medical care pupils and students with medical conditions more and more are to be found in regular schools. Some countries like Belgium and the Netherlands have already started to install counselling services for pupils and students, for parents, for the mainstream school and the school administration. Others still have to do so. For home tuition the mobile equipment may enforce the use of ICT, when available.

Courses and education for the teachers involved in the field of Hospital school Education

(Home Tuition, including the pedagogical/psychological aspects and the effective use of ICT)

For all nations the assumption exists, that because of the present dissemination of ICT all or nearly all digital tools anyhow are in use, e.g. Computer Based Training/Web Based Training, Blended Learning, Mobile Learning, Educational games, Virtual classrooms, Video conference, Social media, Discussion forum, Communities of Practice, Simulations, Wiki and other.

ICT training is very present in the professional further training in all countries. Partially the courses also cover physical and psychological aspects of pupils and students with medical conditions, e.g. in Belgium and in Italy. These rather scarce activities depend on the existence of an initiative with

an elaborated concept in a country.

Despite the belief that a well-practiced use of ICT can help to reduce specific problems in the context of sickness, e.g. social isolation, there is not enough knowledge, how pupils and students with medical conditions profit from different forms of ICT in a high quality that correspond to the needs of their sickness. Also a proper reflection on how teaching with this tools avoid some unwanted collateral effects either psychologically or educationally is highly needed.

Best practices in EU countries on HHE in general

An analysis and a collection of the innovative practices in Europe on HHE has been done in order to prepare a series of Training Actions that will take place in the partnership countries from June up to October 2015. After these trainings, a list of innovative practices will be published on the LeHo hub. We will also publish the related “Instruction cards”, brief description targeted to HHE teachers on how implement these innovative practices in their own contexts. Please subscribe to the LeHo newsletter if you want to be kept updated.

Set of National Institutional Environments

National Issues – Spain

Currently almost all hospitals in Spain count with on specific services for the schooling and education of children. Although hospital schooling is now a fundamental issue for hospitals, these have been affected by the shortage of funding resources experienced during the last years. The origin of hospital schooling in Spain took place in a spontaneous way and as a result of the concerns of medical staff for the educational process of hospitalized children. Since 1982 the Spanish and Catalan Governments started to take interests in the issue and stressed the need to ensure the appropriate education of all children, avoiding any possibility of exclusion and guaranteeing an appropriate schooling process for all children. From this a set of regulations and legislative dispositions have been developed.

Currently most of the Spanish and Catalan Hospitals have set up the necessary services and premises to ensure the appropriate schooling of children with a medical condition. The age of children and adolescents receiving education in hospitals ranges from 3 to 16 years, although, in some cases, older patients can also receive attention. Currently a new service is being provided in psychiatric hospitals, where pupils with a medical condition receive regular and controlled psychiatric treatment and educational instruction. The main objectives of the Spanish and Catalan regions are

- a) to provide educational attention for hospitalized children in order to ensure the continuity of their learning and educational process and to avoid the exclusion that might result from this situation,
- b) to promote, through participation and interaction, the social and affective integration of hospitalized children, avoiding the stress and anxiety characteristic of this situation,
- c) to promote a better use of the time spent in hospitals, setting up leisure and educational activities in coordination between education and health personnel.

Article 29 of the Law 13 / 1982 of 7th April, on the social integration of handicapped individuals states that "all hospitals, both children and general hospitals, those hospitals with permanent pediatric services (under the responsibility of the Public Administration, the Autonomous Organisms, the National Health Service, the Autonomous Communities or Local Institutions) and those private hospitals in which, at least, half the beds are occupied by patients whose attention is paid by public resources, will need to be equipped with a pedagogical area to prevent and avoid exclusion and to guarantee the educational participation of hospitalized children.

The Royal Decree 334 / 1985 of 6th March, on the regulation of special education, states that: 1. Education Departments must agree with public health institutions, both children and general hospitals, as well as with those offering permanent pediatric services, to set up the pedagogical resources needed to prevent and avoid exclusion and guarantee the educational process of hospitalized children.

2. The same disposition "must be adopted by private health centers that regularly occupy half of their beds with patients whose treatment is paid with public resources". The Organic Law 1 / 1990, of 3rd October, on the general regulation of the educational system, stresses the need to offer specific attention for those children that see their educational process hampered for different reasons. In its Article 63, it states that "public authorities will perform compensatory activities with

those individuals, groups and regions that found themselves in an unfavorable position" and that "policies for education compensation will strengthen the action of the educational system so as to avoid inequalities caused by social, economic, cultural, geographic, ethnic and other reasons".

The Royal Decree 696 / 1985 of 28th April, regulating the education of kids with special needs states in its article 3.6 that the Ministry for Education and Culture will promote the creation, within hospitals and health centers, of schooling services for the appropriate development of the educational process of hospitalized children.

