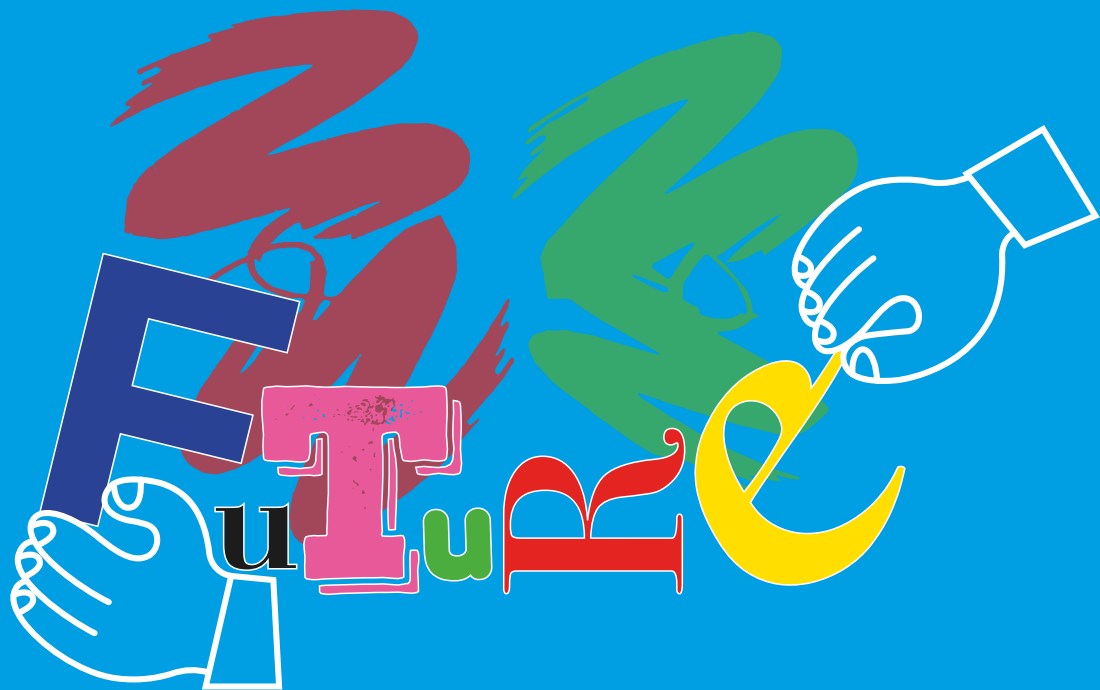


SHAPING the



with **EDUCATION**

Cultures, Relationships and Competencies

Edited by
Michele Capurso

Morlacchi Editore U.P.

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Shaping the Future with Education

Cultures, Relationships and Competencies

12th HOPE congress
Milano – Italy, May 8-12 2023

Edited by
Michele Capurso

Morlacchi Editore *U.P.*

With logistic, technical and scientific support from:

Hospital Organization of Pedagogues in Europe (HOPE)

Liceo Statale Maffeo Vegio, Lodi

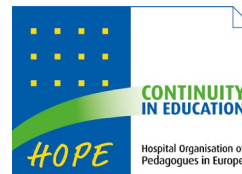
Istituto Comprensivo Salvo D'Acquisto, Monza

Istituto Statale di Istruzione Superiore Mosè Bianchi, Monza

Dipartimento di Filosofia, Scienze Sociali, Umane e della Formazione (FISSUF)
dell'Università degli Studi di Perugia

Associazione "Comitato Maria Letizia Verga" ODV, Monza

CiE – Continuity in Education



The online digital edition is published in Open Access on www.morlacchilibri.com/universitypress

ISBN: 978-88-9392-440-5 (PDF)
DOI: 10.53145/978-88-9392-440-5

© 2023 Author(s)

Published by Morlacchi Editore, Piazza Morlacchi 7/9, Perugia.
Mail to: redazione@morlacchilibri.com | www.morlacchilibri.com

CONTENTS

Shaping the future with education <i>Cultures, Relationships, and Competencies</i> Michele Capurso	13
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Keynote

Wherever We Go: The remarkable journey of a white coat treating children and discovering their resilience, school, families and cultures Adriana Balduzzi	17
What do we know about the effectiveness of education support programs for young people managing chronic health conditions? Tony Barnett	19
Expanding competency-based curricula to embrace diversity Judith Hollenweger Haskell	22
CLOSE UP: Sharing and understanding the Hospital School experience Fabio Manni	24
"I have always been in this school". The student between hospital school and their school of belonging: not merely a handover Raffaele Mantegazza	27

Presentation

Towards more inclusive hospital school education – Hospital school leaders' perceptions toward inclusion and hospital school education in Finland Tanja Äärelä, Jyrki Huusko	30
Education Professionals' Knowledge and Experience of students with Childhood Acquired Brain Injury–Emerging Data from a study in Ireland Avril Carey, Manolis Adamakis, Vanessa Rutherford	33
Interaction in a hybrid virtual classroom setting for students with a chronic illness Silvia Klunder, Nadira Saab, Wilfried F. Admiraal, Ben H.J. Smit, Karin Slegers, Tim Mainhar	36
Absenteeism and return to school: What really helped? – preliminary findings of a systematic review Tiina Laurén-Knuutila, Katarina Alanko, Niina Junttila, Jaanet Salminen	39

A guideline supporting the collaboration between the multidisciplinary care team, the hospital, and the home school pedagogues Monika Tóthné Almássy, Szilvia Golyán	42
Special educators' club – relationships built for the well-being of the child Liana Sanamyan, Kristine Andreatyan	44
Movies in hospital for children: share emotions! Angiola Piovani, Rosa Maria Balice	47
Quality teaching and learning programs in a short-term stay hospital school Wendy Barwell	50
The importance of learning skills for students in the Hospital School. Perspectives of the parents Mihai Benchea, Myriam Ghența, Maria-Magdalena Jianu, Elisabeta Niță	53
Enhancing Collaboration between Hospital Health Professionals and School in Hospital Teachers Francesca Maria Dagnino, Vincenza Benigno, Chiara Fante	56
Screening and strengthening activities of fine motor skills in pediatric patients under treatment for oncohematological diseases Marta Tremolada, Livia Taverna, Roberta Maria Incardona, Valentina Mastrandrea, Sabrina Bonichini, Alessandra Biffi	59
Whakatere. Successful educational outcomes for our young people. Health and Education collaborative approach Katharine Blackman, Robyn Meikle, Beth Ratcliffe	63
Relationships and continuity are vital for successful educational outcomes Michelle Bond	66
Welcome! Let's play and do: to learn a foreign language in the hospital Emanuela Bovo, Claudia Spelta	69
Levelling Education Outcomes for Students With Medical and Mental Health Needs Caleb Jones, Debbie deLacy, Trevor Briedis, Angela Moffatt	72
Preparing Student teachers for hospital school placements; adapting pedagogies to support the academic, social and emotional development of hospital school learners Maria Campbell, Deirdre Harvey	76
Adolescents with diabetes: narratively-informed therapeutic education as a resource for practitioners and patients Micaela Castiglioni	79
A clenched fist: Mental imagery as a means for transforming emotions in counseling Chin-Ping Liou	82

Distance learning during the pandemic and the sense of school belonging in students with chronic medical conditions Lucrezia Tomberli, Enrica Ciucci	85
The role of the psychologist in facilitating the hospitalized student's return to school Lucrezia Tomberli, Enrica Ciucci	88
Sport therapy meets school in hospital: a common language is possible through physical literacy Marta Corti, Francesca Lanfranconi, Tommaso Moriggi, Paolo Raviolo, Salvatore Messina, Momcilo Jankovic, Flavia Tarquini, Simona Ferrari	91
The Hospital – A STEAM resource Bianca Costa, Fionnuala Wilkins	96
Adolescent case study exploring the role Country, Culture and Relationships play in the Health and Education Support of Indigenous Australians Debbie de Lacy, Jennifer Martino	98
Education Re-imagined Maria Marinho, Martin Dixon	101
Physical Literacy to shape learning in hospital schools Simona Ferrari, Salvatore Messina, Paolo Raviolo	104
“A Letter from the Hospital” Elisabeth Groihofer-Steidl, Gabriele Pfeiffer	107
Reflecting on implemented research in an attempt to establish an emerging ground theory for improving pedagogical practice Meirav Hen, Dorit Maor	110
Change and school culture: the relationships between change, relational trust, and shared purpose Richard Winder, Abbey Honey	113
Why an educational support consultant for children with long-term illnesses (consultant OZL) plays a key role in multidisciplinary teams in hospitals Claudia van den Berg, Monique Höweler, Marije Munter, Murielle Voorhout, Arianne van Beijnum	117
Rebuilding home school attendance during a psychiatric hospital admission: using teacher assessments, to predict a successful return to school and to identify areas for support John Ivens	120
Drama activities as a support to the parents of children in hospital care Valda Janjanin, Maja Pavcnik, Alenka Vidrih	122

Implications of language concepts for hospital education Itamara Peters, Clarissa Menezes Jordão	125
Students with mental health problems and disorders: teacher's help in continuing education and the importance of a genuine, professional attitude in the help process Tatjana Kociper	128
Hospital School SA - A health and education multidisciplinary approach to address the mental health needs of young people in South Australia Matthew McCurry, Kendall Louder	131
Back to School: Student and Home School, always in touch Maria Rosa Maggioni, Giulia Rampoldi, Selena Russo	134
The professional development needs of hospital teachers in Ireland: an exploratory case study Fergal McNamara	137
The teacher/family relationship during home tuition assignments Germana Mosconi, Francesca Linda Zaninelli	140
The sibling's room Laura Pini, Francesca Nichelli, Marco Spinelli	143
Exploring the significance of the hospital teacher role in the recovery process: providing holistic care and support Marianthi Papadimitriou	146
Three Hearts, Three Case Studies, Three Different Approaches to Learning - Shaping Educational Futures Xenia Pappas	149
Once upon a time. Using storytelling to support students with mental health needs Marina Prete	152
It is all a matter of perspective. The challenge of chronic illnesses for schools and teaching seen from different points of view Nicola Sommer	155
Meet the Need. A multiple case study in expansion of the curriculum for children and adolescents with special needs in the hospital school Christine Walser	158

Workshop

Grief due to loss of health; impact on students Ria Bakker, Daan Boonstoppel	161
---	-----

Get Published! The path to publication in Continuity in Education Michele Capurso, Tony Barnett, John Ivens	164
Nave Italia: A boatload of opportunities for an outdoor education path Marco Gagliani, Sofia Bellelli	167
Storytelling and coding with Ozobot: An inclusive activity for Hospital Schools Edoardo Dalla Mutta, Rebecca Tarello, Clelia Biancheri, Fulvia Di Fiore, Marina Grasso, Debora Menini, Emanuela Prato, Marta Tortorolo	170
Sport Therapy meets the school in hospital: Practical exercises of physical literacy Tommaso Moriggi, Francesca Lanfranconi, Marta Corti, William Zardo, Salvatore Messina, Paolo Raviolo, Simona Ferrari	174
How to make books with children from the age of six up to adults aged eighty Jan Haverkate	179
The use of the Swivl and Meeting Owl ICT tools for children who cannot attend school Imke van de Venne, Marit Helmholt, Sabine Timmers	181
Meaningful learning and inspiring teaching at hospital educational centers Meirav Hen, Maskit Gilan Shochat	184
Unboxing Manufacturing – STEM for all at Our Lady’s Hospital School Annette McGuirk	186
ALOHA! Brain Station: An Innovative Comprehensive Educational Program in the Pacific Basin Carrie Sakaino, Shay Parpana	188
Media Education and Mental Health – Open discussion forum Lana Schiefenhoevel	191
Intercessions of education and health: an account of apprenticeships in a pediatric hospital in brazilintercessões Ana Carolina Lopes Venâncio, Claudia Cristine Souza Appel Gonçalves, Claudio Teixeira, Itamara Peters, Mariana Saad Weinhardt Costa, Sandra do Prado Muniz	195

Poster

Hospital School SA – A health and education multidisciplinary approach to address the Haematology and Oncology education and health needs of young people in South Australia Matthew McCurry, Kirsty Jeffery, Kate Fernandez, Kate Turpin, Callie Ayles, Manika Pal, Maria Scicchitano,	198
--	-----

Shaping prevention and intervention: teachers' practices and strategies to promote student well-being and counter negative online social interactions Ana Margarida Veiga Simão, Paula da Costa Ferreira, Nádia Salgado Pereira, Alexandra Barros, Alexandra Marques Pinto, Aristides I. Ferreira	201
Pediatric partial day hospitalization & hospital school Inkendaal. A beneficial combination of health care, education and interdisciplinary therapy Koen Bellemans	206
Hybrid classroom for hospital schooling: CLIPSO project Vincenza Benigno, Giovanni Caruso, Andrea Ceregini, Francesca Dagnino, Edoardo Dalla Mutta, Chiara Fante	208
Risk factors impacting on attention problems in children with leukemia in school re-entry compared to their healthy peers Marta Tremolada, Roberta Maria Incardona, Livia Taverna, Valentina Mastrandrea, Sabrina Bonichini, Alessandra Biffi	212
Volunteering in pediatric oncology: solidarity in support of the disease Laura Guidotti, Bianca Vigoni, Paola Corsano	216
The psycho-emotional experience of the psychologist in the relationship with the adolescent patient Cristiana Punzi, Laura Guidotti, Paola Corsano	219
"Dogs'n Dreams" Educational Project of Assisted Intervention with Animals (AAE) aimed at children and young people being treated at the pediatric hemato oncology unit of Treviso Carla Giugno	222
Your smile: The magic of smiles in music education in the hospital setting of a pediatric oncologic ward Susanne Mauss	225
The well-being becomes narrating Melania Scarabottini	227
Implementing Education for Sustainable Development in the context of hospital teaching Gard Ove Sørvik	230

It is the duty of the Republic to remove those obstacles of an economic or social nature that 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.

By article 3 of the Constitution of the Italian Republic,
Given in Rome on this 27th day of December 1947

Shaping the future with education

Cultures, Relationships, and Competencies

Michele Capurso

I have always been fascinated by science fiction books and movies. I was 10 when I saw Spielberg's *Close Encounters of the Third Kind* and Lucas' *Star Wars*, and a bit later, during my adolescence, *E.T.* was released. They all featured groundbreaking special effects and cinematography, and a wide array of characters and creatures, living and traveling in a sprawling universe with multiple planets, diverse galaxies, and even parallel realities. These seminal sci-fi movies addressed themes of faith, belief, diversity, and the unknown. For the first time, they also showed human similarities to extra-terrestrial species, making them sympathetic and relatable to audiences. What really captivates me about science fiction is the fact that this is a realm of possibilities, of how things *could* be in an immense and unimaginably vast universe.

In the 1980s, while I was immersed in a multitude of lightsabers and strange beings, Jerome Bruner was writing a psychoeducational essay about another kind of universe, the human mind (Bruner, 1986). Like the cosmos, the brain is also filled with great potential, although of a different kind. In his book *Actual minds, possible worlds*, Bruner proposes that our mind works in two modalities. The first is called paradigmatic thinking and is based on the abstract, logical thinking often used in school and in problem solving. The other, equally important working mode of our mind is narrative thought. This type of holistic, imaginative thinking is often used to create and represent stories, emotions, and other forms of human experiences. While paradigmatic thought uses the indicative verbal mood to describe the world *as it is*, narrative thought opens the way for a set of subjunctive worlds, that is, worlds made of *possibilities*.

Sci-fi and mindful worlds have something in common: they both show how living beings can shape their own lives by imagining an existence that *could* become our reality tomorrow. Both worlds contain a sense of exploration and possibility that rests on our imagination and creativity. Getting back to my age of development, to my great disappointment, I soon realized I could not become a space time traveler (already). But thanks to Bruner, I also understood that my future and that of other people could indeed be shaped, and the most powerful tool to do that is education.

When working with a child or young person with a medical or mental health condition, we often find that their present has become narrow and limited. While working in pediatric oncology, I met children who were taken from their school and brought into the hospital room within the space of an

hour. Hospital teachers working with young people with a mental health condition often meet individuals who have lost their ability to relate, play, meet their peers, or are paralyzed by fear or anxiety. All these students have something in common. The adverse conditions of their lives have caused them to lose their ability for subjunctive thought. They can only think in an indicative mood, and this makes them see only a limited and restricted present. Their lack of narrative imagination prevents them from envisioning a possible future. Under these circumstances, the main role of a teacher is not merely teaching a subject. The real job of any hospital and home-school educator is to open their pupils' minds to *subjunctive worlds* of possibilities that *could* replace an indicative reality of constrictions that are assumed to be actual.

One key concept of a systemic view of human growth is the multidirectional nature of development across time and place (Cantor et al., 2021). Human development is not accurately represented by a static or linear path, as many behaviorist scholars have believed for centuries (i.e., "if you do this, that will happen"). On the contrary, human life can only be represented by a constructive and ever-changing developmental web of possibilities (Fischer & Bidell, 2007). The only projections we can make about our future are probabilistic, not mechanist (Cantor et al., 2021). This means that our future is not unique and predetermined. There are possible multiple futures in each of our presents (Ford & Lerner, 1992). In fact, the core nature of human functioning rests in its pervasive variability. Everyone acts differently: in different situations, with different people, and in different emotional states (Fischer & Bidell, 2007). There are no persons *and* contexts; there is only a unity of person-in-context (Lerner, 1991).

This is of paramount educational significance for teachers. Each time we imagine new contexts with a student, we are actually showing them new and diverse possible ways of functioning. If a person becomes aware of the possibilities of different ways of functioning in their future, they could actually start using them in *their present* (Ford & Lerner, 1992). Some abstracts in this book show how that young boy who was abruptly removed from his school can now rediscover worlds of possibilities through art, gardening, math, cinema, and music. That young student who only saw a present filled with school fear and anxiety could find meaning and a future in her cultural history, cooking, or in a STEM school program run alongside a design and manufacturing research center.

We shape the future with our students because, by providing them with education opportunities *now*, we help them reach their potential. However, those potentials are not pre-set. If we can use their and our narrative thought to prefigure subjunctive possible worlds, seeing a change or setting an objective in the future can also have anticipatory effects that can change their imminent present.

The abstracts in this book, presented at the 12th HOPE congress in Milan held in May 2023, represent a wide range of ideas and activities from all over the world. They can be used by all those working in the field of children's and families' well-being to see possible worlds that can be realized in their own context, place, and time. To shape our future, with education.

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Keynote

Wherever We Go: The remarkable journey of a white coat treating children and discovering their resilience, school, families and cultures

Adriana Balduzzi

1990. My professional journey starts. My journey has been remarkable simply because I wear a white coat in front of children and adolescents who wear pajamas. While their parents disclose their naked souls and bleeding hearts to me, I fully realize how our relationship is unbalanced.

Who. You decided to take care of the most fragile human beings – children who are affected by a life-threatening disease – and possibly cure them. While you try to cope with pain and grief, you have to stand in front of their parents. You are dealing with people who need confirmation that the most precious person in their world is in good hands. You have to gain their trust. Some parents are so upset that they may even identify you as the source of their grief. A few may not even believe that a woman should be a doctor.

What. I treated more than 900 children, often with refractory leukemia, sometimes with a dismal prognosis, by bone marrow transplantation and/or the innovative CAR-T cell strategy. They fight between life and death, and so do their parents. The resilience of my patients and their parents will never stop surprising me. Building an alliance between colleagues, nurses, educators, child life specialists and families is the added value of our work.

Whom. Your patients might come from all over the world. And to have the help of somebody mediating between you and their culture is crucial. You'll learn that the first son in a Muslim family is the father's child, that a Chinese family will expect you to understand what's going on with their child without answering annoying questions, as you are the technician and you are the one who should know, and that death has its own rituals which are different in each culture.

How. With full dedication. If you want to sleep well at night – which is not often the case – you better make sure that you do whatever is needed to be done. Nothing scientifically sound and/or sensible should be left out.

When. The easy answer if it means “how long for” is more than 30 years. Too difficult to answer is the question about switching “on” and “off”. Will you be able to quit at the end of your day?

Why. All the “whys” of whoever works in pediatric hematology. The goal is making children and adolescents healthy by allowing them to play, to study

and learn, not to suffer, and eventually to be cured. And it is indeed the whole team who make a huge difference. Teachers and educators will prepare them for their real life, as life will continue during the disease, and hopefully thereafter.

Winning and failing. We can now cure patients whom we could never save in the past. But treating is not always curing. You'll have to experience some failure, which will be devastating for you and your team. For the children, who always know much more than what you (and their parents) imagine. For the adolescents – deciding on how much they should be told at the end-of-life is controversial. I often read that if you don't tell your patient the truth, who else should? And for the parents – outliving your children is against nature. You'll never recover. It will take time to survive and much longer to live thereafter. Grief will be something you'll have to carry with you for the rest of your life. You do not "get over it", you do not "move on". Period. But, sometimes, you may learn how to deal with your grief and let it grow as a gift for somebody else.

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What do we know about the effectiveness of education support programs for young people managing chronic health conditions?

Tony Barnett

For children, access to/participation in a quality education is 'normal'. It's also enshrined in international law as a Right of the Child including those living with a chronic health conditions. In Australia approximately 65,000 children and adolescents, together with their families, educators and healthcare professionals, every year juggle the challenges of maintaining their participation in a quality education or school whilst also managing their health care needs. Some children and adolescents with a chronic health condition may spend either extended lengths of stay in hospital receiving treatment or repeated short stays in hospital. In addition, many children and adolescents also spend substantial amounts of time recovering at home prior to their return to school. When children and adolescents are absent from school due to a chronic health condition, school engagement can be affected. Disengagement from school is associated with poorer academic achievement, social emotional functioning and career choices (Bond 2007; Hancock 2013). Educational support programs for children and adolescents with chronic health conditions, therefore, aim to prevent them from becoming disengaged from school, education and learning.

It is important to know if these education support programs are effective and do not, perhaps, cause harm/stress. In this seminar I present the findings of a Cochrane systematic review of controlled studies that have examined the effectiveness of educational support programs. We included randomised controlled trials (RCTs) in our review as they are generally regarded to be the ideal method for evaluating the effectiveness of educational and healthcare interventions (Chalmers, I 2003; National Forum on Early Childhood 2007; O'Connor 2011). While not the only study design that can investigate the impacts of interventions, RCTs produce evidence of the counterfactual and have been shown to be less vulnerable to bias compared with other study designs (Lewis 2004). Both of which are important if we are to make claims of causality. Other inclusion criteria were: participants – must include children or adolescents (aged four to 18 years) with a chronic health condition, intervention – must include educational support, outcomes – must report any of the primary outcomes (i.e. school engagement or academic achievement) or secondary outcomes (i.e. quality of life, transition to school/school re-entry, mental health or adverse outcomes).

We searched eight electronic databases which span the health/medical and educational disciplines [e.g. MEDLINE (Ovid), PsycINFO (EBSCO), ERIC (Education Resources Information Center)]. We also searched five grey literature trials registers and databases to identify additional published and unpublished studies.

The database searches identified 14,202 titles and abstracts. One hundred and twelve full-text studies were assessed for eligibility, of which four studies met the eligibility criteria for inclusion in the review.

Findings from this review lead us to say that we are uncertain whether education support interventions improve either academic achievement or school engagement. Of the secondary outcomes, we are uncertain whether education support interventions improve transition back to school/school re-entry. However, we suggest there is some evidence that education support may improve mental health, measured as self-esteem, slightly. Quality of life was not measured in any included study. No adverse effects were measured or reported in any of the included studies.

We conclude that the current evidence of the effectiveness of educational support programs for children and adolescents is in its 'infancy'. Why is this so? Given that in most developed countries paediatric hospitals/units have been providing educational support programs for the best part of a century. And, secondly, what can this current situation tell us about some of the challenges for building the evidence base going forward to inform effective practice and policy?

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Expanding competency-based curricula to embrace diversity

Judith Hollenweger Haskell

For centuries, education systems were designed to expect and create homogeneity amongst their students. More recently, international conventions and national policies require schools to embrace diversity and include all students. A short overview will be provided as to how states responded to these social and political developments by developing competency-based curricula to promote a more personalized and flexible approach to learning. Switzerland has recently introduced a “Curriculum for All” and developed guidelines for its application to children with severe and multiple impairments. Rooted in the capability approach of Amartya Sen and Martha Nussbaum, teachers, and other professionals are supported in expanding the curriculum to embrace the diversity of cultural values, social and emotional experiences, skills, and potential. Teachers are invited to let themselves be guided by a personalized vision of empowerment rather than a child’s deficits when designing learning opportunities, supported by a facilitating environment at the levels of the schools and the education system. To achieve a competency-based perspective for children and young people with medical or mental health conditions, it is important to differentiate between the disability situation, the participation situation, and the education situation. The combined and coherent application of a competency-based curriculum and the International Classification of Functioning, Disability and Health (ICF, World Health Organization) facilitates the realization of a rights-based approach to education for children with disabilities and health conditions. Special attention will be given to the alignment of ICF key concepts like environmental factors (barriers and facilitators) and participation with the design of learning environments and the concepts of access, participation, and achievement.

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CLOSE UP: Sharing and understanding the Hospital School experience

Fabio Manni

Hospitalization is always a traumatic event for children. It is important to create a communicative base that facilitates the child's adaptation to the new hospital environment and the continuity during this period of time (Kanizsa and Luciano 2006). Teachers need to understand patients' emotions and they have to act as a bridge between the small inpatient room of the child and the outside world (Caggiano *et al.*, 2021). Given their universal characteristics, arts are often used as a tool to facilitate emotional expression of children in hospital (Wikström, 2005).

The present speech reports on a peer-education, art-based programme focuses on the collaboration between regular school and hospital school whose aim is to reduce students' isolation. Namely, Closed Up objectives for children with medical or mental health needs, for mainstream school children and for teachers are in particular:

- Fulfill different activities within the belonging school.
- Arrange sharing moments involving every single component of the project.
- Promote cooperation among teachers, educators and social operators during the planning phases of the activities and the creation of new forms of intervention.
- Stimulate sense of adjustment in the mind rather than in the behavior so that students can change their perception of the problems and at the same time teachers their perception of the students.
- Promote the use of local resources to develop activities, experiences and opportunities.

The essential components of the CLOSE UP support system are tools for sharing knowledge and good practices in Homebound Special Education (HBSE); the assisted planning of educational interventions directed at a special user base, and training of social/education workers as a mutual learning.

23 students and 3 teachers were involved in the programme in the period from September 2017 to May 2018. The programme focused on three main activities:

1. 'I have a dream', an activity based on the transformation of sentences from literary works and poems, in two-dimensional and three-dimensional activities.

2. 'Ma che musica maestro', an expressive music activity where children can use everyday life object as musical instruments.
3. 'Ogni favola è un gioco', which consisted in the fairy tale performance using the puppet show. The evaluation phase of the project, in line with the objectives above mentioned, had the aim to know the approval rating of students as regards the organization and the activities. Specifically, the survey submitted to the students was based on the spirit of inclusion and on the right to happiness of children.

The evaluation was based on a multiple choice satisfaction survey administered to a sub-sample of 30 mainstream and hospital school students (age 10-13). Results show that: exercises and activities have been well organized, expert teachers have inspired students interest, lessons have been conducted in peaceful atmosphere.

Starting from Art, Music and Theatre, it is possible to set up a teaching unit based on emotions giving pupils the chance to express themselves and to reach several goals in their education path. The Close Up programme could be a good starting point for the innovation of Primary and Junior High schools in the Italian Education System, giving a different approach to the creation of teaching units.

