

## **A “Robot project AV1”, and “Documents of advice” for an inclusive schooling**

Carina Eriksson, Andreas Svensson, Björn Olsson

The AV1 robot project for an inclusive schooling and supportive documents with a useful collection of advice to educators for children with medical needs

The Swedish Childhood Cancer Foundation (Barncancerfonden), in cooperation with hospital teachers from Sweden, want to show the AV1 robot and share their experiences with this new tool of education, where pupils at hospitals can participate "live", through a robot in the classroom connected with an iPad conducted by the student.

<https://www.noisolation.com/en/>

"The right to school support for children with cancer", are documents of information which give advice and guidance around school issues for all children and adolescence who because of illness cannot attend school as normal. The goal is to stop exclusion of sick children and their families. The documents also give advice and good examples of how to include pupils despite medical needs.

They are directed to families, personnel at ordinary schools, hospital schools, is accessible to all and free of charge through the Swedish Childhood Cancer Foundation <https://www.barncancerfonden.se/en/>

The documents have been developed in cooperation between the cancer foundation and hospital teachers, to make it easier to organize and together provide an including and equal education despite the pupils' absence from school.

As hospital teachers we have good use of this material and want to share the information. Here you easily find the laws of pupils' rights and a large collection of advice in contact with personnel at the students' ordinary schools, concerning how to plan and secure a successful schooling, organize around the student, the environment, family approach and other useful information. The material also contains documents of advice for school directors, parents/guardians, for mentors, other school personnel and advice concerning students at risk for late complications.

# **A psycho-educational intervention to prepare children undergo Magnetic Resonance Imaging**

Michele Capurso

## Background

Magnetic Resonance Imaging (MRI) is a common medical investigation. Due to the exam characteristic (confined space, noise, need to lie still), children often find it anxiety-provoking and too distressing to cope. For this reason, it is a common paediatric practice to use sedation or even anaesthesia.

## Objective

With the aim of preparing children to undergo MRI without sedation, a practice MRI intervention was introduced in an local public hospital in central Italy. The program was initially setup by the University, and after a proper training it was assigned to a local association.

## Materials and methods

The intervention was planned upon a bioecological approach and was conducted between 2008 and 2017 in an playroom using a combined set of role-play, sound and images presentation, socio-emotional support and behavioural modelling. Data were collected ex-post with respect to age, gender, duration of scans and scan quality, which was assessed using a 4-point visual Likert scale (De Bie 2010).

## Results

A total of 66 children were included in the program (age 3-14; mean 7,5; SD 2,55; 63% Male). All of the children passed the practice, and 62 of them (94%) underwent a successful MRI without sedation. Image quality resulted to be aligned with other similar studies. No effect of the exam duration over image quality was found (T0 vs.T1:p=.584; T0vs.T2:p=.666; T1vs.T2:p=.951) and no correlation age\*quality was found ( $r=-0,0276$   $p=0,840$ ).

## Conclusion

Our MRI preparation program facilitated children to cope with MRI without sedation. This program represents a noteworthy example of collaboration between educators, medical practitioners and local volunteer association and helps hospital to respect children and recognize them an active role during medical procedures.

## **A unique Training model for Hospital Teachers**

Meirav Hen

**Aims:** To present a psychoeducational training model for hospital teachers by providing equal education. To discuss our training model and further research to support the development of the hospital teachers' professional role relating to the hospitalized children and their community.

**Description:** Hospital teachers work within a unique educational environment. Similar to other teachers, their role is to maintain the educational continuity for children, in order to increase each child's opportunity to develop into their own selves. However, as opposed to school teachers, hospital teachers maintain the educational continuity in a very unique setting. The law in Israel for sick children has recognized the need to maintain the educational continuity for children who cannot attend school for a variety of long and short-term medical needs. Hospital schools have been established in many hospitals but no suitable training has been developed to meet the special needs of those children. Such training should include the knowledge how to approach children, how to interpret & understand hospitalized children's inner needs, how to talk to parents, and maintain short-term educational dialogues to support hospitalized children's inner growth.

|We have developed a 30-hour training model for hospital teachers that is based on several psycho-educational bodies of literature. We teach hospital teachers the basics of psychotherapy, maintaining accommodated educational dialogues, working with parents as well as within a multidisciplinary staff. Our training model includes theories, educational dialogues, reflections, practice & implementations. This model has been implemented in two hospital schools in Israel with very positive ongoing feedback.

## **An exploratory study on hospital teachers' views of their role**

Marianthi Papadimitriou

Hospital education is considered a fundamental human right of all hospitalised pupils and a vital part in the recovery process (H.O.P.E., 2000). It offers to the child a sense of normalcy and continuity (Burnett, 1999), an opportunity for social interaction and engagement with academic work (Zhu & Van Winkel, 2014) and most importantly a sense of personal accomplishment and achievement (Norris & Closs, 1999).

Although hospital school services have been well established in Europe for at least half a century now very little is known and have been written about the role of hospital teacher and hospital education in the recovery process (Farrell & Harris, 2003). Hospital education seems to be the most under researched area (Farrell & Harris, 2003). Published studies on the field are far and few between most dating back in the 80s with most relevant publications coming from anecdotal accounts of hospital teachers based on their personal experience (e.g. Burnett, 1999; Cock, 1981; Dewsbury & Jones, 1984; Landy & Colhurn, 1995; Lee, 1975; Noble, 1976).

This presentation will focus on the preliminary results of an exploratory study involving some of the largest hospital schools in London. It will aim to address key results on the perception of the hospital teachers regarding their role as well as the main challenges and supportive factors relating to their profession.

## **An Interdisciplinary Approach to School Re-Entry: Educational and Social/Emotional Support for Children with Cancer and Chronic Illness**

Julie Pollman

Due to significant medical advances in the treatment of childhood cancer and other serious medical conditions, more children and adolescents than ever are surviving life-threatening illnesses. Those that survive or who continue to live with a chronic illness often face both academic and social challenges as they seek to re-enter school. The Marie Wattis School at UCSF Benioff Children's Hospital has developed an interdisciplinary collaborative approach to school re-entry that seeks to address potential obstacles parents and children may face as they reintegrate into school and social environments.