"The Royal Decree, 299 / 1996 of 28th February, regulating actions aimed at the compensation of education inequalities states, in article 19.1, that the Ministry of Education and Culture will create schooling units in those public hospitals that regularly count with a significant number of hospitalized children. Moreover, agreements might be signed, upon request from private hospitals, for the creation of schooling units in those centers. It also states, in its article 20.2, that the Ministry of Education will be able to sign agreements with public and non-for-profit associations aimed at the development of programs of at-home educational attention for kids that for medical reasons need to receive treatment at home.

The Memo 12/11/1996 from the National Directorate of Educational Centers, establishes the general criteria for the organization of actions aimed at the attention of hospitalized children and sets the following objectives:

- Provide educational attention to hospitalized children.
- Facilitate the continuity of the educational process.
- Facilitate socio-affective relations among hospitalized children.
- Promote a better use of the time the kid spends in hospital.

In this case, it is specified that the children that regularly receive hospital schooling need to receive regular monitoring and assessment and that, for this reason appropriate coordination must exist between hospital teachers and children with a medical condition.

The Resolution of the 3rd July 1998 of the Technical General Secretary notifies the agreement signed between the Ministry of Education and Culture, the Health National Institute and the Ministry for Health towards the educational attention of children. Regulation of 22 July 1999 on the regulation of actions aimed at educational compensation also needs to be mentioned.

Although no specific statement is provided on how to deal with pupils and students with medical conditions, the philosophy is already integrated in the legislative and operational framework of both health and education departments and hospitals.

Several institutions do participate in the definition of the legislative framework for the education of hospitalized children. The public administration departments in charge of drafting the legislative regulations that will guide the education for pupils with medical conditions are mainly the Ministry of Education, the Ministry of Health and their counterparts in the Autonomous communities.

The participation of non-for-profit organizations needs also to be stressed in their role of communication and dissemination tasks.

Concerning the issue, whether laws may keep patients from using ICT: There are no specific regulations guiding the use of ICT in hospitals, although general privacy regulations need to be taken into consideration when implementing ICT tools in schools.

The technological infrastructure in hospital schools plays a significant role in the Spanish context since it enhances the interest and the participation of the children. By means of these tools the

teacher can combine, with the appropriate resources, the three fundamental issues of any educational activity in a hospital: learning, emotionality and entertainment. The variety of tools and digital content found in hospitals offer support in: the development of the kids' curricular activities, achieving the necessary skills to use digital resources, development of personal interests, opening of communication channels and empathy development, increase personal autonomy, participation in collaborative and participatory activities, development of creative aptitudes, etc. All these elements have helped raising awareness of the need to introduce ICT solutions for the attention of pupils with medical needs.

Both the national and regional governments have shown a significant interest in the implementation of ICT solutions in hospitals. Private associations and non-for profit organizations have also initiated some action towards the deployment of ICT tools. It is important to note the difference observed in terms of equipment when private funding is received (with better equipment and infrastructures being observed).

National Issues - United Kingdom

Hospital School and Home Education for students with medical or emotional and psychiatric needs is provided within a number of (16) Hospital Schools and Medical Pupil Referral Units . There are approximately 300 medical PRUs. The difference between schools and PRUS is that the schools have a governing body and more independence and the PRUs are managed by a local authority management group, which means less autonomy

The education of students with medical needs has been supported by national guidance to local authorities (1)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf

and (2) schools, who are legally obliged to meet the education of young people unable to attend a mainstream school.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf/

government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

(3) OFSTED the UK inspection body for schools also published additional guidance for inspecting the provision for students with medical needs. The latter is being updated and will be available here soon:

<http://www.ofsted.gov.uk/resources/briefings-and-information-for-use-during-inspections-of-maintained-schools-and-academies>

(2) For Schools a governmental regulation is set: Supporting pupils at school with medical conditions, Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, April 2014

The main actors are the government, local authorities, mainstream schools, hospital schools and medical Pupil referral Units.

There is no national policy for ICT use by medically ill students per se, but the ICT curriculum and offer to all students is very firm. The ICT curriculum is now being called Computing. The new national curriculum for computing has been developed to equip young people in England with the foundational skills, knowledge and understanding of computing they will need for the rest of their lives. Through the new program of study for computing, they will learn how computers and computer systems work, they will design and build programs, develop their ideas using technology and create a range of contents. But what does this mean for primary schools? How should school leaders be planning for the new curriculum and how can teachers develop the additional skills they will need?

According to Lombaert et al. (2006) and Tielen (2003), ICT plays an important role in assuring the continuity of education. Sick adolescents reported that homebound schooling was the least favorable option for the continuation of education due to the lacking of social contact with peers (Fels & Weiss, 2001; Searle, Askins & Bleyer, 2003). Researchers referred to ICT as a suitable medium for learning groups with special needs (Devos, 2007; Tielen, 2003). For example, it can enable students with medical conditions to follow classes live from home by using educational software and interactive learning. Despite this, the use of distance learning varies enormously depending on the school's Virtual Learning Environment. Some schools have highly active on-line learning and others have very poor Virtual platforms. Much of this is dependent on school priorities and the micro-cultural settings.