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"I have always been in this school". The student between hospital school and their school of belonging: not merely a handover

Raffaele Mantegazza

Children or adolescents who return to their previous institution after being hospitalized do not exactly “come back” to their own school, because the school never abandoned them, even while they were in hospital. Therefore, we are considering the dual problems of “coming back to classes” (this would imply that lessons had been suspended during hospitalization) and the continuity of the school experience, which takes place with different teachers and in a different environment, but with the same pedagogical aims and syllabus coherence.

Unfortunately, it is not always easy to be aware of this continuity, as the SIO [this abbreviation should be written out in full here] is frequently not perceived by other teachers in all their educational aspects. A continuous dialogue between the SIO and the school of origin, and the student’s care at the point of discharge from the hospital, are fundamentally important for the student and the whole school environment to which they belong.

There are problems concerning certifying how much a student has learnt while in the hospital environment and of understanding the valuable educational importance of the SIO. These issues highlight all the educational and pedagogical aspects of this approach.

We should focus on “How” (and not only on “What”) a student has learned during hospitalization, which is more important than schematically certifying all topics that they may have covered. This does not imply disregarding traditional teaching of specific subjects, but it is essential to consider them in a wider scope, considering the student’s life story, including all ‘fractures’ caused by the consequences of their illness and treatments.

For this reason, a continuous dialogue and a clear and strong agreement between the SIO and the school of origin are necessary, as well as careful attention to the student–teacher dynamics, which could provide precious information after re-admission to classes.

What can schools learn from the didactic experiences of SIO?

First, more attention must be paid to the specific characteristics of the single student, their emotions, their particular learning processes. Next, teachers should be able to teach in a critical environment, with times and spaces that are different from those of the classroom, and finally, it is essential that teachers pay attention to the student’s particular conditions (e.g., are they tired, motivated, or afraid).

It is essential to include the educational experience in the student's individual and personal emotional story.

The question is, how can we operate so that these valuable characteristics of the SIO can be shared and implemented by all the different modalities of the school system?

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Presentation

Towards more inclusive hospital school education – Hospital school leaders' perceptions toward inclusion and hospital school education in Finland

Tanja Äärelä, Jyrki Huusko

Background and purpose

Approximately 900 pupils attend hospital school education daily in Finland. Over 90 percents of the pupils are at the hospital due to child or youth psychiatric reasons. What kind of connection is there between hospital school education and an inclusive school system? The Finnish National Core Curriculum guides the Finnish school system to be developed with inclusivity at the core. This is not only a national educational agenda: after Unesco's actions in Salamanca 1994, the inclusion has been seen as a global vision for school development. In this research we clarify how the Finnish hospital school leaders see hospital school education helping to create a more inclusive school system in Finland.

Methods

This research applied a phenomenographic approach. The qualitative data was collected with a Webropol questionnaire twice a year during 2017–2021 from all the hospital school leaders in Finland (N = 25). The data was analyzed phenomenographically and was categorized into the following main categories: basic task of hospital school education, procedures, positive education, inclusion and consultative support for mainstream schools.

Findings

Today, hospital school education still consists of three different inclusion perspectives: 1) a segregative perspective based on separate residential settings, 2) integration based rehabilitative perspective, and 3) a support-based inclusive perspective. In hospital school education the support based on an inclusive perspective is shown through four dimensions: strengthening equality, avoiding school dropout, large-scale multiprofessional co-operation, and consultative services to local schools.

Conclusions and implications

Changes in Finnish hospital care ideology increase outpatient care and minimize inpatient periods in the ward. The influences of this ideology

differ to the traditional hospital school education. Children and youth with psychiatric difficulties study more often at the local schools. Hospital school teachers have specialist knowledge and are therefore needed to give more detailed hospital school educational support to local school teachers. This consultative work can be modelled to three different dimensions: in and out consultation, preventing and diagnostic consultation, and general pedagogical consultation.

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Education Professionals' Knowledge and Experience of students with Childhood Acquired Brain Injury—Emerging Data from a study in Ireland

Avril Carey, Manolis Adamakis, Vanessa Rutherford

Objectives

Brain injury is often mistaken for a low incidence educational consideration addressed minimally in pre-service teacher training, with persistent misconceptions reported in the international literature (Linden, Braiden and Miller, 2013; Ernst *et al.*, 2016; Buck and Mckinlay, 2021). This is an under-researched area in Irish education field. This mixed methods study explores education professionals' knowledge and experiences in supporting students with an acquired brain injury in Ireland. More specifically, this part of the study aimed to determine educational professionals' understanding of the implications of childhood traumatic brain injury (TBI) and to examine their training needs in this area.

Methods

The sample consisted of 354 educational professionals across Primary, Secondary and Special School sectors). 26% were Principals, 68% teachers and 6% were other educational professionals.

An online survey contained 43 questions adapted from the Common Misconceptions about Traumatic Brain Injury Questionnaire (CM-TBI) (Linden *et al.*, 2013) and the TBI Knowledge Survey (TBIKS) (Ettel *et al.*, 2016), which determined knowledge levels. A subsequent section examined professional self-efficacy in providing support for students with both traumatic and other ABI. Open-ended responses provided qualitative data on experiences and training needs. Factor analysis, descriptive and inferential statistics are included in the quantitative phase of the study.

Results

The knowledge section of the survey exposed significant gaps in educators' understanding of TBI. Only 7% of participants (n=27) scored 60% or above. 33% (n=118) scored in the 40-59% range, with the majority 54% (n=191) scoring between 0-39% range. 3% (n=13) recorded a score of zero with 1% (n=5) demonstrating substantial misconceptions on the subject. Many participants expressed a lack of knowledge across all areas of the topic ("Don't Know" was chosen in 42% of all options).

Nonetheless, in rating their confidence in supporting this student cohort 49% (n=175) rated themselves positively and 43% (n=153) as not confident with 7% (n=26) as neutral.

Statistically significant group differences were observed between those who reported some training in the area of brain injury (n=62) and no training (n=292) ($t=5.75$, $p<.001$, $d=.804$). The number of students that participants had supported was positively correlated with their knowledge score ($r=.261$, $p= <.001$).

From the qualitative data, those with experience identified communication with rehabilitation professionals and training as positive factors for school re-entry success.

Conclusions

This is a small section of a broader study exploring educator needs around ABI in Ireland. This data suggest misconceptions and gaps in teacher knowledge in this area. Given the subtlety and invisibility of post-ABI sequelae the disparity between knowledge and self-reported confidence levels may suggest that educators are unaware of their knowledge gap and therefore unlikely to seek assistance or training to ensure appropriate support is provided for students. The next phase will explore the experiences of teachers and parents.

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Interaction in a hybrid virtual classroom setting for students with a chronic illness

Silvia Klunder, Nadira Saab, Wilfried F. Admiraal, Ben H.J. Smit, Karin Slegers, Tim Mainhar

Introduction

Students with a chronic illness (SCI) face higher levels of school absence than their healthy peers (Lum et al., 2019), negatively influencing their academic, social, and personal development. A hybrid virtual classroom (HVC) can be used to support school attendance (Klunder et al, 2022). In this situation, teaching in school is combined with online education: an SCI at home or in the hospital is online (re)connected with their school, schoolwork, teachers, and peers using hardware located at home and in the class. Research into the use of HVCs for SCIs shows that SCIs and teachers recognize the usefulness of establishing the social connection between and the possibilities to fulfill educational goals (Maor & Mitchem, 2015; Zhu & Van Winkel, 2015). However, teachers experience difficulties, mainly because interacting with the SCI and their class students at the same time and supporting interactions between the SCI and the class students is problematic (Klunder et al, 2022; Raes et al, 2019). The current qualitative study explores the interaction or the lack of interaction in HVC between the SCI at home and their peers and teachers in class.

Research questions

- What type of interactions occur between participants when using HVC for SCIs?
- What factors influence the interactions between the SCI at home and the participants in school?
- How do teachers support the interactions between the SCI at home and the participants in the classroom?

Method

The research is designed as a multiple-case study with seven cases in secondary and vocational education. Each case includes an SCI, a care coordinator at school, teachers, mentors, and peers.

The qualitative data consists of video recordings of several lessons in class and semi-structured interviews with SCIs, peers, and teachers asking

questions about interactions before, during, and after the lessons in class. Furthermore, the interviewees are asked to elaborate on their experiences using HVC and suggestions for improvement. The video recordings are analyzed and coded using an observation grid identifying when and what kind of interactions occur in class, the initiator, participants, and what medium is used. The interviews will be analyzed and coded using the same codes and additional codes for stimulating and limiting factors.

Preliminary findings

Preliminary results show three main categories of interactions between the SCI, teachers, and peers: (1) *lesson content interactions* about the subject-related aspect of class (i.e., asking questions about the content, giving feedback on the work of the SCI), (2) *social interactions* related to communication and collaboration between all stakeholders (i.e., welcome at the start of the lesson, having fun together), and (3) *process oriented interactions* on how to organize and support the interactions (i.e., which lessons the SCI will attend, where the device should be located, or when technical problems occur). Interactions in all three categories occur at various times; before, during, and after the regular lessons and in various settings e.g., classroom settings and online meetings using various media. Furthermore, there is a wide range of positive and negative influential factors, including technical, personal, and pedagogical factors. The efforts of all stakeholders are crucial for a successful HVC. Besides the pedagogical strategies of teachers' creativity, flexibility and the input of all stakeholders are needed before, during, and after the lessons in class.

Why is this paper of interest to the conference participants?

Hybrid education is a solution for SCIs allowing them to continue with their education. In this classroom setting, interactions, active learning, and feedback for the SCI are essential, but also problematic to achieve. This study maps strategies and solutions to improve the online learning and social environment for SCIs.

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Absenteeism and return to school: What really helped? – preliminary findings of a systematic review

Tiina Laurén-Knuutila, Katarina Alanko, Niina Junntila, Jaanet Salminen

School attendance problems (SAP) and school absenteeism are growing in many countries. Prolonged school absenteeism often has negative consequences for the student's academic achievement and socio-emotional development, including social exclusion in the long run. Suffering may also extend to the student's family. It is therefore important to find ways to support students to return to school. In the review we look for factors that have been most helpful for students to successfully return to school after absenteeism.

We conducted a systematic review of the following databases: ERIC, CINAHL, APA Psycinfo, APA PsycArticles, Academic Search Complete, Education Research Complete, Teacher Reference Center, and Medline. The search string covered words related to, 1) school attendance and/or absence, and 2) return, re-integration, re-engagement, resilience, and/or coping. The search was limited to peer-reviewed English articles published from 1980 onward. The study covers 6 to 18 year-old school students. All study designs were accepted. From the initial 1027 hits, after deduplication and applying our focused selection criteria we did a more detailed analysis of 33 articles. The analyses part of the review focuses on extracting data on resilience, coping, and dealing with SAP.

We will discuss the findings and create a preliminary framework for understanding the coping experiences of young people with SAP. The review will shed light on the students' resilience, coping strategies, and optimism, as well as on families, friends, school staff, and other professionals supporting their well-being, self-efficacy, and school belonging. It will also serve to develop focused and targeted support services, and enable early interventions to more successfully address school attendance problems and chronic absenteeism. The relevance of the results for hospital education will also be discussed.

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A guideline supporting the collaboration between the multidisciplinary care team, the hospital, and the home school pedagogues

Monika Tóthné Almássy, Szilvia Golyán

The key to successful school reintegration is cooperation between the health and education professionals.

Experience shows that due to a lack of training, the hospital teachers in the hospitals or in the mainstream schools know and understand their tasks and the limits of their competence in Hungary.

In 2019, an ombudsman inquiry pointed out the legal lack of educational support for children with special healthcare needs. In 2020, as a consequence of the report, a cross-sectoral ministerial working group was formed to prepare the most important legal changes. The working group formulated codification proposals and several educational decrees have been amended. Finally, in 2022, a guideline for public education was prepared.

In the presentation, you will learn about the professional protocol created in the framework of cross-sectoral collaboration (professionals from the health and education fields, higher education, the office of the commissioner for fundamental rights, and the integrated legal protection service). The working team was in continuous negotiation with the State Administration, and the Educational and Health-care Department.

The practical guide contains the educational rehabilitation process algorithm from diagnosis to the return to school, information about the participants, their tasks, the of documentation methods, and contacts.

The State Education Office must check the process of the directive's operation and the degree of compliance with the protocol. The policy is currently is available. The conditions needed for the operation and the development of the legal remedial practice and the development of the detailed quality improvement procedure, are in the process of being described.

In this school year, the cross-sectoral group – in close contact with the representatives of the State Education Office – continues the work to monitor the operation of the guidelines.

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MONIKA TÓTHNÉ ALMÁSSY (Hungary) is the Head and co-founder of the KórházSuli Foundation. The organization has been operating since 2014 and aims to support the educational rehabilitation process of children with long-term illnesses by the involvement of peer volunteers. Previously, she worked as a hospital teacher in the Oncology Ward of Heim Pál Children’s Hospital. The main aim of her work is to harmonize the cooperation between the healthcare and educational sectors to provide pedagogical care for children with permanent or long-term illnesses. She is a former board member of HOPE (European Association of Hospital Teachers) and is now a Committee member. She is a lecturer in hospital pedagogy at ELTE BGGYK and ELTE TÓK.

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Special educators' club – relationships built for the well-being of the child

Liana Sanamyan, Kristine Andreasyan

Background

Direct Aid Association (DAA) is a non-governmental organization (NGO), registered in Armenia that runs the only hospital school in the country. It provides educational services for children with medical conditions by supporting the functioning of the Hospital School in Arabkir Joint Medical Center & Institute of Child and Adolescent Health (JMC&ICAH) and pediatric department of the Hematology Hospital. Arabkir MC&ICAH is a pediatric reference center and our hospital school sees children from all over the country.

The needs of the children with chronic diseases are not always well defined or met by the educational acts/laws determining special education support in the general schools. Thus, children discharged from the hospital and returning to their regular school are mostly not well prepared.

Learning objectives

To support the implementation of special education and teachers working in the general school and to better address the needs of the children requiring special education, the DAA started the Special Educators' Club in 2006 following a number of conferences and training sessions with our Swiss partners in the Children's University Hospital of Zurich. After the conferences the school teachers mentioned that they learned a lot but they did not know who to address during the implementation.

Activities

Since 2006, the Special Educators' Club has met monthly. During the meetings the participants address professional matters and get to know each other in person. The meetings provide an excellent opportunity to learn about the services available within the regions, close to the patients' homes. All the steps mentioned above allow teachers to plan and implement a smoother transition from hospital to regular school and to assure the continuation of services after the child is discharged from the hospital.

The Special Educator's Club underpins the hospital and special education in Armenia by supporting the professionals and encouraging networking for the benefit of the child. The Club started as a platform for the exchange of experience that filled the gap due to the absence of a national association. However, it grew, and today it serves to further in-service training, and

organizes workshops and conferences, among other goals. We hosted local professional events where our foreign colleagues, professionals, and experts shared their knowledge with our Armenian colleagues. For example, in collaboration with our Swiss colleagues we are now working on the topics of curriculum adaptations.

Through monthly meetings as hospital school teachers we are able to pass on the following:

Our findings on children's strengths and weaknesses, gaps and advances in education, and The "know-how" of what methods or approaches work the best with a given student.

Evaluation

After 16 years of this project we have developed a network of 361 professionals working in the fields of education and healthcare. We have had contact with professionals working in 198 schools, 153 support centers, and NGOs and their branches providing services to children with different educational needs in the capital and the regions of Armenia. Thus, we are able to prepare the children for going back to their schools more efficiently.

Conclusions and implications

As the high participation and annual evaluations show, the Club plays an essential role for the professionals in the field and the learners with special needs. It provides an excellent platform for teachers to exchange ideas, create and compile useful didactical material, discuss cases, and to try to serve the needs of the children better.

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KRISTINE ANDREASYAN (Armenia, Direct Aid Association Hospital School) Kristine has been working at the Direct Aid Association (DAA) hospital school since 2006. She is a social teacher and is responsible for all the special projects run by the DAA hospital school: patients' summer camps, volunteers, "Mother and Child" social program for the mothers of the patients, and much more. She has run several workshops and outreach training sessions in the regions of Armenia for professionals working in special education. She has represented the DAA hospital school at the 2018 HOPE Congress in Poznan.

Movies in hospital for children: share emotions!

Angiola Piovani, Rosa Maria Balice

Cinema is a means of communication; it arouses emotions. During the hospital stay, cinema spreads creativity and the image becomes meaningful through the pedagogical path. It encourages thoughts, generates awareness, and encourages the emotional lives of children. Cinema offers students the opportunity to express the most vital and creative parts of themselves.

Taylor (2008) identifies seven areas questioned during the illness period. Hospitalization imposes isolation and relational difficulties. Creative activities promote the student's ability to learn in adverse situations. As seen in the review of Ullàn and Belver (2021), many studies demonstrate the positive impact of participation in artistic activities.

Cohen's (2015) research on cinematherapy suggests that film watching is an instrument of well-being and mindfulness, reworking everyday life and the inner world, as if it were a "break effect" from the illness.

Film in Hospital (<https://filminhospital.eu>) is an experimental project since 2021 between six experienced European partners in "media-education". It promotes quality European cinema to pupils in hospital or receiving care at home, enriching their hospital time with recreational and cultural activities. According to Cope and Kalantzis (2000), media literacy is the result of a dialogue between contextualized practice (direct contact with images) and transformed practice (new skills and video production).

Goals

Develop: observation skills, ability to listen, social skills, and textual and lexical understanding.

Sensitize issues such as friendships, diversity, rights, and respect for the environment. Increase awareness regarding audiovisual works and stimulate film literacy.

Activities

Watching movies collectively or individually, guided conversation, sharing images and stories connect with others hospitalized European children, watching thematic tutorials, and individual interaction with the website (also as self-assessment through games, interactive tests, and quizzes, voting for films) with the activities proposed by the online movie worksheets (for example https://cinemainospedale.oawa.se/wp-content/uploads/2021/03/Ossigeno_Scheda.pdf).

Evaluation

We focus on a qualitative approach rather than obtaining a quantitative goal.

The evaluation in hospital refers to micro-objectives and extends to the awareness of the student who values his or her self-evaluation path over the long term (Del Sordo, 2020).

After watching the films, collective and online activities are conducted, worksheets of textual understanding and satisfaction are handed out, and the data is collected.

Project phases

The website (www.cinemainospedale.it) contains a hundred films, sorted by age and type (animation movies, fiction, documentaries), related to children's abilities to capture and understand the intercultural messages. The audience chooses the film through registration on the website.

Workshops in hospital to create animated stories through the Stop Motion App and the "cinema box". With their own story each pupil becomes the "active subject" of their cultural growth.

CineO Festival, October 2022. This includes the participation and voting of hospitalized pupils, parents and teachers involved, and pupils belonging to the reference schools, under the guidance of expert cartoonists (through an evaluation survey).

Relationship with local authorities

Coop. Soc. "Il Nuovo Fantarca" (active in teaching of animation, our partner in the project), Apulia SIO, UNIBA II Level Master's "SIO and ID", and the Network IN.CON.TRA.RE. (Organizations working in "Giovanni XXIII" hospital – Bari).

European seminars with experts to disseminate good practice and project results.

Research quantitative and qualitative activities with the Catholic University in Milan (in progress) to detect film satisfaction, increased socialization, and the impact on the quality of the hospital experience.

Expected: complete a survey for users and parents in a cross-national perspective, analysis of the content offered by the website, and focus groups with operators.

From a behavioral viewpoint, we noticed that for most of the students, the proposed activities, besides the development of specific skills, have honed social skills such as listening, experiential comparisons, and respect for others, in accordance with the planned objectives.

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ROSA MARIA BALICE has a Degree in Social Pedagogy. She has attended the "Master school in hospital and home education" at the university of Bari. She has been teaching in primary school since 1996. Angiola currently works as a hospital teacher in the Giovanni XXIII pediatric Clinic.

Quality teaching and learning programs in a short-term stay hospital school

Wendy Barwell

Background

The RPA Hospital School is a small school situated in an inner-city suburb of Sydney, Australia. We teach students within the RPA Hospital's Children's Ward, which has a short term stay model of care, averaging 2 days. A common misconception held by educators is that educational support is not necessary in a short term stay hospital because: (i) patients are too sick and should not be made to do school work; (ii) it is reasonable for students to have a day or two off school; or (iii) it is logistically too difficult to provide individualised learning to a student who is only in hospital short term (Wilkie, 2012).

However, research purports the routine, structure and predictability of school life helps regulate young people in the hospital space. Furthermore, students want to stay connected to their school life and not miss out or fall behind due to illness (Wilkie, 2012; Yates, Bond, Dixon, Drew, Ferguson, Hay & White, 2010). On this premise, we have built a teaching and learning culture that caters to the individual needs of students and provides them with a sense of connection to their learning, school and community.

Learning Objectives

To challenge cultural misconceptions of educational provisions during a short-term hospital stay ensuring teaching and learning is targeted to individual student needs. Furthermore, the assertion that continuity of education, in a short-term hospital, contributes to a student's wellbeing and builds trust between the service sector of Health and Education.

Activities

Our school transformed its education service by integrating pre-assessments and creating virtual literacy and numeracy programs from kindergarten to high school, including the use of scaffolds for those students requiring support and extension tasks for high potential learners. We profiled students, using data sets from 100 schools and ensured the language from usual school was used to connect students back to their own community. We introduced feedback surveys for students, parents and teachers and monitored and adjusted processes as required.

Importantly, we reported progress, using an individualised learning plan for each lesson, back to schools. We ensured our discussions were strength based, and safety plan with those students who transition back to school following an acute mental health crisis.

Evaluation

Our quantitative data, gathered via daily student reflection surveys and reviewed quarterly, indicates our students view our short term stay hospital school as an extension of their usual schooling. Our annual results from parents and census schools, who are encouraged to complete QR coded on-line surveys, indicate high expectations of student progress are maintained during the hospital stay. Furthermore, the qualitative data gathered annually from staff specialist paediatricians, via videoed interviews and surveys, supports the finding that individualising the educational provision connects students to their learning, school and community.

Conclusion and implications

We cannot underestimate the power of educational support for students within the short-term hospital space. We have to ensure that we do not lower our expectations of students because they are perceived to be 'too sick' when in fact, education can be used to reengage, reconnect and reignite a desire to return to routine. We need to build and maintain systems of educational excellence within our short-term model of care Children's Wards, using explicit teaching and learning programs aimed at each individual's need to ensure we keep students connected to learning, school and community. Our project has further research implications; we are currently monitoring the mood of students prior to and post educational intervention. We are wanting to understand the affect explicit teaching methods have on patient mood during their hospital stay and what are the positive health implications for patients.

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The importance of learning skills for students in the Hospital School. Perspectives of the parents

Mihai Benchea, Myriam Ghența, Maria-Magdalena Jianu, Elisabeta Niță

Objectives

This study assess the importance of key lifelong learning skills for parents with a hospitalized school-age child and those who do not have a hospitalized school-age child.

Materials and methods

In October 2022, a survey was presented to 40 parents with a hospitalized school-age child and 40 parents who do not have a hospitalized school-age child. The parents answered questionnaires regarding (1) the importance of learning skills for their children, and (2) which skills are not developed by children.

Results

Quantitative analysis of the parents' answers revealed the following important learning skills for a hospitalized child: entrepreneurial skills (17.5%), digital skills (15%), skills in mathematics, science, technology and engineering (12, 5%), cultural awareness and expression skills (12.5%). However, important learning skills for the non-hospitalized child are: multilingual skills (15%), entrepreneurial skills (10%), and cultural awareness and expression skills (10%). Our study recorded that 15% of parents with a hospitalized child and 42.5% of parents who do not have a hospitalized child do not know which learning skills are important for their children, respectively.

Partents must be informed about what skills are necessary for the lifelong development of their child/adolescent and how these skills can be developed, to actively participate in the development of their child/adolescent.

Conclusions

The results highlight the importance of providing information and ongoing guidance for parents about what the key competences of lifelong learning mean. These competences were established in 2018 by the Council of the European Union, and parents should be aware of their importance for the development in their school-age children, hospitalized or not, as part of the education process.

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MYRIAM GHENȚA (Romania) Hospital School, Bucharest, Romania. Hospital teacher of German Language and Religious, Member of the hospital pedagogues network in Romania, Director at St Faustina Educational Center. "The proper education of the young does not consist in stuffing their heads with a mass of words, sentences, and ideas dragged together out of various authors, but in opening up their understanding to the outer world, so that a living stream may flow from their own minds, just as leaves, flowers, and fruit spring from the bud on a tree." (John Amos Comenius)

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ELISABETA NIȚĂ (Romania). Hospital School, Bucharest, Romania. Psychologist and Mathematics teacher in the Hospital School, Member of the hospital pedagogues network in Romania “Mathematics is language in which God wrote the universe.” (Galileo Galilei)

Enhancing Collaboration between Hospital Health Professionals and School in Hospital Teachers

Francesca Maria Dagnino, Vincenza Benigno, Chiara Fante

Background

The presentation reports the results of a focus group carried out with Hospital Health Professionals (HHPs) in the context of the CLIPSO project (Hybrid Classrooms for School in Hospital (SiHo)), with the objective of gathering proposals to enhance relationships between them and SiHo teachers. Research emphasizes that the quality of interactions between teachers and HHPs significantly affects teachers' work and well-being: poor or difficult interactions are a source of stress, whereas productive contacts with HHPs and recognition of teachers' work are rewarding and helpful (Benigno & Fante, 2020; Kanizsa, 1989; Małkowska-Szcutnik *et al.*, 2021). Moreover, in the Italian context, interactions are frequently informal and based on individual initiatives rather than coordinated at the institutional level (Benigno, Fante, & Caruso, 2017). This study aims to answer the following research question: "How can the relationship between SiHo teachers and HHPs be improved to facilitate the teachers' work?".

Methods

The focus group involved seven HHPs (three nurse coordinators, two doctors, and two psychologists) working in a children's hospital; it was a convenience sample based on HHPs' willingness to participate. The focus group was conducted face-to-face by three researchers, playing different roles, while a fourth researcher attended the focus remotely. The subject was introduced by referring to research studies regarding stress and reward factors for SiHo teachers, and then the following questions were asked, based on the results of previous individual interviews with HHPs:

1. How can the hospital and HHPs support the work of SiHo teachers?
2. What actions could be taken to enable the two institutions to know each other better?
3. How can a practice of information exchange regarding the patient/student be created?

The focus group was recorded and the recordings were transcribed verbatim. Thematic analysis (Braun & Clarke, 2006) was conducted on the transcriptions. Coding was conducted inductively by two independent coders.

Findings

Participants discussed critical issues and then proposed solutions.

The HHPs identified similarities between the teachers' stressors and their own; they also indicated the lack of integration between the SiHo and the hospital institution, resulting in the HHPs' lack of knowledge of the functioning (schedules, organization, etc.) of the SiHO, and the teachers' limited knowledge of the wards' functioning. According to the HHPs, the SiHo is not considered part of the care program despite its role being widely recognized. The proposed solutions share the goal of better integrating the two institutions, including: fostering mutual awareness with dedicated actions, communicating the importance of the SiHo presence to staff, presenting SiHo services as part of the care program, and identifying mediating figures between HHPs and teachers.

Regarding information sharing, doubts were expressed about the legitimacy with reference to privacy legislation. According to HHPs, sharing could be facilitated by regular meetings to discuss patient functioning and sharing care goals while respecting current roles.

Conclusions and implications

Whereas this issue had been previously explored with teachers, this study gathers the views of the HHPs, and stimulates potential solutions at the institutional level. The focus group facilitated identification of actions to support collaboration that, if adopted, could help overcome a purely individual logic (leading to spontaneous interactions) in favor of system-level changes, such as formal recognition of SiHo as part of the care program and more formalized collaboration between the two parties. The HHPs involvement had the additional effect of making them aware of their role in teachers' work.