Utilizing an interdisciplinary team that includes teachers, social workers, and child life specialists, we are able to educate students, parents, and school staff about potential social, emotional, and cognitive needs of medically compromised students. Our program provides the following services to students and their families:

- School presentations to school staff and classmates regarding a student's illness
- Phone or tech-based consultations with school staff
- Comprehensive resource packets for parents and school staff that include: videos, resource guides, information about special education and support services, and role playing exercises
- Assistance with home instruction services
- Referral services for special education and social services
- Attendance at IEP and SST meetings
- Follow-up communication to ensure ongoing school and social success

The school re-entry team also functions within the hospital setting as integral members of interdisciplinary teams during rounds and family conferences, advocating for the educational, developmental, social, and emotional needs of children.

## **Communication of information in the hospital school integrated model: traditional and digital tools at Monza's Maria Letizia Verga – S. Gerardo hospital**

Ilaria Ripamonti, Flavia Tarquini, Angela Passoni

A multidisciplinary team takes care of hospitalized children with a holistic approach which involves different aspects of the children's wellbeing. Doctors, psychologists, social workers, play activities coordinators and school staff are part of this multidisciplinary team and they work closely together providing family-centred care.

This integrated model needs a system of communication which guarantees an effective flow of information and respects privacy at the same time.

At Monza's Hospital School this network of assistance is carried out through the use of specific procedures and methods. Apart from the weekly staff meeting, members of the équipe have the following instruments at their disposal which enable them to gather information regarding the children:

- Psychosocial File. It is similar to the medical records but it is used by social workers, psychologists, doctors and teachers to record their activities with the child.
- Hospitalized children data. All members of the team can access information including names of the hospitalized children, ward and room number where they are hospitalized, therapies they are following and their health condition.
- Day Hospital Agenda. Dates of the day hospital appointments, therapies and types of check-ups are specified here.

These instruments have changed and evolved in the course of time. In the past few years, technological devices have made it easier for medical and school staff to share information and ideas.

Thorough information-sharing is of paramount importance both for the staff and the students in order to favour inclusion.

## **Cooking workshops „Zdrowiaki gotują” – healthy and sweet breakfast and dessert**

Barbara Zgolik, Jolanta Krawciów, Amelia Walotek

Educational project „Zdrowiaki gotują” was created because of need of education for small patients and their parents about healthy nutrition during oncologic treatment. The cooking classes are conducted once a month in hospital on haematological and cancer ward for children.

### Goals of workshops

1. Familiarize the participants with educational project conducted in Special Primary School no 38 in Zabrze (hospital school).
2. Presenting interesting recipes, which can convince children to ‘difficult’ flavours like (borecole, spinach, plain chocolate, avocado).

### Program of workshops

1. Short presentation of the project "Zdrowiaki gotują”
2. Integrative play – dividing the participants into three groups.
3. Draw recipes by group leaders.
4. Preparation the meals according to the recipes:

I group: oatmeal-banana cookies

II group: chocolate cream

III group: fruit skewers

5. Preparing together a green smoothie.
6. Tasting prepared meals during slideshow from various cooking workshops at the hospital school in Zabrze.

### Correlation with the theme of the congress:

Culinary workshops are one of the forms of activity that children can take part in during their staying in hospital. Students treated on the hematology and pediatric oncology ward are separated from their home environment and deprived of opportunities to develop their interests just as their healthy peers. The workshops give them opportunity to develop comprehensive cognitive development by bringing them the world outside the hospital's walls closer, providing children and their parents the knowledge about healthy diets and high-value products and nutrition during oncological treatment.

## **Creation of educational environment for children undergoing long-term medical treatment in hospitals**

Nataliia Kurikalova, Mikhail Shibelev

The innovative platform “Creation and implementation of educational environment for schoolchildren who undergo long-term treatment in hospitals” has been launched in Russia. The Project has set the task to create a completely new type of full-fledged school in hospitals as an innovative model in its structure, organization, administration and methodology.

As soon as children are diagnosed with serious diseases they stop schooling. Interrupted schooling and reduced contact with social network of peers caused by long absence from school result in decline in academic achievements and unstable emotional status. Academic gap between in-patients and their healthy peers is often 1-3 years. To make matters worse some surgical treatment and medicines impair children’s cognitive functions. Integrated educational environment for children with disabilities is being formed as a means for the realization of unlimited possibilities for individual personal development and full medical and social rehabilitation of in-patients with due support of their families.

Specific conditions of learning process are reflected in adapted educational study-plans (curriculum) which include individual learning plans based on treatment schemes, medical recommendations and individual rehabilitation programmes. In this context the role of distance learning technologies which compensate limited forms of personal “teacher-pupil” classroom interaction has grown dramatically.

As traditional scaffolding practices are difficult to apply in hospital school Project team has been searching for more suitable forms and methods of engaging in-patients into learning. One of them is Robotics which provide engaging and effective context in many subject areas.

The first results of the Project will be presented at the session.

## **DAA Hospital School Social Support Projects**

Kristine Andreasyan, Liana Sanamyan, Hasmik Tadevosyan

Direct Aid Association (DAA) [www.daa.am](http://www.daa.am) was founded and registered in Armenia in 1997 as a long-term developmental charity organization. The main action places are “Arabkir” Medical Center & Institute of Child and Adolescent Health (ICAH) [www.arabkirjmc.am](http://www.arabkirjmc.am) and the Republican Hematology Hospital Children’s Department. DAA runs the only hospital school in Armenia. The core programs are the hospital schooling and teacher’s services, providing educational services to the children on treatment in both hospitals; the support to Hospital Psychology and Social Worker’s service. The Patients Family House (PFH) service is a unique social institution in Armenia providing accommodation and social support to the parent/guardian while the child is on an inpatient treatment.

