Hospital Teachers and their Pupils –
Involvement and Entanglement in the Network of Education and Medicine

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0. Preface

Hospital stays can save lives – not just in medical terms, but in the scholastic sense. Hospital schools are those places where developmental and learning miracles can happen. For many pupils, a stay in hospital – and schooling at the hospital school – is first of all the start of a reconciliation with their own aggrieving, often disease-causing and meanwhile broken school lives. For others, the hospital school is the place where they can continue to be successful despite various illnesses. In most cases, though, the hospital school is a place of meaningful, scholastic experiences (cf. Hüther 2009), contrary to the unease in a highly selective school system, in which self-esteem – of the teachers as well as the pupils – especially suffers when the learning process has not succeeded satisfactorily. There appear to be two dimensions of central importance on the road to recovery: changed relationship experiences which lead to changed learning experiences, and a sense of accomplishment that strengthens self-esteem. Both are of increased importance in the hospital school, as we shall soon see.

Hospital schools have become the driving force for schools in Germany. They show us in times when inclusion is intensely discussed, that inclusion and individualised learning have long been successful and how networks are built up or in the case of doubt, reconstructed.

The title of this conference, 'The Sick Child – Supported by a Network of Education and Medicine', first made me think of disease-causing entanglement and then about successful involvement. My focus today is on the study of the interplay between mainstream schools and hospital schools, and medicine – in view of the time constraints – does not have the space here that it rightly deserves.

1. Sick pupils, sick teachers, sick schools?
   A critical look at mainstream schools

Generally speaking, children before attending the hospital school as sick children, are first of all pupils at a mainstream school. It is only during the illness that their school changes and – particularly for those with mental illnesses – often also their school career (Hoanzl, Baur, Bleher, Thümmler & Käppler 2009). But before we get into these changes, I would first like to take a look at the mainstream schools and the scholastic wellbeing of the teachers and pupils so that we can better understand in a second step, the special relationship between hospital teachers and pupils.

Let's start with teachers in the mainstream schools. Joachim Bauer found in his representative study on the health of teachers – carried out in cooperation with the Freiburger Oberschulamt in 2004 – that an alarmingly large proportion of the teachers in grammar schools in Freiburg – 35% to be exact – were suffering burnout. The greatest stress factor was destructive pupil behaviour – next to too big classrooms – both tied for first place (cf. Bauer 2004, 6). Bauer explained though, that difficult pupil behaviour was not a moral problem, "but rather the manifestation of a more alarming situation related to the pupils' health. According to the 'Jugendgesundheitsstudie Stuttgart' (Youth Health Study Stuttgart) carried out by paediatricians in Stuttgart in coordination with the Stuttgart Health Authority – 51% of the 2000 children

examined there suffer persistent psychosomatic health problems (cf. Schmidt-Lachenmann et al 2000, according to Bauer 2004, 7)." Bauer didn't stop there, however, with the evaluation of the situation, but came to the conclusion that it is not new 'standards' that would improve the situation in the schools, rather 'a change of attitudes' was necessary – from the professional relationship with challenging children to relationships among staff. That is along the lines of Albert Schweitzer, who once said: "The world's salvation lies not in new measures, but in a changed attitude (quoted by Hüther 2006, 2)."

If one tries to follow the tracks and examines, not the schoolchildren's state of health directly, but rather enquires as to how many teachers are aware of their pupils' sicknesses, one comes to the following conclusion: in a teacher survey at some 200 schools in Baden-Württemberg, Astrid Kimmig, together with the group 'Pädagogik bei Krankheit', ascertained that 15-20% of all pupils – according to their teacher – were chronically ill (cf. Kimmig undated).

This finding, specific to one German state, was extended to a large-scale study conducted nationwide. The Robert Koch Institut – supported by the German Federal Ministry of Health and the German Federal Ministry of Education and Research – examined from May 2003 to May 2006 within the framework of the study 'Kinder- und Jugendgesundheitssurvey (KiGGS)' some 18,000 children and adolescents nationwide between the ages of 0 and 17 as well as their parents. The results here, too, cause one to sit up and take notice. The KiGGS [area examined: 'Recognise – Assess – Act: On the Health of Children and Adolescents in Germany'] proves namely that "the physical and mental wellbeing as well as the generally perceived health-related quality of life in youth – particularly girls – is waning. Lower social status, a background of migration as well as physical illness and mental stress are associated with subjective poor health" (Robert Koch Institut 2008, 11).