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Screening and strengthening activities of fine motor skills in pediatric patients under treatment for onco-hematological diseases

Marta Tremolada, Livia Taverna, Roberta Maria Incardona, Valentina Mastrandrea, Sabrina Bonichini, Alessandra Biffi

Background and purpose

Difficulties in fine motor dexterity and visual-motor skills are possible in children with oncohematological diseases. This study aims to, 1. Assess the fine motor and visuospatial skills in pediatric patients and compare their performance with those of healthy peers, and 2. Evaluate the possible efficacy of a strengthening intervention to promote the acquisition of manual dexterity and strength in the hands and to enhance graphomotor skills in pediatric patients.

Methods

We included 53 children with leukemia; 26 girls and 27 boys, with an average age of 5.86 years (SD = 2.04) recruited at the Pediatric Hematology, Oncology, and Stem Cell Transplant Center (University of Padua). Most were Caucasian (75.5%) and all non-Caucasians who spoke Italian. The children were assessed using the manual dexterity scale from the MABC-2 and using visual-motor integration (VMI). A control group of healthy peers matched by age and gender with the pediatric patients was enrolled and assessed using the same instruments. The study has a between design. Some of the pediatric patients has been strengthened adopting interventions on fine motor skills (N=9), while another part of them no (N=9). This made the study longitudinal.

Findings

Paired samples t-tests showed significant differences in comparisons of the VMI standardized scores of the clinical and control groups ($t = -4.58$, $p = 0.0001$) with the clinic group showing worse performance ($M = 108.73$; $SD = 16.01$) than the control group ($M = 123.75$, $SD = 16.62$).

A repeated measures ANOVA test was performed to investigate the efficacy of the strengthening activities on motor skills. The effects of time and strengthening activities were significant for movement ($F = 6.31$, $p = 0.02$, $np^2 = 0.33$; $\beta = 0.64$) and the VMI scores ($F = 22.83$, $p < 0.001$, $np^2 = 0.65$; $\beta = 0.99$), whereas time alone had no significant impact.

Conclusions and implications

Recommendations for future research are to involve all patients in the fine motor training phase, to investigate further the child's characteristics through direct interviews with the parents and the involvement of other health professionals, to conduct a longitudinal study, and to involve other centers to increase the number of participants.

Specific motor psycho-educative programs should be implemented for pediatric patients at a higher risk.

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ALESSANDRA BIFFI (Italy, Pediatric Hematology, Oncology and Stem Cell Transplant Center, Department of Women's and Children's Health, University of Padua) Alessandra is the Chief of the Pediatric Hematology, Oncology and Stem Cell Transplant Division at Padua University and at the Padua University Hospital since October 2018. She coordinates the research areas in Oncohematology, stem cell transplants, and gene therapy at the Pediatric Research Institute in Padua. Previously, she was the Director of the Gene Therapy Program and clinical attending medic in Stem Cell Transplant at the Dana-Farber/Boston Children's Cancer in Boston (2015–2018), and the unit head at the San Raffaele Telethon Institute for Gene Therapy in Milan. Her preclinical and clinical research, and clinical activity are dedicated at developing innovative treatment modalities for monogenic disorders based on hematopoietic stem cell (HSC) transplantation and gene therapy. Her research focus is enhancing the efficacy of HSC-based therapeutic approaches for neurometabolic disorders with severe nervous system involvement by fostering brain microglia replacement by donor cells after HSC transplantation, following detailed understanding of this phenomenon, and enhancing the potential of protein delivery to the affected nervous system by means of the gene corrected progeny of the transplanted and engineered HSCs. She received a Consolidator ERC grant award for this research and is now conducting exploratory work on the therapeutic role of engineered microglia in adult onset neurodegenerative conditions.

Whakatere. Successful educational outcomes for our young people. Health and Education collaborative approach

Katharine Blackman, Robyn Meikle, Beth Ratcliffe

The academic engagement and attainment of students with chronic health issues has been the topic of extensive research. Whilst schools are there to provide a child with a platform for physical, social, psychological and academic development, chronic health issues are seen to impede these (AEDI, 2014); (Hu *et al.*, 2022). Although the literature supports a transition back into school following health related absences, it is without a clear pedagogy on how this is best achieved. A lack of strong partnership between families and service providers has been identified as a barrier to success within this transition (AEDI, 2014).

Tauranga is a regional city in New Zealand's North Island with a population of 150,000. Primary and secondary health services are provided locally with tertiary services being provided in Auckland, 200 km north. The Northern Health School is the largest of the three New Zealand Health Schools servicing the upper North Island and providing for the education of children and young people with significant health concerns. This transitional school accepts referrals from secondary healthcare providers and operates alongside the child's school of enrolment. In Tauranga, it has a fluctuating roll of up to 200 students. Approximately 57% have a mental health diagnosis, predominantly anxiety and mood disorders with the remaining having a range of chronic physical health conditions. About half of the students on our roll have been diagnosed by our health providers with anxiety, which is a clear barrier to attending mainstream school. Our students are transitioned back into their mainstream school, correspondence school, polytechnic or additional learning through government agencies like Employ NZ.

The Northern Health School has *Te Puna Whakatipu - a place to grow and thrive* as the guiding vision of education support for our students. Embedded in this vision are the principles of Te Whare Tapa Wha (Durie, 1984) where we use *Whakatere* as a model to enable successful, academic acceleration using a holistic and collaborative approach. The principles of *Whakatere* cover Empowerment *Whakamana*; Holistic Development *Kotahitanga*; Family and Community *Whanau Tangata*; and Relationships *Nga Hononga* (Te Whāriki, 2017). This child centred holistic education has developed over 15 years from our initial work within the oncology space and has been applied and adapted to other young people with health concerns including chronic fatigue, *anorexia nervosa* and other mental health conditions. In collaboration with the schools,

medical teams and support agencies, the NHS also provides learner focused plans (Individual Learning Plans) to support the physical, social, psychological needs along with academic needs.

Using the theory of acceleration in learning (Pepper Rollins, 2014), measuring impact on a consistent, formative basis with targeted precision (Hattie, 2015) and using a strengths-based approach (ERO, 2021), we measured the impact of academic achievement, engagement and transition through a series of case studies with varying medical conditions. Students were monitored through initial assessments based on the New Zealand Curriculum, including the Learning Progressions Framework, and compared to the data at time of transition from the Northern Health School. Over 2022, the mean number of weeks a student was enrolled with NHS Tauranga Unit was 34 weeks while the median stay was 24 weeks. Ninetyseven percent of our students remained engaged in their education. Of the students enrolled at the end of 2022, 85% remained as maintaining progress on their pre-enrolment academic trajectory as defined by the Learning Progressions Framework in the New Zealand Curriculum. These data suggest improved outcomes for our students when compared to previous data (e.g., Hu *et al.* 2022). This presentation will examine, using case studies, how a young person's successful transition back to school is strengthened by the partnerships between, *whanau*, schools, Northern Health School, medical professionals, and other stakeholders. Further, it identifies further research indicated by these preliminary results.

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KATHARINE BLACKMAN is a New Zealand trained Clinical Psychologist. She works within a multidisciplinary team in the Pediatric Department of Tauranga Hospital. Katharine has a passion in supporting young people diagnosed with chronic health conditions. As well as individual based interventions, Katharine is also involved with the development of group-based treatment programmes for chronic fatigue, chronic pain conditions as well as functional neurological disorders. A crucial component of these programmes has been the integration of health and educational pathways. She has worked collaboratively with the Northern Health School to enhance student success.

BETH RATCLIFFE (New Zealand and Canada – Northern Health School – Tauranga Unit) Beth is the current unit leader at the Tauranga Unit of the Northern Health School in New Zealand where, for the past seven years, has been an educator, mathematics curriculum lead and unit leader in Whakatāne. Beth has worked in education for over 25 years with a passion for supporting students at the intersection of education and health to support student learning and achievement. At the Trillium Lakelands District School Board in Canada, Beth worked as a teacher, instructional leader, and curriculum consultant and in the mental health sector in a hospital setting in Ontario, Canada as a life skills coach with a focus on community reintegration.

ROBYN MEIKLE (New Zealand – Northern Health School – Tauranga Unit) Robyn Meikle is the Associate Principal and Unit Leader at the Tauranga Unit of the Northern Health School in New Zealand. Robyn has worked in this area for the 20 years and for the past 15 years has worked closely with the Pediatric Department, Tauranga Hospital to enhance the educational outcomes for young people who have been diagnosed with a serious health condition which is preventing them from attending their regular school.

Relationships and continuity are vital for successful educational outcomes

Michelle Bond

Background

Previously, hospital education programs in Queensland operated independently, forming limited relationships beyond their site. Through an inquiry into best practice in hospital education, the Queensland Department of Education has now moved to a connected and coordinated approach by developing and implementing a statewide continuum of educational delivery to ensure that students with chronic health or complex mental health conditions receive specialised and appropriate educational support at all stages of their illness. Building effective networks and relationships has been key to the connected and coordinated delivery of education programs at 25 hospital and health sites across Queensland, in turn ensuring continuity of education and successful learning outcomes for students. Queensland is proud to be an Australian leader in hospital education.

Learning Objectives

The Department of Education's vision of 'equity' and 'excellence' is also the moral imperative to improve educational outcomes for students in hospital education programs – a previously overlooked cohort. Our inquiry into best practice developed five objectives that drive all of our interventions to improve hospital education in Queensland:

1. Students have access to learning at all stages of their illness.
2. Staff deliver high-quality teaching and learning programs.
3. Students experience continuity of learning across program sites.
4. Students and staff feel a sense of belonging to their school communities.
5. Staff maximise multidisciplinary partnerships.

Activities

In pursuit of these five objectives, we have undertaken many interventions. Activities have involved extensive consultation, cycles of inquiry, and navigation between several agencies across the Health and Education systems. For example, the collaborative co-design of five new hospital education programs as well as the establishment of the virtual hospital education program, where

teachers deliver online learning to isolated students. Building and maintaining successful relationships across Health teams, Education sectors, schools, families, students and other hospital education programs has been key to our success.

Evaluation

Approximately 7000 students register with hospital education programs in Queensland each school year. Over 300 of these students attend 2 or more hospital programs within the school year; hence the need for our programs to be connected. Our work towards developing and implementing a connected and coordinated statewide hospital education system is already showing encouraging results, as aligned to our five objectives.

Students at an additional 8 hospital/health sites now have access to education programs. Staff continually strive to enhance the equity of educational access for all students regardless of the complexity of need.

Explicit teaching, high expectations and trauma-informed care are important to teachers. 100% of identified students have a Personalised Learning Plan with learning goals.

Staff express their deep belief and commitment to maintaining learning continuity. All programs now have guidance officers to support students transitioning in and out of hospital education programs.

100% of staff agreed that students are treated fairly and that the hospital school fosters respectful relationships with all students.

All programs have agreements in place between Health and Education teams to promote positive working relationships through clarity of roles and responsibilities. 100% of staff agreed that the hospital school encourages parent/carers to be active participants in their child's education.

Conclusion and implications

Through sharing the journey of Queensland hospital education so far, participants will understand how quality relationships and networks have been vital at every stage of building our statewide hospital education system. Furthermore, it is only through a connected and coordinated system that we can provide continuity for students and their families as they move between programs, which in turn will lead to successful outcomes and a brighter future for students.

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Welcome! Let's play and do: to learn a foreign language in the hospital

Emanuela Bovo, Claudia Spelta

Background

For the last ten years, children with cancer and leukemia have arrived at our oncohematology department from Eastern countries, in particular Ukraine and Kyrgyzstan, through an Association that acts as a bridge between foreign countries and our hospital. The realization that there was a need for an Italian L2 course for pediatric oncohematology patients (aged 6-18 years) and their respective parents was born in 2018. This stemmed from the will of the school and the Department to allow them to become literate in the Italian language and promote their inclusion in the Italian social-cultural context. The course aims to improve communication and to foster independence in these people to manage their illness and their daily lives.

Learning objectives

1. To improve the well-being of the pupil and their family members (Ministerial Decree no. 345, dated 12 January 1986).
2. To provide an Italian L2 level that allows children and their parents to better understand the reality that surrounds them and enables them to express themselves with greater ease (levels A1, A2, B1).
3. To stimulate the curiosity and interest of young pupils and parents through a workshop and play.
4. To increase peer socialization.
5. To learn a language through the use of music and songs.

Activities

Students are divided into small groups based on their competence levels defined by the Common European Framework of Reference for Languages. Approximately 20 participants take part, and they attend one or two one-hour online meetings a week, or face-to-face from October to May (60 hours/lessons). A communicative approach is proposed, using reality tasks that allow the student to use the foreign language in realistic and relevant contexts. The methodology followed is that of "Learning by doing" in learning during the lessons and through intercultural, linguistic, and creative workshops in

collaboration with some local associations. The student is the protagonist of their own learning by increasing their self-esteem, curiosity, and motivation.

Adult students can obtain Language Certifications with accredited centers. This educational path follows two tracks: the slower one for learning of reading and writing and the faster one for the acquisition of oral skills that cover the learner's areas of interest.

Evaluation

At the end of each course (approximately 30 hours/lessons) students are given a verification test on learning (simulating tests A1, A2, B1) and structured tests. In addition, for the adults, a linguistic certification is offered: Plida – levels A2, B1. A satisfaction questionnaire is also administered at the end of the course.

The tests average 80 percent, the Plida averages 100/120, and the course satisfaction questionnaire attests to an excellent degree of preference. Two out of five adults achieve the Plida Certification.

In the context of daily life, the results are also seen in the reduced use of a cultural mediator and a greater ability of parents to interact with the hospital figures.

Conclusions and implications

In conclusion, we noted an improvement in the hospital experience and in the pupils and parents' socialization with the basic second Language acquisition (level A1). There is an increase in self-esteem and the willingness to interact in the care, learning, and inclusion path in the daily social context. These very positive results prompt us to aim to create a complete network of collaborations in the area. Our commitment is aimed at maximizing the human and material resources available and making teaching proposals increasingly current and meaningful for students.

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Levelling Education Outcomes for Students With Medical and Mental Health Needs

Caleb Jones, Debbie deLacy, Trevor Briedis, Angela Moffatt

Students' educational and behavioural outcomes can be adversely impacted by the unique challenges posed by chronic health conditions. As some children and adolescents may live with these challenges throughout their education, hospital-based educators play a crucial role in reducing the impacts of health conditions on educational outcomes. This study assessed the extent to which the support provided by the School of Special Educational Needs: Medical and Mental Health (SSEN: MMH, Western Australia) attenuated the negative association between higher absences and lower student outcomes. In order to assess the study questions, the research matched routinely collected data from SSEN:MMH and administrative education records of the state's Department of Education for 28,697 students supported over 2008 to 2016. The data included the number of and duration of SSEN:MMH support, enrolment details, attendance records, grades, NAPLAN test scores and teacher judgements on attitude, behaviour and effort (ABE). Due to the longitudinal nature of this data, we were able to follow the educational, attendance and behavioural trajectories of students over time, accounting for changes in these outcomes before, during and after engagement with the SSEN: MMH and ensure student groups had comparable educational profiles. Propensity score matching was used to create 'treatment' and 'control' groups based on the probability of a student engaging with the SSEN: MMH and then assuming changes in outcomes is due to the impact of SSEN: MMH support. Regressions models revealed statistically insignificant association between higher levels of teaching support and student academic outcomes after controlling for baseline characteristics. As students with higher teaching or liaison hours also have higher levels of absence and complexity, it is possible outcomes for these students may have been worse without intervention and that neutral effects potentially represent some positive outcome. However, the negative association between higher absences and lower academic achievement were reduced among students who received higher levels of liaison. Higher liaison hours in Year 4 reduced the negative association between higher absences and lower GPA scores in Year 5, and higher liaison hours in Year 8 reduced the negative association between higher absence and lower numeracy scores in Year 9. This suggests that liaison activities which improve communication between hospital educators, healthcare teams and educators from students' enrolled school may mitigate the association between missing more school and the education or behavioural outcomes for

students in subsequent years. Additional analysis highlighted the challenges to evaluating student achievement outcomes, including the finding that most students receiving teaching support missed far more school over a year than the days of support delivered by SSEN: MMH, suggesting that the available measures were not sensitive to the level of teaching support provided. Together, the findings of this study suggest that while hospital teaching alone is not sufficient to moderate the impact of school absence that extends beyond the days in a health setting, complementing learning engagement with liaison communication which informs schools about the educational needs of students prior and during school transition are an important tool for supporting students. It also highlights that the process of supporting students with chronic health conditions is not a simple task given the varying complexity of student needs and behaviours. The presentation will also outline SSEN: MMH's responses to the recommendations since the study was published by identifying metrics more sensitive to educational outcomes and expanding qualitative data collection in order to acknowledge the unique barriers to educational achievement faced by students experiencing long-term, chronic and/or comorbid health conditions.

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Preparing Student teachers for hospital school placements; adapting pedagogies to support the academic, social and emotional development of hospital school learners

Maria Campbell, Deirdre Harvey

This paper reports on phase one of a three-phase study, examining perceptions of student teachers on their ability to adapt their pedagogies, to address the emotional and social development of learners who attend/attended hospital schools, prior to completing a module designed to support them on their school placement. It explores the importance they place or otherwise on adapting pedagogies in order to facilitate communication and participation in hospital school activities, and connecting learners to peers, family and friends outside the hospital environment, thus minimizing the sense of exclusion and fostering connectedness and empowerment. The research is located within a 'relational developmental systems framework' (Darling-Hammond et al, 2019), foregrounding the inter-related nature of human development, maintaining that what happens in any one domain, namely the physical, cognitive and affective domain, influences what happens in the other domains. Maor and Mitchem (2020) concur, indicating that "Hospitalized adolescents experience significant needs beyond medical treatment. They require emotional support for anxiety and stress, educational support for learning, and social support to reduce isolation" (p. 225).

For many children and adolescents, school is the most important social space, "supporting positive sustained relationships which foster attachment and emotional connections and a sense of belonging and purpose" (Darling-Hammond *et al.*, 2019: 3). Recent studies on the effects of social isolation on children and adolescents (Matthews *et al.*, 2015) show that perceived isolation from peers especially at primary and secondary school age can prove debilitating and lead to additional stress and anxiety.

To minimise the negative emotional and social consequences of hospitalisation (Drachler *et al.* 2009), hospital schools provide a complex/flexible educational setting, offering tailored and ever-evolving learning opportunities, in challenging and changing circumstances (Angstrom-Brannstrom, *et al.* 2008). Tasked with an ever-changing and heterogenous learner group, hospital schoolteachers are required to adapt pedagogies to address the educational and emotional needs, circumstances, and experiences of each learner (Perry *et al.*, 2013).

68 student teachers, eligible to choose hospital schools on placement in 2024, were invited to participate and so were purposefully selected (Suri, 2011). Regarding this cohort 65:68 or 96% were female and 3:68 or 4% male, with 58:68 or 85% aged 20-22, 4:68 or 6% aged 23-30 and 3:68 or 4% aged 31-40 years. 27 or 40% opted to participate. Data was collected using an on-line survey where participants had the option of remaining anonymous. The survey consisted of six open-ended questions, exploring their perception of learners educational, social and emotional needs in hospital school or in recovery at home, how confident they felt in adapting their pedagogies and utilising technology to facilitate the needs of the learners, and identifying specific supports and insights, beneficial to their placement preparation and experience. Thematic analysis, incorporating a deductive coding approach with a priori themes (Maguire & Delahunt, 2017), highlighted the similarities and differences in participants views within the themes: learning opportunities, relationships and environmental factors.

Initial findings indicated that regarding learning opportunities, previous experiences of remote teaching due to Covid-19 restrictions had resulted in a strong sense of confidence in ability to adapt pedagogies and select and use a range of technologies/ applications to support the academic development of the learner, with enabling the learner to 'keep up with their peers' deemed a priority. In relation to relationships, there was awareness of the need to support the learners' social and emotional needs, through maintaining relationships with friends, peers and teachers, and lessening feelings of isolation with class- based work and projects indicated as optional strategies. There was little awareness of the relevance of environmental factors evident, with minimal reference to interacting with parents, other stakeholders, restrictions due to environments factors.

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Adolescents with diabetes: narratively-informed therapeutic education as a resource for practitioners and patients

Micaela Castiglioni

Experiencing illness opens a breach in the life trajectories of children and young people, a “before and after” that cannot not be easily recomposed. This is especially true for oncological, chronic, or degenerative diseases.

This presentation focuses on adolescents with type I diabetes, a chronic disease that forces subjects to modify their dietary habits, conditioning the organization of their lives, with repercussions for their self-image, relational and social lives, self-confidence, etc.

This is where “therapeutic education” (D’Ivernois & Gagnayre, 2008) plays a crucial role in the management of the diabetic disorder, a role that cannot be reduced to the application of identical programs for all. It is not a question of transmitting information or technical competence, rather, young people experiencing diabetic illnesses need to receive holistic care from a multidisciplinary team, whose role is to assess the constraints and resources available to the patient and gradually introduce significant changes at multiple levels.

In light of these considerations, I believe that therapeutic education requires the input of an education specialist, a professional figure not conventionally seen as having a role in health care.

This specialist should be trained in narrative-autobiographical and self-reflective practices and methodologies, given that narrative tools can help to access the personal world of adolescents with diabetes, their emotions, their life experiences, their interests, etc. This dimension also includes how they go about making diet and lifestyle choices.

A specialist with this kind of background could design narratively-informed therapeutic education plans based on the needs, desires, and projects of individual teenagers. For each patient (adolescent), a compliant response would then be jointly constructed with the practitioner.

More specifically this could involve:

“talking and listening” workshops – which have already been implemented in practice – for small mixed-gender groups of adolescents. Some would take place at the onset of the disease and others at a similar stage of maintenance therapy, which provide participants with the opportunity to exchange their respective experiences, fears, apprehensions, strengths, strategies, etc.

Each two-hour workshop is on a specific theme that is not necessarily directly related to the disease.

The theme is explored using narrative tasks that can exploit different media such as writing, images, photographs, etc.

A task that we often use in our workshops to encourage participants to decentre from their own point of view is the following: “Dear diabetes, I am writing to you...”, and then, “Diabetes is replying to you”

Clearly, the other members of the multidisciplinary team would also need to be trained in the narrative approach so that they too could design workshop environments where adolescents can tell their stories and share their strengths and weaknesses, thereby beginning to feel less alone.

When healthcare practitioners listen to their patients’ stories, they gain deeper insights into how young people experience illness. They get to know them as individuals and not just as patients and understand how to develop more effective therapeutic education tools because they are better able to see things from the perspective of their patients. For example, at practitioner workshops, the participants are asked to produce a narrative on “An occasion when I provided care to...,” and then, “An occasion when someone provided me with care...”

Practitioners themselves can improve the well-being of the team by narrating where they stand with themselves, among themselves, and with patients and their families, who may also be invited to take part in speaking and listening workshops.

The outcomes and effects of the workshops must be assessed using narrative and self-reflexive/self-evaluation methods in keeping with the underlying methodological framework.

We usually propose metacognitive requests: “what did I learn?”; “How do I see myself?”.

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A clenched fist: Mental imagery as a means for transforming emotions in counseling

Chin-Ping Liou

Background and purpose

Mental imagery as the representation and experience of sensory inputs without a direct stimulus is strongly connected to emotion. Psychotherapists use a range of therapeutic approaches incorporating the manipulation of mental images related to emotional concerns into their psychological treatment. They include (a) imaginal exposure and systematic desensitization, (b) seeing is not believing: recognizing that negative images are mental representations and not reality *per se*, (c) imagery reduction via competition: using a concurrent visuospatial task to reduce the impact of intrusive negative imagery, (d) imagery rescripting: transforming a problematic image into a more benign form through techniques such as guided imagery, (e) positive imagery re-training: producing positive imagery to alleviate a depressed mood.

Research studies of interventions for mental imagery change indicated that mental imagery in childhood has a significant influence on cognition and behavior in social anxiety disorder (SAD), posttraumatic stress disorder (PTSD), and depression. Research findings also demonstrated significant effects of imagery rescripting, emotive imagery, imagery rehearsal therapy, and rational emotive therapy with imagery in the treatment of mental disorders if adapted to children's developmental stages.

However, few studies have explored the process of how mental imagery is used in actual counseling sessions. The current study investigates how mental imagery is used to work with clients suffering from emotional distress.

Methods

This study adopts a qualitative case study method for an in-depth exploration of how mental imagery is employed in counseling to work with sufferers of emotional distress. The participants selected for this case study were two college students with whom the author became acquainted while working as a counseling psychologist in a university counseling center. Sally is a junior undergraduate majoring in German Language and Culture, who initially came to counseling for depression, anxiety, and insomnia. James is a second-year graduate student majoring in clinical psychology, who came to counseling after experiencing increasing feelings of being stressed and overwhelmed by his unsatisfactory academic performance. This study employed several tools

to gather data, including interviews and sessions with each student, personal observations, anecdotal and cumulative records, and journal entries.

Findings

This paper focuses on the process of how mental imagery was used when working with sufferers of emotional distress. The findings are as follows:

- a. Concretization: Working with clients to identify and describe a depictive internal representation in detail related to their concerns, to bring emotionally laden information to the fore that was previously unacknowledged.
- b. Personification: Working with clients to personify and communicate with the mental imagery chosen to evoke and intensify their emotional experience and the tendency of the associated actions.
- c. ReScripting: Working with clients to modify their mental imagery to restructure their cognitive/affective/behavioral schemes.
- d. Understanding: Working with clients to gain an insight into the underlying meaning of the chosen mental imageries and to work on their deeply rooted assumptions.
- e. Modification: Working with clients to modify maladaptive primary responses by using mental imagery as a 'motivational amplifier' and encouraging them to repeatedly practice new responses.

Conclusions and implications

The study results demonstrated a five-phase method of using mental imagery for working with sufferers of emotional distress. The findings confirmed that mental imagery is a powerful tool for accessing, evoking, and intensifying unacknowledged emotions and transforming emotional/cognitive/behavioral responses.

This exploratory and interpretive study raises opportunities for future research regarding theory development and concept validation. This study's findings suggested that mental imagery could be more widely used in group therapy and educational settings in children and adult populations.

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Distance learning during the pandemic and the sense of school belonging in students with chronic medical conditions

Lucrezia Tomberli, Enrica Ciucci

Background

Having a chronic condition requires a student to be absent from school for medium to long periods (Lombaert *et al.*, 2006; Zhu & Van Winkel, 2014). Sometimes this leads hospitalized children to perceive a sense of distance from their class group: students may feel absent in their class stories and may feel forgotten by their classmates (Tomberli & Ciucci, 2021).

The literature has shown how feeling part of the school context – the so-called “Sense of school belonging” (Gowing, 2016; Gowing, 2019) – is important for good child/adolescent development. High levels of a sense of school belonging favor less stress, anxiety, and depression in hospitalized students.

Methods

This work explores the resources and criticalities of using distance learning (DL) with students hospitalized for chronic diseases during the pandemic. The study was approved by the Ethics Committee of the University of Florence in 2021; data were collected after the first lockdown. A case study on Tuscany was conducted according to the Merriam method (1998), creating a convenience sample. Thirty-two teachers participated in the current study: 17 teachers from the belonging school (TBS) (12.5% male, 87.5% female) and 16 hospital teachers (HT) (100% female). A long interview (McCracken, 1988) was used to collect data and QCAmap was utilized for the content analysis.