Among our social services are also the “Mother and Child” program with the psychological support and skill teaching components for the mothers who have to take care of their child/children while on treatment and the Special Educators’ Club a practical professional exchange platform for the specialists working with the children with educational needs in general schools and support centers outside the hospital.

The Patients’ Summer Camp is a combined educational and social program during which children learn new skills and content while having a two-week’s rest. The camp is a special place for real integration of the children with medical needs.

## **EDMed**

Tracey Webster, Natali Milovanovic

Since 1998 RMHC Australia has provided educational support to students with serious health conditions through the Ronald McDonald Learning Program (RMLP). The RMLP provides academic and psychometric assessment along with speech and/or occupational therapy and individual tuition with a qualified teacher for up to 40 weeks to assist students with catching up on missed education due to their illness. Currently over 1,200 students are supported each week.

Working closely with mainstream schools it was identified that many teachers lacked knowledge on how to support students returning back to the classroom. Furthermore, many teachers did not know how the illness impacted the students learning. To meet this identified need RMHC created 'EDMed' - Professional Development for Teachers on how to support students with health conditions. EDMed is accredited with the NSW Education Standards Authority (NESA).

RMHC Australia has recently created an online, self-paced learning module of EDMed. This talk will take delegates through an interactive session on the various components of the EDMed on line module. It will look at accommodations teachers can make in the classroom and the psycho - social impacts of illness for students with serious health conditions.

EDMed® is Australia's leading accredited professional development supporting teachers working with students with a chronic illness.

Delivered to over 24 000 professionals across Australia EDMed empowers teachers with strategies to improve the educational outcomes of students with chronic health conditions such as Diabetes, Epilepsy, Crohn's Disease, Cystic Fibrosis, Cancer etc.

## **Exploring best practice with similar schools in a global context, in teaching and learning, curriculum development, transition pathways for pupils with mental health issues**

Gillian Linkleter, Mark Jones

The theme of the talk will be to share best practice to enable the teaching and learning of pupils with mental health issues and medical needs.

We are a very unique specialised provision working within very diverse fields of education. Mental health has come to the forefront in recent months within the UK through Government policy and independent reviews of the provision for young people. This project would allow us to share experiences, practice and training within a global context and thus develop new ideas and approaches that will benefit our pupils. We hope to collaborate with our partners to develop teaching and learning, curriculum and strategies to further support our pupils. Transitioning from an inpatient mental health unit is a daunting experience for our pupils and we would like to explore ways that other provisions similar to ourselves ensure that this is well managed with the best outcomes for the pupils involved. We would also like to develop further teaching and learning strategies to support the pupils by sharing methodology and pedagogy practices. Likewise the curriculum will be a focus to explore how and what other similar schools deliver to ensure the pupils have access to the best life chances.

The conference will also enable us to promote awareness of Newcastle Bridges School as a very unique provision and Mental Health teaching within both a national and international context.

## **Family's and teachers' attitudes on inclusive education of children with special education needs and / or medical condition in Romania**

Fotinica Gliga & Mihai Benchea

Our study evaluates family attitudes regarding educational inclusion of children with / without disabilities (CWD/CWOD), at a crucial point in a child's life – the transition from kindergarten to school and the attitude of teachers / peers regarding children with medical condition (e.g. cancer)(CWMC). We have used a quantitative method based on a questionnaire. The participants were 241 parents of children with / without special education needs from kindergarten and 222 parents of CWMC. We found gender differences in acceptance. Mothers of CWD were more in favor of social and educational inclusion and had a deeper understanding and wider knowledge of terminology and specific legislation. Fathers of CWOD selected acceptance as main attitude regarding CWD, but second in line came rejection and indifference. They are those who disagree with the integration of CWD in school and do not believe that discrimination could be eliminated in Romanian society. Parents (most of them are mothers) of CWMC are in favor of inclusive education and they selected acceptance as main attitude of teachers and colleagues of their sick children. We hope that this study will inspire and encourage changes in parental attitudes and especially those of fathers and also those of teachers / peers of sick children. The starting point for such change should be better information and closer contact by volunteering with CWD / CWMC, in order to appreciate their achievements and not only their weaknesses.

**Keywords:** mothers 'attitudes, fathers 'attitudes, teachers 'attitudes, inclusive education, hospital school

## **From Being Sick to Being Sick of School**

Christine Walser

School refusal in children and adolescents with medical conditions is a new issue which we currently face on a more regular basis. Not only does it affect the education of these students but it also impairs the adherence and can therefore lead to an aggravation of the medical condition or - in the worst case - to the loss of a graft. A background of migration with all the consequences such as problems with the level of language(s) spoken and required at school, gaps in the curricular contents, lack of supporting friends, no suitable role models nor positive perspectives in life, a maybe traumatized or weak family system, poverty... The cases, which will be presented, are from the department of nephrology of our University Children's Hospital in Zurich, Switzerland, and show that an early intervention and a special effort and commitment of the whole multiprofessional and interdisciplinary team of the home schools and the hospital can help. We aim to work together with the child / adolescent, their parents, the home school and hospital team in order to develop a system of close monitoring of the absences and build up a supportive network.

## **Going back home - Hospitalized children go back to their school in the community**

Maskit Gilan Shochat

Aims: - To present a model for assisting hospitalized children in the transition from hospitalization back to their community school. . - To discuss the different methods available for hospital teachers, who are managing a transition procedure with the hospitalized children and their school communities.

Description : Going back home after a short or long period of hospitalization is usually perceived as a positive event for most kids. They are happy to go back to their friends, games, hobbies and their regular daily routines and even to their schoolwork. However, most kids are not aware and cannot imagine what difficulties they may encounter during this transition. Even if aware, some of them often experience anxiety. In an attempt to address an important aspect of this transition, we developed a model to help children, parents and school teachers to make the transition back to school smoother. By working through several dilemmas we will present our working model and our experience and then attempt to adapt it to participants' specific needs.