In England there is a sophisticated framework which makes explicit that students with medical needs must be educated either at home or in whatever setting they are hospitalized, including in psychiatric and medical wards. If a local authority has not made appropriate provision to enable this, they will be deemed to have failed in their statutory duties and held liable. Local authorities have teams or Pupil referral units, or Hospital schools which provide for such students. The base for the work with pupils and students with medical conditions is considered both a statutory requirement and a moral duty to educate students with additional or Special Educational Needs. In the case of Hospital Schools, the category of need is defined as students with medical needs. This includes students who are hospitalized, or students who are receiving psychiatric help, counselling or are experiencing emotional problems related to anxiety, depression, school phobia or psycho medical challenges.

There is no legal guidance specifically that prescribes the use of ICT for medically ill students; however all students have a curricular entitlement to receive ICT, or as from September 2014, Computing as a subject, and as such Hospital schools will need to provide this alongside the other subjects they offer. ICT (Computing) is considered an important part of any school's offer and critical in a fast developing technological world.

A support exist for using ICT for pupils and students with medical conditions. Hospital schools and medical PRUs as well as organizations such as the Nisai academy (a virtual commercial school provider) value and use ICT for educational purposes. Most schools have Virtual Teaching Platforms such as FRONTER, EdModo, and allow students to access additional or supporting content. Schools and Hospital Schools promote and support the use of ICT.

All schools receive funding and are given the infrastructure (data points, internet providers and safe filtering systems) to enable safe and productive use of the internet. Certain sites are blocked, including social sites such as FACEBOOK and You tube. Schools can chose how to invest in ICT and maintain their equipment, increase their provision etc. Schools in England are ICT-rich and are obliged by statute to offer an ICT rich curriculum and the use ICT across subjects is seen as good practice.

The Hospital schools are mostly maintained schools or Medical Pupil Referral Units and as such are managed by a governing body or the local authority management board. Each local education authority must by law have an officer who is responsible for the education of students with medical needs.

Main Stream schools are obliged to support students who are struggling to attend and make appropriate adjustments, in the case of problems with access for instance (i.e. students in wheelchairs). If a student has emotional or psychiatric issues that cannot be dealt with in a mainstream school, they are referred to a Hospital school via a medical practitioner, in such cases where their condition is deemed to be the cause of non-attendance. If a student is medically ill and is not attending, the local authority has to evidence that they are providing appropriate education for them and mainstream schools have to show that they are cooperating with the hospital school to enable the education and reintegration of students back into the mainstream or home school environment. Students remain on roll (registered) in the mainstream school and their educational outcomes show in the results of that school at the end of year 11, and in the results of the Hospital school.

Local Education Authorities must show they are providing appropriate schooling.

The main tasks in caring for pupils and students with medical conditions in the United Kingdom are seen as teaching at home and in the hospital, both medical and psychiatric.

Young people are also taught within young offenders units (prisons) and Forensic Teaching Units. In Britain, most forensic psychiatrists work for the National Health Service, in specialist secure units caring for mentally ill offenders (as well as people whose behavior has made them impossible to manage in other hospitals). These can be either medium secure units (of which there are many throughout the country) or high secure hospitals (also known as Special Hospitals), of which there are three in England and one in Scotland (The State Hospital, Carstairs), the best known of which being Broadmoor Hospital. The other 'specials' are Ashworth hospital in Maghull, Liverpool and Rampton hospital in Nottinghamshire. There are also a number of private sector medium secure units, which sell their beds exclusively to the NHS, as there are not enough secure beds available in the NHS system.

Sometimes, if the home is not appropriate, we will teach a student in a library or social environment. Safe internet use, cyberbullying and ICT training is high on the agenda for all educators in both Primary (5-11) and secondary education (11-16). Teacher and Teaching Assistant courses emphasize and promote the use of ICT and there are increasingly higher levels of ICT literacy amongst new teachers.

As an example of best practice Edmodo (<https://www.edmodo.com/>) has become more popular as it looks very much like Facebook. Previously, Fronter was used extensively by schools, but has now been super ceded by other platforms. The Nisai academy provide their own online teaching which covers the whole of the curriculum and is used sporadically due to its overall cost. This cost is due to the detailed content, the rigorous assessment deployed and the use of teachers who provide high quality live online lessons, with students participating synchronously.

National Issues – Germany, Bavaria

The right to education according to the law in Article 26 of the Universal Declaration of Human Rights has been realized in Germany by laws for a compulsory schooling in a state school or in an accredited private school.