If we stop for a moment and take stock so far, we see that the health of the teachers as well as the pupils in mainstream schools is under enormous strain. With increasing age, and with low social status, the number of illnesses – particularly mental illnesses – rises further.

The important thing here is to not disregard the complexity of this phenomenon. "Many health problems cannot be attributed to a single factor or a single independent variable, but arise from a network of causalities that are not immediately clear." (Robert Koch Institut 2008, 10). Therefore the KiGGS examined six different dimensions: physical wellbeing, mental wellbeing, self-esteem, wellbeing in the family, wellbeing with regard to friends and other children of the same age, as well as scholastic wellbeing (cf. Robert Koch Institut 2008, 12). In my lecture today, I would like to look more closely at scholastic wellbeing coupled with self-esteem as these two dimensions are the most closely related.
As far as scholastic wellbeing is concerned, there have been a series of studies undertaken that all had similar results.
"There is a specific effect that is largely independent of other factors (i.e. type of school, cultural affinity, gender): studies repeatedly report that wellbeing decreases over the course of the school years. That can be seen in a decrease in general satisfaction with school (Eder 1995c), in a diminution of wellbeing (Fend 1997) and learning enthusiasm (Jerusalem & Mittag 1999), and was already noticeable during the primary school years (Helmke 1993). Children who had been going to school longer, said less frequently that they enjoyed going to school (Werres 1996b). It was also observed that not only positive feelings, but also positive statements about school decreased over the course of the school years (Czerwenka, Nölle, Pause, Schlotthaus, Schmidt & Tessloff 1990). (...) What is not known is what causes this diminution of wellbeing (...)" (Hascher 2004, 155).

Besides the empirical studies of the make-up of scholastic causes (cf. Walke 2007, cf. Gerber 2007), some structural observations can be made to help shed light on this effect. Right at the beginning of their school years, children feel good at school. They have one teacher in primary school – normally a female; especially lucky are those primary schoolchildren who have a team of a male and a female teacher. There

is a stable (!), meaningful reference and not, as in the secondary schools with the subject teacher principle and the constantly changing benchmarks. The chance, as Reinhard Kahl says, that in the early school years "children, not subjects, are taught", is favoured by the classroom teacher principle, though not guaranteed. The stable relationship with the teacher could therefore be a significant factor for wellbeing at school.

Another structural factor comes into play with the advancing school years, that which unveils its full force already at the end of the 4th year in the German and Austrian school system: selection. Whoever is allowed into grammar school is – from the point of view of the parents and of society – among the winners. The lower schools – whether they are called secondary modern schools, middle schools or technical colleges or are one of the special schools – accept those pupils who haven't made it into grammar school. Linked to that are not only the serious decisions to be made about further schooling, but also the personal offense and shame. Kurt Singer clearly explains in his book 'Kränkung und Kranksein' that injured self-esteem can lead to diverse illnesses (cf. Singer 1997).

Complementing the interaction between offense and illness are statements about the quality of teaching. It is not just the setting the course of the system itself, but the way the system works that determines the health of teachers and pupils alike.

"Although shame and selection are still key problems in school – add to that the problem of pure boredom. (...) In the 5th, 7th, and 9th years, two-thirds of the children and adolescents found the teaching boring (Bilz/Hähne/ Melzer 2003, 252 quoted by Bosenius & Hellbrügge 2008, 61)." Based on these findings, Bosenius and Hellbrügge discuss the need of these schoolchildren, whose mobile phone recordings of boring classes are being increasingly posted on the Internet, thereby publicly naming and shaming the teachers at the same time. "That is how children and adolescents are reacting to their feeling that their life is being stolen from them (cf. Bosenius & Hellbrügge 2008, 61)."

