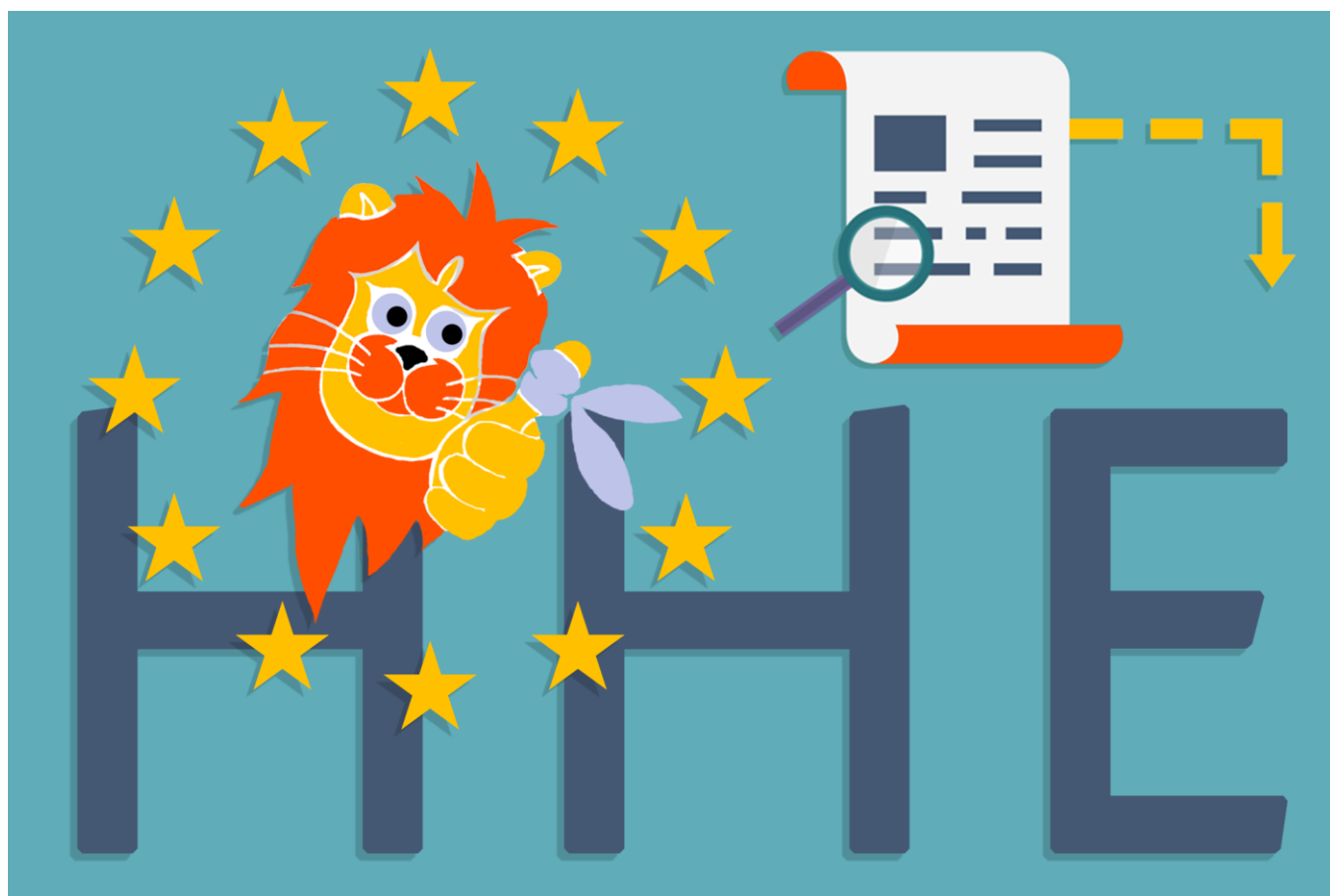




Towards a European Model



Home and Hospital Education



LeHo Project – <http://www.lehoproject.eu>

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Introduction

The word “model” is often used to mean different things. It can refer to a representation of a reality, to a blueprint for building a reality, or to an ideal example (e.g. role model). In the context of this document the scientific meaning of model is used, i.e., a concept that, after analysis of a complex reality, describes this reality in its essential components and its interrelations. Such a model can then be used as a reference to evaluate the quality of concrete instances, to detect missing components and/or relationships and to provide recommendations for change. What is presented in this document is not a finished European model of Home and Hospital Education (HHE) for children and youngsters with medical needs, as the HHE situation, as well as education in general, is too complex and diverse across all the European countries. However, what the **LeHo project achieved was to identify important building blocks and a number of relationships between them to create a model, on the basis of which important recommendations can be formulated for policy makers and professionals at various levels.**

