The hospital environment in education in Spain proposal for intervention

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Abstract: *The care of pupils with health problems, who spend long periods of time in medical centres, is handled through compensatory education programmes aimed at balancing the deficiencies that the regular system offers to such pupils. The hospital classrooms respond to the basic right of the Spanish as expressed in Article 27 of the Constitution: "Everyone has the right to education." However, the mentioned classrooms are regulated by Law 13/1982 on social integration of the disabled; the Article 29 of the law duly states that all hospitals with paediatric services are obliged to have a pedagogical section. The aim of these sections or classrooms is to avoid the marginalization of the education process of school-age pupils in hospitals. In other words; to enable hospitalized children some sort of continuity in their education so that they do not miss out their educational development and can integrate better in school once discharged.*

Key words: *hospital, education, hospital classrooms, health, educational care*

1 Introduction

Everyone is well aware of the problems faced by a child who has to miss school due to illness. The care afforded to such pupils, who consequently spend long periods of time in medical centres, is handled through compensatory education programmes aimed at balancing the deficiencies that the regular system offers to such pupils. To this effect, this supportive and auxiliary attention is necessary and plays an essential role, although not free of difficulties when performing a task or ensuring consistency in work and efficient monitoring.

2 The hospital environment and educational intervention

The work of the education professionals in the hospital environment should have a distinctly inventive and innovative character, supplemented by consistency and commitment, i. e. they should be aware of their performance, evaluate their procedures, development and monitoring in a way that the individualised care extended to children is subjected to a constant process of feedback, searching, investigation and revision. This means assuming the professional as a qualified expert, able to place himself or herself in the face of any presenting scenario with respect to his or her own situation.

To this effect, the teacher should create the investigation patterns for the proper rationalization and comprehension of the different situations that interact in the complex working environment of the hospital. Such intervention schemes should focus on, among other, the attainment, enhancement and support of the following aspects:

- Analyses of the communication relations of the child in the hospital.
- Study of the learning processes of the child in the hospital, emphasizing: the study of intervention methods and the techniques so that they are duly adjusted to address the necessities and the characteristics of each subject, the effectiveness of one intervention model over the other (for which it is necessary to know the advantages and disadvantages of each) and the evaluation of the individualized care.
- Study of the self-concept of the child.
- Study of the language, behavioural and emotional conditions.
- Knowledge of the social and family background.
- Study of the technological means necessary for creating the learning and communicative environment for the pupils inside and outside the hospital classrooms, as means of overcoming barriers and isolation of pupils.
- Study of the semantic – pragmatic environment of the child. Decisions on the necessity of strengthening for extrinsic reasons (hospital – illness of mid or short duration).

This also supposes close and permanent contact with other professionals having a direct or indirect bearing on children admitted to the medical centre: doctors, clinical staff, physiotherapists, just as with the Education Services personnel, creating an environment where the interpersonal relationship between the pupils' families and the education centre, if there is one, would be a constant reality.

For this reason, it is necessary to carry out preliminary psycho-pedagogical assessments of the children on individual basis, which will work as a standard for creating, starting, continuing and evaluating the necessary curricular proposal that should respond to all possible demands in an appropriate and effective manner.

By constant evaluation of the process, we can make useful changes or additions to those aspects of the intervention, in particular the teaching practice and the curricular aspects, where even marginal inconvenience has been ascertained for the pupils and the environment.

3 The project of education in the hospital environment

All the above mentioned points call for working out, creating and justifying a performance project affecting pupils in medical centres, which would be supported not only by the Constitution acknowledging the right of all people to education and the objective of providing all people access to those educational and cultural levels that will allow them to realize their personal and social potential, but also, besides the legislation related to the whole national territory, by the corresponding legislation that each autonomous community might create.

The Ministry of Education has taken the responsibility for organizing and running the school units in hospital institutions and the National Institute of Health has undertaken to provide the necessary premises in medical centres to assure proper operation of the school units, in addition to bearing the costs relating to infrastructure, maintenance and conservation of equipment, and of the provision of information and audio-visual equipment.

The standards for creating and providing for the hospital school units have been established as well. To this effect, it has been agreed that the provision – economic as well as human resources – would be subject to the number of paediatric beds in each centre. At the present, since the educational and health competences have been assumed by Autonomous Communities, hospital classrooms have become dependent on the corresponding autonomous institutions qualified in the subject matter.