Findings

The study highlighted how DL did not favor a greater participation in the class in students with pathologies (76% TBS; 100% HT). From the HT's point of view, mainstream school teachers consider DL appropriate and sufficient to include the hospitalized student in the lessons. However, in doing this, they do not consider some typical difficulties that arise during lessons with hospitalized students, such as the continuous interruptions due to medical visits and the poor health that could prevent the lesson from taking place. Therefore, according to HTs (100%) it is essential to carefully plan the educational activities for hospitalized students and to think about activities

centered on their special needs. This result is also confirmed by all TBSs (100%). Furthermore, during the lockdown, children hospitalized for complex diseases (such as cancer) were removed from hospital schools to reduce the risk of them contracting Covid-19, but this caused greater difficulties in connecting with their everyday school (94% HT).

However, according to all teachers (both TBS and HT), DL allowed them and classmates to understand the difficulties experienced by hospitalized students better, as the lockdown was a similar experience lived by everyone and caused considerable inconvenience. Contrary to what teachers expected, once the lockdown was over, the parents of classmates often opposed to the pursuit of DL at school, because they felt it was wasting precious lesson time (73% TBS; 13.94% HT). According to some HTs (19%), DL caused a greater distance between TBS and the HT, as TBS considered that they could teach online without HT's involvement.

Conclusions and implications

In line with Benigno, Dagnino, and Fante (2020), the results evidenced how much remains to be done to make DL fully inclusive for hospitalized long-term patients. "The problem" is probably not in DL *per se*, but in the poor use of the DL tools in the absence of pedagogical planning and student-centered activities, and in the scant attention paid to enhancing school connectedness and belonging (Tomberli & Ciucci, 2022).

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The role of the psychologist in facilitating the hospitalized student's return to school

Lucrezia Tomberli, Enrica Ciucci

Background

Chronic and/or complex medical conditions can compromise the psychological and relational well-being of students, in the short and long term (Sansom-Daly, Peate, Wakefield, Bryant, & Cohn, 2012). The Hospital School Service and Home Education in Italy are legally offered to all children with a chronic disease who are going to lose school continuity and are at risk of dropout (Capurso, 2014a; Capurso, 2014b; Ferri, 2013; Tomberli & Ciucci, 2020). Often children with medical conditions lose contact with their classmates, becoming isolated and experiencing anxiety, depression, and stress (Tomberli & Ciucci, 2022). Several international studies have highlighted how the role of the school psychologist and/or hospital psychologist is fundamental in facilitating the return to school of hospitalized students (e.g., Prevatt, Heffer & Lowe, 2000). Since hospital schools and home education services differ in Italy at the regional level (albeit to a small extent), it was decided to focus on the specific Tuscan context to create a Tuscan model of care for the hospitalized student in the future.

Method

A case study was conducted according to Merriam (1998) by creating a convenience sample. Thirty-two teachers participated in the study: 17 teachers from the belonging school (TBS) (12.5% male, 87.5% female) and 16 hospital teachers (HT) (100% female). The study was approved by the Ethics Committee of the University of Florence in 2021; data were collected after the first lockdown. A long interview was used to collect the data, followed by a content analysis with QCAmap. The interviews did not specifically investigate the role of the psychologist in facilitating the return to school; however, they investigated how to foster the sense of school belonging of the hospitalized students and how to promote a calm return to school.

Findings

Teachers reported the psychologist's central role in facilitating the return to school of the student with a pathology. Specifically, TBS reported that they consider the psychologist important from the diagnosis to the return (94%); in their opinion, classmates may have difficulties in understanding the reasons

for their companion's absence and the psychologist can help them with this and implement strategies that maintain a school-hospital relationship (82%). The strategies include: creating a laboratory, theatrical activities, etc. that allow the hospitalized student to participate remotely. The psychologist can promote good school-hospital continuity throughout the hospitalization process (88%) by helping classmates and hospitalized students to feel more natural and calmer upon their return (76%); for example, the psychologist can improve the relational and communications skills of children through life skills training. Similarly, the HS reported how the psychologist is essential to help students understand the hospitalized children's illness experience (100%), how to keep in touch with them (94%), and they help the hospitalized children feel part of the class (85%). In fact, the psychologist can hold brief psycho-educational meetings that clarify some aspects of the student's illness. Furthermore, the psychologist is also valuable in those cases where the hospitalized student dies (50%), helping with the grieving process. According to the HS, the hospital psychologist is important at the first phase of hospitalization (80%) while the school psychologist should be central during the hospitalization process and the return to school, as a figure that represents the belonging school (75%). The TBS did not comment on the psychologist's specificity.

Conclusions and implications

We believe that it would be appropriate to conduct school reintegration interventions for students with pathologies that involve the school and/or the hospital psychologist from the start of their hospitalization until they return to school.

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Sport therapy meets school in hospital: a common language is possible through physical literacy

Marta Corti, Francesca Lanfranconi, Tommaso Moriggi, Paolo Raviolo, Salvatore Messina, Momcilo Jankovic, Flavia Tarquini, Simona Ferrari

Background

There is a center devoted to the care of children, adolescents, and young adults with blood cancer (CAYA-C) in Monza that hosts a school in the hospital (SH) that has been operating for about 40 years. The center's clinical activities include a Sport Therapy (ST) research project where precision-based exercise (PE) for CAYA-C is used during intensive cancer treatment phases. The ST research project aims to maintain and improve the health of CAYA-Cs and ensure a better quality of life and social inclusion through PE adapted daily to the patients' clinical characteristics (Lanfranconi *et al.*, 2020).

Based on the literature, we wanted to investigate if there was a potential for PE to impact the SH goals in a major referral hospital in Italy from an educational perspective (Donnelly *et al.*, 2016; Borghi & Cimatti, 2010). In Italy, SH teachers rarely have the opportunity to conduct structured exercise during the academic year due to the following reasons: 1) a lack of cultural tools to propose exercise for medically fragile children; 2) a lack of facilities and equipment and, 3) a lack of communication between the clinical personnel, including the PE professionals and the teachers.

Learning objectives

The ST research project team identified promotion of a Physical Literacy (PL) culture as a specific goal for the SH teachers that could be included in a structured way during school lessons. By putting the PL construct into practice, a common language is constructed that is appropriate to the school and the PE contexts. A safe intervention requires the agreement and supervision of medical personnel based on the clinical condition of each CAYA-C following a daily consultation.

Activities

The authors of this abstract devised a "Rubric of Competencies" (RoC) based on the PL that translates the clinical and performance goals identified by the sports physicians and motor scientists into goals indicated by the Ministry of Education, Universities, and Research (MIUR). Primary and secondary

school students evaluated the effectiveness of the RoC and participated in the ST research project. A pedagogist compiled the “Athlete’s Card,” a tool that allowed the collection of qualitative and quantitative data for the clinical, motor, and pedagogical dimensions.

Evaluation

Eight pupils/athletes between the ages of six and 14 were evaluated. The RoC’s effectiveness was verified by focusing on the development of the emotional dimension (ED) of PL: Six out of Eight participants successfully developed their ED. The two athletes who did not successfully develop their ED of PL represent dropout cases, with an attendance rate of less than 15% in the ST project for over three consecutive months.

From this, we can state that where continuous participation in ST activities is not possible (adherence < 15%), the ED of PL is not developed efficiently. The RoC will be tested by continuously involving the SH teachers in observations of how much each student uses their body during a lesson.

Conclusions and implications

This pilot study moved PE from the performance sphere to the educational domain, where the final goal is knowing that exercise is part of a person’s wellbeing, including a vibrant social life through a meaningful learning journey.

Finally, by consultation with the exercise professionals, a common ground of exercise activities for CAYA-C will be designed (“PL teaching kit”).

Acknowledgments

We want to thank the families, teachers, health and non-health personnel of the Maria Letizia Verga Center – Pediatrics clinic at IRCSS San Gerardo dei Tintori (Monza, Italy).

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MARTA CORTI (Clinica pediatrica dell'università degli studi di Milano Bicocca) she holds a master's degree in Pedagogy of Disability and Marginality. She recently discussed her thesis regarding the Sport Therapy research project at the Maria Letizia Verga Committee (Monza), a project in which the effects of precision training in children and young people with malignant hemopathy are evaluated. She believes that education and sport can become a common ground in the future to support children, adolescents, and young adults with cancer, starting from when they are in the hospital.

FRANCESCA LANFRANCONI (Clinica pediatrica dell'università degli studi di Milano Bicocca) she has been a specialist in Sports Medicine for about 15 years and holds a PhD in Human Physiology. Francesca is currently the medical coordinator of the Sport Therapy research project at the Maria Letizia Verga Center (Monza). The project evaluates the effects of precision training in children with hemopathy malignancy undergoing cancer treatment. She believes that this project is innovative and falls within the indications of the European Community and associations of experts and family members for the improvement of health status and quality of life in survivors of cancer at a developmental age. Her scientific publications concern exercise tolerance and adaptation mechanisms related to diseases or environmental conditions that lead to fragility of the cardiopulmonary and musculoskeletal systems. Her chosen subjects are: children, adolescents, and young adults with hemopathy; adults with amyotrophic lateral sclerosis; myopathies from glycogenosis or metabolic disorders; older adults with cognitive impairment; heart transplant recipients; athletes or workers exposed to occupational diseases due to altitude (acute mountain sickness, harness suspension syndrome).

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MOMCILO JANKOVIC (Clinica pediatrica dell’università degli studi di Milano Bicocca) pediatrician and hematologist. He graduated in 1977. From 1982 to 2016, he was a 1st Level medical director with executive responsibilities for the Hematology Day Hospital at S. Gerardo Hospital in Monza and at the Pediatric Clinic of the University of Milano-Bicocca. He served as President of the Italian Association of Pediatric Hematology and Oncology (AIEOP) biennium from 2002-2004 and has been a member of the Bioethics Committee of the National Cancer Institute of Milan since 2010. He has always been involved in the treatment and study of childhood leukemia, achieving cure

rates of around 80% and gaining international fame. He retired from the hospital in 2016 and was rehired as a medical consultant at the same facility (MBBM Foundation Hematology Center in September 2016). He is involved with all pediatric diseases but specializes in blood diseases. He also attends a Private Institution in the Public with work continuity in the indicated areas. In 2010, he received the Ambrogino d'Oro with the following dedication, "So many children have become adults thanks to him."

FLAVIA TARQUINI (Hospital School at the Istituto Comprensivo Salvo D'Acquisto) graduated with a master's degree in Biology at the University of Milano, and completed a postgraduate degree in "Expert in New Technologies for Teaching" at the Politecnico di Milano. She has been teaching Natural Science and Mathematics in secondary schools since 1986, and she moved to the hospital school in 1994.

The Hospital – A STEAM resource

Bianca Costa, Fionnuala Wilkins

Background

Teaching Science, Technology, Engineering, Art and Maths (STEAM subjects) in a hospital school with no laboratory or practical workshops can feel limiting. To compensate we have reached out to the wider hospital community and work with 11 departments, to provide our pupils with the experience of interacting with STEAM professionals and of learning in authentic STEAM workplaces.

Learning objectives

To share ideas on how we can use the expertise of our hospital partners to enrich our pupils STEAM learning experiences.

Activities

Over the last 10 years we have developed relationships with our hospital partners to facilitate the sharing of their expertise and resources to enrich our pupils STEAM learning. Currently we work with 11 partners and have embedded visits to their departments into our curriculum as well as inviting them to the school to deliver sessions. Pupils aged 10-16 have opportunities to visit the Microbiology laboratory to learn about aseptic technique, the hospital's generator to learn about energy production, the research department to learn about 3D printing of body parts, as well as working with the hospital's artists and architects.

Evaluation

Interacting with STEAM professionals and learning in STEAM workplaces enriches our students STEAM learning. Feedback from pupils and their families is always positive and the hospital staff enjoy the opportunity to interact with the patients in non-medical way.

Conclusions and implications

At GOSH we have really only scratched the surface of using the hospital as a resource and are constantly looking to expand our partners. We hope to inspire other hospital schools to look at their hospital as a learning resource and, if they are already do so, to share their ideas and look to expand on what they are already doing.

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BIANCA COSTA started her career as a mainstream secondary science teacher. She joined the hospital school in 2006 as a secondary science specialist. Being promoted to assistant head with responsibility for teaching and learning and more recently promoted to Deputy Headteacher with responsibility for Quality of Education.

FIONNUALA WILKINS is an experienced secondary science teacher with a career that spans 40 years. She started working in mainstream education and held roles as Head of Year and Head of Department. She joined the Hospital School in 2014 and has been a driving force in the continued development of STEAM learning and has led STEM projects in conjunction with British Science Association to enable students to achieve Science Crest Awards.

Adolescent case study exploring the role Country, Culture and Relationships play in the Health and Education Support of Indigenous Australians

Debbie de Lacy, Jennifer Martino

Colonisation of Australia from 1788 severely disrupted Aboriginal society-epidemic disease caused loss of life, occupation of land by settlers and the forcible removal from family significantly disrupted the Aboriginal way of life. Critical pedagogies and shared understandings of care providers are required to improve student outcomes through cultural responsiveness. This case study demonstrates an effective approach of ensuring positive educational outcomes for Aboriginal students in Australia.

AP is a 14yo Aboriginal female from Yawuru country. The Yawuru people are the Native Title Holders of Broome, Australia. For thousands of years Yawuru people have lived along the foreshores of Roebuck Bay and as far inland as the Great Sandy Desert. AP was described as a capable, motivated student with a sense of belonging and identity to her land and language group. She possesses the gift of Liyarn – described as sensing people’s pain and emotion – and is acknowledged within her community to have this gift. Liyarn exhausts her and others report her becoming physically unwell at some Aboriginal sites in WA. Her feet burn, and she loses pallor.

AP fell off the back of a utility vehicle in 2018. The resultant acquired brain injury was more functional than neurological with crippling headaches, word finding difficulties, brain fog, fatigue and school refusal.

In 2019 AP accepted a scholarship to a prestigious school in Perth for 2020 to help meet multiple needs, given recent attendance difficulties and ongoing health symptoms.

In the beginning of that first year a School of Special Educational Needs: Medical and Mental Health (SSEN: MMH) teacher gathered data from her enrolled school and guided staff to best meet AP’s needs. The SSEN:MMH working model of Liaise-Educate-Transition-Support (LETS) (Hancock, 2017) provides teachers with a framework to optimise students’ educational continuity in a supportive learning environment and enables students’ enrolled schools to reduce the gap in attendance, connectedness, engagement, and achievement; issues well documented for students with health needs. The SSEN:MMH teacher, as part of the interdisciplinary team, assists health clinicians with valuable perspectives for treatment and recovery-based therapies and, in turn, assists the student to reach their best potential in community settings. This collective support resulted in a graduated school return plan for AP.

Regular meetings with all stakeholders assisted this return, ensuring co-ordination and support of any planned, agreed changes. AP participated in parts of this planning and maintained that a consistent connection to her culture was important for continued recovery. During the first half of 2020 a variety of supports and data collection continued. However, as 2020 progressed monthly reviews confirmed that AP was not sustaining health or education gains. The teacher used the collated information from school meetings, monthly observation details and updates of formal outcome data to support the health team's conclusion that boarding school in the city was not meeting all AP needs. A change in plan to reduce the separation of place and culture was required for the child to thrive. The SSEN:MMH teacher facilitated suitable education transition alongside the health case manager planning, while maintaining the understanding of cultural impacts. This has led to increased school engagement and improved health outcomes.

Currently AP continues her education and telehealth appointments while on Country. Her Liyarn and connection to culture is one of her strengths and assists with resilience and positive family relationships. When on Country, she spends time with her family, participating in activities. AP is planning to complete Workplace Learning-Business Administration in 2023 to help with the family Bush Medicine Business. Consider the child as a 'whole' – culture, connection, family, education and purpose – when assessing health and education concerns and goals.

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Education Re-imagined

Maria Marinho, Martin Dixon

Background

The recent Covid pandemic forced many schools to move their teaching online, to ensure students did not miss their education and to help overcome their feelings of isolation. Initially the switch to Zoom and Teams for online teaching brought a steep learning curve for both students and teachers, but it soon became part of our everyday routines as we worked from a range of separate locations. This required a shift in our thinking and practice, to find new, creative solutions to overcome the limitations of isolation.

Learning Objective

One of the most important things to come out of the pandemic experience is how mainstream school staff can now make the connection between what their students went through over the past two years of the pandemic, and the similar experience that is an everyday occurrence for children with medical needs.

Now in 2023, the restrictions imposed during the pandemic are being lifted and it might be tempting to just return to how things were before, without realising that education for many children with medical conditions continues to be disrupted by these same periods of isolation.

Activities

We will be exploring two questions:

1. In what ways did you adapt your teaching during the pandemic to ensure your pupils could access learning?
2. How can we 're-imagine' education for children with medical/mental health needs using your experience of teaching during the pandemic?

We collected responses from teachers at Chelsea Community Hospital School in London and from teachers working in different schools from across the UK. Next, we plan to include responses from the conference delegates who will be able to scan a QR code, available on a handout, which will take them to an online questionnaire. We will collate and publish our findings on the Well at School website after the HOPE conference.

Conclusions and Implications

Our data shows the following themes:

- All respondents made adaptations to their style of teaching.
- The most common adaptation was increased use of technology.
- The importance of developing strong relationships with students and families.
- Online teaching will benefit students unable to attend class or leave home.
- Online activities can increase socialising and help include students not able to attend school in person.
- Need to develop good teacher/student relationship to help engage students in learning.
- See things from the student's perspective.

An analysis of the qualitative data collected so far suggests that technological solutions were sought to overcome the challenges faced by teachers and schools during the pandemic. These solutions were also thought to be important for 're-imagining' education to better support students with medical and mental health needs who are unable to attend school.

A second strong theme, came through in the responses. The teacher/student relationship was especially important in helping students remain motivated and engaged in learning. Additionally, the wider relationship between school and family was noted as significant during the pandemic.

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MARIA MARINHO (Chelsea Community Hospital School, United Kingdom) has taught in hospital education for over 25 years, as Assistant Head teacher at both Chelsea Community Hospital School and The Oxfordshire Hospital School. Maria is passionate about ensuring that all young people with medical and or mental health needs have access to the best possible education both in hospital and when they return to school. Maria has been involved in several projects focusing on improving the child and young person's experience: teacher training on medical and mental health needs, training for hospital school teachers and teaching assistants, teacher recruitment and Well at School.

MARTIN DIXON (Chelsea Community Hospital School, United Kingdom) has taught music to students with a wide range of needs and abilities at Chelsea Community Hospital School for over 20 years. Martin also develops websites and projects combining digital and creative arts within the hospital school. Since 2010 he has worked on the Well at School project, collaborating with teachers, health care professionals and students to develop the online resource www.wellatschool.org Martin also serves as secretary to the board of HOPE (Hospital Organisation of Pedagogues in Europe).

Physical Literacy to shape learning in hospital schools

Simona Ferrari, Salvatore Messina, Paolo Raviolo

Education and health are inseparable aspects that support and increase the physical and mental well-being of young people. Consequently, children must be guaranteed the right to study and the right to health. In this regard, Physical Literacy (PL) (Jurbala, 2015) can play a key role due to its ability to combine education and health promotion. We believe that a framework based on PL principles can guide the design, implementation, and evaluation of learning activities that challenge school motor activities in a hospital setting. According to Morgan (2019), qualitative investigation methods have more potential to measure and evaluate affective and cognitive domains than physical ones typical of physical literacy. This demonstrates the creation of a motivational climate of mastery when organizing multidimensional tasks which are designed and differentiated to meet the needs of all patient learners (Morgan, 2019). To promote and develop high-quality PL pedagogy, motor workers should also consider creating a climate of caring (Fry & Gano-Overway, 2010), empowerment (Appleton *et al.*, 2016), and motivation (Keegan *et al.*, 2010). Furthermore, ownership is achieved when the teacher encourages students to make decisions and when recognition focuses on learning, effort, and improvement.

In this contribution, we present the results of a three-year research project conducted by the Catholic University of the Sacred Heart, eCampus University, and Comitato Maria Letizia Verga (Ferrari *et al.*, 2022). Starting from an exploratory survey delivered to the 34 SIO sections of Lombardia conducted with a mixed-method approach, in the first year, the research focused on the teaching spaces, the teacher's representations of the space, and the body's activation in the teaching practice. The questionnaire was completed by 79 teachers (51%) and we analyzed 21 photos and 17 motor activities.

In the second year, we conducted explanatory interviews (Vermersch, 2006) on bodily practices involving 11 professionals and surveys observing the relationships between Sports Therapy, PL, and psychosocial skills. Our results showed that the student's social inclusion and the activation of the body are critical in teaching in hospital schools. The teacher should be able to deal with multidisciplinary teams or have validated teaching scripts available.

The third year of the research is currently underway and aims to develop a specific and integrated motor education curriculum starting from the elaboration of a rubric based on the Jubala PL model (2015), the ministerial guidelines for the first cycle (Miur, 2012), and the dimensions of the ICF-CY (OMS, 2007).

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“A Letter from the Hospital”

Elisabeth Groihofer-Steidl, Gabriele Pfeiffer

Background

Between 2017 and 2019, with the support of St. Anna Children’s Hospital, a 13-minute educational and informational short film was made for the schools of students with oncological needs. The film was created by a video production company in cooperation with the hospital school in Vienna, employees of the St. Anna Children’s Hospital, an elementary school class, two actresses, and one actor. Since the supportive effects of good contact with the school are evident, the film makes an important contribution to the psychosocial concept of St. Anna Children’s Hospital. In 2021 it was awarded the prize for communication in oncology by the OeGHO, the Austrian Society for Hematology & Medical Oncology.

Learning objectives

The film aims to provide helpful information to school classes with a classmate undergoing long-term hospital treatment. This information is the basis for fear-free and prejudice-free communication between the school and the child over their long period of absence. The short film “A letter from the Hospital” serves as an excellent medium, in which an actress playing the role of a child suffering from leukemia provides information about the disease and her life with it.

Activities

The film is only shown with the consent of everyone involved (patient, family, and class teacher). The hospital teacher opens the class with a discussion with the students to get to know their needs and provide the necessary information. After the film is shown there is time for questions, completing a worksheet, and writing short letters to the absent classmate. Follow-up activities mainly cover various creative ways of keeping in touch. Hospital teachers are in touch with the school from the diagnosis to the reintegration of the student and in cases where the student deteriorates or dies. In this situation, the schools can also access support from school psychologists. Unfortunately, their availability in Austria is quite limited.

Evaluation

At the end of the information lesson, students can complete a quiz sheet to show they have understood the main content. Hospital teachers also routinely receive feedback from the class teachers and principals.

Topics for a future standardized evaluation could be:

- To what extent is it possible to reduce the feelings of fear and helplessness among classmates and teachers in general, and in cases where the student dies?
- How do the patient and their family express their gratitude when they are relieved from the burden of informing the school?
- Are impacts felt in the family environment?
- To what extent does the contact between the patient and the school improve after the information session?

Conclusions and implications

The film primarily addresses classmates of the child with medical needs, but also the teachers and principals. The child-friendly information is also of benefit to all newly-arrived patients and their families. The film helps pedagogues to teach everyone involved and counteract any prejudices or fears. These school information lessons have a decades-long tradition in the St. Anna Children's Hospital. Up to 2019, the hospital pedagogues showed a film produced by the Olga Hospital in Stuttgart in 1991. Over the years it has become clear that the most important thing is not the film but the constant close contact between the hospital teachers and the school, starting from the beginning of the therapy to the end.

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Reflecting on implemented research in an attempt to establish an emerging ground theory for improving pedagogical practice

Meirav Hen, Dorit Maor

The purpose of the current presentation is to present and discuss the global well-known, unique pedagogical practice in hospital schools from a researchers stand of point. The authors of this paper have studied hospital school for over a decade from two different perspectives (psychological and educational) to contribute to the research in this domain. In the current presentation the authors want to present the main findings of their studies and discuss the opportunity to combine their research streams towards reducing the gap between research and practice in hospital teaching.

Background

All school-aged children are entitled to obtain their education in a school setting. This recommendation exists not only because of legal mandates, but also because of the social and developmental advantages the school setting provides children, including those with special needs (Capurso & Dennis, 2017). Some children, by virtue of acute or chronic medical conditions, are unable to attend school on a regular basis (Csinády, 2015). To support the development and educational needs of hospitalized children, hospital schools were established by law in many paediatric and general hospitals around the globe (Goodman, 1988). Hospital school are a very special educational environment (Hen & Gilan-Shochat, 2022). The teaching tasks and the student population present a unique setting that differs tremendously from the regular school system in the community (Hopkins, 2016).

But what are the characterises of this unique educational milieu? How does it differ from other educational environments? Is it different in terms of educational goals? values? Theoretical assumptions? Or mostly in terms of the actual setting? How does this difference effect students learning and learning goals and motivations? How does this unique environment effect teachers practice? Teaching goals? Teaching contents and strategies? Their professional identity? Wellbeing? Do hospital pedagogues need a unique professional training? Professional development (PD)? More supervision?

By conducting over 20 studies in hospital schools both in Perth, Australia, and Israel, the authors of this presentation found some very interesting data about teaching and learning in hospital schools. For instance, we found that very often hospital pedagogues in Israel were not aware of the history and

circumstances of the special education law for children with medical needs, and its' associations to their actual teaching practice. Further both hospital teachers in Perth, Australia and Israel expressed a need for a specific training to enhance their social -emotional capabilities. Other findings indicated hospital teachers professional confusion, the benefits of using mobile technologies for teaching and learning in hospital schools, and the use of mobile technologies to connect students to their schools, classmates, and families in an effort to reduce their isolation and disrupted schooling experiences and improve their wellbeing (Maor *et al.*, 2016; 2020; Maor & Mitchem, 2020; McCarthey *et al.*, 2019; Hen, 2018; 2020; 2022; Hen & Gilan -Schochat, 2022).

Following these findings currently, we are advancing our contribution to the knowledge in the field by reviewing and integrating our research into a review presentation. This presentation will emphasis the importance of hospital schools, the challenges of professional development, to cater for hospitalized children learning, wellness and stability. In addition, we will tackle the challenge of reducing the gap in theory with this domain of research.

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DORIT MAOR is an educational technologies expert and specifically studied the need to integrate mobile technology to promote teachers and students' use of technologies in hospital schools. Combining the two research perspectives enabled us to reflect on the general and specifics of teaching and learning within hospital schools.

Change and school culture: the relationships between change, relational trust, and shared purpose

Richard Winder, Abbey Honey

Background

After a period of curriculum, leadership, and organizational change, we can share what we have learned from this process. This includes the impact of change on staff and students, impacts on relational trust (the belief that others are competent in their role, have personal regard for others, and have personal integrity and respect), and impacts on culture.

The Northern Health School is a multi-site state school providing education support for students who are too unwell to attend their regular school. Up to 70% of admitted students have a mental health diagnosis with a peak roll of 1600 in 2022. The school has undergone continued growth since its establishment in 2000, usually 8% to 10% per annum.

We set about driving change to improve outcomes for students in 2 ways: Changing the curriculum focus from achievement to progress, and restructuring leadership in response to growth, reflecting the need for decentralized decision-making as well as school-wide consistency.

Curriculum

The New Zealand curriculum objectives have failed to drive sufficient progress. The New Zealand Curriculum is moving from a focus on achievement to a focus on progress.

The Learning Progression Frameworks (LPFs) provide illustrations of the pathways students take in reading, writing, and mathematics. These support teachers to identify where a student is and their next steps toward becoming numerate and literate.

The NHS implemented the use of the LPFs to support teachers to understand the learning needs of Individual students and to optimize their progress.