## **Healing effect of learning**

Szilvia Golyán

We all know that the human brain is immensely complex and still somewhat of a mystery. It follows then, that learning - a primary function of the brain - is understood in many different ways. We know a lot of definition of learning. Learning is the act of acquiring new, or modifying and reinforcing, existing knowledge, behaviours, skills, values, or preferences and may involve synthesizing different types of information. And learning could be a 'not liked' activity in children's life, and learning could be the most important thing. What do you think could learning have a healing effect? Nowadays one of our challenges in pre-primary and primary teachers' training in Hungary: How can we as teachers promote to educate the students with special educational needs or medical needs? What can we do if one of our students in hospital or at home because of a disease or injury? How can we reintegrate her/him back to the 'pre-school/school of belonging'? And another big challenge is, because of hospital education works on an autodidactic way in Hungary, we are working on a postgraduate specialist training course. I would like to share my experiences how we try to rebuild our curriculums to train professionals who have well-founded theoretical knowledge, skills, abilities and are qualified to educate children with a modern approach in hospital, at home or in school.

## **Hidden**

Natalia Adamczyk

Workshop for teachers, educators, animators who are still looking for new inspirations.

„Hidden” is about remind that sometimes „less is more”, especially if we work with children.

We will look for a moment to the pocket created by Iwona Chmielewska in her book „W kieszonce”, trying to guess why hidden things are so unusual for everyone, not only for children. After that we will made some short crafts – to show various of ideas for workshops/lessons using hiding concept in practice.

Let's find the beauty of Hidden together!

## **Homeschooling in Madrid. Avoiding exclusion and enhancing interaction throughout foreign language teaching**

Melania Di Napoli

Sick children need to be cared for through inclusive education and attention to diversity in hospitals and at home to avoid further educational and social exclusion. To tackle such an important issue, the region of Madrid has created a network of hospital schools and home classrooms.

Within the framework of this system, we will present a personal experience as a homeschool teacher of humanities, languages and social sciences to seven sick children aged 11 to 15 years old during the school year 2016-17. Drawing upon this experience, we will see what interaction dynamics take place between the sick children and their families, the homeschooling support service teacher and children's regular schools.

Furthermore, we will examine the teaching strategies used throughout this experience to achieve all the academic goals set by the schools. We will focus mainly on the strategies to teach English as a Foreign Language (EFL) that compensate the lack of a class group interaction and avoid further social exclusion. Besides, we will consider to what extent the homeschool teacher can act autonomously and creatively.

## **HospiEdu - a home learning program with personalized e-learning materials and personal tutoring by secondary schoolers and undergrads**

Monika Tóthné Almássy

KórházSuli (HospiEdu) was conceived with the aim of providing children in long-term hospital care with personalised, interactive e-learning materials specially tailored to their needs. HospiEdu helps both the students, the pedagogues and the children's parents to cope better with the challenge of learning while in hospital but mostly at home. In addition the added value of this project is that it is done by secondary school and university students .

It is a win-win situation in which hospitalized children get help and company from their peers, and the volunteers can develop their IT skills and sensitivity to the social problems.

Currently, the programme has been going on for more than two school years in Hungary, we have nearly 1000 volunteers and there have been approximately 400 content development projects benefiting around 150 hospitalised children.

## **Hospital as a meeting place for various Others and Aliens. Ways of understanding and help**

Magdalena Pluta

Hospital is a place where people with different problems and from different environments meet. These are patients affected by a disease, their relatives and medical staff. Each of them plays their social roles, and what is common for them is the disease. The disease can cause a lot of problems in life of the patient and people in his environment. The patient's body is changing, his physical and mental condition, appearance and even his way of thinking. He often struggles with misunderstanding, rejection or exclusion from relatives and medical staff. As a result, he becomes a stranger to others and sometimes to himself. The aim of the speech will be to show the problems that appear in connection with the disease of a small patient. The problems concern the patient, his relatives and medical staff. In my speech, I will also use examples from literature in which issues related to the exclusion of people affected by the disease appear and whose characters become patients struggling with the problem of exclusion or alienation (among others in books written by Arnhold Lauveng, Ken Wilber and Paul Kalanithi). I will also try to give examples and opportunities to work with children excluded due to cancer, including the use of bibliotherapy.

## **How do we enable teachers in mainstream schools to support students with medical and mental health conditions?**

Martin Dixon, Maria Marinho

School staff require accurate information to help them understand the challenges faced by students living with chronic medical and mental health conditions. They need this information so their students are not excluded from the full school curriculum. The Internet is invaluable in helping staff access information. However this ability to access so much information can also create difficulties. Questions frequently asked by school staff include:

- How can I be confident that the medical information I find on the internet is accurate?
- How does the information I find actually help my practice as a teacher?

As a result we have developed the Well at School website [www.wellatschool.org](http://www.wellatschool.org) which has been successful in helping school staff answer these questions. We now want to develop the site further by using the expertise and skills of hospital teachers from across Europe.

We have identified four core challenges faced by students across the world living with chronic health conditions:

- Feeling excluded from school as a result of hospital admissions
- Increased risk of being bullied
- Stress created by falling behind with school work as a result of missing lessons
- Bereavement

The aim of this workshop is for Hope Conference participants to share expertise and experience to develop specific advice that would be useful for staff in schools across Europe and throughout the world. The outcomes from the workshop will be incorporated into [www.wellatschool.org](http://www.wellatschool.org)

## **How Hospital School Helps Pupils who Refuse School**

Branka Žnidaršič

In the Department of Child Psychiatry we have been increasingly confronted with the growth of children and adolescents who refuse to attend school and eventually stop attending it. As many as 5% to 28% of children and adolescents have problems with school refusal during their schooling period (Kearney, 2001). The causes are different: emotional distress, anxiety, depression, behavioural disorders, ADHD and others. Emotional distress is most often associated with the school environment and social interactions, which impact the development of low self-esteem. When a child / an adolescent is hospitalised, an integrated team treatment follows, and hospital school plays an important part in it. With a multidisciplinary approach and different forms of work at the hospital we try to strengthen the child's / adolescent's learning and social fields, which makes the transition to their school easier and mostly successful. In my talk, I would like to present an example of good practice from the beginning of treatment to the reintegration of the child / adolescent into their primary school. We are looking for the most effective forms of assistance.