The European dimension of education for children with medical needs

In line with earlier UNESCO Conventions and Treaties, the European Union Charter of Fundamental Rights (2000) confirms in article 14, the right of all children to education¹. This right became a legally binding issue for all of the Union member states through the Treaty of Lisbon (December 2009). However, **an explicit right to education for children and young people with medical needs is not considered** in these texts. In practice, however, ratification has led to adaptations in the national systems, laws and regulations that provide more or less comprehensive measures for different educational settings during illness and medical treatment that can take place in the hospital, at home or in other places.

The Field Analysis carried out by the LeHo project (2013-2016) of HHE in member states of the Union² demonstrates the differences between countries with regards to legislation, regulation, organisation, curriculum and governing bodies. In some countries the national Ministry of Education is the body responsible, in others it is the responsibility of the County, and in still others it are the regional Educational Authorities. These differences are linked to the particular political, geographical, social, economic, cultural and religious backgrounds in the various countries, and their resulting national mentalities. This results in the diversity of educational settings for HHE of children and youngsters with medical needs that is found in the educational systems of European countries.

The three most common educational settings for Home and Hospital Education³

1. **Hospital school:** This is a dedicated school at primary and secondary grade levels in a hospital which the child with medical needs attends during periods of hospitalisation or rehabilitation. Most hospital schools are accredited and funded, and consequently operate within the organisational and curriculum regulations that are set by the law of the country. Here the children are taught the same, or a similar, curriculum as the mainstream school of the child.
2. **Home education / home tuition:** This is usually the individual teaching of pupils and students with a medical condition at home or at a venue other than a hospital, which enables them to carry on with their studies. Most home education and home tuition will follow the same curriculum as the child’s mainstream school, but sometimes the format is restricted to specially developed **distance education** with materials that enable asynchronous teaching and learning at home.

3. **Mainstream school:** This is the school which the child with a medical condition normally attends when it is not ill. Almost all of these schools are accredited and funded by an education authority at the local, regional or national level, and in the past the majority of these mainstream schools almost only catered for “normal” students; directing students with disabilities and children with a medical condition either towards “special education” schools or to ad-hoc solutions. Novel solutions have been created by using **Information and Communication Technologies (ICT) to enable children with a medical condition “attend” classes in real time** in their mainstream school through an internet connection between the classroom and the hospital, home or another location of residence.

The LeHo Field Analysis shows that not every setting is present in every European country, and large differences exist in the legislation that organises and regulates hospital education in the various countries.

Factors identified through the LeHo project that determine the quality of this education

1. HHE should always serve a double purpose: to **combat school retardation** as well as **maintain the social bonds** of ill children with their mainstream school teachers and classmates.
2. The **focus** of education should be **on learning, rather than on teaching**. Until the middle of the 20th century, the quality of student learning was considered to be a function of the quality of teaching; in other words, it was the teacher who made their pupils learn. More recently, learning psychology researchers and instructional designers have concluded that the learner is central in the learning process. The teacher can offer support to facilitate learning, but does not manage nor direct it. Today, this vision of education is generally accepted and was confirmed in the identification of the six Key Educational Factors (KEFs) identified during the LeHo project.⁴
3. As people became more aware of the psychosocial and economic value of integrating people with disabilities into mainstream society, it was considered necessary to implement a similar integration in education. Hence, there was a **shift of conventional mainstream schools which became “inclusive” schools**. This move started in the 1980s but has taken off over the last couple of decades, which has seen more countries reorganise their educational systems towards “inclusive schools” or “inclusive education”.
4. The rate of development and use of Information and Communication Technologies has added to the **tools** that make teaching and learning more efficient and effective, both at the level of individual instruction and for collaborative learning.
5. An essential factor for the success of education of children with medical needs is **collaboration between all those involved**: parents, medical staff, teaching staff, school councillors and consultants, voluntary tutors and mentors, friends and most importantly, the children themselves. Also important are the policy makers at various levels that must create and support the conditions for this collaboration to take place.