The legislative frame supporting the hospital care is the following:

- Law 13/1982 of 7 April, on Social Integration of the Disabled.
- Royal Decree 334/1985 of 6 March, on Special Education Organization.
- Organic Law 1/1990 of 3 October, on General Organization of the Education System.
- Royal Decree 696/1995 of 28 April, on the organization of education of pupils with special education needs.
- Royal Decree 299/1996 of 28 February, on the organization of the actions for compensation of inequalities in education.
- Organic Law 2/2006, of 3 May, on Education (LOE)

Furthermore, the different local Councils of Education and Science, and the Councils of Health of the Autonomous Communities keep in effect the agreements on cooperation that, due to their pedagogical sections, will enable to prevent the marginalization

of the education process of school-aged pupils in hospital by early application of the specific strategies of adaptation to the new environment, which will also help them to accept the changes in their customs, emotional development and in the new troubled situation caused by their disorders or illnesses. This last paragraph, therefore, will be the starting point for the development of our project.

If are to commence with the fact in mind that taking a child to a hospital already means a break from reality in which the child has been immersed until that moment, immediately faced with a new and strange environment where his/her vital infant energy has to, suddenly, coexist with the illness, the suffering and in some cases even the death, we then believe the above to be sufficient argument in itself for creating an action framework in which the child is able find a way to overcome or navigate this stage in the least possible traumatic way, avoiding total loss of instruction, adaptability and lack of interest when re-joining the school, which would result failed performance.

Even though it is every teacher's work to try to aim at increasing the personal experience of joy (Delgado 1988), in the case of a hospital centre teacher this is even more paramount as the teacher should treat the pupil in a way that he or she could forget about the illness or at least take it as something that does not advocate reduction in intellectual capacity, with parallel support for communicative relations with other children and hospital staff, and encouraging the pupils to continue in the schooling process if they have already started it or to start the process if they have not.

4 The intervention programme

In most cases, children hospitalised with chronic organic disorders (diabetes, cardiopathy, haemophilia, leukaemia…) can participate in socio-affective and cultural activities which enable their best integration or reintegration into the school and social life. With regard to these suggestions and considering the global, and at the same time personalized, care of a child, depending on their illness and their possible physical and psychical limitations, we would set the following objectives:

- Create an environment that motivates the child to play and socialize.
- Offer activities and stimuli that enable the creation of meaningful learning.
- Adjust the hospital function to the needs of integral stay of infants.
- Reduce the lagging-behind factor at school pursuant to long term hospitalisation.
- Continue working with the curricular designs of the corresponding primary centres (if the child has already started tuition).
- Support communicative relations between the child and the medical centre staff, the same with his or her classmates or children from other medical centres.

– Take the opportunity of the hospital environment to introduce, in some cases and deepen in other cases, one of the cross themes of the curriculum, such as education for health and morals, and civic education, education for peace, education for international cooperation, education for equality, environmental and road education, sex education and education for consumption.
– Support self-esteem in children.

For the above, we will pay special attention to the work of professionals and their performance and abilities. A medical centre teacher has to take care of pupils who have been taken out of their natural environment and where everything now revolves around the disorder. The presence of the teacher has to be interpreted as a mediator who will assure the child link with the society and his/her school, far from the strict medical environment, liberating the child from the anxiety caused by the feeling of being shut in such an institution.

Thus, the competence of the teacher will be very wide and specific at the same time. The defining features will be: to be realistic about the subject matter, open to introduction and/or inclusion of various aspects and situations at any time, motivating, able to stimulate the pupils, interdisciplinary and contextual, adaptable to the environment and to the interests and qualities of the children, while referring to a specific intervention programme.

The following has to be taken into consideration at all times: the disorder, the illness, the physical and psychical condition and the level of education of children adjusted to the lifestyle expected of a child in hospital care. These features will be closely related to the tasks that the professionals will develop in medical centres and will comprise, above all, of the following fields: psychological, activities, medical, pedagogical and logopedic.

A. The tasks referring to the psychological field:

– Try to make the child consider the disorder as another stage of life and not take it as the end of it.
– Support the child to accept his or her actual situation and realize that it does not stop him or her from developing his or her intellectual qualities and making use of them.
– Act as a mediator between adults regarded as strangers by the children (medical staff), the place where they live (clinical centre) and the pupils themselves.
– Care towards full development of the child.
– Recreate the environment and the pace of activities.
– Offer all necessary means so that the child is an active element of the process.
– Reduce possible egoism consequent to the disorder.

B. The tasks referring to activities:

- By means of games, support emotionality so that it does not suffer alterations or interruptions.
- By means of games, try to reduce the stress caused by the hospital routine.
- Offer total and full support when conducting activity games.
- Offer, through games, the possibility to expand and open up to the world.
- Offer a wide range of game-based stimuli supporting his or her normal development.
- The tasks referring to the medical field:
  - Keep in constant contact for exchanging information with the medical staff.
  - Cooperate with the personnel that care for the child in the therapy guaranteeing the prescribed treatment and the integral development of the child in the hospital.