From the early 1980s hospital schools have been established as a public support for children and adults during a longer stay in hospitals. Following the recommendations of the Conference of Ministers of Education in Germany the tasks of the hospital schools cover the realization of the public educational responsibility in consideration of the special needs during a period of sickness, to keep track with the progress and with the curriculum in the mainstream school, to prepare reintegration into the mainstream school, to reduce the fear of falling short of school achievement, to detract from feeling sick, to support the healing process, to enforce the will of recovery and to avert risks for the psychological development. Education in the hospital is to support the recovery, to understand the implications and to avoid fall backs. The support via hospital education is seen as a contribution to avoid early discontinuing or delaying of necessary therapies.

In a lot of countries school regulations fix the tasks and the rights of a special school type "hospital school". In a smaller group of countries teachers of mainstream schools are delegated from case to case. Here you find no obligatory arrangement for personal and material resources.

Most countries have a law that regulates home tuition. This law enables individual education at home or sometimes even in the school, in Bavaria e.g. with a amount of 4 to 10 lessons per week. The realization depends on the disposability of teachers in the mainstream school or other teachers, that are to be found for the special task.

The association vds (German association for special needs education) , the organization SchuPs (School and Psychiatry) promote a structure on a country-level and national level e.g. for stakeholders and for teacher training. H.O.P.E. acts on a national and European level. Parents organize themselves sometimes in associations for a specific sickness, but not often in an association for a hospital school.

Execution of the law of hospital schools in reality often depends on the interest of a hospital organization in offering the service of education. Home tuition mostly needs the initiative and the activity of parents to demand this not very well known service.

A legal basis for the work with pupils and students with medical conditions in the Free State of Bavaria are the
Krankenhausschulordnung (Hospital School Regulation, 1999) and the
Hausunterrichtsverordnung (Home Tuition Regulation, 1999)

Not all countries in Germany have well elaborated laws.

The teacher and the school are personally responsible for child's welfare. Some activities of not controlled internet activities can be problematic.

The public benefactor, often a local authority or a private organization of the school, has recommendations for equipment and service from the ministry of education, he should take in consideration. These recommendations are not specific for students with medical conditions, but support as well the needs of pupils and students with medical conditions. Generally It is possible to get special equipment for pupils with handicaps.

A study group in Bavaria searches for adequate multimedia-based communication especially for pupils and students with medical conditions.

The government provides a new service for a voluminous media and learning platform, called mebis. Hospital schools can profit from this electronic platform for a better use of media.

In charge of hospital school education and home tuition services is the Ministry of Education that has to set laws and rules and finances the personal. The department of Upper Bavaria is responsible for organizing e.g. the teacher employment contracts. The commune or the private association serves for the other expenses of a school.

The private associations are refunded from the government at a high degree.

Home tuition in Bavaria is financed from the government and is to be organized usually by the mainstream school.

The State Hospital School Munich profits from the association "Bildung für kranke Kinder und Jugendliche München e.V." (Education for Pupils and Students with Medical Conditions Munich), which e.g. finances a videoconference system or specific equipment like touchscreens and others.

There are attempts to come in contact with the University LMU in Munich for special teacher training as preparation for working in hospital schools.

With the need of development of the services in the hospital school, there is a certain contact to political policy makers from case to case. At the moment it is difficult to get enough attention for some issues that presently are considered as being delicate for different reasons.

As the personnel generally in hospital and home education teachers are engaged, full time or half time. external teachers for temporary professional activities. Doctors, nurses, ward psychologists are partners, but normally not engaged in tuition. In some countries nurses get training for contacts with mainstream schools.

For the use of ICT most types of software or hardware are basically available. The use depends on the intention of the teachers for their lessons e.g. from the actual projects. Often there is no clear knowledge because of a lack of teacher training. Also the rapid change of the patients makes it often difficult to train specific skills for using a software.

Teachers can participate in the usual ICT related teacher in service trainings, offered from the government, from local institutions or from the school itself. A specific training for the use of ICT including the pedagogical and psychological aspects of pupils and students with medical conditions is unknown.

National Issues – Germany, North Rhine Westphalia (NRW)

General situation of Hospital schools in Germany: 16 federal states, each state has its own educational sovereignty and regulations. According to this there are 16 state ministers of education and one national conference (KMK).

7 out of 16 states do not mention schools for children and adolescents with medical conditions. You find different terms for "hospital schools" – and different concepts.

One source for a legal basis in the federal countries can be the National Conference Resolution for Hospital Schools (1998/1999) that has the status of a recommendation.

In North Rhine Westphalia there are 46 hospital schools – mainly linked to child and adolescent psychiatry units. In the year 2012/13 more than 20.000 pupils have been treated in those schools.

In NRW there are special laws on behalf of the state ministry of education and the five district councils regarding hospital schools. The general guideline of hospital schools in NRW depends on the politics of the district council. There are five districts in NRW.