School Structure

19 sites, located in different communities led to an increasing need to review how strategic and day-to-day decisions are made, how we communicate and collaborate, and how we build relational trust. The impracticality of making decisions with a group of up to 30 leaders and the risk of inconsistency across the school also has implications for students.

Activities

Curriculum

We implemented a progression of learning framework in numeracy and literacy and a lesson study inquiry model so that teachers had opportunities for learning and understanding.

Structure

We sought support from external facilitators so that we could be part of the process. The facilitators met with leaders and used a collaborative and research-based process to build understanding.

We identified challenges of growth, geographical spread, faculty and roll instability, and the impact on relational trust.

We deliberately set about defining our shared purpose and improving relational trust, while negotiating a new structure.

Implementing Change: through the Lense of Michael Fullan's Change Theory, A Force for School Improvement

- Motivation: to improve literacy progress for students and to adapt leadership and decision-making to meet the size and nature of the school.
- Capacity: we used collaborative inquiry and outside facilitators to build leadership capability.
- Learning in Context: Teachers met regularly in inquiry groups and leaders met face-to-face to build trust and discuss change.
- Changing context: The push to develop a culture of learning impacted relational trust, particularly within the leadership team.
- Reflective Action: Implementing systems to support the desired change created issues around feelings of ownership and relational trust.
- Tri-level engagement: Changes implemented across the NHS connected with Ministry of Education initiatives implemented Nationwide.
- Persistence: declining relational trust was limiting engagement in the change process. By focusing on improving relational trust across the leadership team we increased the implementation of the target changes.

Evaluation

By improving relational trust, we were able to implement changes and improve outcomes for students. We have feedback from learners and leaders as well as evidence of accelerated progress.

Conclusions and implications

To implement change and maintain a positive school culture, a deliberate focus on relational trust is imperative.

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Why an educational support consultant for children with long-term illnesses (consultant OZL) plays a key role in multidisciplinary teams in hospitals

Claudia van den Berg, Monique Höweler, Marije Munter, Murielle Voorhout, Arianne van Beijnum

Background

One in four children in the Netherlands suffers from a chronic disease. Research shows more attention should be given to increasing our knowledge of the consequences of these diseases on children's education and the extra help they need in school (Verwey-Jonker Instituut, 2019).

The European Association for Children in Hospital (EACH, 1988) defines good medical childcare in accordance with the United Nations Convention on the Rights of the Child (United Nations, 1988), in which the right to education is included. Acting on the principle that children are more than just their illness, it is important to get a clear idea of their educational needs. The Medical Child Care System (2016), based on the EACH, focuses on four domains: medical and social aspects, and development and safety. Children's education plays an important part in this. If the multidisciplinary team considers all four of the aforementioned aspects, then customized care can be given.

Learning point

Understanding the aims and outcomes of the participation of a consultant OZL in a multidisciplinary team.

The important part we play in multidisciplinary teams At the Sophia Children's Hospital (SKZ), the Netherlands, four educational support consultants (OZL) participate on a regular basis in various multidisciplinary teams set up to monitor children's medical treatment and development. Their main task is to identify obstacles in the teaching process at an early stage and to advise and support children, parents, and schools to facilitate the child's education.

A multidisciplinary team consists of a doctor, a psychologist, a medical social worker, a medical pedagogical healthcare provider, a nurse practitioner, and a consultant OZL. At their meetings, in which the patient's situation is discussed, the expertise of all disciplines is highly valued. The team members prepare plans, execute them, and keep each other informed.

A practical example

The consultant OZL participates weekly in a multidisciplinary team, discussing the medical situation of patients with inflammatory bowel disease (IBD). During these discussions it becomes obvious that school absenteeism of children suffering from IBD was being picked up too late. Following the example of consultant colleagues at the university hospital in Groningen, where a protocol for early detection of school absenteeism had been in use for some time, the consultants OZL at Rotterdam set up a similar protocol in collaboration with doctors and specialized IBD nurses of the SKZ.

Our protocol requires that:

- The consultants OZL participate weekly in the multidisciplinary IBD team.
- The consultants contact parents of IBD children immediately after the IBD diagnosis.
- The doctor or specialized IBD nurse asks the consultant OZL to contact parents whenever the child's medical complaints increase and influence their school attendance.
- The consultant provides the patient, parents, and school with information on IBD.
- All disciplines involved report their findings in the patient's medical file.
- There is an annual evaluation with all disciplines involved.

Evaluation

“Oh, I really appreciate your thinking along with us and the school”. This is an example of a feedback from a parent after a consultation. Due to a proactive approach, we become acquainted with patients and parents at a very early stage. Consequently, we are able to advise and support schools well in advance.

The results of our participation in the multidisciplinary IBD teams are reflected in our quarterly results showing an increase in the numbers of IBD children we care for.

Our aim is to keep developing our participation with and approach towards different multidisciplinary teams, (e.g., nephrology, cardiology) and to identify whether we can extend our cooperation with departments at SKZ where we are not yet sufficiently known.

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Rebuilding home school attendance during a psychiatric hospital admission: using teacher assessments, to predict a successful return to school and to identify areas for support

John Ivens

Pupils' return to their 'home' school involves collaborative planning between professionals but what can predict a successful return? Could using a teacher-based assessment of pupil-functioning designed for pupils in excluded/expelled settings be usefully adapted to the hospital schools' setting? Would these assessments be better predictors of return than those of attainment, test behaviour or school-related happiness?

The study is an analysis of 600+ pupils' admission and discharge data from a school serving 6 services in two psychiatric hospitals. These services include: a children's ward (age 5 to 12), two acute adolescent wards (age 12 to 18), a regional community-based service, and regional day eating disorder service and an intensive care setting. Pupils came from local, regional and national referrals. They represent diverse geographic, social, ethnic, ability, gender identities and levels of privilege.

Pupils were assessed soon after admission on attainment and academic functioning (maths, reading and spelling, the WRAT), behaviour during these assessments (The General Assessment of Test Session Behaviour: attentiveness, cooperativeness, avoidance), school-related happiness (The Happiness Line Measure) and classroom functioning (The Reintegration Readiness Scale, (RRS). The RRS is a teacher-completed, 71 item 4-point scale measure covering 8 subscales including: Self-Management of Behaviour, Self and Others, Self Confidence, Self-Organisation, Attitude, Self-Awareness, Learning Skills and Literacy Skills. The RRS takes 5 minutes to complete after the teacher has had two weeks experience of working with the pupil. It requires minimal training and is based on teacher-identified learning behaviours.

The RRS measure had been selected as an aid towards facilitating reintegration: this study analyses how successful a predictor it is.

All measures were repeated towards the end of the admission. Stepwise logistical regression identified the RRS at admission, as the best predictor of reintegration.

For this study, reintegration means the successful transition from patient to a pupil attending their previous, or in some cases, new school, at hospital discharge. This is usually achieved through a 'tapered' period where the pupil attends part time in both settings.

An independent t-test between those who returned to school and those who didn't, showed that those with higher scores were more likely to return $t(664) = -5.67, p .02; d -.64$, a medium effect size (Cohen, 1988).

The data were used to create a simple 3-tier triage model: Low (L), Moderate (M) and Highest (H) risk for reintegration failure. This corresponds to failure-to-reintegrate rates of L 3%, M 15% and H 31% respectively.

The pupil's RRS profile aids teachers in devising interventions to help vulnerable pupils return successfully. It helps to select who needs more help and in which area of school functioning. It provides an additional insight, for the medical team, in tracking a pupil's recovery in terms of everyday functioning.

The RRS and information on how to use the measure and interpret results will be covered.

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Drama activities as a support to the parents of children in hospital care

Valda Janjanin, Maja Pavcnik, Alenka Vidrih

The study addresses the problem of distress in parents who are admitted to the hospital together with a child and examines the process in which the parents were offered drama activities as a form of assistance with arts in the hospital environment. To provide support to overcome distress, twenty 90-minute or 60-minute workshops in three different formats were held from October 2015 to February 2016 for parents at some departments of the Division of paediatrics, University medical centre Ljubljana and Department of paediatric surgery and intensive care, University medical centre Ljubljana: individual, group and individual workshops together with the child.

During this period, 22 parents were included in the study, with more female (18 mothers) than male participants (4 fathers) by gender. In two cases, both parents were involved. 20 parents participated in workshops, in most cases parents of chronically ill children. The activities were based on two models of assistance with drama arts, Dr Sue Jennings and Alenka Vidrih, and on the understanding of the relationship between adults and children during play, as given by Dr Zlatko Bastašić.

The content of the workshops was continually adapted depending on parental possibilities and needs. The objectives of the study were to first estimate how parents felt and thought when admitted to the hospital with their child; how the support with drama activities affected parents during their stay with their child, admitted to the hospital; and, can drama activities support parents' relation towards their children in hospital care.

The study was designed qualitatively, with the descriptive method and the inductive approach used. The data collection techniques were semi-structured interviews, structured non-standardized observation and a personal research diary. Open coding was applied to define the units of coding, forming the categories: experience, information, needs, communication, hospital environment, help, family, relationship, parent's role, coping strategies; positive experience, positive exchange, establishing mental and emotional detachment, positive impact on the relationship with the child, welcome change in the hospital environment, personal development, relaxation and empowerment.

The study found that parents experienced creative socializing at drama workshops as supportive, and that creative socializing positively impacted their relationship with the child. Parents found drama workshops a source of fun, relaxation, and positive interpersonal exchange. The drama activity provided them with a mental and emotional break from a difficult situation. In

such creative socializing, they were learning skills that could, later, be useful in establishing healthy interpersonal relationships and those with themselves alone. In a hospital setting, parents tend to forget their own needs when caring for their child, but drama enables parents to reconnect with themselves and return to their child empowered. In a creative space dedicated to them, parents step out of the frame of the anxious parent and, through creative activity, connect with their potential, which in turn restores their strength.

According to the parents, the drama workshops brought something new and fresh to the hospital. Some problematic feelings associated with their child's illness cannot be lifted by parents, but parents can be supported in dealing with them, which can contribute to the well-being of themselves, their children and other family members. Assistance with drama art in the hospital environment, therefore, proved to be meaningful and useful, as it may constitute an additional source of empowerment for parents who are admitted to the hospital together with a child.

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Implications of language concepts for hospital education

Itamara Peters, Clarissa Menezes Jordão

Abstract

Background and purpose: This paper presents research developed in the doctoral program at the Federal University of Paraná (UFPR). We investigated the literacy processes in a hospital education program in Paraná, Brazil. The research participants discussed language concepts and their implications for the schooling of children/adolescents undergoing health treatment, in an online study group.

Methods

The study group consisted of 32 language teachers linked directly to the education of hospitalized students. The research was organized in two stages: the submission, in 2020, of an online form to ascertain the group's specific interests and the formation of an online study group in 2021. The meetings consisted of ten fortnightly 3-hour video-recorded sessions. The analysis started with the researchers drawing maps for each meeting, stressing the language concepts that could be perceived in the discussions and their implications for hospital education. Besides presenting the focus of the proposed discussion, each map also reflected the group's concerns and the elements of the educational process involved in lesson planning. We opted for a qualitative approach (Minayo, 1999) of an ethnographic nature (Clifford, 2002) because this aligns with our perspective of education as an activity that cannot be measured or described literally (Geertz, 2014), but instead requires an interpretive approach based on observation and reflection. Social cartography was used in our analysis (Andreotti, 2018) to produce cultural mappings (Acselrad and Coli, 2008) of empirical findings. This perspective enabled us to respect differences among the participants and their experiences, encouraging all of us to "stay with the trouble" (Haraway, 2016) rather than look for universal solutions. This also allowed us to contrast language concepts and their underlying ideologies, investments (Norton, 2007), and the consequent implications with hospital education in terms of literacies. The mapping process (including a bibliographical analysis in the area of literacy), language, and applied linguistics, enabled us to visualize some "onto-epistemic choices and assumptions" (Susa and Andreotti, 2019) of the concepts and perspectives found during the research.

Findings

There was a clear need to deepen teachers' language education, discuss critical literacy and describe its relationship with hospital education. It is essential that teacher education focuses directly on what is of immediate relevance to the literacy processes of students in hospital education. The participants brought different conceptions of literacy to the discussions and various ways of conceiving language teaching in hospital education; however, all of them recognized the crucial importance of critical literacy processes in their work with hospital education.

Conclusions and implications

We concluded that it is essential to create mechanisms for teachers' education involving discussions and debates of the teaching processes in places of continuous education for hospital teachers. This is founded on the importance of respecting teachers' knowledge and of contrasting the differences rather than imposing a specific view or preferred practice. We realized that teachers respond better to perspectives that value their experiences and, simultaneously, widen their repertoires. Since teachers' attitudes and concepts directly inform students and their families who, in general, closely follow the hospital lessons, it is important to stress that education in hospitals impacts society, the relatives, and tutors working alongside the students. The discussions and proposals arising from such an approach to continuous education for teachers may contribute to teachers' career paths and itineraries and towards a much-needed professionalization of hospital education teachers. We hope the research findings can contribute to language studies by linking education and health to improve and expand the aspects of communication and education in the places where teachers work.

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Students with mental health problems and disorders: teacher's help in continuing education and the importance of a genuine, professional attitude in the help process

Tatjana Kociper

At the Hospital School Ledina we help students receiving treatment at the Adolescent Psychiatry Unit (hereinafter APU) and at the Intensive Child and Adolescent Psychiatry Unit of the Psychiatric Clinic in Ljubljana. The student group is diverse, and they are treated at both departments for various mental problems and conditions. These problems often have a negative impact on their ability to do schoolwork and study, and consequently their school performance. The hospital school's help in continuing education is part of their comprehensive treatment and recovery.

According to Slovenian school legislation, students with mental health needs are classified as children with special needs. When working with this population of young people, we follow already established concepts, guidelines, and recommendations for working with pupils and students with special needs, prepared by the Institute of Education of the Republic of Slovenia. We also follow other principles and assistance guidelines for working with ill children and adolescents, for example, "inclusive pedagogical principles" (Booth and Ainscow, 2016: 34). We consider the student's current psychophysical abilities, socio-cultural characteristics, and circumstances, as well as their school situation.

In continuing their education, we help students by offering them additional professional assistance and individual teaching assistance in general education subjects. The aim of additional professional assistance is to help and support students to continue with their schoolwork or education, in cooperation with the home school and the medical team. The purpose, scope, and goals of this assistance are determined by legislation, namely the Placement of Children with Special Needs Act and related documents at a national level.

Additional professional assistance is provided by one educational sciences teacher (this paper's author) and is carried out individually. In each school year, 50 to 60 students from different secondary schools/high schools, aged 16 to 19, benefit from this form of assistance. The purpose of additional professional assistance is to help the students overcome (specific) deficits, learning difficulties, and subject-learning gaps, to continue their education in the chosen program after completing the treatment. The assistance is broken

down as follows: 1) the educational sciences teacher monitors and treats each student individually, 2) interviews with the students to help them with planning, learning, consolidating material, evaluation of academic achievements, communication with the school, etc. The most common activities with the students are: organization and time planning of school obligations, maintaining and strengthening learning, identifying and overcoming (specific) learning difficulties, promoting motivation and persistence, helping with learning and consolidating school material, developing skills for independent school work, etc. These activities take place on school days, during the time allocated to the hospital school classes. On average, 20 to 22 hours of assistance are provided per week. In this process, each student is treated as a competent person who actively participates and shapes their own assistance process. Special emphasis is put on the importance of the teacher-student relationship.

The presented method of helping students has proven to be effective in practice, although no empirical study has been conducted to confirm this. Approximately 95% of students who receive additional professional assistance continue with their education at their home school after completing treatment. Only around 5% of students do not continue their education after completing their treatment for various reasons (e.g., the student is too far behind, inadequate program, and changing schools).

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Hospital School SA – A health and education multi-disciplinary approach to address the mental health needs of young people in South Australia

Matthew McCurry, Kendall Lounder

Supporting Improved Mental Health in Schools (SIMHS) program: supporting schools to improve the mental health of young people through advocacy and allyship, after a paediatric emergency department (PED) presentation or admission. Increasing numbers of school students experiencing mental health concerns that are impacting on their attendance, wellbeing and learning. In the last 12 months in South Australia, this was approximately 4000 school-aged young people who presented to PED experiencing a mental health crisis. Hospital School SA shares the impact of their SIMHS Program (Supporting Improved Mental Health in Schools) and how their goal of improving mental health outcomes through advocacy and allyship is reducing barriers to access and increasing responsive care in schools.

We can be intentional about the intervention we provide and our support planning based on their identified needs. We can have collaborative discussions with medical and education teams to understand the young person's circumstances. We can use our judgement, informed by our shared knowledge and experience of that young person to determine risk factors and make plans for responsive actions and review. We can listen together to their lived experience and communicate to them that their views, ideas and experiences hold value. That we can help these young people together. We can be intentional about the support we provide through our shared knowledge of the impacts of mental health. We can have collaborative discussions with the people involved in their treatment and education to support the young person to have their needs identified, planned for, and reviewed. We can listen together to the young person's lived experience and communicate to them our interest and support. We can help the young person to make sense of their own stories through belonging and connection to their teacher and peers.

A 12-month review was conducted and a multidisciplinary report was produced. The program informed a change in attendance coding statewide so that schools could accurately record their student as 'attending' through a HSSA program.

The review and report gave schools and the department data sets:

- Data for Emergency Mental Health Presentations and also for Mental Health Admissions.

- Data highlighting the individual presenting issue.
- Data identifying statewide demographic and cohort.

This collaboration between health and education shares the expertise between the two key areas to ensure a safe return to school forms a key component of children and young peoples' mental health treatment. The service is centred on a drive to put the needs of children and young people at the heart of educational engagement. To break down the complex concerns from educational environments and to establish clear responsibility for putting in place a coherent offer of support. The 12-month report shows that real success comes from collaboration and sets a challenge to all those working with children and young people. Only by working in partnership, sharing expertise, and making best use of finite resources can we achieve the improvements in mental health outcomes that we all want to see for the children and young people we support.

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Principal / Leader in rural and remote South Australia, previously Head of Boys Education in International Schools. Being intentional about Inclusion both in attitude and process to bring all students into our shared space and activities drives my approach.

KENDALL LOUNDER (Women's and Children's Hospital – South Australia), current Nurse Unit Manager Mallee Ward – Women's and Children's Hospital for 6 years, previous Manager of the Emergency Mental Health Service 4 years, Nurse Consultant and Mental Health Clinician Boylan Ward 6 years. Advocating and supporting young people with severe and complex mental health needs to grow on their pathway to wellness and inclusion.

Back to School: Student and Home School, always in touch

Maria Rosa Maggioni, Giulia Rampoldi, Selena Russo

Background

Childhood malignant hemopathies diagnoses disrupt children's typical educational and cognitive and social development. Treatments disrupt childhood malignant hemopathies patients' (CMHPs) school experiences and socialization processes with classmates and teachers for between two months up to two years (Viale, 2020). This impacts children's engagement at school and their relationships with peers, increasing their sense of isolation. Ensuring contact with classmates and providing a successful transition from treatment back to school is important to sustain learning outcomes and limit the detrimental effects of the disease and isolation (Broholm-Jørgensen *et al.*, 2022; Hen, 2022; Martinez-Santos *et al.*, 2021; Viale, 2020).

Learning objectives

Working within a family-center framework promoting the active involvement of the CMHPs and their families and with the overarching aim of translating scientific knowledge into effective resources, this ongoing project aims to promote haemato-oncology literacy in CMHPs' classmates and teachers, reduce CMHPs' sense of exclusion during treatment, and bolster a successful transition back to school after treatment.

Activities

The Maria Letizia Verga Association created two videos for each school grade (primary: years 1 to 5; middle: years 6 to 8; high school: years 9 to 13) to be delivered to the CMHPs' local school teachers to create a systematic procedure to support CMHPs transferring back to their local school. Both videos targeted the school pupils. The *Diagnosis video* shows a doctor explaining, in age-appropriate language, what malignant hemopathies are, the available treatments, and possible side-effects. The *Hospital School video* presents the Hospital School, its activities, and the care environment through the narrative voice of a patient matching the age of the target audience.

Along with the two videos, teachers receive three activities for pupils: 1) an illustrated path describing a CMHP's cancer trajectory from diagnosis to treatment with parts to be completed selecting from those available to check and reinforce the pupils' understanding of the videos; 2) postcards

and letter frames to be completed either individually or as a group activity and addressing the CMHP to enable the pupils to keep in touch with their hospitalized classmate; 3) five visual emotion thermometers to assess pupils' emotional reactions to the videos. The pack also includes an information booklet with a glossary with hematological cancer-related terms explained in age-appropriate language to assist teachers.

Teachers are asked to complete a questionnaire on the use and effectiveness of the videos and material.

Evaluation

Nine teachers completed the questionnaire, seven of whom were female (77.8%). One was a primary school teacher, six were middle-school teachers (66.7%), and two were high-school teachers (22.2%). Seven of the involved classes had 21–25 students, while two classes had less than 20 students. The teachers reported that the *Diagnosis video* was helpful in explaining the disease ($M = 8.7$ on a scale from 1 to 10), it was understood by the students ($M = 8.7$), and the language was appropriate ($M = 8.7$). The teachers reported that the *Hospital School video* was useful to understand ($M = 9.4$) and explain ($M = 9.1$) what the Hospital School is, and that the language was age-appropriate ($M = 9$). In general, teachers reported high levels of satisfaction with the *Diagnosis* ($M = 9.4$) and the *Hospital School* videos ($M = 9.7$). The resources provided were considered useful overall ($M = 9$) and a valid support to foster the bond between pupils and their hospitalized classmate ($M = 8.4$); the most used activity was the completion of the illustrated path.

Conclusions and implications

Preliminary data show that equipping teachers with structured resources help to tackle and discuss the illness and the absence of the CMHP in the classroom, are able to maintain the link between the school and the hospitalized CMHP, and standardize the return-to-school of CMHPs after treatment.

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The professional development needs of hospital teachers in Ireland: an exploratory case study

Fergal McNamara

In Ireland, hospital schools comprise a very small component of the overall primary and post-primary education system. Indeed, there are only seven schools located within paediatric hospitals and employing a total of 21 teachers nationally. Given the size and uniqueness of this education setting, opportunities for teachers continuous professional development are extremely limited.

This qualitative research study examined Irish Hospital teachers' perceptions of their continuing professional development needs in order to work within their unique educational niche. A case study methodology was used looking specifically at the Irish context in 2021. The study was conducted in three phases.

The first phase of the research involved a scoping review of the literature. The review aimed to identify the evidence published between 2011 and 2021 and to describe the key concepts and characteristics of potential professional learning opportunities that would support hospital teachers. Using PRISMA guidelines 423 articles were identified. 17 studies were selected after the inclusion criteria were applied. The review identified a number of common themes that need to be considered when formulating learning opportunities for this cohort of teachers. It highlighted the following topics as vital components of any proposed scheme of professional development for hospital teachers:

- communication skills;
- context specific knowledge acquisition;
- emotional intelligence;
- self-care;
- digital literacy.

The second phase of the research involved an anonymous online questionnaire that captured the perspectives of 19 teachers currently teaching in the 7 identified hospital schools in Ireland. The questionnaire collected a mix of quantitative and qualitative data. Thematic analysis using the Braun and Clarke 6-step protocol was conducted on the qualitative data collected. A number of professional development themes emerged:

- working within a hospital context;

- educational needs of specific medical conditions;
- special educational needs or additional educational needs training;
- teacher self-care and wellbeing;
- communities of practice;
- bereavement and loss;
- students with mental health needs;
- addressing the post-primary curriculum.

Participants highlighted the following professional development topics as having the most priority for them:

1. communication & interpersonal skills;
2. teaching children with additional educational needs;
3. emotional intelligence;
4. knowledge of specific medical conditions;
5. dealing with bereavement and loss.

The third phase of the study involved ten Irish hospital teachers participating across two focus group sessions. These focus groups were used to validate the results of the questionnaire and to deepen and enrich the data previously collected. The transcripts of this phase were analysed thematically using the Braun and Clarke 6-step protocol.

The findings revealed that Irish hospital teachers have a clear shared perception of the professional development needs both for newly hired hospital teachers and for currently practising hospital teachers. The research has illuminated these professional development needs which are specific to the unique context within which these teachers work. The findings also highlight the priority level attached to each of these proposed topics.

Hospital schools are a very small, but very important, component of education in Ireland. Teachers working in this context must be supported so that they can provide the education that the pupils who must access this service deserve. The findings of this study can be used to guide hospital school leaders in the development of induction and continuing professional development training courses for Irish Hospital teachers. It is hoped the research findings can also guide and inform the development of training courses in similar contexts outside of Ireland.

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The teacher/family relationship during home tuition assignments

Germana Mosconi, Francesca Linda Zaninelli

When children and young people are struck by illness, all members of the family experience a strong sense of uncertainty and fear (Capurso, 2001; Kanizsa, 2013; Cousino, Hazen, 2013; Currie *et al.*, 2016; Mosconi, Zaninelli, 2022), which persists throughout the entire course of treatment, during hospitalization and in the period following discharge. In particularly serious illnesses, returning to school may not be possible for some time and therefore the family of the child/adolescent with medical or mental health needs (Capurso *et al.*, 2021) may apply for home tuition (Benigno *et al.*, 2017). The work of the home teacher may be defined as a key “bridging” intervention, whose aim is to restore and maintain the relationship between the student and his or her class at school, and representing a first step in getting back to “normal”. Teaching at the student’s home involves a certain degree of complexity (Capurso *et al.*, 2021), first due to the location itself: the student’s home is a different place to where the teacher/student relationship usually unfolds. The situation is further complicated by the necessary presence of other family members, who often mediate between the teacher and health specialists. Hence, home teachers are called to practice in a context that is not formal like school, to enter a “private” space where they must engage with the parents or family members of the child/adolescent with medical or mental health needs (Capurso *et al.*, 2021), and, finally, to encounter illness and pain (*ibidem*, 2021) as well as the associated conflicting emotional states (Hen, 2020).

The literature on the issues of home tuition, and in the relationship between teachers and the families of a child/adolescent with medical or mental health needs (Capurso *et al.*, 2021) remains sparse. In this paper, the themes of teacher/family relationships in home tuition settings are addressed by examining the answers of 223 teachers (from primary to upper secondary school level) in Lombardy (Italy), who were responsible for their school’s home tuition projects or had personally delivered home tuition. Teachers answered some open-ended questions online alongside a report of their activity at home for the 2020/2021 school year, with a particular focus on the strengths and weaknesses of their work with the child/adolescent with medical or mental health needs (*ibidem.*, 2021). This was in the context of an exploratory, qualitative study on the experiences of teachers involved in home tuition interventions and the collected data were exposed to thematic analysis (Braun, Clarke, 2021). Teachers’ reflections and comments mainly

pertained to two categories of student; cancer patients and psychiatric patients, who represent the most homogeneous groups among the home tuition recipients. The analysis of the teachers' feedback showed that only 66 out of 223 interviewees mentioned their relationship with the family of the child/adolescent with medical or mental health needs (Capurso *et al.*, 2021) during the home tuition assignment; the teachers' focus on family members decreased with the students' age and the level of schooling, becoming negligible by the upper secondary school stage, when the teachers mainly engaged with health professionals and/or experts, or with the students themselves rather than with their parents. In addition, when the teachers did mention the family, this was mainly in relation to the scheduling of the home tuition timetable. Interestingly, the importance attributed by the teachers to the role of the family during a home tuition assignment also varied according to the type of illness affecting the student: teachers reported encountering less difficulty coordinating with the families of cancer patients than with the families of children/teens affected by psychiatric disorders.