C. The tasks referring to the pedagogical field:

- Treat the children individually depending on the original centre.
- Use suitable motivation depending on each child.
- Prevent marginalization of the education process and reduce the possibility of lagging behind at school.
- Programme in a flexible way including motivation, varied activities and games.
- Plan according to the qualities of each child, the length of stay in the hospital, the general conditions, etc.

D. The tasks referring to the logopedic field:

- Cooperation with the school logopedic service to assure continuity of the treatment.
- Evaluation of the linguistic background of the child in case of lack of school report.
- First priority to semantic-pragmatic rehabilitation care, then care for other aspects.
- Cooperation and request for support after leaving the hospital.
- The discharge report and cooperation with the school logopedic centre.

The main task that will prove the daily significance of a speech therapist in hospital centres is to equip the child with linguistic means and mechanisms necessary for understanding, accepting and bearing the reality change that he or she has to face against his or her will.

Additionally, it also concerns the devising of an action plan where we will take into account the typology of the medical institution, its internal routines, and the children in the medical centre and their individual characteristics. This means implementing a series of phases where the following basic aspects are developed:

The contact phase: when the teacher will get to know the hospital environment where he or she will carry out work. Once the teacher has introduced himself or herself to the hospital authorities, he or she will learn all possible information on the centre: the internal routines, the layout of hospital rooms, the schedules, the existence or absence of a classroom where the teacher may carry out his or her work and the team activities with pupils, etc.

The filing phase: The teacher will conduct investigative work on the hospital files to gather information about the number of children, their diseases and the period of hospitalization for each of them.

The selection and distribution phase: Once the teacher has familiarized with the structure of the hospitalised children to be in his or her care, he or she will divide them into groups according to their length of stay:
- Children on short stay: less than two weeks.
- Children on temporary stay: from two weeks to a month.
- Children on long stay: more than a month.

The planning phase: Since the children admitted to a hospital for a longer period of time are more likely to suffer from failure at school, it will be them who will determine the actions of the teacher in the hospital and therefore, also the planning phase of his or her work. As this is the phase in which action plan is dependent, we will focus on it in more detail.

General work layout

In this paragraph, we will include all elements that have their specific significance in the teaching-learning process, keeping in mind that our framework is one hospital. Our starting point will be the initial diagnosis of each pupil, which will include:

a) As for the reason for hospitalization: The disorder and the degree of the illness, the supposed length of hospitalization, the prevailing general conditions, etc.
   - Possibility to participate in games and educational activities.

b) As for the academic plan:
   - The centre of origin.
   - The level of education.
   - Evaluation of the teacher/tutor's opinions and the opinions of other teachers as for the characteristics of the child.
   - The degree of acceptance of the child in class.

General objectives

Psychological:

- Support the child in accepting his or her actual situation.
- Offer the means that would help the child to be the main "doer" of the process of curing.
- Care towards complete and balanced development of the child.

Sociological:

- Act as a mediator between the child and the clinical staff around him or her.
- Act as a link of the child with his or her original school and the actual social reality.

Emotional and communicative:

- Support the emotionality to avoid emotional alterations and interruptions.
- Try to reduce stress caused by the hospital routine.
- Offer total and full support in every day actions and interventions.
- Enable emotional currents to facilitate opening up to the world.
- Prepare varied situations rich in communication, requiring explanation
- Enable feelings of happiness.

Didactic:

- Use suitable motivation depending on each child's qualities.
- Treat the children individually.
- Respect the pace and methods of work for each child.
- Present knowledge and practice in suitable manner to develop meaningful learning structures.
- Prevent marginalization of the external education process.
- Flexibly programme every day activities that have to be rich and varied.
- Adjust programming to the actual class of the child.
- Enable the development of habits that are healthy and beneficial for the child as well as for the surrounding environment.

Logopedic:

- Analyse the original background of the child.
- Analyse the current environment of the child in hospital.
- Identify special transitional education needs mainly in the semantic and pragmatic environment.
- Establish appropriate mechanisms of cooperation.
- Establish the objectives of appropriate linguistic rehabilitation.
- Carry out convenient activities and techniques with suitable evaluating criteria at proper times, following suitable schedules and ensuring continuity of the programme.