Keywords: school refusal, hospital school, home school, case presentation

## **Inclusion of ill children into their home school by real time education**

Els Janssens

Bednet enables children and youngsters who are physically not able to attend school to connect with their own class via real-time video and audio streaming. This allows them to follow lessons during their physical absence and to stay in contact with their teachers and classmates.

Bednet is intended for children and youngsters who are absent for a shorter or longer period because of illness, surgery or pregnancy. In the educational law it is called: synchronous internet education (SIE) - real-time distance education. It is available for pre-school children from the age of 5, pupils of primary and secondary schools. It applies to all certified state subsidized schools in Flanders and Brussels. The equipment and the counselling is free for schools and families, and this throughout the period in which the child needs it.

Bednet aims at limiting arrears in learning by providing a set of tailor-made lessons. This way 9 children out of 10 succeed in passing on to the next class despite their absence from school. Moreover Bednet makes an opening in the isolation of the child by enabling regular contacts with peers. The illness recedes to the background and the child is temporarily back with friends 'in his or her class group'. The non-profit organisation always collaborates with the parents, the school and other partners, such as the hospital schools and volunteers.

Today Bednet helps more than 800 children per year. This right enables them to integrate into school, even if they cannot be physically present.

## **Inclusion of Students with Severe Mental Health Difficulties in Mainstream Schools – developing Transition Pathways**

Anthony Burke, Niamh Denham, Sarah Mulvey

Linn Dara School is a hospital school in Dublin that provides education for young people who are experiencing severe mental health difficulties while they are admitted to a CAMHS Inpatient Unit or Day Hospital. Teaching staff liaise and work alongside a students' home school during their admission to provide continuity for the student as well as developing a transition plan when the student is coming near to discharge. Meetings are held between Linn Dara School staff, home school staff, parents and students where the needs of the students are outlined, support is available discussed and a plan for phased transition is developed. These students have struggled in mainstream settings and often have had negative experiences that led to them been unable to remain in school. However, they have been able to engage in education in our setting so we set up the Linn Dara School Transition Programme in 2015, in order to provide our students with education options after discharge from hospital. This programme aims to work with students who are out of school because of their mental health difficulties but who want to reengage in education. Our presentation will explore experiences and case studies of students who have attended our school and transitioned back to mainstream as well as those attending our Transition Programme who have reengaged in learning and plan to continue with our support.

## **Injured stork connecting hospital schools across Slovenia**

Metoda Leban Dervisević

In Slovenia, there are eleven hospital schools. At the hospital school in Ljubljana, an injured stork, Mitsy, was created as a part of a successful international project, which was expanded to integrate all Slovenian hospital schools.

Mitsy was originally a handmade doll used to motivate the children, but it later emerged that she is in fact much more than that. Mitsy taught the schoolchildren about empathy towards the weaker and towards those who are different. The children would bond with Mitsy as she filled their hearts with hope and courage they lacked during the healing process.

During Mitsy's first year, she travelled to eight hospital schools around Slovenia, supporting the sick children and uniting them, their parents and the medical staff. Some children were even able to take Mitsy home for some time.

Four extensive albums were produced that highlight the different parts of Slovenia Mitsy has visited as well as the stories and songs about her. The stork wore various outfits, including some traditional folk costumes.

During Mitsy's second year, she went online – she created her own social profile, <https://www.facebook.com/storkljamici/>, took a short video, and kept her followers updated with the

adventures from all the hospital schools she had been to. Her positive energy helped connect the hospital school teachers as well.

## **Juvenilization of Students with Short Stature. Research report**

Krystyna Moczia

Somatic difference denotes any kind of deviation from accepted norms and patterns in appearance. A group of people considered to have specific physiognomy comprises those who are short and whose height does not exceed 3 centiles according to growth charts.

The group of children with short stature is not homogenous, because the causes of growth disorders are various. They may result from a constitutional feature, be an effect of hormonal disorder or an element of genetic syndromes. Sometimes they are associated with chronic diseases.

Differences in growth usually arouse curiosity, but sometimes also the aversion of environment. They facilitate stigmatization, cause labelling and unjustified prejudices. Regardless of the aetiology of growth anomalies, the consequences for psycho-social development can be similar: a feeling of inferiority and dissociation, awareness of health deprivation, regret and helplessness.

A commonly occurring phenomenon is also the treatment of a short child as a younger child, i.e. the “infantilization” of the child (the so-called juvenilization). Specialist literature published on the subject describes the tendency of carers to lower their expectations towards these children. Addressing a child according to his or her age rather than posture constitutes a significant challenge for both parents and teachers. It can prevent both negative experiences in contacts of the child with his or her social environment and lowered quality of life in adult age. It should also be mentioned that young children are able to develop their own strategies enabling them to adapt psychologically and socially to their situation, which – though desirable – can sometimes lead to hypercompensation.

The article/presentation discusses preliminary report from a research on the perception of people with impaired height which is inadequate for their age; the research has been conducted among children with diagnosed short stature, their parents and teachers as well as among students of educational sciences.

## **Key Educational Factors in the education of students with a medical condition**

Michele Capurso, John Dennis

Significant medical conditions can negatively impact several aspects of child development, from comprising academic achievement to reducing quality of life and self-esteem. In such situation, the importance of attending school and maintaining good peer relationships becomes paramount. The key educational factors that can help children continue their education despite the burdens associated with their illness were discussed and analysed by a pool of experts for an EU funded project called Leho (Learning at home and in the Hospital). In this context, relationships, making sense and constructing knowledge, assuming roles in front of others, metacognition, individualities and inter-institutional communication emerged as the 6 Key Educational Factors (KEF) that are crucial for the education of this vulnerable population.

