

The Workshop of The Rights and Educational Needs of Sick Children and Adolescents is one of the Workshops of HOPE.

The members of this Workshop would like to present a Proposal to the General Assembly of HOPE.

Proposal: to accept the Standard, as an underlying and supporting document for the Charter of HOPE.

History:

In former years our Workshop was called: “Atelier 15”. The work of Atelier 15 continued after The Charter of HOPE had been accepted by the General Assembly during the HOPE-Congress in Barcelona in 2000.

This specific document – the Standard – has been a concept in different versions through the years. It was always meant to be a more detailed and precise text, in observable terms on the basis of the Charter. It was decided that the Standard should have a similar structure as that of the Charter and follow the ten articles enlisted in it. The draft Standard is therefore an enlarged text to explain, how we can imagine the principles of the Charter fulfilled.

The current situation:

At present, there are 43 translations of the (English) Charter of HOPE on the website of HOPE. These translations present all main European languages and even some other languages from outside Europe.

However, the status of this Standard – as an underlying and supporting document of the 10 articles of the Charter of HOPE – is not totally clear. On the HOPE-website one can find a document, called:

- *“2nd Proposal for: A European Standard for the Educational Care of Sick Children and Adolescents”*

as well as the sentence:

- *“A European Standard on the Educational Care of Sick Children and Adolescents has been approved by the General Assembly of HOPE in London, November 2006.”*

Whether or not the Standard has been approved by the GA in the past, this document will need a renewed approval, since the text of the first article of the Charter has been changed, approved by the GA during the HOPE-Congress in Vienna, 2016.

Proposal of the Workshop of The Rights and Educational Needs of Sick Children and Adolescents:

Our proposal is to accept this Standard, as an underlying and supporting document of the 10 articles of the Charter of HOPE.

Question to the General Assembly of HOPE

The Workshop of The Rights and Educational Needs of Sick Children and Adolescents asks the General Assembly of HOPE to bring our proposal to a vote at the General Assembly of HOPE in Tallinn in May 2020. The Workshop is of course prepared to explain the proposal and to answer any questions at the Committee Members meeting and at the General Assembly of the HOPE Congress 2020 in Tallinn (Estonia).

The Workshop of The Rights and Educational Needs of Sick Children and Adolescents
February 11th 2020



Proposal for:

A European Standard for the Charter of HOPE
(The rights and educational needs of sick children and adolescents)

Preamble:

This standard is meant to be an underlying document to the Charter of HOPE – the rights and educational needs of sick children and adolescents - adopted by the HOPE General Assembly in Barcelona, May 2000. It is an elaboration of the Charter and it is intended to assure an adequate standard for the provision of education and tuition to sick children and adolescents in hospital and at home.

The standard is meant as an instrument for the fulfilment of the aim expressed in the HOPE Statutes § 3b on the educational rights of sick children and adolescents – recognizing that without the participation of the child and a firm and well established cooperation with parents, home-schools and caring staff hospital – education is not likely to be successful.

The standard is based on observable criteria or requirements to ensure that the educational needs of children and adolescents in hospital and home tuition are met. It expresses an acceptable level of quality in hospital education and allows for assessing differences among hospitals, regions and countries. It also serves as motivation and encouragement for improvement.

1. The universal right to hospital education.

"Every sick child and adolescent has the right to tuition within hospital or at home, also while being treated in a country other than their own".

- 1.1. All children and adolescents are legally entitled to hospital education and home tuition.
- 1.2. Restrictions in administrative practices - such as age, time of intake into hospital, diagnosis, nationality, gender etc. - do not exclude pupils from either hospital or home tuition.
- 1.3. Procedures exist to ensure that education is offered to all children and adolescents with medical needs.
- 1.4. Any person responsible for the care of the child or adolescent can request hospital education and home tuition.
- 1.5. Education for sick children and adolescents can be provided through the provision of a hospital school or a hospital teaching service; home teaching; or an integrated hospital/ home teaching service.

2. The continuity in education

"The aim of tuition for sick children and adolescents is the continuation of education, enabling them to maintain their-pupil role".

- 2.1. Procedures exist for commencing hospital education on admission into hospital.
- 2.2. Procedures exist for early identification and commencing home tuition.
- 2.3. Procedures exist to ensure smooth reintegration and continuity of education for sick children and adolescents on discharge from hospital.
- 2.4. Lines of communication and co-operation exist between the home school; the home and the hospital and home teaching service.
- 2.5. To preserve communication and responsibility named contacts exist to identify the pupil's needs and activate the relevant service quickly.
- 2.6. A resource person to facilitate the integration of chronically sick children and adolescents into home schools is available.
- 2.7. The home school monitor work missed and develop a strategy in liaison with the hospital and home tuition service for helping the pupil to keep up best possible.
- 2.8. Pupils who are unable to attend school because of medical needs are not removed from the home school register.
- 2.9. The educational standards achieved through hospital education are recognized by schools and training establishments.

3. The variety teaching styles and arrangements of hospital education:

"The hospital school creates a community of children and adolescents, and normalizes everyday life. Hospital education shall be organised as class, group or individual teaching and at the bedside".