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The sibling's room

Laura Pini, Francesca Nichelli, Marco Spinelli

Background

The impact of pediatric cancer on healthy siblings' adjustment is well known. Different studies show unmet needs and significant impacts on emotional, domestic, social dimensions, and quality of life (Wawrzynski *et al.*, 2022). Studies on siblings have increased in recent years and have demonstrated how sibling-specific interventions should become a standard of care in pediatric oncology (Gerhardt *et al.* 2015). It is essential to identify their needs (Wiener *et al.*, 2015). Current guidelines show how support for siblings should cover different areas of intervention (Gerhardt *et al.* 2015). Siblings should be involved in the treatment plan for the affected sibling and should be offered a space for listening and communication (Spinetta *et al.*, 1999).

The "Sibling's Room" began in 2019 and was based on literature research with the aim to implement family care in Pediatric Oncohematology (S. Gerardo Hospital, Monza). Since then, more than fifty healthy siblings ranging from six to over 20 years-old have had access to this psychosocial service.

Learning objectives

The aims of the interventions differ and are in line with literature research. First of all, a sibling's psychosocial adjustment must be supported with specific attention to the impact of the different illness phases (Spinetta *et al.*, 1999). Fostering emotional and general coping strategies is necessary to increase the possibility of posttraumatic growth (D'Urso *et al.*, 2017). As recommended by the guidelines, it is important to include healthy siblings in the patient's treatment plan, sharing honest information with them that aligns with their specific challenges (Spinetta *et al.*, 1999) to enhance cohesion with other family members and limit the fear of the unknown (Long *et al.*, 2018). Finally, this service helps families not to lose sight of a sibling's adjustment, to respond to sibling's needs, and to identify useful external social and educational support (Wawrzynski *et al.*, 2022). Overall, the project is willing to act on different levels to promote constant mediation between the sibling's experience, the family, and the social and school context (Van Schoors *et al.*, 2021).

Activities

We use different educational, clinical, and psychological strategies and techniques, such as telling stories to promote emotional expression, gradual revision, and as a means of communication between siblings. This includes different games, taken from the Rational Emotive Education (Knaus), to enhance emotional literacy skills and identify emotions associated with the situation; nonverbal techniques such as drawings and the scribble technique; psychological and clinical interviews with siblings and parents, and relaxation and mindfulness strategies.

Evaluation

This intervention promoted a person-centered and family-and context-oriented approaches with results sensitive to the specific needs. In the long run, it was possible to identify a reduction in anxiety symptomatology, improvements in school performance, greater psychosocial adjustment and involvement in the social dimension, which emerged from the dialogues with siblings and family, and the school context's feedback. In some cases, it became as an essential assessment for setting specific subsequent interventions.

Conclusions and implications

Within the healthcare hospital team, the human resource dedicated to siblings allowed for a broader view of the family, with integrated and more effective interventions, especially during the COVID period. Additionally, in light of the relevant literature, this intervention can lead to safeguarding for the school and social dimensions through a constant review of these aspects and their unmet needs. Supporting parents to foster a relationship with the school environment and collaborating with teachers in the school system are valuable measures (Alderfer *et al.*, 2010). The future perspective would be to introduce validated tests and questionnaires to collect quantitative prospective data.

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Exploring the significance of the hospital teacher role in the recovery process: providing holistic care and support

Marianthi Papadimitriou

Background

Hospital education seems to play a fundamental role in improving a child's hospital experience and supporting the recovery process. It offers the child and the family a link to the outside world, a sense of normalcy and continuity in life, an opportunity for social interaction and engagement with academic work and a sense of personal accomplishment and achievement.

Despite its importance, hospital education seems to be a largely marginalized and unknown sector with health professionals, mainstream teachers and parents often presented unaware of the existence and functions of the hospital schools or the role of the hospital teachers. Research studies in this field are far and few between contributing to the lack of clarity that seems to prevail regarding the importance and the role of hospital education in the recovery process.

Aim

The current presentation aims to draw on original research data to discuss the importance of the hospital teacher role within the multi-disciplinary health team and highlight its psycho-paedagogical and holistic approach and its human-centered and dynamic aspects and their contribution to the recovery process. It also aims to bring forward some of the challenges related to the role, functions and competencies of the hospital teacher and discuss effective strategies and ways forward.

Methods

An Interpretative Phenomenological Analysis approach was applied to explore the lived experiences of nine Hospital Teachers working in four of the largest hospital schools in the UK with children with medical and mental health needs. Data was collected through in-depth semi-structured interviews lasting over an hour. The data was fully transcribed and analysed using the qualitative data analysis software N-Vivo.

Findings

The findings of this study evidence the importance of the Hospital Teacher role in providing emotional containment, holistic care and support both during and after hospitalisation not only in terms of the academic continuity and progress but also in terms of the social and emotional development and support of the hospitalised child/young person and their families.

Conclusions and Implications for practice

Supporting the psychosocial needs of children with medical needs seem to be one of the most important but also most challenging aspects of the hospital teacher role. The research findings suggest an increasing need for multi-agency work and professional educational psychology input. Recommendations to promote holistic and integrated care provision are also proposed to better support children and young people with medical needs and their families across the Health and Educational sectors.

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Three Hearts, Three Case Studies, Three Different Approaches to Learning – Shaping Educational Futures

Xenia Pappas

Background

Three young patients presented with dilated cardiomyopathy, with recommended treatment being heart transplant. All three were from interstate and were advised a stay away from home and school would average around 18 months - waiting for an available organ and then 3 months post-transplant before returning home.

Research indicates that school connection (or sense of belonging) and engagement is often difficult to maintain, but it is essential for academic success. The connection also includes social interactions with school peers, which is often the most difficult to sustain over prolonged absences. The three young people accessed many different approaches to maintain these connections during particularly stressful times in their lives as well as their families.

Learning Objectives

Maintaining student and school connectedness through involvement with relevant stakeholders – including Missing School Robots; enrolment in local school; Distance Education.

School liaison to modify education learning plans prioritizing reasonable adjustments to student work load capability usually based on health.

Addressing the responsibility of education institutions to comply with the Disability Discrimination Act 1992.

Activities

- a. in-house tutoring at accommodation (Ronald McDonald House) for 2 x 1 hour sessions per week;
- b. connected with base school via live technology engagement selecting specific classes (Mathematics, English and Peer Support);
- c. attended a local school where staff required training in the daily maintenance and care of the LVAD (Left Ventricular Assistance Device) in case of malfunction or emergency, be able to identify when expert medical intervention is required, and

- d. work from base school and completed set tasks with assistance of in-house tutors and family.

Evaluation

All three students engaged with their education (and school community), returned home (interstate) and re-commenced education at the beginning of 2023.

Conclusions

School engagement MUST include sessions for social and peer interaction ensuring SOSB. There are many ways of meeting the needs of young people undergoing extended hospital care. The pandemic lockdown, allowing global use of technology for 100% education access, enabled many uses that were previously thought too difficult to implement.

Though the focus of these case studies has been students needing heart transplants, combinations of the listed approaches have also been implemented with students undergoing extensive/multiple hospital admissions for conditions including pulmonary hypertension, Crohn's Disease and Ulcerative colitis.

Implication

There are many modes, all with their own merits, for engaging students with and returning to school; however, the most important factors must include:

- early interventions for Return To School planning;
- modes personalized to each student's learning styles, personality and level of engagement.

Initial consultations with students and associated stakeholders ensured individualized approaches to school engagement. This approach proved successful because, despite superficial similarities in situations for each of the students, their individual educational needs were addressed.

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Once upon a time. Using storytelling to support students with mental health needs

Marina Prete

Mental health problems among students are a growing concern in education. Common problems include school phobia, eating disorders, and self-injury.

Digital storytelling is a method of using technology to tell a story, usually with a combination of text, images, audio, and video.

Research has shown that it can be an effective tool in addressing mental health problems in students. It can be a useful tool for individuals to express themselves and their experiences and to promote mental health and well-being.

Additionally, it was found that narrative storytelling can be a useful tool to process negative experiences, heal emotionally, and regain agency.

In another study, fairy tales had a positive impact on children's emotional and cognitive development. Fairy tales can help children to understand and express their emotions, develop their imagination, and learn important values and lessons.

The neuropsychiatric team has suggested stopping the connection with the students' schools because they felt that this could be too demanding during their medical therapy. Nevertheless, they need a meaningful learning path that offers a formative occasion and helps their motivation to learn.

This project consists of the creation of a rewriting of the Cinderella fairy-tale; starting from the classic fairytale, a narrative has been reconstructed to tell a revised story that is set in a contemporary context.

This ongoing project involves 12 students, ranging in age from 11 to 16, with a gender split of two males and 10 females. There is one teacher and a volunteer support teacher. Participants have attended for varying lengths of time, ranging from three to 28 days. The challenge of the project is to effectively plan daily activities in an unpredictable learning environment, where class sizes range from small groups to individual students. Daily progress is recorded in a shared digital notebook, and activities include conversations, artwork, writing, and digital recordings. The goal is to create a large interactive book with an illustrated story.

The project is developed over an average of 10 hours per week.

Objectives

Involve students in the realization of an authentic task (multimedia book creation), which can also be used by other users in the department.

Support the activation of expressive, technical and digital linguistic, and artistic skills.

Foster the creative process through the activation of divergent thinking.

Encourage flexibility in the management and resolution of concrete problems.

Promote social competence, also encouraging collaboration between participants in the realization of a common task.

Promote autonomy, responsibility, and motivation (the student as an active protagonist of his or her work), also discovering the pleasure of doing something while having fun.

The evaluation has been shared and monitored by the multidisciplinary staff of the hospital pediatrics department on a weekly base. That has implicated an ongoing observation and analysis of the products. One of the project strengths is that it has developed in relay in which the users have worked for a while but have the possibility of following the entire project from the start to the end, becoming part of a complex activity.

Evaluation of this project is complex due to constantly changing variables such as student age, attendance duration, and health conditions. Evaluation is comprised of observation, self-evaluation, and considering factors such as participation, commitment, creativity, artistic expression, coherence in story building, and linguistic accuracy in discussions with the students. Periodic evaluations of progress are conducted every two weeks with the neuropsychiatric team.

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It is all a matter of perspective. The challenge of chronic illnesses for schools and teaching seen from different points of view

Nicola Sommer

Teachers are increasingly confronted with illnesses of students, due to better medical treatment successes, and/or due to an increase in diseases of civilization, or the effects of various stresses (Etschenberg, 2001). Students spend long hours at school each day. Therefore, and due to the prevalence of these different diseases, it is essential to incorporate the necessary therapy and restriction measures into the daily routines (Edwards *et al.*, 2014). The way in which children and adolescents with chronic illnesses are cared for at school depends on numerous factors. Many structural, organizational, and pedagogical barriers must be overcome to ensure full inclusion of the affected students (Damm, 2015).

The current study aims to identify challenging areas in dealing with chronic diseases at school. How do students with chronic diseases, their parents, and teachers describe the challenges that arise at school? What kind of support is required?

For students to feel comfortable at school, it is important to talk about their individual needs (Sommer & Klug, 2021). Therefore, it is essential to raise awareness for teachers and classmates about the effects of illnesses, in a way that is agreed upon by the student with a medical condition and his/her family. This allows teachers to support affected students in different situations like medical emergencies (Sommer, 2022).

If a good relationship can be established between the teachers, parents, and the students with and without illnesses, and if the concerns of all involved parties are treated seriously, the illnesses can become secondary (Deutsches Institut für Menschenrechte *et al.*, 2017).

As part of the research project "Illness? No problem!", 33 guided interviews with affected Austrian children and adolescents from different school levels and types, their parents, and their teachers were conducted between July 2019 and March 2020. During these interviews, topics like "knowledge about diseases", "dealing with the disease and special situations at school", "absenteeism", and others were addressed.

A previous evaluation (Sommer, 2021) confirmed the assumption that it is beneficial to provide time to discuss students' illnesses in schools and that disadvantages for affected students can only be prevented by good communication between all those involved. Some workshops about "illness and school" have already been implemented at the University of Education in Salzburg.

However, since the collected data provide a wide range of information about the different perspectives of affected students, their parents, and teachers, a qualitative evaluation of the interviews is currently being conducted, using various qualitative content analysis tools (Mayring, 2010). Initial results indicate that a disease is not the children's main concern when they talk about a normal day at school. They want to experience school as normally as possible. For teachers, the biggest concern is how to deal with emergency procedures, whereas it is most important for parents that their children feel comfortable at school without being treated differently.

The current evaluation aims at identifying additional challenging areas, to be address in future teacher training.

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Meet the Need. A multiple case study in expansion of the curriculum for children and adolescents with special needs in the hospital school

Christine Walser

Background

The University Children's Hospital is a reference centre for Switzerland with a hospital school for all patients who have to stay longer. The teachers meet children and adolescents with different needs and medical conditions.

Learning Objectives

Although tuition is based on the curriculum of the school of origin, adaptations have to be made and alternatives sought for children and adolescents who are not able to follow the curriculum.

Activities

Ways of adapting the curriculum and approaches for children and adolescents who are not able or motivated to work on their schools' goals have to be developed. On the one hand there is a very helpful expansion of the curriculum for the inclusion of children and adolescents with special needs provided by the ministries of education in the German speaking part of Switzerland; however, hospital teachers have to apply methods such as Motivational Interviewing (Miller & Rollnick) to reach certain adolescents.

Evaluation

An individual approach towards every single child or adolescent by a well-trained hospital teacher with broad knowledge, experience, and an openness is crucial. Furthermore, it helps to cooperate within the team of teachers and exchange ideas. Thanks to the partnership programme of the ARABKIR Medical Centre, Yerevan, Armenia, including DAA, and the University Children's Hospital Zurich, Switzerland, the two hospital schools have an international exchange of ideas and approaches which enriches the methods and helps to overcome cultural fixations.

Conclusion and Implications

Not only is a good training of hospital teachers important to reach certain patients but the teachers also have to be creative in their approaches and find

individualized goals to enable the learners to keep up with their learning and progress.

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CHRISTINE WALSER has a diploma as a primary school teacher in special needs education, art therapy, and is an English secondary school and Yoga teacher. After teaching at regular schools, she started working at the hospital school of the University Children's Hospital Zurich in 1993. Additionally, she lectures at the University of Teacher Education in Special Needs HfH in Zurich and the Nursing School Careum in Zurich. She is also a trainer for Master's students during their practical training while studying at the "Institute Special Education and Psychology" at the FHNW. Since 2000, she has been a Committee Member for HOPE in Switzerland and since 2005 she has been involved in the partnership programme of the ARABKIR Medical Centre, Yerevan, Armenia and the University Children's Hospital Zurich. She cooperates with the DAA Hospital School.

Workshop

Grief due to loss of health; impact on students

Ria Bakker, Daan Boonstoppel

Every chronically or seriously ill student has to deal with the loss of their health. However, are we aware of the fact that they are actually having to cope with living grief?

In this interactive session the authors discuss how living grief due to loss of health can impact a student with medical needs. There are many definitions of grief. In our workshop we talk about grief as a response to the consequences of illness, manifested in psychological, social, and somatic reactions.

Our goal is to increase awareness in hospital teachers about how students grieve, and the difference between living grief and grief caused by death.

Participants will share their points of view and their own experiences with students who experience living grief.

Our main object is to share and discuss with our European colleagues how hospital teachers and homeschool teachers can be supportive for their grieving students.

Our take-home message to participants is awareness: all hospital teachers will eventually be confronted with grieving students. At the end of the workshop the participants will answer the question; How can I use the information about (living) grief in my practice/ hospital and my contact with homeschools.

Our workshop will comprise:

Topics

- What do participants of the workshop know about living grief and grief in children?
- Are they aware of the difference?
- How does grieving affect learning?
- In which way can they help their students?

Forms

- In pairs, in small groups, plenary, interactive interview, video.

Materials

- Computer, beamer, flipchart, handouts, a Mentimeter.

Hand-outs

- Tips and Tops for regular teachers and hospital teachers.

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RIA BAKKER (Netherlands, University Medical Center Groningen) Being confronted with illness automatically means being confronted with loss of health. Major losses can bring feelings of grief. Ria has worked as a hospital teacher and school advisor since 1992. Her 30 years of hospital experience has shown Ria many examples of where grief due to loss of health has a significant impact. As part of the pediatric palliative care team, Ria supports schools having to deal with the death of one of

their students. To learn more about loss and grief, Ria qualified as a loss and grief therapist. In addition to her job in the hospital, she has owned a grief counseling practice since 2019.

DAAN BOONSTOPPEL (Netherlands, Prinses Maxima Center, pediatric oncology) When a child is confronted with cancer or any other serious illness, he or she will always want to find a way to keep on developing themselves. Since 2016, Daan has worked as a hospital teacher in the Prinses Maxima Centre (pediatric oncology) in Utrecht, The Netherlands. In some way, every child, with cancer or any other diagnosis, will experience a kind of grief to a greater or lesser extent. Besides teaching the children, it is Daan's goal to support them and the children's "homeschools" in this process of grieving alongside the process of developing. Before becoming a hospital teacher, Daan worked as a teacher in primary education for 7 years. Before that he worked for 8 years as a physiotherapist in oncology departments in several hospitals in the Netherlands.

Get Published! The path to publication in Continuity in Education

Michele Capurso, Tony Barnett, John Ivens

HOPE has partnered with HEAL in U.S.A, HELP in Australia/New Zealand, REDLACEH in Latin America and NAHE in the United Kingdom to create the scientific journal, Continuity in Education (CiE). This is the first international journal focused on students' medical and mental health needs. The focus of the journal is home, hospital and school education and psychological support for children and young people with medical and mental health needs. Continuity in Education, is the only scientific journal discussing these issues in a direct and comprehensive way. It gathers resources and experiences from national and international associations and hospital teachers worldwide.

Objectives

Attendees will be:

- Inspired to write and submit an article on an important aspect related to the education and development of students with medical and mental health needs.
- Able to summarize the steps to take to draft, submit, edit and publish an article in the journal, Continuity in Education.
- Able to list multiple possible topic areas as possible journal article topics to submit to Continuity in Education.
- Motivated to contribute to the field of hospital education by publishing best practices.

Activities

This interactive workshop will highlight the steps necessary for attendees to share their experience and knowledge related to working with this unique population through submissions of journal articles. This is an opportunity to learn more about the aims of this new international journal and the types of articles that we seek. The workshop will also cover the main components of what makes a 'good' paper for publication.

During the workshop we will provide Authorship Guidelines to the different types of articles accepted by CiE, including:

- Research, Practice / intervention, Theoretical / methodological, Reviews of the literature, Reviews of resources, Descriptions of policies, ‘Telling my story’”.
- Explain how to ‘Build a Team to Work With at Your Institution’, organising the strengths of your colleagues to create an article.
- Run a brainstorm activity of topics to investigate, helping you to define possible topics that interest you.
- Show the submission and peer review process for an academic article.
- Facilitate networking among participants who are interested in similar topics.

Creating and publishing an academic article empowers teachers to reflect on their: practice, their capabilities and on how to be an active part of an international community of scholars and colleagues working in the same field. This will ultimately inform your teaching and improve the lives of children and families; the main stakeholders of any education process.

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TONY BARNETT (Murdoch Children's Research Institute, Melbourne, Australia), while employed as Head of Research and Policy at the Royal Children’s Hospital Education

Institute, Australia, set out a research agenda to investigate the effectiveness of education support programs for children and adolescents with chronic health conditions that awarded him a PhD. He has a Master of Science, Evidence Based Social Intervention, Oxford. He is an Honorary Fellow at the Murdoch Childrens Research Institute examining the delivery of effective education support programs for children and adolescents with chronic health conditions both nationally and internationally.

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Nave Italia: A boatload of opportunities for an outdoor education path

Marco Gagliani, Sofia Bellelli

Background

Today, there is an evolving trend towards the use of scientifically-based outdoor education programs. Among them are sailing training programs. These programs take place aboard sailing vessels, where groups of beneficiaries are included in specifically designed projects. The benefits include positive effects on leadership, increased self-awareness and self-esteem, autonomy, interpersonal skills, and environmental awareness.

Tender To Nave Italia Foundation (FTTNI) is a non-profit organization founded in 2007 by the Italian Navy and the Italian Yacht Club. The foundation's aim is to fight all forms of prejudice against disabilities and social hardship for people who, because of that prejudice, risk ending up on the margins of our communities. FTTNI takes place on a steel brigantine, which is 61 m long, with a masthead height of 44.60 m, and includes a complement of Italian Navy officers and 21 crew members. It can accommodate up to 25 guests in 11 cabins.

Over the last 15 years, FTTNI has developed a methodology adaptable to different situations and marine environments. Moreover, together with a non-profit partner (Camici & Pigiami), has created a similar outdoor education program at a mountain retreat, where beneficiaries spend a week with alpine troop soldiers. In both these contexts, the beneficiaries can fully express their potential, thanks to the relationships they develop and to the highly emotional experiences they have.

Activities

After a short introduction, we will ask the attendees to develop the activities they want to realize for our methodology's three phases, considering projects on board or at the retreat, and will show our activities in a dedicated video. The FTTNI methodology's three phases are:

1. The pre-experience phase before the experience. This phase is essential for the success of the entire project. This phase aims to define what the group will do on board and in the retreat, the purpose of their actions, and the set of skills they will exploit to achieve their objectives.
2. The on board / at the retreat phase. The two main aspects of growth will revolve around the beneficiaries' lives experienced at the different locations. These aspects include relationships with others and collecting

material to narrate their experiences on board. It is essential to build relationships with others on board and at the retreat during the whole experience, to bridge situations that would otherwise lead to distance and an inability to communicate directly.

3. The post-experience phase. In this phase, the beneficiaries integrate what they have experienced into everyday life and will have opportunities to narrate their experiences to others.

Expected Outcomes

At the end of this workshop, all participants will be able to broaden their approach to using outdoor education principles used by FTTNI. They will be able to present the project and aim to realize it on board during the 2024 Nave Italia campaign, or in the mountain retreat with the Camici & Pigiami association.

Implications

This workshop will enable attendees from different backgrounds to explore the outdoors through sailing training educational approaches and appreciate the added value that they may bring to students if they are integrated into their study paths. Experiencing an adventure with Nave Italia or at a mountain retreat brings children and young people the unique opportunity to take part in meaningful activities in nature while developing lifelong skills such as independence, play, teamworking, and self-esteem in a unique context.

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Storytelling and coding with Ozobot: An inclusive activity for Hospital Schools

Edoardo Dalla Mutta, Rebecca Tarello, Clelia Biancheri, Fulvia Di Fiore, Marina Grasso, Debora Menini, Emanuela Prato, Marta Tortorolo

Background and purpose

This workshop focusses on combining coding robots with storytelling and drawing. There is a consolidated experience of using robotics in Hospital Schools to sustain social dimensions and to limit the negative effects of hospitalization (Newhart & Warschauer, 2016). Robots are used for creating didactic units in hospital classrooms, such as for computational thinking training (González-González *et al.*, 2019) and in telepresence settings to enable the hospital students to be physically present in their mainstream classrooms through the robot (Ahumada-Newhart & Olson, 2019).

The robot we use in the workshop, Ozobot, is appreciated by hospital teachers because it is a 'pocket robot', making it easily transportable, able to be sanitized, and programmable with blocks and by color codes (Dalla Mutta *et al.*, 2021). Ozobot can be used with pupils to develop analytical problem-solving, sequential programming skills, and understanding of computer machine autonomy (Swidan and Hermans, 2017); it can enhance STEAM education and increase curiosity to build an instant connection with students (Tengler *et al.*, 2021).

Objectives and expected outcomes

The workshop aims to create a teaching activity with Ozobot, integrating the narrative structure of a story.

Knowledge

Participants will be aware of the computational thinking principles and Ozobot main characteristics, in combination with the rules of storytelling.

Skills

Participants will develop the skills to use the Ozobot color codes to program principal robot actions, to draw the trajectory lines as storytelling pathways and choose the robot's activities based on plot development.

Abilities

Participants will develop the ability to design a teaching activity from either the storytelling or coding component, supporting the hospitalized students to express emotions, thoughts, and behaviors using Ozobot as a medium to promote a healthy interpersonal relationship and construct shared meanings.

Activities

The activities of the workshop are divided into three sessions:

1. Experiential learning of the Ozobot device and the screen-free coding modality with markers and paper. This part includes:
 - 1.1 Learning how to switch Ozobot on and off and how to calibrate Ozobot.
 - 1.2 Drawing a map with the correct line thickness, spacing, and ideal angles.
 - 1.3 Adding color codes on the map for Ozobot to read and respond to commands.
2. Collaborative learning activity aimed at identifying the narrative elements in a story, with the help of a card sequence based on Propp morphology (Propp, 2010). We will focus on storytelling as a narrative methodology useful for the reflective use of experiences in the hospital setting.
3. Hands-on activity of the graphical representation of the story's path, by drawing a map and coding Ozobot to express the narrative time, duration, rhythm, and speed of the events in the tale. The map can be accompanied by drawings, 3D elements, and QR codes, referring to an educational scenario in the hospital context.

Implications

Ozobot is a tiny robotic kit that is particularly interesting for Hospital Schools:

- Dual programming mode, making it a versatile tool, suitable for all school grades. It is optimized for various learning styles, according to the principle of Universal Design for Learning (CAST, 2018).
- Coding and robotics allow the creation of inclusive and flexible lessons by reducing barriers. They act as a learning facilitator by offering different communication methods to promote meaningful, multisensory, hands-on learning experiences (Bravo, 2021).
- Play-based activities promote the humanization of hospitalization. The use of robots as tools to enhance the well-being of pediatric patients

by reducing anxiety and fear has been examined by a few promising studies (Castiglioni *et al.*, 2022).

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Sport Therapy meets the school in hospital: Practical exercises of physical literacy

Tommaso Moriggi, Francesca Lanfranconi, Marta Corti, William Zardo, Salvatore Messina, Paolo Raviolo, Simona Ferrari

Background and purpose

Monza has a Center devoted to the care of children, adolescents and young adults with blood cancer (CAYA-C), where the school in hospital (SH) has been operating for about 40 years. However, a more recent development is the Sport Therapy research project, dedicated to precision exercise (PE) and adapted sports for CAYA-C during the intensive treatment phases, i.e., at the time of maximum physical and psychological fragility. The Sport Therapy research project aims to maintain and improve the health of CAYA-C and ensure a better quality of life and social inclusion through PE adapted daily to the clinical characteristics of the individual patient. PE helps in the development of motor skills, has positive effects on mental health, reducing anxiety, depression and represents an important opportunity to promote global development in the child. Could PE potentially impact the educational component? Physical activity, exercise, and sports have a positive influence on brain structure, cognition, academic achievement, and skill development. This is supported by the American College of Sports Sciences, who showed positive associations between physical activities, fitness, cognition, and school performance. Thanks to the Sport Therapy research project and its multidisciplinary team composed of pediatricians, sports medicine physician, exercise scientist, and osteopaths, it was possible to introduce the pedagogist as someone who sat between the educational component and the component related to the physiological dimension of exercise. The new role of the pedagogist was able to naturally fit in with and relate to the hospital school team. Together, both teams aim to meet the needs of individual students by creating a common path to use exercise during academic lessons as well. A common language for evaluating the motor activities presented in their academic curricula is part of this process.

Objectives

Since the SH teachers rarely have the opportunity to conduct physical activity, exercise, or sports during the CAYA-Cs academic sessions due to a lack of adequate cultural tools for this type of activity in a complex clinical setting and a lack of space and facilities, we aim to improve their opportunities to

use exercise during their lessons. In this workshop we will rehearse practical exercises that teachers can use safely and that can be adapted to the subject that each student is learning. Teachers will learn how to translate the language of the exercise professional into educational terms and objectives.