This is often expressed in a decline in performance that leads to the pupil being held back in the school system (cf. Beekmann-Knörr). The massive augmentation in school phobia is also documented (cf. Ölsner 2005, 1). Last but not least, the number of children who refuse to attend school and leave school without their school-leaving qualification has increased alarmingly (cf. Meschkuta et al 2002, cf. Oehme 2007).

The key thing is that the loss of scholastic wellbeing does not come about just from the personal problems of individual pupils or individual teachers, but can be due to school-internal or school-structural reasons. Even when a grammar school teacher sees his relationship to his pupils as significant and his professional work as the basis for successful learning, he still has to fight with the fact that he acts as a 'representative of a subject' across many classes and levels, teaching in turn several hundred pupils during one school year. Even if the teacher and pupils do not wish to respond to each other in an aggrieving, disease-causing manner (cf. spirals of boring teaching and potential cyber-mobbing), the early selection of the pupils speaks an entirely different language. How can the key safety factor for the promotion of good health – namely 'self-esteem' – be strengthened, when it is this system of schooling by selection that is so damaging to self-esteem? Fürstenau describes this dilemma precisely in his article 'Zur Psychoanalyse der Schule als Institution' (1964): "The role of the teacher is not just facing the pupils, but also the head, (...) with the state school administration at his back (ibid. 270)."

Thank goodness there are also schools that have developed an awareness of this problem and are in quest of the strengthening side of the school system. The German School Award (http://schulpreis.bosch-stiftung.de) nominates and awards time and again successful schools, that – to go back to Reinhard Kahl – don't just teach, but raise the children. The Archiv der Zukunft (Archive of the Future) (www.archiv-der-zukunft.de) is also doing pioneer work in this area and links up successful schools with each other. The task of all schools to become sensitised to sick children and their problems, however, remains as a mandate (cf. Ertle 2008).

A first glance at the network of teaching and medicine sharpens the view of one's own entanglements in the system. It is clear that teachers and pupils frequently come together in mainstream schools in an aggrieving, disease-causing manner through institutional or structural factors.

2. Childen fall through the scholastic net:
school and self-esteem

While the concept of self is based on one's perception and knowledge of oneself, self-esteem is expanded in a very significant dimension – namely that of the evaluation of oneself. Self-confidence and self-respect are often used as synonyms for the term self-esteem. It is all about how valuable a person feels about himself. Sense of accomplishment – the feeling that "I can do something!" – are very closely tied to self-esteem and are also decidedly influenced by the school. Schools have very powerful tools at hand when it comes to evaluating children: the giving of marks. This is at the core of everyday practice and always falls back on the question – are you a suitable pupil for this school? Here is where the 'back' of the teacher becomes noticeable as Fürstenau problematised it. If the teacher deems it appropriate or recognises the problems outlined, he becomes the enforcer of a system, regardless of what the pupil actually needs to develop. The external evaluation by the teacher can have severe repercussions in that it is often accepted without question as the basis for one's own self-esteem. If schools wish to strengthen the self-esteem of young people – also in terms of promoting good health, they will have to question and critically examine their legitimised practices. In Scandinavia, one's own self-evaluation has long been central to the learning and developing process that begins already at the pre-school stage. External evaluation serves only as a counterbalance and is always developed and compared in a personal discussion.
The self-esteem of sick and injured children is now doubly endangered! By scholastic practice on the one hand, and on the other hand by the limitations that arise from mental or physical illness or accidents. Each being has its own problems. A child who has lost both legs following an accident and can no longer walk, has not just lost one body function', but is struggling with his identity and his self-esteem. An anorexic girl, who has good notes and is another pound 'slimmer', at first will not understand why she now has to have psychiatric treatment. Being a 'Klapsenkind' (a mentally disturbed child), doesn't go hand-in-hand with ambition and poses a hard test to self-esteem.
"Children whose limitations are not recognised, have it hardest [said Ertle – author's note]. Those who come to school with no hair after chemotherapy quickly find understanding. It is more difficult for a young boy, whose joints are stiff in the morning due to rheumatic disease. He often ends up arriving too late at school and can't shake the image his teacher has of him being a lazy bones – despite numerous explanations by his parents (Wüsthof 2006, 4)."
Even if statutory disadvantage compensation helps to compensate for the often severe limitations to which sick and injured children are subjected, pupils suffering from disease do worse at school (cf. Ibid.). Many teachers in mainstream schools still ignore the disease and ensuing problems of their pupils, either out of ignorance or excessive demands. What is crucial is that sick and injured children need teachers who are genuinely interested in them; and teachers need professional support if they recognise the difficult conditions of development of their charges and wish to compensate for them. Both are literally essential if strengthening of self-esteem is to be recognised as a key educational task.