The KEF can be used both at an institutional and individual level. At an institutional level, they can inform school and hospital policies to better answer the developmental and educational needs of children. They may also be used as a guide for the planning of school activities and projects and later as indicators for school activity assessment. At an individual level, a teacher could use these KEF to assess the participation and integration of a student with a medical condition with his own school and later to make personalized plans for the student's involvement in educational activities. At a later stage, the KEF can also be used as a tool to evaluate the student's progress that has occurred at the end of a program.

In this presentation, several implications of the KEFs for home and hospital education are discussed, with a particular focus on practices examples that meet the relational and communicational needs of these children. Specific recommendations for the practice, policy, and research regarding these KEF

## **Lady Cilento Children's Hospital School - Statewide educational support and innovative curriculum programs**

Michelle Bond

Department of Education (DoE) is committed to a state-wide continuum of educational support for students with chronic health or mental health conditions. An inquiry process is being undertaken to ensure all students, regardless of their circumstances, have access to quality education throughout their illness.

The Lady Cilento Children's Hospital School (LCCHS) vision is, 'to lead excellence in teaching and learning through innovative and inclusive practices in a hospital setting'. This vision underpins the thinking to meet the challenge of providing quality learning to over 3500 students per year, from Prep to Year 12, across five campuses throughout Brisbane, particularly within the new context of state-wide coordination of hospital education.

The LCCH School Curriculum Model provides an innovative and unique way to manage the demands of the Australian Curriculum within a hospital setting. Steeped in current research, the design of the whole school curriculum plan embraces a model of explicit instruction for differentiated student learning. The school leadership and teaching teams collaboratively develop and implement innovative curriculum programs, resulting in consistency of practice across and within campuses, occasioning continuity in student learning. The model embraces the current education priorities of English, Science, Technology, Engineering and Mathematics (STEM), robotics and eLearning for students unable to access classroom programs.

This session will map the change needed, to ensure that all hospitalised students across the state have equal access to quality educational services; in particular showcasing the LCCH School Curriculum Model and how it accommodates the demands of educational services within a health setting.

# **Making Your Mark – An Inclusive Art and Literacy Approach to Learning**

Shaun Dolan

For the young people at the hospital school being able to access and enjoy art, despite the challenges they face, can be immensely beneficial. Tapping into a point of interest, breaking down barriers and engaging students in a creative inclusive environment, means that all young people can enjoy the process of exploring and generating art.

Writing is also an explorative and creative process. As teachers, we can be guilty of asking children to begin writing without providing an engaging stimulus, or set a task with too tight a brief. Art can be a very effective stimulus for written work; children observe, interpret (in their own unique way) and create a response to what they have seen. Writing begins, like drawing, with mark marking and so it seems only natural to link these two mediums.

**Making Your Mark – An Inclusive Art and Literacy Approach to Learning**, will be focus on art as a stimulus for writing. We wish to demonstrate how the most simple and basic mark made on a surface can become a powerful and exciting tool to engage children and stimulate learning. Reflecting on our own experience working with children living with medical or mental health conditions, we have devised an inclusive method of teaching which can span age groups and abilities, including pupils and students with mild, moderate and profound learning needs.

Through case studies and a practical led workshop we will focus on different circumstances where mark-making has been used as an inclusive learning device.

## **Merging Health and Education: Improving School Inclusion for Sick Children**

Debbie & Guy Pieterse

The Intensive Rehabilitation (iRehab) program at Princess Margaret Hospital is a sub-acute unit that provides intensive, time-limited, family-centred, specialist interdisciplinary care for children with spinal cord injuries, acquired brain injuries and other neurological conditions. The program has operated for five years and consists of a multidisciplinary team of allied health and medical professionals collaborating with teachers from School of Special Educational Needs: Medical and Mental Health (SSENMMH). The aim is to optimise the child's functional outcomes by facilitating a successful transition to, and continuity of positive engagement with their enrolled school and within the community. This collaboration involves the merging of two innovative evidence-based models of care; the allied health Rehabilitation Model and the SSENMMH LETS (Liaise, Education, Transition, Support) Model. The Rehabilitation Model is built on principles of neuroplasticity and motor learning. It involves interventions that evolve through four phases of treatment: Elicitation, Stabilization, Consolidation and Generalisation. Overlaying the Rehabilitation Model is the LETS model where teachers Liaise, Educate, Transition and actively Support the child's return to school at specific points in each rehabilitation phase. The alignment of these models is essential in establishing connections with community agencies, ensuring positive functional rehabilitation outcomes and the continuity of care to support the child's reintegration back into the community. This presentation will describe the two essential innovative models that are adopted by the iRehab team, and will include case examples that demonstrate how and why these models have been integrated.

## **Multiliteracy in transversal competencies**

Pia Karhulahti, Merja Laakkonen, Mirka Manninen and Satu Nevala

In the Finnish basic education curriculum (primary and secondary education), multiliteracy is a component of the so called transversal competencies. Multiliteracy refers to the skills and knowledge of interpreting, producing and appraising a variety of different texts to enable an understanding of diverse forms of cultural communication. The basis of multiliteracy is a broad understanding of the meaning of texts, which can be verbal, visual, auditory, numerical or kinaesthetic, or combinations of such formats. Texts can be interpreted and produced in written, spoken, printed, audiovisual or digital forms. Multiliteracy thereby refers to the skill of acquiring, combining, modifying, producing, presenting and evaluating information in different forms, in different environments and situations, and using different tools. Multiliteracy is also connected to different literacies and competencies. It involves contemplating ethical and aesthetic questions. Multiliteracy is considered as an essential competence to enable children to interpret the surrounding world, perceive cultural diversity and build their own identities. In order to prevent the exclusion of hospitalized children these skills are crucial in hospital school pedagogues.

In this workshop participants will be introduced with participatory methods of multiliteracy skills which can be used in hospital schools.