Activities

We aim to implement CAYA-C exercise programs, even in the absence of exercise professionals, by increasing teachers' knowledge of exercises that can be performed in a safe manner. The kit is a real box, adapted to different subjects and school levels. It contains the following:

- small exercise equipment;
- an “Athlete’s Sheet” to collect clinical and pedagogical information;
- a booklet of adapted exercises for medically frail children, designed by the sports therapy team;
- stickers to be placed in the classroom to carry out physical education.

Implications

This modality which has been identified so that SH teachers can use the kit in the performative sphere and place it in the educational sphere to promote the acquisition of skills and knowledge about the students' physical well-being, social life, and learning journey.

This identified modality, lends itself to be carried out in all necessary contexts (day hospital, hospital ward, and home) to enable SH teachers to conduct physical education, promoting students to acquire skills and knowledge of their body as part their well-being, social life and learning journey.

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SALVATORE MESSINA (Italy, eCampus Telematic University, Catholic University of Milan/ C.R.E.M.I.T) Salvatore Messina earned a PhD with a double degree (Italy and Spain) in "Pedagogical-didactic training of teachers" and mainly deals with Didactic Technologies to support the learning for students with special educational needs (BES). The research project commenced in 2014 and aimed at training teachers in the adoption of the EAS approach for the design of inclusive educational activities, which resulted in a doctoral thesis entitled: "Digital competence of teachers and disabilities. Training on Located Learning Episodes (EAS) for educational innovation". He is a second-grade teacher in the secondary schools for the A018 class in Philosophy and Human Sciences. He is a pedagogue and is mainly concerned with teacher training, media education, and specialist treatment for pupils with SLD. He

has collaborated with CREMIT since 2015 as the Samsung Educational Ambassador for educational training in the use of tablets in educational environments and, since 2018, he has collaborated with CREMIT in the field of educational technologies for inclusion.

How to make books with children from the age of six up to adults aged eighty

Jan Haverkate

Background

A good education has a nice balance between working with your head, heart, and hands. All three are covered in this workshop. Everybody should be aware of sustainability, the circular economy, and cradle-to-cradle design. In this workshop, we practice what we preach, and make a handmade book from an old juice carton. Students should be encouraged to write, and a self-made blank book offers a promising opportunity for this. An exhibition of similar books, made by a master bookbinder, is part of this workshop.

Objectives for the attendees:

The attendees will learn:

- about sustainability and the ecological footprint.
- how to deal with waste in a circular economy.
- how to make a blank book from an old juice carton.
- to make and use various types of blank books during hospital education.

Activities

1) An introduction to the ecological value of recycling

During this workshop, information will be provided about opportunities for recycling waste. Sustainability will be discussed based on the words 'People', 'Planet', and 'Profit'. The ecological footprint and the reduction of the mountain of waste will be discussed (reduce, reuse, and recycle).

2) Hands on

The participants will learn how to make a blank book full of surprises from waste.

This book will have two secret storage compartments and the juice carton closure will be used as the book clasp. The participants don't need special tools to make these books; they will use simple tools like a pair of scissors, a needle, a nail, a ruler, a pencil, and four clothes pegs (all available in every household). The participants of this workshop do not need to bring any tools or materials.

Students with medical or mental health needs can even make these books in their beds. It takes approximately 30 minutes to make a book and the real material costs for are no more than € 0.10 for each book.

Conclusion and implications for the hospital teachers

This workshop offers many ideas on how to use the handmade books for students with medical or mental health needs. A display of 30 different books has been set out in the workshop room, all made from old juice cartons using the same basic bookbinding techniques.

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JAN HAVERKATE (the Netherlands) Jan has been a hospital teacher for 23 years. Since 2004, he has managed a team of 23 hospital teachers in the Netherlands. Previously, Jan worked at a school for students with Special Educational Needs where taught arts and crafts for 17 years. Jan Haverkate has been the President of HOPE since 2012.

The use of the Swivl and Meeting Owl ICT tools for children who cannot attend school

Imke van de Venne, Marit Helmholt, Sabine Timmers

Background and purpose

Students who are at home find themselves isolated. Their world can become small.

Through ICT there is an opportunity to participate in society.

By seeing, hearing, or talking to each other, students who do not attend school can come out of their isolation because contact is possible.

Our motivation to use ICT at school is to connect the child with the school. We believe that students with medical or mental health needs should be involved in the social network as much as possible and be able to work on their future.

In the Netherlands, we have gained many years of experience with KlasseContact. Thanks to KlasseContact, children/adolescents with medical health needs can continue to participate in their class. These children use a laptop at home or in the hospital that is connected to an ICT set in the classroom. However, not all children can use KlasseContact. The minimum commitment time is 10 weeks and children with mental health needs are not eligible. Besides, KlasseContact is unique to The Netherlands. For these reasons, we investigated other possibilities. We would like to exchange experiences with candidates in our workshop.

Objectives

- Participants exchange experiences on how children/adolescents who stay at home or in the hospital for medical or mental health needs can keep in touch with their classmates.
- Participants are introduced to two tools, the Swivl and Meeting Owl, through a short demo.
- Participants discuss in groups if and how these tools can be used when for peer-to-peer contact between the child/adolescent with medical or mental health needs and their class at school. They also discuss the benefits of the tool(s) and the disadvantages.

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Expected outcomes

Participants have been introduced to two tools to stimulate contact with their class. At the end of the workshop, participants can consider for

themselves whether the use of one or both tools will add value to their work situation. At the end of the workshop and group discussions, we will compile a list of tips for ICT tool use that has two goals: the social aspect of simple contact and the possibility to follow instructions/lessons from another location.

Activities

Start

After the workshop facilitators have introduced themselves, the participants will introduce each other while joining a warm-up activity. This activity is meant to help participants get to know each other. It will also lead to mixed groups and will be the main subject of the workshop.

Main

There will be a short demonstration of the two ICT tools: the Swivl and the Meeting Owl. Using ICT software like the Swivl and the Meeting Owl we offer two solutions for long-distance education. Instructions can be recorded for students or a live connection with students can be held from their hospital beds.

After the demonstration, there will be discussions in mixed groups. A group can choose one of the tools to discuss. Discussion questions will be provided, for example:

- Will the tool be useful for children/adolescents with medical or mental health needs? In what type of situations? What are the conditions for effective use?
- What are the advantages and the disadvantages?
- Will it be a good tool for you to use in your personal work situation?

Discuss these topics and make a poster that demonstrates your (group's) opinions.

End

Facilitators will evaluate the objectives of the workshop and will check the expected outcomes.

Facilitators will answer questions and thank the participants for attending the workshop.

Implications

We believe that if ICT equipment is used in an appropriate way in education, children with medical or mental health needs can benefit greatly.

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Author info

MARIT HELMHOLT, SABINE TIMMERS AND IMKE VAN DE VENNE are working as hospital teachers in The Netherlands. They visit children with medical health needs and their local schools. They share their knowledge with schools due to long-distance education. And the impact of an illness on school results. They have a partnership with a local ICT business, who supports their care for children who are ill and struggle to visit school.

Meaningful learning and inspiring teaching at hospital educational centers

Meirav Hen, Maskit Gilan Shochat

Hospital schools are unique educational environments (Hen & Gilan Shochat, 2022). Both learning and teaching are influenced by the child's medical and emotional condition, and the hospital teacher's ability to connect between the child and the curriculum (Steinke *et al.*, 2016). Hospital teachers are required to have a high degree of flexibility, dynamism, initiative, and creativity to be able to intensively adapt to an ever-changing work environment (Csinady, 2015). From working many years with hospitalized children and studying, training, and managing hospital teachers, we believe that understanding the depth of meaningful learning when a child is hospitalized, and discussing the basics and implementations of inspirational teaching, will contribute to hospital teacher professional identity and everyday practice.

Therefore, the main goal of our workshop is to examine and discuss what is Meaningful learning for hospitalized pupils in hospital schools, and how can it be implemented by hospital pedagogues in an Inspirational teaching manner (Harpaz, 2013; 2014).

We want to theoretically examine the concept of Meaningful learning that usually refers to learning in which the individual rebuilds his/her insights and creates a foundation for richer insights in the future (Harpaz, 2014). Further we want to explore in an experiential manner its' unique characteristics in the hospital school milieu. For instance, what are meaningful contents and learning strategies for hospitalized students? Medical contents? Psycho pedagogy? Using creative learning strategies?

According to Harpaz (2014), for meaningful learning to occur, external and internal conditions must be met. Internal conditions refer to a state of mind involved in the process of learning and an understanding of the product of learning. External conditions are environmental characteristics that enable and encourage the internal conditions for meaningful learning.

This, according to Harpaz (2013) can be achieved by Inspirational teaching. He conceptualizes the act of teaching as a personal invitation to the student to work in a way that is adapted to his needs and appeals to his strengths. He characterizes teaching at its best as a practice that inspires the learner to act from within and breathes life into him. The student becomes active rather than passive, acts from internal motivation, connects to his/her abilities, and finds his/her unique way of expression. Teaching at its best brings out the student's interest and curiosity, in his/her involvement and activity. The student's experience is characterized by a sense of freedom, by

overcoming internal limitations and inhibiting barriers and by striving to do something significant in his/her life (Harpaz, 2014).

We would like to discuss and present several models of experiential teaching in the hospital school to enhance inspirational teaching among hospital pedagogues.

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Unboxing Manufacturing – STEM for all at Our Lady’s Hospital School

Annette McGuirk

Abstract

This project came about as a result of the Covid 19 pandemic. During our many lockdowns in Ireland, special schools, including Our Lady’s Hospital School were among many services closed. One of the many consequences of this for our pupils was how limited the opportunities were for them to be mentally stimulated. As a result, the concept of Unboxing Manufacturing was born.

This project was a collaboration between Our Lady’s Hospital School (OLHS) – a Community Special School co-located with Children’s Health Ireland in Crumlin, Dublin and three manufacturing research centres: Irish Manufacturing Research (IMR), I-Form and Confirm. The project was funded through Science Foundation Ireland’s (SFI) Discover Programme Call, an annual programme that supports and encourages the public to engage with science, technology, engineering and maths (STEM).

The Unboxing Manufacturing Project aims to inspire our pupils to take a closer look at the products we use in our everyday lives and to ask how they were designed and manufactured. Through a series of hands-on practical lessons, pupils can explore the world of manufacturing from inside the classroom, putting themselves in the shoes of designers and engineers to consider why, how and how best to make a product. The structure and format has been specifically devised in response to the needs of hospital school teachers, with each lesson suitable for both classroom and ward setting, including pupils who are in isolation. Each lesson can be completed as a self-contained, stand alone activity while also part of a larger continuum.

The aim of this workshop is to demonstrate the benefits of engaging with projects with the private sector to develop hands-on and meaningful learning experiences which are specifically designed for teaching in a hospital school setting. This will involve delving into the nine lessons, modeling some of the activities.

Modeled Lesson 1: Prototype – Paper

Engineers often build a rough model based on their sketches. This model is called a prototype which is often used in product development to test and gather feedback by allowing potential users to interact with the idea, enabling for ideas to be shared as what may need to be changed, adapted, or redesigned to improve it.

- Understanding the importance of prototyping in product development.
- Explore and describe the relationship of 3D shapes to constituent 2D shapes.
- Construct 3D shapes e.g. a rocket.
- Participants in the workshop will engage in a hands-on prototype making activity and view a video clip of bringing a prototype through 3D modeling and printing.

Curriculum Links

- Mathematics: Shape and space (3D shapes).
- Visual Arts: Construction (making constructions).
- Print (making prints).
- Science: Materials (properties and characteristics of materials).

Modeled Lesson 2: Building a paper circuit

Practical science experiments are often a big challenge to teach in a hospital setting. In this section of the workshop we aim to model a lesson with the following aims:

- Learn about electrical energy.
- Investigate current electricity by constructing simple circuits using copper tape, LEDs and batteries.

Curriculum Links

- Science: Energy and forces (magnetism and electricity).

Project Partners

- Our Lady’s Hospital School - www.olhs.ie
- Irish Manufacturing Research - www.imr.ie
- I-Form, Advanced Manufacturing Research Centre – www.i-form.ie
- Confirm Smart Manufacturing.

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ANNETTE MCGUIRK (Our Lady’s Hospital School, Ireland) is a Deputy Principal in Our Lady’s Hospital School. This is a Community Special School, co-located with Children’s Health Ireland at Crumlin. We are funded and regulated by the Department of Education and Skills to provide for the education of children and adolescents who are attending hospital. Our school is under the patronage of the City of Dublin Education and Training Board.

ALOHA! Brain Station: An Innovative Comprehensive Educational Program in the Pacific Basin

Carrie Sakaino, Shay Parpana

Background and purpose

“Children who miss school for medical reasons can be at double jeopardy-suffering not only the effects of their illness or injury, but also the consequences of educational deprivation” (Gabbay *et al.*, 2000). According to Bessell (2001), most students remain concerned about their school progress and participation. One solution is to create programs facilitated by Educational Liaisons as a part of treatment to incorporate education in a medical setting (Haarbauer-Krupa, 2009). Furthermore, programs that simulate a school-like environment in a medical setting are rare, yet valuable transition services for children leaving the hospital (Haarbauer-Krupa, 2009). We created a program that addresses these critical components and more, for the student while hospitalized.

Brain Station is a program that provides a space and time for structured learning under the supervision of educational staff. Brain Station offers a daily “classroom atmosphere” that promotes a sense of normalcy/routine for students as well as an environment that encourages a smooth transition from hospital-home-school. Brain Station allows the student to feel the sense of accomplishment by participating in a classroom setting with lessons challenging and supporting their cognitive growth.

As a best practice, cognitive rehabilitation activities are incorporated within the Brain Station curriculum. Haarbauer-Krupa (2009) states, “Ecologically based approaches which deliver cognitive rehabilitation in the child’s environment... have the potential to effectively extend intervention beyond the medical model and bridge the gap”. Brain Station daily lessons focus on core subject areas; while integrating components of cognitive rehabilitation; Concentration, Memory, Language & Executive Functions (Hutchinson, K. & Dilks, L, 2015).

According to Mortenson (2008), collaboration with staff and comprehensive services are essential for providing optimal instruction for students with medical needs. Brain Station utilizes a multidisciplinary collaboration approach. The classroom allows education staff to observe students and offer direct recommendations to medical staff, rehabilitation therapists, child life, student, family and eventually school. Additionally, medical staff and therapeutic teams have supported students within the context of the classroom.

Objectives

As a Brain Station “student” one will learn the key components while experiencing it with hands-on activities. Participants will also learn about our hospital and culture as we embark upon a week in Brain Station. Our hope and goal are that this concept will be replicated and further developed in other hospital settings.

Activities

Day 1: B.E. (Brain Exercises) not P.E. (Physical Education), Orientation, Attention and Concentration

Day 2: Social Studies, Memory focus

Day 3: Language Arts, Language focus

Day 4: Math and Science, Executive Functioning focus

Day 5: Art, Socioemotional focus

Implications for teachers' practice

“Educators are accountable for ensuring quality of life experiences for students with chronic illness” (Irwin & Elam, 2011). Thus, Brain Station is a hospital-based program that promotes normalcy, cognitive stimulation, and socialization. This in turn allows students to transition seamlessly between hospital, home, and school. Implications for practice stretches beyond application and generalizable across settings.

Considerations

Since the inception of Brain Station in 2015, our student encounters range from 397 to 693. This is inclusive of students ages 5+, varying cognitive abilities, ethnicities, and diagnoses. Program is overseen by Educational Liaison and lessons are facilitated by a certified Special Education teacher with the assistance of volunteers. We have experienced such positive results and feedback from students, families, hospital staff and educational disciplines.

In my 30+ years, I have never seen such a successful program in getting our patients out of their room

Nurse

I was happy that my patient with lupus was in brain station last week. It challenged her cognitively as she improved medically

Rheumatologist

Thank you for making me smarter. I love you

6 year old student

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SHAY PARPANA (Kapi'olani Medical Center for Women & Children, United States) is a licensed teacher in Special Education who was inspired by the educational programs and services at the Kapi'olani Medical Center for Women & Children in Honolulu, Hawai'i. Shay has served in various capacities within the hospital starting as a volunteer, Department of Education tutor and Hospital-Based Teacher. Shay develops and facilitates daily educational programs that reach pediatric inpatients across age ranges, abilities and cultures. Shay works in partnership with Educational Liaison to promote academic success for student patients. Shay is a member of The Hospital Educator and Academic Liaison (HEAL) Association.

Media Education and Mental Health – Open discussion forum

Lana Schiefenhoewel

Background and Objectives

Media education aims at individual empowerment and social participation through media literacy. A common approach is to inform about the risks and dangers of the Internet, such as cyberbullying, hate speech, misinformation, sexting, or addiction.

Common mental disorders, including depression, anxiety, and eating disorders, are clearly tied to social connections and interactions and thus to social media / the internet (Masur, *et al.*, 2022).

Adolescents suffering from mental health disorders are more likely to have experienced cyberbullying, hate speech, misinformation, sexting, or addiction rather than students with no mental health issues. Students with a medical health condition might face similar mental health problems.

Activities and Methods

This discussion forum begins with the participants briefly introducing themselves (name, hospital unit, country) before sharing their interest in this workshop with the others. We open with questions like “Is talking about cyber bullying, hate speech, and misinformation an adequate approach for the specific needs of students with mental (or medical) health issues in hospital education?” and “Do these topics motivate the student’s interest due to their own experience-based knowledge, or cause emotional distress due to unresolved problematic experiences?”. However, avoiding media education is not a solution. How could media education be implemented in hospital education?

Some hospital education challenges will illustrate the topic:

- Tips for safe chats in social media, such as ‘Do not meet with strangers without your parent present’ – a tip given to a student who has been a victim of cyber grooming.
- Protection of privacy: “How to protect yourself with privacy settings” – a tip given to a student who may have experienced cyberbullying or cyber grooming.
- Teaching risks and dangers of the internet to a student showing symptoms of dejection and hopelessness, and diagnosed with depression.

“The Full Picture” is a useful short film for lessons. The film highlights the challenges young people face online and encourages them to look at the bigger picture. This short film will be discussed using the “World Café” method. The question will be: “Would you show “The Full Picture” in your lesson next week?” and “Which medical/therapeutic information about the student do you need beforehand?”

The “World Café” knowledge-sharing method will help all the participants to be involved and get a chance to speak. Conversations take place in small groups, and the findings are shared with everyone.

Scientific research can be cited, e.g., that the “effect of social media on well-being differs from adolescent to adolescent” (Beyens, *et al.*, 2020) or by asking which social media use affects adolescent’s mental health (Cingel, *et al.*, 2022).

At the end, we will discuss active media use as an alternative for facing the risks and dangers of the internet. Active social media use provides a protective context by “safeguarding media users since active social media users are less likely to be in risky social media situations” (Coyne, *et al.*, 2022). If there is time, examples and ideas of active social media use will be shared.

Implications

This workshop aims to enable each participant to identify which area of media education is most appropriate for them and their own lesson.

The participants brainstorm any challenges they face while empowering students’ media literacy in mental health units. They gain competencies in organizing media education and ideas for a multidisciplinary health and education approach addressing the specific needs of mental health students. References and scientific articles are shared for further interest in person-specific effect patterns of social media use.

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Poster

Intercessions of education and health: an account of apprenticeships in a pediatric hospital in brazilintercessões

Ana Carolina Lopes Venâncio, Claudia Cristine Souza Appel Gonçalves, Claudio Teixeira, Itamara Peters, Mariana Saad Weinhardt Costa, Sandra do Prado Muniz

Background and Purpose

The work presented here describes the research developed in the Education and Culture Sector of a Brazilian pediatric hospital. The general objective of the research was to analyze and describe how communication between those involved in caring activities favors the follow-up of pediatric patients, schooling, family ties, and connections with teams leading to healthy relationships and adherence to treatment. It should be noted that this hospital is a pioneer in pediatric care and the inclusion of teachers in a hospital context. Attendance at school in the hospital was initiated in 1987 due to the bias in social assistance and gave rise to the Education and Culture Sector, which was installed in the hospital in 2002. The study is theoretically based on research in education and health, hospital pedagogy, humanization, and multidisciplinary/multi-professional practice conceptualizing and relating theory and practice. The problems conducting the research are related to the complexity of medical care for children and adolescents in Brazil.

Methods

The research methodology is linked to the characteristics of the study. We chose a qualitative approach based on participant-type intervention. This was further founded on “pedagogical, social and political practice” of developing reflections based on the experience of researchers and other research subjects and aimed to solve a difficult situation for a given community (STRECK; ADAMS, 2011, p. 482). This study’s main aims are to improve shared practices to guarantee the rights to health and education.

Findings

This study has many findings; however, we briefly describe some of the important points. First, we noted the importance of the schooling process during health treatment. Children and adolescents undergoing treatment experience physical, emotional, and psychological fragility and therefore, need all the possible support available. Schooling and maintaining ties with

family, friends, and their school for elements of support during treatment that helps the children to regain their health. Therefore, using teachers in a hospital context to support the processes of learning, research, discovery, play and their connection with their outside life supports the child to create meaning during their hospitalization and treatment. Next, we describe the vital role of communication in health treatment and schooling. In line with Matos and Mugiatti (2014, p. 85), “the construction of knowledge necessarily implies communication”. Communication establishes the necessary links for the development of educational activities and for healthcare. Finally, we identified the presence of a web of relationships involving the children/adolescents, family members, teachers, and health teams. A multi-professional team emerges once the hospital nursing teams, physicians, psychologists, physiotherapists, social workers, and other professionals are involved in the care of the child. In this team, each person has a specific role, but the goal is simple, i.e., the well-being of the child/adolescent who is under their care.

Conclusions and implications

It is essential to recognize the inter/multi-professional nature of health-care, especially in pediatric care. In addition, we must understand that all the activities, contexts, subjects, and actions within a hospital are “correlated and fundamental factors to achieve better conditions of being and being in hospital” (MATOS, 2012, p. 166). Therefore, understanding the teams, mutual interactions, and all the other factors related to the routines of children and adolescents during hospitalization are part of a web of relationships formed in the hospital environment. This web delimitates the teaching in this context, while also determining the collective and interdependent work.

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Hospital School SA – A health and education multi-disciplinary approach to address the Haematology and Oncology education and health needs of young people in South Australia

Matthew McCurry, Kirsty Jeffery, Kate Fernandez, Kate Turpin, Callie Ayles, Manika Pal, Maria Scicchitano,

Haematology / Oncology School Team (HOST) Program

Supporting Schools to Improve the Wellbeing of Young People and Support them to Stay Physically Well During Treatment. Prolonged school absences and disengagement from education and peers after a cancer diagnosis, resulting in poorer mental health outcomes. This is approximately 70-80 school aged young people in South Australia every year who are diagnosed or relapse with cancer or are being treated for a chronic haematological disorder. Hospital School SA shares the impact of their HOST Program (Haematology / Oncology School Team) and how their goal of supporting schools to consider the impact of cancer treatment on learning, behaviour and belonging, is assisting young people to transition back to the classroom.

We can help these young people together. We can be intentional about the intervention we provide and our support planning based on their identified needs. We can have collaborative discussions with medical and education teams to understand the young person's circumstances. We can use our judgement, informed by our shared knowledge and experience of that young person to determine risk factors and make plans for responsive actions and review. We can listen together to their lived experience and communicate to them that their views, ideas and experiences hold value. That we can help these young people together. We can be intentional about the support we provide through our shared knowledge of the impacts of cancer, leukemia and also mental health. We can have collaborative discussions with the people involved in their treatment and education to support the young person to have their needs identified, planned for, and reviewed. We can listen together to the young person's lived experience and communicate to them our interest and support. We can help the young person to make sense of their own stories through belonging and connection to their teacher and peers.

The HOST Program aims to make a positive change to school attendance and the academic / social / emotional wellbeing of young people with a cancer diagnosis.

The program has been running for 7 years and has been supported by the Women's & Children's Hospital Foundation over the past 6 years.

The group comprises of nursing, educators, allied health and psychology staff.

HOST supports schools to confidently care for young people by providing clinical information to ensure physical safety, access to educational resources for staff and peers and charity information including access to tutoring and education assessments.

HOST also provides responsive actions that acknowledge the impact of treatment on learning, behaviour and belonging.

The program is delivered in school, across two meetings, by HSSA staff, a nurse, and when appropriate allied health and / or psychology.

Initially the school visit program provided a visit at the early stage of diagnosis and focused on the health and educational needs of the young person whilst undergoing treatment.

The key areas of treatment were around:

- febrile neutropenia;
- CVAD management;
- first aid management;
- body image;
- the importance of maintaining links with peers.

It was identified in survivorship clinics that the educational and health support needs changed when the young people were transitioning back to school.

The key focus now becomes:

- psycho social focus to support re-engagement with school & peers;
- returning at full time capacity;
- curriculum modifications as required to allow for fatigue and memory issues;
- assessment of mobility and physical access;
- HOST has implemented a transition to school care plan with a follow up phone review.

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Shaping prevention and intervention: teachers' practices and strategies to promote student well-being and counter negative online social interactions

Ana Margarida Veiga Simão, Paula da Costa Ferreira, Nádía Salgado Pereira, Alexandra Barros, Alexandra Marques Pinto, Aristides I. Ferreira

Adolescent mental and physical health is often impacted by how they interact socially with others online. When these interactions are negative, the consequences for youth in terms of health can be grave, including dropping out of school, social isolation, psychological discomfort, physical pain, self-injury, suicide ideation, and suicide. Since negative online social interactions are increasingly prevalent among children and adolescents, it is crucial to identify the teaching practices and strategies used by teachers in the classroom which support the needs of their students experiencing these consequences and promote their well-being. It is also essential to investigate the teachers' perspectives regarding young people's use of social media to engage in social interactions online. To meet these objectives, a mixed research design was used based on self-report measures (Inventory of Observed Incidents of Cyberbullying) with quantitative and qualitative data. The participants included 543 teachers (M age = 49.98; 79.5% female; M = 23.79 years of service) who answered closed and open-ended questions online regarding the teaching practices and strategies they use in the classroom to support the needs of the students who experience grave consequences from negative online interactions. They were asked about their perspective on their students' use of social media to engage in social interactions online and activities to build resilience in the classroom to foster student well-being. A link was sent out to teachers randomly at a national level through the school district boards and teaching associations. Frequencies were calculated and inductive content analyses were performed on the quantitative and qualitative data. We identified the teaching prevention practices and strategies used in the classroom to support the needs of students and promote their well-being. In-class group discussions were frequently (40.9%) or sometimes (43.1%) used. The remaining teachers rarely or never used in-class discussions. The categories identified in these discussions pertained to social media safety, internet security, mental and physical well-being, hours dedicated to online interactions, lack of sleep, and the impact on academic outcomes, among others. Approximately 38.1% of teachers were aware of negative online interactions among their students, including cyberbullying situations, but they were also aware of individual and group follow-up advice regarding these events. The

main categories found regarding the advice given were related to informing other professionals, such as the school psychologist, the principal, and other teachers. The advice covered talking individually with those involved and informing all students of the consequences related to aggressive interpersonal relations online. Of those who were aware, 88% evaluated their practices and strategies as being adequate for the situation, whereas 6% thought they were inadequate and 5% thought they should have intervened differently. Additionally, 64% of teachers reported that the situation had been resolved due to their actions, whereas 17% said it had not, and 27% did not know. Concerning teachers' perspectives regarding children's and adolescents' use of social media to engage in social interactions online, 77.2% of teachers reported negative online interactions, such as cyberbullying behavior to be very unfair, and 78.3% found these interactions to be very severe for the well-being of their students. Students' interpersonal interactions and relationships with teachers and peers influence their social behavior directly (through modeling/advice) and indirectly through goals and expectations. Thus, there is a need for awareness and understanding from policy makers and specific funded training for teachers regarding aggressive online interactions and the psychological and physical consequences they may have on their students. Developing evidence-based interventions that strengthen the relationships between teachers, other staff (e.g., psychologists), and students, is effective, as these professionals serve as role models, resulting in young people becoming more engaged at school, and preventing them from experiencing online harm and its associated consequences.