Common in all five districts is the right to attend hospital school in medical treatment not shorter than 4 weeks. From 6 weeks onwards the patient has the right to home tuition. If a child is ill for more than six weeks it has the right to receive home tuition. Responsible for this service is the mainstream school.

Laws and directives concerning hospital schools are passed by the district council and the state ministry of education. Recently the process of admission has changed. The application form is filled in by the parents and then passed to the mainstream school. Responsible for admission is the district council.

The staff consists of teachers from all types of schools, the exams can all be taken at hospital schools. The ministry of education NRW and the district councils are in charge of Hospital School Education/Home Tuition services. Hospital schools are mostly institutions of the municipality.

There is no legal basis for the use of ICT with pupils and students with medical conditions. Relevant are all general laws e.g. the German data protection act. The fact that prevents hospital schools from using ICT is probably the absence of a federal law that encourages the usage of computers in HHE. Nevertheless the situation of ICT usage in NRW is heterogeneous. There are some municipal authorities with individual services and initiatives. E.g. the local authority of Essen provides internet access and lines for the EU funding project "[Webchair](#)". One project partner is the children's medical unit at the University Hospital in Essen.

There is a working group of hospital teachers in NRW ("Landesarbeitsgemeinschaft = LAG") which cares for several aspects of HHE and which could be a good network and infrastructure for ICT support. So far the LAG had no initiatives regarding ICT. The support for using ICT for pupils and students with medical conditions in NRW depends on individual local initiatives.

National Issues – Belgium (Flanders)

HHE in Flanders is organized in different ways:

- 1) education at home: 4 hours a week, legally organized by the Ministry of Education (Flanders, not for the whole of Belgium). It is a right for a child with medical condition to have a teacher at home (start from 21 calendar days illness).
- 2) hospital schools, mostly linked to university hospitals: They give education within the school of the hospital.
- 3) Bednet: synchronically internet education, live communication between the ill child (mostly at home) and his mainstream school
- 4) Volunteers: give education at home in their region

HHE is organized by the Flemish Government for:

- 1) hospital schools: they receive a subsidiary
- 2) education at home (4hours a week): is a right for each ill child after 21 calendar days.

The mainstream school is obliged to organize this.

3) Bednet: will become a right for each ill child from 1st of September 2015.

A mainstream school will be able to choose:

education at home - or Bednet - or a combination

The Flemish government has the mission statement to include children with medical conditions or children with disabilities as much as possible into the 'normal' education.

As a legal basis for the education of pupils and students with medical condition 3 decrees have been decided:

- a decree for education at home (4 hours a week), defined by the Flemish Government
- a decree for the hospital schools
- a new decree for synchronically internet education (by Bednet), that structures Bednet as a right for each child with medical condition in Flanders, starting 1st of September 2015.

The Ministry of Education supports the use ICT, now on a temporarily basis until the decree is put into effect. Bednet is funded partially (25%) by the Flemish government to realize its mission to connect children with medical conditions with their mainstream school by means of the internet. Bednet trains teachers to use the video conference software, to make a link between the teacher in the mainstream school and the child with medical condition at home. In this training the pedagogical and psychological aspects of ICT are treated.

National Issues – Italy

Italy has been integrating children with disabilities into mainstreaming education for more than 25 years; Education of children with a medical condition follows the same path, that is that all children are entitled to have an education.

In details, two laws have been introduced in order to set up this situation: the "CM 12/02/1986 n. 345" ratifies the birth of school sections within the school children's hospitals, that were already collaborating on a voluntary basis. Hospital sections are detached sections of schools in the area, usually of primary schools.

The C. M. 07/08/1998 n. 353 regulates these sections, recognizes their membership with the Constitution (right to education for all, Art. 2 and 3 of the Constitution) and acknowledges the action to prevent and combat the dispersion of the hospital sections.

In a few words the regulations state:

- The system provides services oriented to guarantee the Right to Education to all those students admitted to hospital, in day hospital or home therapy.

The main elements of this education system are:

- Sezione Ospedaliera (SO): Hospital section: a place/situation in a hospital where children/kids can study;
- Istruzione Domiciliare (ID): Domiciliary Learning/Home Tuition (see the LeHo glossary): when teachers visit a child in home therapy to allow him to carry on the studies.

School in the hospital is described as follows:

The hospital school configures an education decidedly peculiar, for recipients (students with a medical condition) and mode of delivery. Born from episodic experience based on the availability and willingness of individual actors and institutions, over time it has become a structure with its own identity, easily recognizable and truly integrated. It is now widespread in all types and grades of school and in leading hospitals and pediatric wards of the national territory.