- 3.1. A variety organisational principles exist to allow for class, group and individual education - as well as for teaching at the bedside.
- 3.2. Rules do not exclude individual pupil education.
- 3.3. The organisational forms are adapted to the needs of the individual pupil.
- 3.4. There is a concern for age, development, medical and psycho-social condition when arranging groups of pupils.

4. The adapted education:

" Hospital and home tuition must be adapted to the needs and abilities of the child or adolescent in co-operation with the home school".

- 4.1. Teaching hours are adapted to the actual situation and possibilities of the pupil.
- 4.2. Pupils with medical needs receive the same range and quality of educational opportunities as those of the home school.
- 4.3. Pupils with medical needs are entitled to a broad and balanced curriculum complementary and comparable to that in home school.
- 4.4. Provision is made for lessons to match those of the home school.
- 4.5. For sick pupils with other disabilities such as speech defect, visual impairment etc. special needs education is provided for. Specialist teachers are connected to the hospital school and the home teaching service. Equipment and materials for these pupils exist in the hospital school.

5. The adapted environment:

"The learning environment and facilities must be adapted to the needs of sick children and adolescents, and communication technologies shall also be used to prevent isolation".

- 5.1. The hospital school has its own premises within hospital.
- 5.2. Schoolrooms are situated near to paediatric wards.
- 5.3. Schoolrooms in hospital are spacious and well equipped.
- 5.4. Schoolrooms are designed to provide the best environment for teaching and learning.
- 5.5. Furniture can be adjusted and arranged to accommodate pupils in wheel chairs.
- 5.6. Beds and wheel chairs have easy access to the schoolroom.
- 5.7. Areas for outdoor activities are accessible.
- 5.8. The hospital school has its own budget and administration.
- 5.9. High level communication technology is available for pupils and teachers in the hospital school.

6. The wide curriculum in hospital and home tuition:

"A variety of teaching methods and resources shall be used. The content encompasses more than formal curriculum learning. It includes subjects related to special needs arising from illness and hospitalisation".

- 6.1. The National Curriculum is adapted flexibly by the hospital teacher according to the needs and possibilities of the sick child or adolescent.
- 6.2. Hospital and home tuition is not under legal obligation to offer the National Curriculum.
- 6.3. Diversity of content in hospital and home tuition is not limited by local rules.
- 6.4. Room is left for more than formal curriculum subjects.
- 6.5. Importance is also put on creative subjects, such as art, drama and music.

7. The qualified teachers:

"The hospital and home tuition teachers must be fully qualified and receive further training".

- 7.1. Only qualified teachers are in charge of the education of sick children and adolescents.
- 7.2. Hospital teachers have been trained to meet mental and developmental needs of sick pupils and have knowledge of consequences of illness and its treatment.
- 7.3. Hospital teachers assess the capacities of and adapt work to the condition of sick pupils.
- 7.4. Hospital teachers possess knowledge of different school systems and curricula and are flexible in adapting to various teaching methods.
- 7.5. Hospital teachers work in multi-disciplinary teams and adapt continuously to research and developments in knowledge on illness and consequences.
- 7.6. Hospital teachers help the sick pupil return to the home school and work to prevent feelings of isolation.
- 7.7. Hospital teachers act as experts for sick pupils and use their expertise to inform on sick children and adolescents to schools outside hospital.
- 7.8. Post-graduate courses for hospital teachers exist and hospital teachers receive further training.

8. The multi-disciplinary staff:

"The teachers of sick children and adolescents are full members of the multi-disciplinary caring team and are the link between the hospitalized child or adolescent and the home school".

- 8.1. Multi-professional teamwork has been established as an everyday routine.
- 8.2. There is a named coordinator for the multi-professional team.
- 8.3. The staff is trained to meet the physical and psycho-social needs of the sick child or adolescent.
- 8.4. The staff is trained to provide the child or adolescent and its parents with the psycho-social support needed in any crises, which arise in hospital.
- 8.5. Hospital teachers maintain continuous contact with the home school.
- 8.6. Opportunities exist for training health, education and social service professionals together.

9. The parental participation:

"Parents must be informed about the right to schooling and the educational program of their sick child or adolescent. They shall be recognized as active and responsible partners".

- 9.1. Parents are informed about the hospital school by entry into hospital.
- 9.2. Parents are informed and give their permission to hospital education and home tuition - and give their acceptance to the proposed educational programme.
- 9.3. Hospital teachers stay in continuous contact with parents.
- 9.4. Parents are informed about results of hospital education on discharge of their child from hospital.
- 9.5. Parents are actively encouraged to take on duties, such as taking their sick child to school.

10. The personal respect in hospital and home tuition:

"The integrity of the child or adolescent shall be respected including medical confidentiality and private convictions".

- 10.1. The physical territory and private domain of the child or adolescent are respected.
- 10.2. Hospital education and home tuition is undertaken only, when it does not cause additional discomfort, pain or risk.
- 10.3. Agreement is made with the child on proposed educational activities.