3. Networks can also support: schools and performance satisfaction

Children who are thus entangled or perhaps have even slipped through the net of the school system end up being treated in hospitals or psychiatric clinics only to then encounter hospital schools and their teachers. In view of the previously described burdening entanglement in the network of mainstream schools comes now the question if it is even reasonable for these schoolchildren to attend school at all. It's time to highlight not only scholastic restrictions, but scholastic opportunities as well. "Schools can also be the way back to good health, especially when they strengthen those qualities that keep one healthy: a supportive teacher-pupil relationship, self-confidence and courage, when the individuality of the children is considered, when the teaching allows for independent activities, when pupils experience joy in their work, when their self-esteem is strengthened. Teaching promotes being healthy in that it enables experiencing performance satisfaction (Singer 2000 b, 1)." This ties up with something Albert Einstein

once said: "Learning is experience. Everything else is just information." If we wish to share the experience with sick children, that networks can also be supportive, how should this network be linked up and further expanded?

4. Starting point:
the teacher-pupil relationship in the hospital school

The learning process is a relationship process. This realisation has since been explored in very differing ways (cf. Schäfer 2003, Greenspan & Benderly 2001, Müller 2007) and is gaining importance in working with children. Emotions are central to the learning process. They are the true architects of the mind (cf. Greenspan & Benderly 2001). Emotions drive our thoughts and decisions. Gerhard Roth (2010, 8) says it quite pointedly: "Decisions may be made without reason, but not without emotion." When a child faces a decision, if in view of his life history and current situation marked by illness he will (once again) be open to learning, then it is only possible if the teacher sees him as a person and has genuine interest in the child. The teacher‘s attitude is critical if the sick or injured child is to accept him – and thus the learning process – or not.
Eleanor J. Gibson und Richard Walk set up an experiment in the USA in 1960 – the visual cliff – with which they tested the depth perception of animals and young children (cf. Gibson and Walk 1960). Under a non-glare Plexiglas table, they constructed a (visually) deep cliff, that was optically enhanced by a red-and-white chessboard pattern. Gibson observed the behaviour of her subjects as they approached the cliff. 'Stopping' at the visual cliff was proof that it had been perceived and recognised.
An extremely important discovery was and is, that people who were standing at the other end of the sheet of Plexiglas had an undreamed of influence on the proceedings of the young children (between 9 and 12 months). If the adult looked at the cliff apprehensively, the baby immediately stopped its explorations. However, when the person to whom the child was closest smiled at the young child, encouraged him by mimicking or gesturing, he would begin to crawl again, despite the perceived cliff. Something incomprehensible had happened. The young child trusted the reaction of the person opposite more than he trusted his own perception. This phenomenon was revealed in the mid-80s as 'social referencing' (Klinnert, Campos, Sorce, Emde, & Svejda 1983) and was intensively researched at the University of California, Berkeley. [Film]
Current research in the field of neurobiology further deepens this insight. It proves that attitudes and behaviour are also 'legible' on the so-called mirror neurons. In his book 'Warum ich fühle, was du fühlst', Joachim Bauer (2009) explored intuitive communication, which goes far beyond nonverbal communication. It is about resonance phenomena. Teachers are a reflection of their pupils. The way I look at the pupils as a teacher is the way the pupils will learn to see themselves. The power of the look, the words said and unsaid are what build the foundation for the relationship between the teacher and pupils and determines to a great extent, whether learning is possible or not. Gerald Hüther spoke in this context about a 'learning environment' (cf. 2009). "All scholastic teaching and learning is embedded in an interactive, dialogic pattern of interaction (Bauer 2007, 14)."
This pattern of interaction determines to a large extent if the pupil is able to develop his full potential or not. The environment in which the teacher and pupils come together, can be beneficial or restrict development. Royston Maldoom, who gained fame in the German-speaking region through his work on a big theatrical project at the Berlin State Opera involving disadvantaged and traumatised children, strongly stresses this point:
"You must have an unshakeable belief in the great potential of each human being. If you go into a classroom not having this belief, it won‘t work, you won‘t get through. If you doubt the uniqueness of the person you are working with, he can feel that and you restrict him. If a child is not allowed to exploit his full potential, that is my mistake, not the child‘s. (Maldoom 2006, 57)." The project was documented in the well-known film 'Rhythm is it'. Hospital teachers who knowingly or unknowlingly approach their pupils in this manner, can often, despite the illness and related crises, provoke learning processes that give the children the feeling "I can do it!"