This intervention is aimed at ensuring equal opportunities for pupils admitted, enabling them, where possible, to continue the development of skills and competencies in order to facilitate their reintegration in the contexts of origin and prevent situations of early school leavers. This is the fundamental function of the teacher in the hospital that, in addition to ensuring a "bridge" between the family and the hospital, also has the delicate task of promoting the right to education in a context so delicate and complex."

More in details, home tuition in Italy is described as follows:

The hospital school and the home service are closely related. Home tuition follows the hospitalization period, at the request of the hospital doctor, in case the student cannot return to school immediately after the hospitalization.

The service of home education/tuition is an extension of the educational Hospital School, recognizing the children with medical conditions - where necessary - the right and the duty to education even at home. With the reduction of periods of hospitalization, followed the approval of the Health Plan 2002-2004, today, even in more serious cases, hospitals tend to send home the child or the student, continuing to follow in day hospital for the entire period of treatment. In these cases, following the approval for a specific project, the child, who is unable to attend school for at least 30 days, can be followed at home by one or more teachers."

At a ministry (MIUR - Ministero Istruzione Università e Ricerca, Ministry for Education, University and Research) level there is a division within the Department for the Students (Direzione Generale per lo studente, l'integrazione, la partecipazione, la comunicazione - Ufficio VI) aimed to the school in the Hospital and home tuition services.

A list of bills from the ministry of education is available here:

<http://hubmiur.pubblica.istruzione.it/web/istruzione/normativa-della-scuola-in-ospedale>

On the PSO can be read the article on the educational model
(please use an online translator to have an idea)

<http://ps0.istruzione.it/index.php/component/content/article/192>

Here can be found also the historical and law history about HHE in Italy:

<http://ps0.istruzione.it/index.php/component/content/article/188>

Art. 3 of the Italian Constitutions sets a legal basis, that there should exist education for pupils and students with medical conditions:

"All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions."

“It is the duty of the Republic to remove those obstacles of an economic or social nature which constrain the freedom and equality of citizens, thereby impeding the full development of the human person and the effective participation of all workers in the political, economic and social organization of the country”. The portal is an ICT tool that moreover provides a service in that sense too, as it has two main goals:

- for the MIUR (Ministry of Education): gather, monitor and parse all the financial and organizational data inserted by the USRs (school units) of all Italian regions;
- for the final users (parents, teachers and staffs of schools and hospitals): find the necessary information and communicate among them through the forum.

The Associazione Gioco e Studio in Ospedale (AGESO) runs training courses and holds the only documentation center in Italy on the education of children with a medical condition. There are a lot of parents organizations for different illness (e.g. <http://www.fiagop.it>, www.peterpanonlus.it/) which recognize the needs of education for children. Listing all of them is impossible.

No legal basis for the work with pupils and students with medical conditions in Italy is known that directly may keep teachers or nurses from using ICT. But in spite of the fact that the use of ICT in HHE in Italy is encouraged by the ministry, on local level there are often many practical problems (lack of infrastructures and lack of skilled human resources) that in fact are an obstacle on the use of ICT in HHE (and in education in general, we may say). Privacy and safety of the children is sometimes an issue.

At a formal level there is no centralized support; each school has to find its own resources locally. Actions to support the school in hospital and home care are funded by MIUR, which also monitors the interventions made in the territories, as well as the needs expressed by users.

At the same time, the Italian Portal for School in the Hospital (Portale Scuola in Ospedale, PSO), provides information of good practices in the HHE. The portal has many functions, and on the communication side it hosts a blog which is updated weekly and provides information on the rules and regulations, as said above, and also on good practice in this field, with a special focus on ICT and didactical innovation.

In the past, a national-wide program has been implemented, called HSH @ Network (Home School Hospital). The project offered to HHE teachers an innovative model of intervention to support the teaching / learning individual and / or collaborative, made possible by new information technologies and communication.

The project HSH was the first major intervention training for teachers of the school to the hospital.

HSH has enabled hospital schools to provide the technological infrastructure of the hospital sections, tools, services and training modules for teachers in order to foster communication media and to guarantee the right to education of the pupil, in long-term care hospital or homebound, in view of a global care, both from the point of view of health and school, in order to prevent and limit the phenomena of truancy.

The project stopped in 2011, but there is now new funding from the government through MIUR to implement new training courses with a learning platform based on Moodle in order to support hospital and home tuition teachers in the use of ICT and on the pedagogical aspects of their work. This new system, called AFSSO (Area Formazione Scuola in Ospedale - Training Area for the School in the Hospital) is expected to be launched at the beginning of 2015.

Mainly by the Ministry of Education, some specific and local projects may be funded also by sponsors, Charity organization, or even parents' associations. For instance, the first use of ICT with Children with a medical condition was a local network called BAMB.I. (BAMBini Insieme, created in 1994), and it was sponsored by Comitato "Daniele Chianelli" in Perugia (http://www.giocoestudio.it/scuola/bambi/relaz_bambi.htm).