The carried out activities will depend on the needs of the children and availability of the human and material resources. So:

As for the teacher:

- Interview the clinical staff caring for the child, also his or her family, the teacher from his or her original school and the child as well.
- Make a report on each child in his or her care, including the dates of interviews, the noted observations and then to study each case on its merit.
- Devise a tailored work plan depending on the qualities of each child.
- Implementation of each work plan according to the established schedule.
- Ensuring continuity in each case, not only during hospitalisation but also after returning to the normal school routine.
- Constantly search for material that might widen his or her possibilities of performance.
- Maintain constant relation with the child's family, the class tutor and the medical staff.
- Establish contacts with teachers working in similar environments and facilitate exchange of experience.
- Keep in contact with the support teams in the area.
- Constantly evaluate his or her performance.
- Broaden the knowledge related to particular disorders and its symptoms.
- Constantly reflect on his or her performance during the entire course.
- Search for strategies of performance which would make the teaching-learning process simpler.
- Note down all relevant observations (working diary).

As for the pupils:

The activities to be conducted with and by the pupils will be less specified as they shall depend on the specific characteristics of each child, the nature of their illness, the stage of the disorder, the length of hospitalisation, the stage of evolutionary development, the school level, the original background, the general conditions, etc.; they will be specified and stated in the individual work plan that the teacher will draw up for each pupil.

However, the main characteristics of the activities will be their distinctive game character. The children should be presented with a large and varied amount of such activities facilitating development and the feeling of happiness, and avoiding tasks that might lead to routine sessions and consequently boredom, the most hated feature of hospitalisation for a child. In the planning stage, the period of hospitalization of the child will have to be taken into account.

As for the children who are admitted for longer periods, it is necessary to incorporate in each individual work plan, besides recreational and entertaining activities,

a series of activities design at keeping pace with their respective school programme and as stated earlier, it should be adopted to each individual (of course the activities will be planned differently for an infant and for a pupil of second year of primary school). As for the children admitted for temporary hospital stay, these should be given support in helping to overcome school absence besides game activities.

For children of short stay in the hospital, the activities will be oriented towards their leisure and free time.

It is undoubtedly evident that the timing in such programmes has great importance and influence on the efficiency and quality of the intervention.

As for the teachers, during the hours of stay in the hospital, he or she will have to organize their time in a way suited to the individual programmes of each pupil, the group activities, and keep the necessary contacts to be able to carry out his or her work effectively. At the same time, the teacher will have to count with the time needed for programming individual and group daily activities of each child and also for incorporating new pupils in the work plan.

The activities will be planned with respect to the individual plans of the pupils on the one hand, and with respect to their group plan on the other, provided that the illness permits so. In any case, the time allotted to an activity cannot be too long in order to avoid boredom and monotony.

This supposes the development and use of specific methodology determined, above all, by the characteristics and the needs of each child. Children, whose illness does not prevent them from movement, will attend a specially adjusted classroom where they will develop the individual as well as group activities.

Bedridden children will have to be treated individually if there is no possibility of bringing other children to them for group activities. The programme for children with long convalescence in the hospital, their home and sometimes at school will have to be developed well in advance and worked out in close cooperation with the tutor and the hospital teacher. Considering the fact that we want to stimulate game and communication activities to the maximum, we will tend to prefer group activities as much as possible although these will also include some periods of individual care. For this reason, we will need to depend on all resources that should to be at hand. We will need:

- Human resources where we include the tutor, the clinical staff, the family, external Support Team of the area, etc., and
- Material resources. The characteristics of the hospital will have to be considered but a classroom will be necessary in any case where both the group and individual activities would be carried out and where didactic and game material suitable for carrying out socializing, motivating, recreation and specifically didactic activities would be placed.

Among other things it would be convenient to have a classroom equipped with such material specific for each school year that could meet the needs of all pupils. Grosso modo let's mention: cassettes, tapes, an overhead projector, flannel graph, slides on different topics, cork board, noticeboards, posters, building games, puzzles, domino, abacus, skipping ropes, hoops, pikes, beads, cloth, puppets, punch, globe, balls, balloons, modelling clay, argil, coloured pencils, wax, tempera, watercolours, finger paint, wool, needles, white chalk and coloured chalks, Bristol board, glossy paper, silk, cardboard, cushions, dictionaries, logic blocks, children library, books of different editorials, reference books, mirrors, pencils, rubber, markers, rulers, set squares, compass, etc., which will have to be adjusted to the hospital characteristics and its environment.

Since the whole programme is based on reflection via an action, the evaluation will be the main element of the teaching-learning process.

It will be accomplished in contact with the teacher/tutor giving him or her report on the activities and achievements that the pupil has reached during his or her stay in hospital, as well as all the observations that have been collected during this period of time. And when leaving the hospital, the follow-up monitoring of the pupil's incorporation into the original class in the academic, emotional and behavioural fields will be accomplished.