LeHo recommendations

These recommendations are the result of various studies and actions within the LeHo project. In addition to the Field Analysis of HHE in Europe and the study on Key Education Factors, LeHo also undertook several rounds of Focus Groups⁵, Training Actions, Field Work Experiences and Webinars that were organised in the partner countries. As a result of these activities, the following recommendations were drawn up:

1. *Recommendations to the medical sector:*

- a. Medical staff should **inform** parents, teachers and (depending on age and maturity) the child/youngster **about the positive effects** that continuing their **education and maintaining contact with their peers** have on helping them overcome their medical condition. Knowing these positive effects It is recommended that medical staff should motivate the children and youngster in treatment to invest in their education and social contacts as soon as their medical condition allows them to do so.
- b. Meanwhile, it is the responsibility of the medical staff to **inform** the pupils that their **medical condition and treatment** might **affect** their **effort levels** and **comprehension** and may **lead to changes in personality and mood**.
- c. It is recommended that **medical staff are informed about these potential effects** during their initial training and through continuous professional development sessions.

2. *Recommendations to the educational sector:*

- a. It is recommended that throughout their treatment, all **children with a medical condition**, whether they are at home, in hospital or elsewhere, **should remain enrolled in their mainstream school**. This is already the case in a number of LeHo partner countries, especially those with an inclusive school policy, where responsibility for the child's education remains with the mainstream school, regardless of where their education is continued during the illness and treatment. This supports and promotes continuous contact with their teachers and peers in their mainstream school, continuity of education and a smoother return to school after illness.
- b. It is recommended that not only the training of teachers of special education but **all initial and in-service teacher training** should **cover the issues** raised by teaching children with medical needs, and **learn how to manage them** effectively.
- c. Such additional training should build on the **universal basic teacher training**, which is recommended to include flexibility in the definition of objectives and educational plans, the ability to deal with different professionals and **develop solid relationships, along with emotional and pedagogical technological skills**. Rather than training highly specialised teachers for specific medical and psychological needs or disabilities, this universal basic training guarantees a theoretical and practical background that enables teachers to adapt their professional practice to gain knowledge and use of novel educational technology tools, and to integrate different situations within mainstream education, regardless of whether it takes place in mainstream schools, hospital schools, at home or elsewhere.
- d. It is recommended that **special education** should still be accepted but that it is **restricted to very specific situations** where the physical, mental or psychological characteristics of the learner are not compatible with inclusive mainstream education. Further research should identify these exceptions.

- e. It is recommended that the **training actions of teachers** should engage a larger group of staff and have a **collaborative approach**. This promotes healthy discussions, stimulates field work experiences with innovative practices and tools⁶ and exchanges between teachers with experience in the education of children with medical needs (eventually also those with experience in special education) and novel colleagues. It may be useful to have an international audience involved in this process. Webinars (a seminar held online, via the internet) are useful for this purpose, when they are well prepared by skilled presenters. On a continuous trans-European collaboration basis, the Erasmus+ programme supported eTwinning community serves as an example⁷.
- f. It is recommended that the **education** provided for children with medical needs **should not aim at more restricted objectives or a reduced version of the normal school curriculum**. Furthermore, their school activities and subjects must develop their key life competencies as recommended by the EU commission.⁸ The LeHo KEFs are in line with these life competencies.
- g. **Psychological preparation of the ill child's classmates** is essential. It is recommended that the classmates are provided with information about the child's disease, its physical and psychological effects on performance, concentration and behaviour, as well as any potential changes in the child's appearance. Good practice would be to give their classmates small assignments to help the ill child both in, and outside of the classroom. This will stimulate the class towards adopting a caring attitude, develop social skills and strengthen the social bonds between class and the ill child. However, in doing so the teacher must keep the child with a medical condition at the centre of the process and always ask for his/her consent and opinion about any such assignments.
- h. It is recommended to use ICT to support learners with medical needs. **ICT facilitates the acquisition of metacognitive processes** (thinking about thinking/knowning about knowing and regulation/monitoring of thinking processes).⁹ **ICT-supported communication tools** also enable efficient maintenance of the contact between the ill child, their peers and their teachers.
- i. As a consequence of its continuous development, there is a **continuous need for research** into the educational potential of ICT, as well as support for teachers and learners in its effective use. This should not only encompass didactic models and teaching/learning content and tools, but also network infrastructures, administration, equipment and technical assistance. An example of such global approach is that of BEDNET¹⁰, a LeHo consortium member.