The Ministry (MIUR) sets the laws and regulations at a national basis and collects all the data (financial and practical) on HHE.

All the involved teachers are paid from government resources. For disciplines not present in the hospital is used to additional hours that are paid with the financial resources made available by the Ministry of Education.

Local (regional) authorities, USR (Unità Scolastiche Regionali, Regional Schools Units) set local/minor rules and check the data in order to give it to the ministry. Two regions (Val D'Aosta and Trentino Alto Adige) have their own laws, as they have a special statue (in everything, not only in HHE).

Scuole Polo ('Pole Schools') and USR (Uffici Scolastici Regionali) are in charge of collecting the data from each school in the hospital (for the hospital school fluxes of students in medical conditions that study in the hospital) and mainstream school (on home tuition cases). There is one Scuola Polo per each region.

Main Stream schools may activate home tuition programs in case students fall ill.

Each hospital class is connected to a mainstream school.

The Ministry of Education, at regional level (USR), provides teachers. The educational programs are related to the national programs of study at different level.

The hospitals provide logistic and organisational support to local schools (e.g. rooms, telephone and internet connection etc.).

Some association may provide financial support locally. AGESO has a documentation center with 695 documents on the education of children with medical conditions.

The database may be downloaded here:

<http://www.giocoestudio.it/documentazione/database/Archivio%20centro%20Capelli.pdf>

Some charities may provide financial support locally. The main policy maker is the Ministry, with the above mentioned specific division. The Italian Board of Expert member in LeHo is the Head of that section at the Ministry.

Universities

Some university are revising their organization in order to give answer to the “special” needs of students who are unable to attend lessons.

Some Universities may run reasearch projects or have students graduating with a thesis on children with a medical condition. A sample of thesis of such subjects are available here:

<http://www.giocoestudio.it/documentazione/tesi.html>

There may be many from local associations like 'case famiglia' ('family houses'), a sort of places where the students with medical conditions can be hosted if they need special medical treatments far from their houses.

On the one hand we may say that all the 'classical' tools listed in this survey are used:

- Computer Based Training/Web Based Training
- Blended Learning
- Mobile Learning
- Educational games
- Virtual classrooms
- Video conference
- Social media,
- Discussion forum, Communities of Practice
- Simulations
- Wikis

On the other hand there is no clear picture of what is really mostly used in HHE in Italy. Looking at the cases told in the portal, Skype or MS is often used in order to support the link between the hospitalized or homebound child and the classroom, but with very basic equipment, often owned personally by teachers and students (classmates).

Facebook groups are used as virtual classrooms, and Edmodo is used in some case.

Some further experiment has been done in the field doing Hospital School Radios managed by the students, online television channels, songs with videos and even videogames implemented by hospital sections. Storytelling (digital and non) is often used.

Many regions implemented local short courses, that include at any way pedagogical and psychological aspects of using ICT, including Basilicata, Molise, Abruzzi, Emilia Romagna and Lombardy. Soon on the PSO portal the evidence of any course in the field of HHE done with public (regional or national) funding should be published in clear on the open data philosophy.

Best practices can be found on the portal under this link/tag:

<http://pso.istruzione.it/index.php/materiali/easyblog/categories/buone-pratiche>

and in the portal's blog in general: <http://pso.istruzione.it/>

Under the above mentioned AFSSO project there will be a more structured area for selected best practices in the field of HHE, including ICT based cases.

The person who knows about them is again in the LeHo BoE.

National Issues – Poland

The Polish constitution law in Art 70 states that every person has the same right to education. This right also includes hospital schools. Every pupil, who stays in hospital, has the right to get tuition in a hospital school. In addition to constitutional law, the law on the education system (ustawa o systemie oświaty 425, 1991, <http://isap.sejm.gov.pl/DetailsServlet?id=WDU19910950425>) states that schools for students/pupils with special needs or hospital schools are treated the same as mainstream schools.

In Poland there are nation-wide valid school curricula developed by the national education ministry. There are different curricula for different kinds of schools, like for elementary or grammar schools. Those curricula are also valid for hospital schools. Most of the children's hospitals also have hospital schools in the same building or in the neighborhood. So it is possible for the pupils with a medical condition to go to school on their own, if their condition of health is stable enough. If not, they can also get taught in their beds. School lessons are between 9 a.m. and 6 p.m. Pupils get as many lessons as their health status allows. The teaching also includes creative lessons like theater and some compositions (e.g. writing poems or painting). This means that lessons also include some free time activities'. Hospital schools can give marks and most of them are accepted by the mainstream schools when the pupils/students come back to school. In general, hospital schools have the permission to conduct the school leaving examination (e.g. Matura, A-levels).

Teachers in hospital schools often took some special post-graduate-courses, like hygiene in hospitals, emotional help, or computers in school lessons. Volunteers often assist them.