5. Individual strands combine to make a strong rope in the end:

5a) Sense of accomplishment –
connecting internal issues and factual issues

Kurt Singer talks about 'performance satisfaction', the psychologist Mihaly Csikszentmihalyi coined the term 'flow', which means completely wrapped up in an activity. Psychoanalysis speaks of 'desiring action Funktionslust' and pedagogy of 'sense of accomplishment'. There is a common language behind all these various terms, namely the language of experience that says, "I can do it!" The thing here is the experience, the emotions. For children to be able to accept challenges, they need faith in their own ability. This faith in their own ability grows the moment a challenge succeeds. This sets a spiral of experiences in motion that makes children stronger. The key thing is that the child is neither overwhelmed nor underwhelmed.
While keeping in step is still the rule in mainstream schools, and anyone who is either too fast or too slow is sorted out, in hospital schools a completely different approach is taken due to sickness and existential threat. When it comes to teaching the sick, it is not just about approaching the child, but rather letting the child show the way (cf. Pfeiffer 2010, 162). In this sense the teacher becomes the learning companion. But what great things can be expected of children, when they are lying exhausted in bed following chemotherapy, or when an anorexic girl defiantly enters the clinic classroom after being force-fed?
What is noticeable first of all is that sick children want to learn. This is, of course, dependent on their constitution and their particular situation. A sensitive approach to the child and his learning needs often brings some astounding things to light. In only a few exceptional cases does the threat to one‘s life appear so big that a child resigns. That deserves respect. A sick child‘s resignation though, is more a seismograph of the overwhelming problems of life than of a general will to learn.
In this connection, Francois Dolto coined the term 'progressive development urge'. Each child has an urge to become greater and to grow. Development is always 'forwards' and geared to the future. Learning or learning progress is the basis of all development and is inseparably linked to school. Concretely, "thoughts of the future, of the time after sickness are always associated with learning" (Volk-Moser 1997, 75). When hospital teachers and pupils once again find access to this often buried source, learning succeeds in an impressive way. From 'big troublemakers' and 'truants', they suddenly become 'model pupils' at the hospital school. The key to that lies in the child‘s independent choice of tasks. The following is an example to explain this.
A student, Ms Loebell, who completed practical training as a teacher at a child and adolescent psychiatry, wrote in her report about two children, Elke and Simon. The girl and the boy had had a similar scholastic background. Both were 12 years old, both former secondary modern school pupils in their 6th year. Usually after 'going postal' came total refusal. Elke as well as Simon ended up in the clinic because of their massive problems at school. Despite these parallels in their scholastic background, the two pupils were completey different. "Elke is very tall. She towers not just over me, but over all the other patients by many centimeters. Her weight also exceeds that of other children her age (Loebell 2010, 9)." Powerful in her physical appearance, and gauche in her social contacts, is how Ms Loebell described her first impression of Elke. Simon, based purely on appearance, is the complete opposite. "On Simon‘s feet were black skater boots. His feet looked huge compared to his legs hanging out below his white trousers. He usually wears a red sweatshirt jacket with a zip. This also looks too big, in view of the boy‘s small frame. (...) He shuffles along, hands stuffed into the pockets of his jacket, shoulders hunched over (Loebell 2010,6)." When Simon takes his hands out of his pockets, his sleeves fall well below his fingertips, the student further reported. When he is just standing there, he looks like a clown. Ms Loebell decided for a common subject in the category 'Man - Nature - Culture': 'Sea Creatures'. Each pupil was allowed to choose a sea creature and report on it. Elke chose the giant of the sea – the blue whale – and Simon finally decided upon the clownfish, that belongs to the group of anemonefish and has a distinguishing characteristic. All clownfish are born as males. Only the biggest and strongest of clownfish in the shoal metamorphoses into a female.