## **New media - sick children between threats and opportunities**

Jacek Pyżalski

New media, mostly the Internet is widely discussed as both a vital socialisation factor of young people and an educational tool that can be purposefully used by teachers and parents.

The message sent by the media and researchers is ambivalent and sometimes very radical. On one hand, many believe that the Internet is destroying many important aspects as critical thinking, social relations (both in adult-children and peer dimension), creativity. On the other hand, utopic view on digital wisdom are presented, where the Internet is perceived as a factor that improves young people and their quality of life.

The particular context is added when we discuss the situation of sick children. Their specific situation may make both threats and opportunities more vivid.

The presentation will focus on the specific areas of risks and opportunities in the context of sick children functioning and references to existing research data (unfortunately very scarce at this stage).

## **On the Path to Inclusiveness: Hospital School includes itself**

Giorgio Bodrito, Angelo Manganello, Paolo Merlatti

As hospital teachers, we noticed that pathological school retirement represents a widely detected emergency in Italy, due of the increasing number of cases observed: the Hospital School of Turin, thanks to its relationship with the Neuropsychiatric Ward of Regina Margherita Hospital, hosts every years a quantity of pupils affected by this kind of problem.

Such cases can demonstrate the systemic nature of our interventions, especially the rehabilitation of a broken relationship between the student and the school system, and the mediation among the different subjects involved (the pupil, the family, the medical team, the social services, the school).

The Hospital School of Turin carries out this role as one of its distinctive elements. In fact we gathered a wide number of case stories in the last few years, that can testify the complexity of our interventions and encourage debate about best practices to face instructive, pedagogical and administrative critical situations.

We examined the case of Giovanni, a student who has been affected by psychological retirement throughout the 2016-17, his first year of secondary school. He suffers from learning disabilities, such as a medium level of dyslexia and dyscalculia, wich contributed to his marginalization in the class context and conflictive relationship with school: so he abandoned his studies for the whole year, consequentially falling into deep scholar fears. Currently we host Giovanni in our school, trying to rebuild a positive relation with learning, helping his family to understand his educational and emotional needs, guiding him to a gradual comeback to class.

## **Special pedagogy educator in contact with a child with an intellectual disability affected by a life-threatening illness**

Danuta Kopeć

The workshop will focus on the problems that a special pedagogy educator has to deal with while working with a child with an intellectual disability who is affected by a life-threatening condition. The categories of problems addressed from the perspective of a special pedagogy educator will be highlighted and discussed:

- me in contact with a child with an intellectual disability affected by a life-threatening illness;
- me in contact with the parents of a child with an intellectual disability who is affected by a life-threatening illness;
- me in contact with the siblings of a child with an intellectual disability who is affected by a life-threatening illness;
- me in contact with myself with regard to working with a child with an intellectual disability who is affected by a life-threatening condition.

The ways of dealing with problems which can be used while working with a child with a life-threatening condition will be presented as well.

## **Superhero is not afraid of strings**

Marta Pera

Superheroes - who doesn't want to be just like them? Who doesn't want to have those fictitious super power that can make our lives so much easier ? Especially for a people who need unreal force to live... In 2008 nearly 13 million people died on cancer, including kids, and right now it becomes the biggest and the worst enemy of our times. That's why I decided to create new definition of comic superheroes with those who're fighting in real battle. Together with 4 kids sick of cancer who shared their stories we create new vision of superheroes. I transformed their ideas into comic icons, created background world using screen printing technic. Superheroes in definition is a fictional figure. This project proves that we can find them not only in a comic strip or cartoon.

Power of those kids, motivation to fight and endless faith is real.

## **The Invisible Child- transition, missed opportunities and lessons learned**

Jackie Goldsmith

Our worship will share the story of Ethan, told through video from his own and his mother's perspective. We aim to focus on lessons learned from his transition from medical needs in a hospital school to a mainstream secondary school. Ethan had just finished primary education (age 11) whilst still in hospital and his move to secondary education happened to clash with discharge from hospital.

Video footage shared with the family's permission, powerfully expresses a plea to learn from their experiences after a difficult transition back into the community following a long hospital admission due to treatment for cancer.

We will share who was there to support the family and Ethan, who also has a diagnosis of autism, and discuss the implications beyond the educational impact including the wider impact on his social, emotional and psychological well-being.

Ethan's experiences are sadly not unique and it is essential that those of us working in medical needs education continue to support schools worldwide in understanding the simplest of changes that make all the difference to the outcomes for child or young person. We cannot assume that one size fits all or underestimate the need for planned transition work. With this in mind we will also share our contribution to a new document to be launched in March in the UK by NASEN (National Association of Special Educational Needs) supporting schools understanding of transitions from medical needs settings to mainstream schools.

# **The usage of various forms of reading and art therapies in education of children with medical needs**

Katarzyna Kulon

The purpose of this presentation is to show the usage of reading and art therapies as forms of education supporting treatment of children with medical needs who are patients of Szpital Uzdrowiskowy “Słoneczko” in Kołobrzeg (furthered referred to as “the hospital” or “the hospital school”).

Moreover, this paper outlines examples of everyday activities adopted by teachers of the hospital school as well as the application of other expressive techniques supporting emotional and social development of children. This paper also gives an insight into some of the programmes introducing young patients into the world of literature. It also shows that educational innovations and projects focused on some creative therapies give chronically ill patients a chance to succeed both socially and at school.

The evaluation of the influence of reading and art therapies on the hospital’s patients have been carried out through the following methods: questionnaires, one-to-one interviews (both with patients and their parents), post-activity patient feedback, observation of the patients’ activity during therapy sessions. The results have confirmed that reading and art therapies have positive effect on children’s social development and peer interaction.

Conclusion:

Children want to participate in reading and art therapies.

The usage of reading and art therapies in education of children with medical needs supports their social development, has influence on children’s interactions with others and improves their general wellbeing.