3. *Recommendations to national and European policy makers*

- a. Findings from the LeHo focus group discussions and other activities showed that **management aspects and problems with the education setting**, along with other external factors that influence the parties involved in HHE **are a priority**. Policy makers should create opportunities to address these areas, not only at the national level but also at a European level.
- b. It is recommended that the National Agencies of the Erasmus+ programme actively inform teachers of the **possibilities for trans-European cooperation** and of funding of projects that promote the HHE by developing and disseminating innovative practices.
- c. Although learners with a medical condition require education that has certain similarities with those of a more general category of disadvantaged learners, it is recommended that **in European programmes, learners with medical needs are explicitly indicated as a specific target group** (see e.g., the 2017 priorities for the Erasmus+ programme). **This is also true for the European Parliament**, whose members should be conscious of the distinct nature of the educational needs of those with medical conditions compared to those who are disabled. An

example is the European Parliament resolution of 23 June 2016 on the follow-up of the Strategic Framework for European cooperation in education and training (ET 2020).¹¹

Other LeHo findings, tools and resources

All the findings, tools and resources produced by the LeHo project during its three years of activities can be found on the LeHo website (<http://www.lehoproject.eu/en/>). We especially recommend the following two items, which, in tandem with this document, summarise of all the project findings:

Teaching children with medical needs? HHE: a guide to international innovative practice

This ebook will help HHE teachers to match the potentials of the tools, resources and practices available in the LeHo Toolkit with key theories and related good practices. It is a supporting document for HHE teachers to help them identify the best activities and aspects of teaching in an HHE environment.

<http://www.lehoproject.eu/en/toolkit/practical-guide>

Need resources to innovate your hospital teaching? Use the HHE Toolkit

Tools: Here you can find many useful 'Instruction Cards' to support, improve and innovate your everyday teaching in the hospital or for home tuition.

Resources: This includes important results of the activities undertaken throughout the LeHo project, such as the focus groups which were held with medics and hospital teachers, the KEFs and the QSE (Quality of Student Experience scale). It also includes the glossary and useful websites.

HHE institutional information: LeHo conducted an in depth analysis on all of the institutional environments of HHE in Europe. This includes the state of HHE in terms of regulations, laws, organisation, initiatives and policies within the LeHo project partnership countries of Germany (North Rhine Westphalia and Bavaria regions), the UK, Italy, Belgium (Flanders), Spain (Catalonia region), plus a focus on Egypt and additional information from Greece and Poland.

<http://www.lehoproject.eu/toolkit>

NOTES

¹ European Union Charter of Fundamental Rights (2000), art. 14 states:

- Everyone has the right to education and to have access to vocational and continuing training.
- This right includes the possibility to receive free compulsory education.
- The freedom to found educational establishments with due respect for democratic principles and the right of parents to ensure the education and teaching of their children in conformity with their religious, philosophical and pedagogical convictions shall be respected, in accordance with the national laws governing the exercise of such freedom and right.”

² LeHo project (2015). The Institutional Environments of Home and Hospital Education (HHE) in Europe. <http://www.lehoproject.eu/toolkit/127-the-institutional-environments-of-home-and-hospital-education-hhe-in-europe>

The report provides a summary of analyses of the situation in the UK, Germany (Bavaria and North Rhine Westphalia), Belgium (Flanders), Italy, Spain (Catalonia region), Poland and Greece.

³ An elaborated description of these settings and technical tools for support is described in the LeHo Guide:

LeHo project (2016). Teaching Children with Medical Needs. Home and Hospital Education: a Guide to International Innovative Practices. <http://www.lehoproject.eu/en/toolkit/practical-guide>

⁴ LeHo project (2015). The Key Educational Factors. <http://www.lehoproject.eu/en/toolkit/82-key-educational-factors-for-the-education-of-children-with-medical-needs>

⁵ LeHo project (2015). LeHo-Focus Groups Final Public Report June 2015. <http://www.lehoproject.eu/en/toolkit/131-focus-groups-on-icts-and-education-of-children-with-medical-needs-full-report>

⁶ <http://www.lehoproject.eu/en/toolkit>

⁷ <http://www.etwinning.net>

⁸ http://ec.europa.eu/education/policy/school/competences_en.htm

⁹ See <http://www.thinkingclassroom.co.uk> for examples and activities that support this acquisition in the classroom. These can easily be adapted to ICT mediated use in hospital or home education.

¹⁰ <http://www.bednet.be>

¹¹ <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P8-TA-2016-0291+0+DOC+XML+V0//EN>