As for the teacher, a series of records of "my performance" will be accomplished and the qualified authorities will be informed about "my work". To this effect, we believe that it would be convenient to emphasize on the triangulation of the involved parties as means of confronting opinions about the interventions in the teaching-learning process: the teacher of the medical centre, the pupils and one observer participating in the process that could be a practising teacher, a social assistant, medical attendant, etc.

5 Hospital classrooms

The actual situation of hospital pedagogy, and consequently the performance of the teachers in Spanish hospitals, is, we could say, at a critical turning point as, nowadays, there are very few hospitals that do not have a hospital classroom among their facilities and that do not dedicate part of their budget to the care and improvement of these centres. However, the process has been very long and complex to reach in the today's situation. At first, classrooms emerged in some hospitals spontaneously because of the concern of some people about school attendance of children who spent long periods of time in hospitals, far from their family environment, and the possibility of losing a school year.

The first schools in hospitals surfaced in the 50s in hospital centres linked with the hospital order of Saint John of God, as it happened in the Maritime Clinic in

Gijón that was run by the friars; this work continued other branch hospitals, in this case in Madrid in the Saint Rafael Asylum. A few years later, approximately in 1965 during the polio epidemic affecting the Spanish population, the necessity to help these children not only from the medical point or view but also from the scholar and educational one gained rapid recognition.

This initiative led to the opening of classrooms in different hospitals throughout Spain, in particular in the hospital in Oviedo, in La Fe in Valencia, in Manresa (Barcelona) also by the friars of Saint John of God and in Madrid: Baby Jesus Hospital, Clinic, Gregorio Marañón and Hospital of King, a few classrooms linked with the National Health Institute, at the time known as the Ministry of Work and Social Security, and thus paved the way for global introduction of hospital schooling care. For example, in 1966 in the Baby Jesus Hospital in Madrid, a total of ten units of Special Education were established and of these only four remained in 1997.

It has to be mentioned that at first the classrooms were created with the idea of meeting the demands of the society to care for children with certain diseases such as polio, cerebral palsy, the toxic syndrome, etc. At the beginning, the aim was to entertain the children rather than providing continuity in their education according to the school programme of their original school.

This initiative continued in 1974 after the opening of the National Hospital for the Paraplegic in Toledo. At that time, the Pedagogical Section started its operation with five classrooms, a library, an office and one staff room with four teachers, out of whom only three remain to date. The aim of this Section was to care for the education needs of children and adults in hospital, meeting an ever rising demand of the Spanish society. However, this initiative did not manage to catch on neither in other hospitals nor in the education administration that was busy resolving the problems like the famous "rapeseed oil" scandal.

The matter had to wait until 7 April 1982; the date when the Law on Social Integration of the Disabled was issued with this right was truly embodied. From this moment on, wide legislative work started, on the one side by the Ministry of Education and Culture, and on the other also by various local Councils of Education and Health of the corresponding autonomous communities upon assuming the competency for education and health matters under the umbrella of the right that each child has to education, including ill children and children in hospitals, which was embodied in the European Charter of Rights of Children in Hospital, passed by the European Parliament in 1986. Finally, on 18 May 1998, a treaty between the Ministry of Education and Culture, the Ministry of Health and Consumer Affairs and the National Health Institute was signed establishing the basis and the compensation policy that should solve the education of convalescent children or children in hospitals.

At present, most Spanish hospital centres have, among their most valuable facilities, one or more classrooms to care for children that have to spend some time in

the hospital far from their original schools. They care for children from the age of 3 to 16 years, although sometimes also children of higher age, i. e. those attending pre-university studies. Nowadays, also a new form is developing its way within the hospital education care, the form adopted by the Psychiatric Sanatoriums of some hospitals, like that of the "Saint Isidore's Meadow" in Madrid, caring for adolescent children that need psychiatric treatment of continual and monitoring character.

6 Conclusion

Hospital classrooms are such school units that are established within a hospital and where the main aim is scholastic care of children in hospitals in compliance with one of the main rights defined in Law 13/1982 on social integration of the disabled. Article 29 of this Law states that all hospitals with paediatric services must have "…a pedagogical section to prevent and avoid marginalization of the education process of hospitalised school-age pupils…" This Law was later amended with various Royal Decrees defining more clearly the functions that are to be developed in these classrooms, adding a more important content to the term.

These classrooms are attended by children who, during any period of time, shorter or longer, suffer from different physical illnesses, diseases, ruptures, operations, etc., and for that reason they have to be hospitalized. In this manner, they may normally continue in their education process within the abnormal situation of having to stay out of their homes, the school and their natural social environment.

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