## **Using inclusive hybrid classrooms for homebound students**

Vincenza Benigno, Chiara Fante, Fabrizio Ravicchio

Within the school system, some students are unable to physically attend classes, temporary or permanently, due to health reasons.

In this context, the TRIS project, Italian acronym for Network Technology for Socio-Educational was set up in order to study educational-methodological approaches and technological settings, aimed at the socio-educational inclusion of homebound students, having regard to their active participation within the classes.

Particularly, the development of a hybrid classroom, built on cloud-based solutions, represented a model that guaranteed the homebound synchronous participation at the classes and supported collaborative and cooperative learning dynamics.

The hybrid classroom was experimented within four settings that involved students in chronic conditions (Multiple Chemical Sensibility and Congenital Heart Disease) and their classes, in primary and lower secondary education.

In each experimental setting, researchers used systematic measurements both of quantitative data (questionnaires, Moreno sociogram) and qualitative data (interviews and field video-recordings).

In this contribution, results concerning the social and educational inclusion dimensions, perceived by the homebound students involved in the project and by the classes they belong to, will be shown. Furthermore, methodological, educational and organizational recommendations will be presented.

The possibility of interacting online with classmates was particularly motivating and stimulating the homebound students, with positive repercussions in terms of improved socialisation and heightened motivation regarding the learning activities proposed. The positive effects of the TRIS project spread through other students of the classrooms involved, that experimented new educational approaches supported by technology, oriented, inter alia, to the peer interaction with the students with special needs.

## **What can be seen when nothing can be seen?**

Anna Bany

The World talks to us through the language of senses. Tomek, the main character of *The Black Book of Colours*, knows this language very well. Tomek likes colours. Although he cannot see colours, he hears them, smells them, feels their touch and taste. 'What can be seen when nothing can be seen' is a meeting with the language of senses. This language prepared for us messages and tasks, creating an opportunity to view and taste the reality in a different way. Taking part in the meeting is to touch and taste the reality. It is a meeting with the language of our senses, with ourselves and with the World. Perhaps one of the letters has been prepared just for you. Find out.

## **What does it psychologically mean to be socially excluded?**

Agnieszka Wilczyńska

Rejection and ostracism causes serious changes in human functioning on many levels. The opposite concept of a sense of belonging expresses personal engagement in important social systems, i.e. school and peers environment.

The aim of those studies was to understand what it psychologically means to be socially excluded, how rejection and ostracism can influence the functioning of the human brain/mind and how to strengthen the sense of belonging and include youth in their social environment.

The sense of belonging gives somebody the feeling that he or she is a valuable person who fits in well and is an integral part of the group. The sense of belonging leads to better achievements in school and at work, improved health and well-being.

Method: The results of two psychological studies will be presented to explain how psychological variables of individuals, including: the sense of social exclusion, the need for belonging, the sense of belonging, mood, emotional intelligence, anger and their perceived time perspective work for them and what the differences in strategies are of coping with stress in various groups of children (socially excluded and included).

New challenging changes can now be introduced in the current school environment. These results offer us valuable conclusions regarding how to include youth at risk of social exclusion, especially sick individuals.

## **What does the evidence tell us about an effective model of education support for children with chronic health conditions?**

Tony Barnett

Models of education support for children with chronic health conditions (CHCs) vary greatly both within and between countries suggesting little consensus about what is a good or most effective model of support. As such, children with CHCs either may or may not be receiving optimal support with their education. While there never will or should be a one size fits all approach or model of education support, it is nonetheless useful to identify those aspects of a comprehensive model of education support that are informed by evidence of effectiveness. In this presentation, we present the findings of a systematic review of the literature about the effectiveness of education support programs for children with CHCs. Electronic data base searches revealed 6149 abstracts for screening. Of these, 4 met the inclusion criteria and were controlled studies. Another 102 met the inclusion criteria but were uncontrolled studies. An overview of the current state of the evidence of the effectiveness of education support programs for children with chronic health conditions is therefore able to be presented. We use this information to identify those components of what an overall comprehensive model of education support may look like. We will present this information in the form a logic model. A logic model makes explicit the links between the components and activities of a program and their intended impact or results. A discussion will follow about the practical relevance of such a model of education support for children managing both their medical and educational needs.

## **Words can be walls - or they can be windows**

Agnieszka Pietlicka

When the going gets rough or when we are tired, we lose access to our resources, forget empathy to ourselves and the others and change the mode from an action chooser to a re-action doll. Some fall into irritation or sarcasm, others into guilt. Parents are experts on feeling guilty. Especially when they got angry before. A vicious circle.

In the workshop, we will look with a lot of tenderness and hopefully distance and sometimes even fun, at communication habits which contribute to anger or guilt instead of soothing down. We will then work out the smallest, simplest steps towards a new relationship with these feelings and towards constructive dialogue – with ourselves or the others.

## **School (re)integration of pupils while and after oncologic diseases**

Julia Heusner & Dorothea Heinze

Quote: “And that is why this is not reintegration but a permanent accompaniment, where contact should never end [...] it is a kind of integration which takes place during the treatment.”

A good pedagogical accompaniment during the treatment of the disease can prevent the exclusion of affected children. From 2015 to 2017, a research project dealing with the topic of school (re)integration of pupils with oncologic diseases was carried out.

Our main aim was to find out what conditions hospital teachers find helpful for a successful transition between hospital school, being taught at home and base school and what the obstacles are. Therefore, 18 hospital teachers from different parts of Germany were interviewed.

In our lecture we want to present the conditions of German hospital schooling and the results of the research project, concentrating on the following topics: preparation and realization of transition processes, types of cooperation and networking, communication forms between participants of different professions, the granting of home schooling support, evaluation of this process and the situation of pupils who suffer from disabilities as a result of an oncologic disease.

We have come to some interesting results, for example in the following fields:

- School career counselling
- The consequences of keeping contact with and the preparation of classmates and teachers of the base school, involving the affected students in the process.
- Visits to the base school
- The special situation of pupils with a infaust prognosis
- The interdisciplinary cooperation