Is it a coincidence that Elke, with her powerful appearance, decided upon a sea mammal – the blue whale, and that slight, scrawny Simon in his shoes that were too big for him, opted for the clownfish? The connection between the two in the clinic class, was that both, each on their own, researched their subject area of marine biology with unbelievable intensity, making models and concentrating on preparing presentations on the subject. Could it be that in school possible internal issues are worked out, that could be investigated more thoroughly in a therapeutical setting (cf. Hoanzl 2000, Hoanzl 2005)? What contribution can observations of the situation at school make for a differential diagnosis?
The one thing that is sure: children can be raised by schools by means of their lessons! That leads to a lust for life and potential for development and recovery.

5b) Pathfinders and trackers –
individualised, common paths

Hospital schools seem to go by the motto: "It‘s not the system that shows us the way, but the pupils!" This idea is not new – it is also rooted in the progressive education movement – but in the face of the existential threat to diseased and injured children no more delay can be tolerated with this idea! The previous example from Ms Loebell clearly shows that learning blockages can disappear when children are not just recipients of tasks, but can also actively choose their subjects on their own within the realms of the possible and can work on them independently. Teachers accompany their pupils along individualised paths. On these paths, the experience of being able to do things often comes of its own accord. The hospital teacher motivates her children; she makes suggestions and observes how the children react. The hospital teacher wants something from her pupils; she challenges them, but makes neither overwhelming demands nor demands too little from them. For example, pupils with cancer always decide themselves if and when they wish to sit an exam. No child can be pressured to perform, but a child can be enticed to performance satisfaction. The winner of the German School 2010 Award is the hospital school in Oberjoch – the Geschwister- Scholl-Schule. This school, which normally has its charges for only eight weeks, was awarded the prize because it became a "a learning inn" and "made its pupils bloom". Hospital pupils were received and greeted with genuine interest. That is why the Sophie Scholl teachers were surprised "time and again at how little their colleagues in the mainstream schools know their pupils although they have been teaching them often for years. Some of the sections on the questionnaire sent by the school are left blank. It is rare that there is any information given about hearing ability and possible impairment. Instead there is the comment: "Who do you think I am? A doctor?" Yet, it is with such small things that begins the much-touted 'individualisation of learning': Pupils accept, get to know the things that interest them (Kahl 2010, 1)."

5c) Flexibility and meaningfulness:
learning in the context of uncertain change

It is impossible to have a solution and handling strategy applicable to all children in a hospital school. Individual problem areas are all dependent on the life, cultural affinity, past learning and school experiences and the prevailing sickness history of each individual pupil.
A young boy in the psychiatric day-unit, who doesn‘t even know the name of his father, has three half-sisters each from a different father, and is handed handed over to his aunt by his mother because he is simply too much for her to handle as a single parent, comes with a different set of problems than the young girl with cancer who is being admitted to the hospital for the second time because of recurrence, cared for and accompanied by both parents. Both children face completely new directions in their young lives. The young boy, who had already changed schools three times by the age of 8 because he snapped time and again and now finally finds a new home in the hospital school, wants anything but to go back to his old school.
The young girl, lying in the hospital bed completely exhausted following xnumber of chemotherapy sessions, has only one wish: no matter how long the stay in hospital, she doesn‘t want to lose her friends