In the curriculum for the school year 2008/2009 there are skills defined that every student should have acquired by the end of a school year. Because of these defined skills schools should have computers and internet access.

Foundations and sponsors pay for some computers in schools/hospital schools. One of them is Telekomunikacja Polska S.A. with their program "internetowy uśmiech" (internet smile) continued as „Edukacyjne Wyspy Orange dla małych PACJENTÓW“.

(http://www.fundacja.orange.pl/edukacyjne_wyspy_orange_dla_malych_pacjentow.html).

The aim of this program is to bring computers and the necessary infrastructure to schools. Hospital schools that already have computers use them during lessons and for keeping in contact with pupils in the mainstream schools.

National Issues – Greece

There are no specific laws or regulations regarding hospital education. The term hospital education does not appear in the legislation as such. Schools operating in hospitals work under a different status: in the North, in the region of Macedonia and Thrace, they operate as special educational needs (SEN) schools. Schools in the South, in the region of Peloponnese, Crete, Attica operate as mainstream schools. The general educational laws that apply to all schools, either mainstream or SEN, apply for HHE as well.

Also there is no specific policy for educational use of ICT. Some regulations on the qualifications of teachers occur but this is relevant only to the hospital schools operating as SEN. All other teachers are appointed to hospital schools as if they were to be appointed in any mainstream school.

Regarding the subject of HHE policy and ICT in general, each school will apply ICT according to the infrastructure available and the ability of the teaching staff to use ICT in teaching and learning, if the (small) budget allows it.

In the region of Macedonia there are only four hospital schools for elementary and primary school education in Achepa, Ippokrateio, Gennimatas and Papanikolaou. In the region of Attica there are two hospital schools ») for elementary and primary school education in Dimotiko Sxolio Nosokomeio paidon «Agia Sofia» and Dimotiko Sxolio Paidon «Aglia Kiriakou.

Hospital schools for secondary education do not exist in Greece. However, parents of pupils and students with medical needs can submit a request for home tuition at a primary and secondary level, within the time limits given by the law. In this case a teacher with the competence for secondary education is assigned to teach students at home.

In Greece the following digital tools are used in hospital schools:

- Computer Based Training/Web Based Training
- Educational games
- Video conference
- Social media
- Discussion forum, Communities of Practice
- Simulations
- Wikis.

But it varies widely, with some hospitals having state of the art infrastructure (interactive smart-boards, Wi-Fi, tablets), other hospital schools might be predominantly using textbooks and traditional educational resources.

The ministry of education, the main stream schools and the local educational authorities share the responsibilities of hospital school education and home tuition services. Dealing with students with medical needs might be difficult in Greece since there is not any specific guideline or strategy. However, there are some advantages regarding seating arrangements and entrance to higher education (this means secondary school and university) for pupils with medical needs, but only if pupils meet the criteria for a disability - these criteria are quite limited.

The lack of a legal basis in Greece does not prevent the students with medical conditions from using ICT. However, the hospitals might not have the relevant infrastructure like access to the internet on the ward. This might limit considerably the use of ICT for hospitalised pupils.

The use of ICT in Greece is not supported by anyone in particular. However, there is some form of INSET (IN-SErvice Training) days, organised and run centrally by the Ministry of Education, regarding the educational use of ICT in general. Some private companies like Microsoft, Intel and private banks have occasionally supported hospital schools in terms of infrastructure (i.e. donations of old or new equipment).

Teachers can participate in ICT trainings, which are only relevant either to mainstream or SEN educational provision. A specific training for the use of ICT including the pedagogical and psychological aspects of students with medical conditions is unknown.

Final note

This document represents only a first step in order to create a Practical Guide and an EU Model within the LeHo project.

PRACTICAL GUIDE

Target: teachers, medical staff, nurses, volunteers, parents and workers in HHE

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

- comparison among National HHE procedures and experiences;
- brief résumé on main key factors emerged from the Focus Groups carried in LeHo (see the hub);
- a description of the profile of the HHE teacher;
- information on active services and best practices in ICT supporting HHE;
- collections of testimonials from the fieldwork experiences;
- hints and suggestions for the managing of HHE situations with the help of ICT.

EUROPEAN MODEL

Target: policy makers

The European model will analyse and summarize the experiences of the whole project trying to focus on the weaknesses and strengths of the national practices in order to evaluate their transferability and potential application at an international level. This means that, supported by the Board of Experts, the network will combine the whole results emerging from the project (at the policy level research and in the field experiences) to define a model aimed to disseminate the best practices, taking care of their interoperability.

The EU model aim is to give the policy makers of every level, from school and hospital directors to regional and national policy makers, an wide overview on the complex and evolving world of HHE and to help them to integrate in their policies and decisions the use of ICT to support the HHE.

Moreover, at an European level, the model will be a confrontation among the policies, the experiences and the habits in EU and can potentially support the EU itself.