Keywords

Youth, Teachers, Psychological and physical well-being, prevention, intervention

Acknowledgements

This study was funded by The Portuguese Foundation for Science and Technology (PTDC/PSI-GER/1918/2020) (project: Te@ch4SocialGood: promoting prosociality in schools to prevent cyberbullying, which focuses on teacher training to promote pro-sociality and well-being among youth and by Centro de Investigação em Ciência Psicológica (CICPSI – UIDB/04527/2020; UIDP/04527/2020).

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Pediatric partial day hospitalization & hospital school Inkendaal. A beneficial combination of health care, education and interdisciplinary therapy

Koen Bellemans

The Inkendaal Rehabilitation Hospital is a neurorehabilitation hospital in Flanders (Belgium) with 178 inpatient beds serving 15 rehabilitation trajectories for adults and children. Additionally, these rehabilitation trajectories are organized within an outpatient department. The children's outpatient department offers an integrated program that includes education, interdisciplinary therapy, and health care. The target groups of the outpatient pediatric operation are children with an acquired brain injury, cerebral palsy, neuromuscular disorders, spinal cord disorders, autism spectrum disorders, other developmental disabilities, and deconditioning following a period of intensive care or long-term hospitalization.

In the pediatric partial-day hospital, intensive, transdisciplinary rehabilitation is combined with care and education. This offer accommodates children and adolescents with complex rehabilitation needs, whose development and school and societal participation are at risk. Management and care are designed and delivered according to the ICF framework. Each year, the partial-day hospital welcomes 80 children aged 1 to 12 and 16 adolescents aged 13 to 18. Approximately 70 children attend daily. The children attend the partial-day hospital and hospital school for between 1–3 school years. Funding is obtained from the rehabilitation hospital budget of the federal government of Belgium, supplemented by federal hospital nomenclature for monodisciplinary services. However, the rehabilitation hospital budget only covers 60 children. Through intensive collaboration between the Ministries of Care, Health, and Education, financial resources can be pooled (infrastructure) and staff can be deployed flexibly. Thereby, transdisciplinary rehabilitation can be offered throughout the school day.

The children spend the entire school day in a rehabilitation class with their regular class instructor. The different disciplines (i.e., nursing, teaching, physical, occupational, and speech and language therapy) follow the shared objectives, as determined in cooperation with the child and their family. This happens during individual or group therapy, and considering the environment. Medical follow-up can be provided on the service by a pediatric neurologist and nursing staff.

Each child has their own care plan with rehabilitation goals. They follow an individual educational curriculum that is pursued by all team members within the rehabilitation class or during therapy. The daily structure of a

‘normal’ school day at the outpatient children’s department is maintained by alternating teaching and therapy with playtime. In the evening, children return home, thereby mobilizing and involving the home context in the pursuit of the child’s rehabilitation goals.

In this way, we aim to increase the child’s opportunities for participation to achieve social integration, optimal education, and increased self-reliance. A team meeting occurs every three months with the parents (and includes the child’s doctor, therapists, teacher, nurse, etc.) to monitor progress and update the goals if needed. Additionally, the need for future rehabilitation and extension of outpatient admission is evaluated. After the outpatient admission, the child returns to their regular school or to a school for special education.

The partial-day hospital has a daily staff of 20 teachers, 11 caregivers (first-level and specialist nurses), and one pediatric neurologist. On a weekly basis, the partial-day hospital deploys six physiotherapists, five speech and language therapists, three psychologists, five occupational therapists, and one conductor (conductive educationalist).

The departmental management consists of the doctors, the lead therapist, a head nurse, and the hospital school director.

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Hybrid classroom for hospital schooling: CLIPSO project

Vincenza Benigno, Giovanni Caruso, Andrea Ceregini, Francesca Dagnino, Edoardo Dalla Mutta, Chiara Fante

Background

The School in the Hospital (SiHo) in the Italian context guarantees the possibility for those children /teenagers who, for health reasons, are unable to take part in a mainstream schools' activities to exercise the right to education. This opportunity usually does not allow to overcome the condition of isolation that inpatients, especially in case of long-term hospitalization, suffer. This situation slows down the learning process and undermines the sense of belonging to the peer group (classmates). The maintenance of social and educational links with school offers young homebound students a sense of normality; moreover, the relationship with classmates mitigates the inpatient students' negative experiences, increases their sense of control and helps them to face treatment better (Maor & Mitchem, 2015).

To address this specific issue, the CLIPSO project (Hybrid Classes For Hospital School) aimed at finding inclusion-oriented methodologies through the use of educational technologies. CLIPSO grounds on the model of hybrid inclusive classroom (HC) developed in a previous project for homebound students (Benigno *et al.*, 2018).

Projects AIMS

The purpose of the CLIPSO project was to study and implement innovative solutions which, by exploiting the potential of technological tools and applications, can ensure that students hospitalized for long and/or periodic hospitalizations maintain social contacts with the outside.

In relation to this purpose, the following specific objectives have been identified:

- promote the professional development of hospital teachers related the use of digital technology through laboratory training activities;
- promote the use of technological resources in hospital teaching;
- promote collaboration with the hospitalized students' mainstream schools in order to develop inclusive educational activities;
- analyze the perception of the hospital school by Hospital Health Professionals.

Participants and Activities

Through all the different phases the project involved approximately 70 students (range 5-17 years) and 61 teachers (33 hospital school teachers / 28 mainstream school teachers). Most are woman (90%), in line with general profile of the Italy's teacher population (OECD, 2017), and their teaching covered all school levels, eleven kindergarten, nine primary, twenty-eight lower secondary, and thirteen upper secondary.

A Participatory Action Research (PAR) was adopted to foster a change in the Hospital School teaching practice by the implementation of ICT in the learning environment.

The principal activities of the project have been oriented to:

- the development Experiential Labs and a permanent online learning environment for both hospital teachers and mainstream school teachers dedicated to the methodological and technological issues related to the hybrid classroom;
- the experimentation of educational activities based on the model of the hybrid classroom adaptable to the needs of the SiHo;
- the experimentation of educational activities using robotics to sustain social dimension.

The CLIPSO project was ongoing during the COVID-19 outbreak, therefore several actions were oriented to understand its impact in the context of hospital schooling and homeschooling.

In this sense, interviews were carried out and a questionnaire administered at a national level to analyze the impact of the COVID emergency on the SiHo services.

Evaluation

Considering the complexity and innovation of the experimental project, the monitoring process covered the different phases of the project and involved all the actors teachers, students, families and health professionals. Qualitative and quantitative instruments has been developed to collect data.

Several papers where some findings of the CLIPSO project were reported are presented in the bibliography.

Acknowledgments

CLIPSO was funded by the Compagnia San Paolo, and implemented by the Institute for Educational Technologies of the Italian National Council of Research) in collaboration with two hospital schools (IC Sturla, E. Montale) and the Giannina Gaslini Pediatric Hospital in Genoa, Italy.

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Risk factors impacting on attention problems in children with leukemia in school re-entry compared to their healthy peers

Marta Tremolada, Roberta Maria Incardona, Livia Taverna, Valentina Mastrandrea, Sabrina Bonichini, Alessandra Biffi

Background and purpose

One year after the end of their treatment, children who undergo hospitalization and treatment for leukemia could experience the following risks predisposing them to having poor attention: the treatment intensity, young age at diagnosis, and female gender (Buizer *et al.*, 2005). This study's aims are: 1) to investigate attention abilities in a group of children with leukemia aged 6–10 years during therapy (at the time of school reintegration), 2) to evaluate the possible impact of medical and socio-demographic variables on aspects of attention, and 3) to compare the performance of the clinical group with a control group of healthy peers.

Methods

The patients involved were 50 children affected by acute lymphoid leukemia (ALL) and acute myeloid leukemia (AML), with an average age of 8.28 years (SD = 1.46); 24 males and 26 females, 41 who underwent a standard type of therapy, and nine who underwent a more intense high-risk cycle. This study was conducted at the Pediatric Oncohematology Clinic of Padua, after receiving parental authorization in the form of signed informed consent. The children were assessed through the KITAP interactive test (Zimmermann, Gondan & Fimm, 2002), which evaluates attention capacity through reaction times, errors, and omissions. The scores were compared with a group of healthy peers, assessed at a primary school using the same instruments. To compare the clinical group with the control group, participants were matched on the basis of their sociodemographic variables and geographical area. The study has a within and between design.

Findings

A series of ANOVAs showed that the children more at risk of attention problems were: aged 6–8 years, evaluated one year after diagnosis with respect to the end of the treatment, and those with higher therapy toxicity.

Moreover, the findings showed that males made more mistakes, while females committed more omissions and had longer reaction times.

Comparison analyses between the clinic and control groups showed greater errors in distractibility ($t(49) = -2.65$; $p = 0.01$) and in sustained attention ($t(49) = -2.57$; $p = 0.01$) in the control group, while the clinical group showed greater omissions in sustained attention ($t(49) = 2.16$; $p = 0.04$), slower reaction times ($t(49) = 2.05$; $p = 0.04$), and more omissions ($t(49) = 2$; $p = 0.05$).

Conclusions and implications

The results suggest that the clinical group has attention difficulties related to their information processing speed and aspects of selectivity, especially during the school re-entry; however, they did show greater precision and accuracy.

Individualized support programs must be implemented to help the child manage his/her attention in the classroom, i.e., adopting an individualized educational plan or learning instruments commonly used for *attention deficit hyperactivity disorder (ADHD)* students. Specific class programs could be set up to empower the social re-adaptation process, to establish a network between the various professionals looking after the child.

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Volunteering in pediatric oncology: solidarity in support of the disease

Laura Guidotti, Bianca Vigoni, Paola Corsano

Background

Over the years, volunteers have become increasingly important in the care paths of patients and their families, especially in oncology departments. The volunteers make the emotional load derived from the disease and the treatment more tolerable (Casiday *et al.*, 2008). In pediatric oncology, volunteers are integral to the care and assistance of young patients and their families, by proposing ludic-recreational activities, being present, and providing support.

The psycho-emotional experience of the volunteers has not been fully investigated in the literature, highlighting ambivalent feelings and motivations (Buralli & Amoroso, 2011). This contribution investigated the volunteers' psycho-emotional experiences and needs in pediatric oncology departments.

Methods

Twenty-two pediatric volunteers (F = 16; M = 6) (Mage = 42.5; SD = 15.44 years), belonging to pediatric oncohematology departments, were administered an ad-hoc semi-structured questionnaire to record their psycho-emotional experiences and other experiences.

Their responses were analyzed using a step-by-step analysis method. The individual researchers independently reviewed the answers several times, then identified specific recurring themes, and finally compared these themes with each other to arrive at an overall description of the dimensions investigated.

Findings

Activities: The volunteers work through ludic-recreational activities and support aimed at the children and parents.

Emotions: Most participants evaluated the volunteering activity very positively, considering it an experience of personal enrichment and affording important lessons.

They experienced happiness, sharing, strength, empathy, well-being, gratitude, growth, fulfillment, admiration, and pride. However, others described feelings of insecurity, discomfort, frustration, and a sense of helplessness, derived from the approach to pediatric oncological disease and the gravity of some clinical situations.

Relationships: Most of the pediatric volunteers found it more complex to relate to adolescents due to the high psychological and emotional suffering they can experience because of their greater levels of awareness of the oncological disease. Besides, the volunteers also maintained relationships with the patient's parents, who are often involved, by sharing personal issues. Although most of the volunteers felt appreciated and sought after, sometimes they could not work due to the refusal of their young patients or of their parents. This situation is frustrating but is accepted and understood. The volunteers described their working climate as positive and they felt part of a group.

Motivations

Two types of motivation were highlighted that drive the volunteers to continue with their work: other-oriented, aimed at satisfying prosocial and altruistic needs, and self-oriented, aimed at satisfying a personal need.

Needs: Despite taking part in a training course guaranteed by the Association for which they worked before becoming volunteers, and participating in further discussions and training, the main needs highlighted were for additional training and mentors to guide and support them in their work. These would provide opportunities for sharing and discussion of ideas and issues.

Conclusions

Our exploratory results are in line with what has been expressed in the literature regarding the emotional experiences of volunteers; they present conflicting feelings but these can be traced back to positive experiences and growth (Galindo-Kuhn, & Guzley, 2001).

The other-oriented and self-oriented motivational aspects also confirm previous literature reports (Marta & Pozzi, 2007).

There is a need for continuous training, support, and shared experiences to promote the psycho-emotional well-being of the volunteers (Brighton *et al.*, 2017).

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The psycho-emotional experience of the psychologist in the relationship with the adolescent patient

Cristiana Punzi, Laura Guidotti, Paola Corsano

Background and purpose

In line with the bio-psycho-social model, the birth of psycho-oncology and its subsequent affirmation in the hospital context has demonstrated the importance of the psychologist in the treatment path of the patient and their family (Capello *et al.*, 2004; Galli & Pagliaro, 2017).

The analysis of the literature has highlighted an important emotional load in these professional figures but, despite this evidence, there is little research relating to the psycho-emotional and relational experience of the psychologist who works with cancer patients (adulthood and/or childhood) (Wiener *et al.*, 2012).

The aim of this contribution is to analyze the emotional, psychological, and relational experiences of psychologists working with cancer patients, especially adolescents.

Methods

The research involved 20 psychologists and psychotherapists (15 females and five males), aged between 27 and 66, working in pediatric oncology wards in various Italian regions. They were given an online ad hoc semi-structured questionnaire aimed at capturing their psycho-relational experiences.

This questionnaire was developed after studying the training needs of psycho-oncologists which identified psycho-social dimensions, such as emotional and relational aspects and the psychologist's needs. These constituted the thematic areas within which the specific questions were formulated.

The answers were analyzed using a step-by-step analysis. The researchers first read the answers several times independently, then identified specific recurring themes, and finally the researchers compared these with each other to arrive at an overall description of the investigated dimensions.

Findings

Activities

Professionals offer individual and family psychological support, mainly through clinical interviews.

Emotional experience: Most participants believe that working with adolescents is more difficult than other ages due to the complexity linked to the

adolescents' developmental stage. Psychologists report experiencing positive feelings (e.g., enthusiasm, happiness, satisfaction, tenderness), as well as negative feelings (e.g., anger, sadness, fear, frustration, helplessness, tiredness). Similarly, relating to the parents also arouses positive and negative emotions.

Relational aspects

Overall, some relational difficulties emerge that are coherent with the patient's developmental stage, together with difficulties deriving from the personal characteristics of the child they are working with. Despite this, the way of relating to the adolescent refers to aspects of spontaneity and authenticity. Active listening and relational modalities are used aimed at structuring a therapeutic relationship over time, respecting the timing of the young people. Most participants are curious and want to discover the various facets of their interlocutor, trying to use their own language and way of interacting. Adolescents experience many issues, including bodily changes, sexuality, friendships, and the future. These issues emotionally impact on the psychologist operator. The theme of death, albeit not a taboo, is approached with caution. This theme arouses feelings of sadness, helplessness, and anger in the professional.

Needs

The need for confrontation emerges as being predominant.

Conclusions and implications

The study made it possible to investigate, albeit in an exploratory way, the psycho-emotional and relational experience of psychologists working with adolescent cancer patients (Wiener *et al.*, 2012).

Mixed feelings emerge, although positive overall, despite the issues being dealt with in the relationship with the adolescent being emotionally taxing.

The need for a continuous coming to terms with one's feelings is necessary to promote a state of psycho-emotional well-being for the professional. It is hoped that this contribution will provide food for thought to enhance research in this field and to detect intervention strategies useful for supporting the experience and work of these professionals.

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“Dogs’n Dreams” Educational Project of Assisted Intervention with Animals (AAE) aimed at children and young people being treated at the pediatric hemato oncology unit of Treviso

Carla Giugno

Background

The “Dogs’n Dreams” project began in 2016 at the pediatric hemato oncology unit of Treviso in response to a request from the head of the unit and the psychotherapist. The project involves a weekly activity with dogs aimed at improving the patient’s quality of life and reducing stress. The interventions are provided for patients who are not severely immunocompromised and have favorable clinical conditions for contact with animals. The project is registered at the National Reference Center for Assisted Interventions and employs a team of professionals, including a project manager, veterinarian, dog handlers, and trained dogs.

Objectives

The objectives favor the educational aspects over those of learning, even if the presence of animals helps create a positive, serene, and harmonious learning context.

Educational objectives:

1. Improving self-esteem and motivation
2. Decreased sense of isolation
3. Decreased stress
4. Improvement of interpersonal skills

Learning objectives:

1. Experimentation of a particularly significant relational context
2. Develop appropriate approach behaviors towards animals and respect their welfare
3. Acquisition of new terminologies and language enrichment

Activities

The activities aimed at individuals or small groups must be conducted according to the objectives established as follows:

Objective 1: Users subjected to strenuous and heavy treatment paths risk seeing themselves only as a disease. The associated isolation causes a lack of self-esteem that often results in contracted body posture, a resigned tone of voice, and low mood. The activities proposed in these situations consist of small obedience work units with the dogs. The users give simple commands to dogs such as sitting, grounding, turning, searching, taking, and leaving. The dogs respond more assertively the more commanding the patient's voice and posture becomes.

Objective 2: The weekly appointment with the dog translates into a sense of expectation and then of joy at the time of meeting with the animal and with its handler. At a time when external relationships are rare, these appointments become important to the children. The multidisciplinary team also organizes the participating children's treatments to coincide with the days when the assisted activities are planned, thus forming groups of peers who are involved in simple games with the dogs.

Objective 3: To reduce stress and promote empathic communication with the animals. Dog grooming activities are proposed that can be carried out by placing the animal on the table or the bed.

Objective 4: The animal's presence stimulates curiosity and dialogue about its correct care. The assistants answer questions about the care and behavior of the dogs and thereby direct the children's and parents' conversations toward topics that are not purely clinical.

Evaluation

A briefing takes place before each intervention by the operating team where the intervention is prepared. There is a further briefing at the end during which forms are completed to monitor the intervention's effectiveness for the patient and the behavior of the dogs during the sessions.

The multidisciplinary hematooncology team identifies those patients who would potentially benefit most from the assisted intervention. Approximately 20 patients are involved in the activity each year.

Following the meetings, through analysis of the observation sheets, and sometimes thanks to video documentation, we confirmed the following findings:

- improved mood
- increased tone of voice
- improved self-esteem
- improvement of child-child, adult-child, and adult-adult relationships
- improvement of future planning
- increased collaboration during medical interventions

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Your smile: The magic of smiles in music education in the hospital setting of a pediatric oncologic ward

Susanne Mauss

Background and purpose

In a hospital environment, children usually have no opportunity to engage in instrumental music group activities. In cooperation with MDW (The University of Music and Performing Arts, Vienna), we were able to allocate the necessary resources to acquire the best teachers and establish suitable methods. This resulted in a project offering proper music teaching and simultaneously cheering up the children involved and the entire ward.

Description of learning methods

Most importantly, the schoolchildren take part as participants not as listeners from the start. Children's natural behaviors such as being curious, discovering by experimenting, playing, imitating, and exploring, lead to learning while they perform in the group of musicians. Acting as musicians themselves, they are encouraged and guided by the MDW students and their regular teacher. Often children in oncologic wards have short attention spans so using several different activities keeps them focused. We let them jam and freestyle with their recently acquired musical elements. We selected elements of songs/catchy melodies that children can easily play as solos.

Description of activities

With this project, instrumental music education becomes a part of our regular curriculum. Children are equal participants in the process of learning with the motto: "We are all musicians practicing music together". Where possible, movement is used to activate and mobilize children in a cheerful way. Even in the palliative situation, children may experience themselves as actors – no matter how limited the possibilities have become. We present a variety of different instruments the students can use and learn to play to enrich their learning experience. As an example, playing the drum might be the only way for some children on the ward to express their anger or bad mood.

Learning in a group (whenever possible, despite COVID19) turns those lessons into a more collaborative and interactive learning environment. It also helps to expand horizons under limited conditions in extremely stressful situations.

Conclusions and implications

Working together with the MDW students in our music lessons makes music teaching much more effective. The children participate in an active group performing instrumental music. Parents engage in playing music with their children (for example in isolation rooms) and watch their children being active (again). During performances on the ward, our schoolchildren are seen in a new way by the hospital staff – they are not reduced to their illnesses but perceived as active musicians.

Evaluations

In the first year we worked with the MDW course management and two to three students once a week. Our music units lasted 2 x 30 minutes. A course for our special music lessons was initiated at the MDW to document our experiences and use them for further research. This year we are already working with two groups of music students on two different wards.

“The music lesson is much too short!”, “My child started speaking again after the music lesson!”, “My child is much more active in music class than usual!” These are some of the comments we often hear from children or parents and even the nurses often sing along with us.

Since October 2021, 36 children are active in the project.

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The well-being becomes narrating

Melania Scarabottini

Context

Narrative Medicine arises from research into strategies and methods of a shared approach of care to support coping with an oncological disease. The practitioners and teachers of the multidisciplinary Oncology Ward Team of the Perugia Hospital have conducted training and devised an experimental Narrative Medicine path. This has been promoted and organized by SIO, from 2014 onwards, according to the Columbia University methods by Charon (2019) and SIMeN (2015), aimed to test a shared and integrated model to customize the care process.

Learning objectives

- to promote narration as an integral part of the care path
- to guarantee an empathic and welcoming care setting for families, to elaborate experiences and empower individual and intra-family resources
- to facilitate a collegial, containing, and supportive management
- to increase communication skills
- to support the whole context and prevent the risk of burn-out risk
- to honor the students' histories

Activity

In the meetings, the Close Reading method was used to improve the narrative competence, in particular, the ability to listen carefully. Each time, a specific framework was proposed, with literary or artistic interpretative prompts, followed by shared initial oral reflections, writing, and reciprocal re-reading of prompts.

Operators at first and the patients, in the application part, through the narrations, the role-playing, the use of movies and figurative images were able to observe and reflect on the way to approach and the relationship with the doctor, with the student and in relation to the disease. Other tools applied in the workshops were talks, semi-structured narrative interviews, reflective writing, the use of literary stories and the narration performed by a care professional.

Evaluation

The experimentation that involved 10 of the 30 team operators, together with 10 pupils for two years, turned out to be a useful practice, motivating and engaging, which allowed the “learning by doing” of narrative practices, the “in and on action” reflection, an encouraging and constructive feedback, as irreplaceable stimulus to improve their own skills as ability to mediate, to show attention, to unite. The narratives took place between symbols, metaphors and hidden meanings. From the medical history, it is possible to provide a holistic vision of the existential reality of pupils. The “diary in the Medicheria” for the health workers and the “logbook” for the students were very effective as “Freeze-image” of impressions, memories, experiences, meta-messages, the autobiographical and figurative narratives allow to understand more and to understand together. The results of this experimentation will be evaluated over time with qualitative approaches, to understand how behaviors have changed, and the effects of those interventions to organizational level and on the impact over the patient well-being.

Conclusions and implementations

The multiannual project has gradually allowed the reversal of the treatment paradigm, putting the patient-pupil at the heart of process in the multidimensionality of his person. The postures acquired now allow us to write an integrated clinical history of care, in which the health, emotions, value, humanities are hired and recognized to promote in child/adolescent with medical needs the process of conscious participation, to become active protagonists of their path, and to favor the therapeutic compliance. According to Mortari (2015) and Scardicchio (2019) that vision of the care aims to the construction of a parallel folder, that prevents burn-out and it helps to humanize medicine, to improve the acts of care, personalizing the course of treatment and finally it becomes a collective tool for empowerment and for sharing.

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Implementing Education for Sustainable Development in the context of hospital teaching

Gard Ove Sørvik

Background

For hospital teachers, hospitals have great potential as physical learning environments to develop competencies for climate action. On one hand, hospitals generate significant environmental footprints through their energy consumption, waste production, and as major consumers of industrial food production. On the other hand, hospitals prevent and cure diseases at a time when climate change is considered the biggest global health threat of the 21st century.

Sustainable development (SD) is now a core curriculum component of education in Norway, where it is one of three interdisciplinary themes (Kunnskapsdepartementet, 2017). Here, a series of three school projects at The Oslo Hospital School is presented, which have attempted to implement Education for Sustainable Development (ESD) in the context of hospital teaching. ESD is a teaching and learning approach that aims to empower learners “to take informed decisions and responsible actions for environmental integrity, economic viability and a just society, for present and future generations, while respecting cultural diversity” (UNESCO, 2014, 12). The projects received funding and support from The Sustainable Backpack – a national initiative in Norway to promote ESD in schools.

Learning objectives

In Norway, all hospitals have committed to reducing their carbon footprint significantly. Thus, a key factor for us has been to create a partnership with the environmental leadership at Oslo University Hospital. Our main objective to do so has been to include our students as active participants in the local and real-life environmental measures of the hospital. This enables the students to work with a holistic approach that is considered central to ESD, acknowledging the social, environmental, and economic aspects of the issue (Sandell *et al.*, 2005).

Activities

In the first project, students aged 6 to 18 years participated in various stages of developing a small rooftop garden at the children’s ward of Oslo University Hospital’s Ullevål hospital. They designed their vision for a

hospital rooftop garden, chose specific models and colors of climate-neutral outdoor furniture, and planted vegetables and bee-friendly flowers.

In the second project, we invited students in the hospital to suggest environmental measures for the hospital in collaboration with the environmental leadership at Oslo University Hospital. Our students could explore and submit their proposals to the environmental leadership, who reviewed and attempted to implement them.

For our third ESD project, we worked towards a sustainable poetry exhibition at the hospital to celebrate World Poetry Day. By using creative writing to co-create with our students, we attempted to affect people through art and literature and explore how poems about sustainability and climate change could empower our students and have their voices heard in the hospital.

Evaluation

The three projects have each resulted in specific environmental measures in the hospital, based on the student work, such as a rooftop garden and sustainable poetry exhibitions. The hospital received 88 environmental measures from students. 31 poems, written by students, were featured in the main poetry exhibition. Feedback from the students themselves indicates that the level of actual student involvement was an important and positive feature. In addition, the rooftop garden, which was developed by our students, received attention from The South-Eastern Norway Regional Health Authority, Health Care Without Harm, and the World Green Infrastructure Network.

Conclusions and implications

Taken together, the three projects demonstrate ways in which hospital schools can collaborate with hospitals to create learning environments to explore complex issues of sustainability. Key insights for implementing ESD in the context of hospital teaching were, in these cases, centered on partnering with environmental leadership at the hospital, funding, interdisciplinary collaboration, time allocation, and school organization.

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“We shape the future with our students because, by providing them with education opportunities now, we help them reach their potential. However, those potentials are not pre-set. If we can use their and our narrative thought to prefigure subjunctive possible worlds, seeing a change or setting an objective in the future can also have anticipatory effects that can change their imminent present.

The abstracts in this book, presented at the 12th HOPE congress in Milan held in May 2023, represent a wide range of ideas and activities from all over the world. They can be used by all those working in the field of children’s and families’ well-being to see possible worlds that can be realized in their own context, place, and time.

To shape our future, with education.”

ISBN: 978-88-9392-440-5 (PDF)

DOI: 10.53145/978-88-9392-440-5

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