from her regular school, no matter what. She wants to learn despite constant nausea so that she can go on, together with her classmates, to the third year.
In both cases the hospital teacher searched for a path with the children that made sense to each one and was individually tailored.
The one-on-one bedside lessons for the little girl, who kept up close contact with her regular school, the letter to the classroom and the nagging pressure not to lose the connection at the end of the school year, posed great challenges for the hospital teacher. What is more meaningful for the child – the realisation that she cannot move on with her friends to the third year or to hold on to this potentially overwhelming intention, just because it is now her most burning desire?
The young boy in the psychiatric day-unit is getting better and better at recognising when he is about to go out of control and with the help of the hospital teacher stops it before it starts. And yet he can only tolerate the other children in his learning group in small doses and must leave the classroom from time to time. What will happen to this young man? How can his group skills be improved and which school will he attend when his treatment at the clinic is finished?
Just as children continuously undergo processes of change, the tasks of the hospital teacher also change constantly. The hospital teacher‘s flexibility is just as important as her dependability. The child‘s life must be rearranged. That calls for small, yet sustainable, professional steps in development that at the same time are in unison. Good teachers are always good learners, too. And yet they remain – to quote Fürstenau – representatives of an institution, too. In such transitional situations especially, school is the constant and – as Ertle (cf. 1997) says – 'the bridge to a normal life' and to healthy people.
Thus, teaching in the hospital clinic is far more than just conveying facts and private tuition. The hospital lessons are always tracking subjects and content that is meaningful to the sick pupil – whether on the direct path or on a side trail.

6. Hospital teachers are model networkers

The 'interdisciplinary interlocking' of the hospital teacher is certainly important, the situation of the teachers is reflected in the stituation of the pupils in their charge. A life in the 'net' is supportive and at the same time one that can also be easily entangling.
Let‘s take a brief look from the distance at who can be found in this network. First of all there is the sick child and his hospital teacher. Yet both are further involved in their immediate school environment. For the hospital teacher it is with the teaching staff and the school administration, for the sick child it is with the other pupils in the new learning environment. Added to that is the more important family circle of the sick child: the parents, siblings, grandparents and whoever else is part of the group. But the school for the sick in itself is not enough. It is, as Volk-Moser (cf. 1997) so fittingly describes, "the pedagogical place in the clinical field." Doctors, therapists, youth workers and nursing staff are present in different ways depending on the pupil‘s stage of illness – sometimes in the background, other times on the scene. Then there are the contacts to the regular school. These are the former classmates of the sick child, his former class teachers and the school administration. Education authorities, child and youth services, youth welfare offices, courts and family services are also represented in many places. Then there is often the search for new schools and network partners. Some hospital schools have also taken up contact with colleges and universities and are actively involved in teacher training.
That is also another particular feature of hospital schools. Hospital teachers work not only in the existing system, but on the system itself. They create new networks if the individual child or situation so demands. The project 'Warteschleife' – was impressively demonstrated in a workshop conducted by Ms Ramminger, who is here at the conference. 'Holes in the system' were bridged in a constructive manner. Today it is often so, that a mentally ill child with a definite need for psychiatric treatment cannot always be immediately admitted to the clinic. Waiting times of up to six months are not rare. This often leads to a particular dilemma. This mentally ill child can no longer remain in his regular school without professional accompaniment and the clinic school cannot yet accept him and take him in. The aim of this new network link is to not leave a child on his own in this situation, alone at the mercy of further destabilisation crises.

Here the net is pulled tighter before(!) the child can slip through, thereby also reflecting the very role model of the clinical teacher. It is not the existing system that dictates the pace, but the needs of the child which are always at the focal point.

7. Summary

In his study presented at the start, Joachim Bauer empirically proved that a change of attitude is necessary in order to improve the health of teachers and pupils. This change happened long ago in hospital schools. Those who work in such a complex network, at the same time continually improving it, cannot be if they do not professionally reflect and care for the interdisciplinary and diverse relationships. That there are highly engaged hospital teachers who are already unceasingly doing that cannot hide the fact that such work cannot be maintained without further resources. May this talk be not just a theoretically sound acknowledgement of the work of hospital schools, but also an appeal to those responsible for educational policy to further strengthen successful systems – financially, too!

8. Thank You

At this point I would like to thank Mr Ertle who, with his research project on 'sick children' some years back, first made us and our department aware of this subject. Special thanks go also on behalf of the entire staff of the Hospital School in Tübingen to Mr Leutner and Ms Dany. The close links between practice, theory, research and (tertiary) school development open up new paths. I also would like to thank Ms Loebell in particular for her fine eye and many suggestions.

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