

Educators and children's right to education in a hospital setting



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Abstract

Introduction. The objective is to discuss the relevance of professionals in the field of education for ensuring access to education for children in hospital settings. In Brazil, according to Article 205 of the 1988 Federal Constitution, everyone has the right to education. Furthermore, children playing as a language of childhood, think, and learn in all spaces. **Discussion.** It is considered urgent to reflect on the potential contributions of professionals in the field of Education to the adaptation of hospitals and the safeguarding of access to education for hospitalized children. **Methodology.** The theoretical and methodological foundation of this discussion is the Sociology of Childhood, through a qualitative, documentary analysis of the curricula of pedagogy programs at federal universities across the five regions of the country. **Results.** Among the findings, it is noteworthy that the role of educators in hospitals remains a structural gap that lacks adequate training-related discussion.

Keywords

hospital pedagogy; training of educators; childhood; right to education.

Pedagogas(os) e o direito à educação das crianças em situação hospitalar

Resumo

Introdução. Objetiva-se discutir a relevância das(os) profissionais do campo da Pedagogia para a garantia do acesso à educação das infâncias em situação hospitalar. No Brasil, de acordo com o artigo 205 da Constituição Federal de 1988, todos têm direito à educação. Além disso, as crianças brincam, pensam, aprendem em todos os espaços. **Discussão.** Concebe-se que é urgente refletir sobre as possibilidades de contribuição dos profissionais do campo da Pedagogia para a adequação dos hospitais e a salvaguarda do acesso à educação para as crianças em situação de internação. **Metodologia.** O aporte teórico-metodológico desta discussão é a Sociologia da Infância, através de uma análise documental, qualitativa, de currículos dos cursos de Pedagogia das universidades federais das cinco regiões do país. **Resultados.** Entre os resultados, destaca-se que a atuação de pedagogas(os) em hospitais ainda se constitui como uma lacuna estrutural que carece da devida discussão formativa.

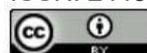
Palavras-chave

pedagogia hospitalar; formação de pedagogas(os); infâncias; direito à educação.

Pedagogas(os) y el derecho a la educación de los niños en situación hospitalaria

Resumen

Introducción. Se propone discutir la relevancia de las(os) profesionales del campo de la Pedagogía para garantizar el acceso a la educación de las infancias en situación



hospitalaria. En Brasil, de acuerdo con el artículo 205 de la Constitución Federal de 1988, todos tienen derecho a la educación. Además, los niños juegan, piensan y aprenden en todos los espacios. **Discusión.** Se concibe que es urgente reflexionar sobre las posibilidades de contribución de los profesionales del campo de la Pedagogía para la adecuación de los hospitales y la salvaguarda del acceso a la educación para los niños en situación de internación. **Metodología.** El aporte teórico-metodológico de esta discusión es la Sociología de la Infancia, a través de un análisis documental, cualitativo, de los planes de estudio de los cursos de Pedagogía de las universidades federales de las cinco regiones del país. **Resultados.** Entre los resultados, se destaca que la actuación de pedagogas(os) en hospitales todavía se constituye como una laguna estructural, que carece de la debida discusión formativa.

Palabras clave

pedagogía hospitalaria; formación de pedagogas(os); infancias; derecho a la educación

1 Introduction

Hospital Pedagogy is a branch of Pedagogy that seeks to address education in hospital and home settings, valuing and ensuring the right to educational care for sick children and adolescents (Silva; Andrade, 2013). In this article, I will focus the discussion on the need to value Hospital Pedagogy professionals in caring for children¹.

In Brazil, the field of Hospital Pedagogy began in the 1950s and 1960s, with the first hospital-based classes at the Jesus Municipal Hospital in Rio de Janeiro, the Santa Casa de Misericórdia de São Paulo in São Paulo, and the Barata Ribeiro Hospital in Rio de Janeiro (Araújo & Rodrigues, 2020)². Its development took place within the context of discussions on Special Education. I highlight: the Law on Guidelines and Bases for National Education (LDBEN) No. 4,024/1961, in its Title X, regarding the education of students with special needs; Decree No. 1,044/1969, which provides for special treatment for students with disabilities; and Decree No. 72,425/1973, which established the National Center for Special Education, with the aim of promoting the expansion and improvement of services for students with disabilities (Brazil, 1961). Furthermore, in 1988, the Federal Constitution,

¹ The definition of a child used in this article is consistent with that set forth in Article 2 of the 1990 Statute of the Child and Adolescent: "For the purposes of this Law, a child is defined as a person under the age of twelve."

² Like Araújo and Rodrigues (2020), I believe that, although some authors claim that Hospital Pedagogy in Brazil emerged in the early 20th century with the hospital class at the Bourneville School Pavilion of the National Hospital for the Insane in Rio de Janeiro, this cannot be considered the starting point, as it did not provide adequate conditions for the hospitalization of children and adolescents, especially within an asylum context, nor did it allow for the concept of citizenship (which is central to the field).

in Article 205, established that education is a right of all and a duty of the State and the family, promoted and encouraged with the collaboration of society, aiming at the full development of the individual, their preparation for the exercise of citizenship, and their qualification for work (Brazil, 1988).

It is evident that, as early as the 1980s, legal guidelines made access to education for all children defensible; however, there was still no specific provision regarding Hospital Pedagogy. I therefore consider the National Policy on Special Education a legal and historical milestone (Brazil, 1994). It describes educational services for hospitalized children and adolescents. Similarly, the document titled “Political and Legal Landmarks of Special Education from the Perspective of Inclusive Education,” published by the Secretariat of Special Education, is relevant; it recognizes educational services in hospital and home settings as part of the right to Inclusive Education (Brazil, 2010).

In line with these regulations, I emphasize that Hospital Pedagogy plays a crucial role in guaranteeing the right to education and promoting the quality of life of individuals, contributing to their personal and academic development in a situation of vulnerability. It is because of this need that I aim to discuss the demand for professionals in the field of Pedagogy to ensure access to education for sick children.

The theoretical and methodological framework of this study is grounded in the Sociology of Childhood (Corsaro, 2011), through a documentary and qualitative analysis of Curricular Policy Projects (CPPs) from Pedagogy programs across the five regions of Brazil. The scope of the study was limited to the analysis of CPPs from Brazilian federal universities that offer Pedagogy programs. Thus, out of 69 Brazilian federal universities, 60 PPCs from Pedagogy programs were analyzed. According to Corsetti (2006), in documentary analysis, the researcher assumes an active role in the research and conducts the analysis process, following the steps of selecting the material, analyzing, organizing, reading, rereading, and systematizing, among others.

Furthermore, it is believed that this methodological approach allows for critical reflection on the verified data. This is because, as we delve deeper into the documents, our theoretical frameworks intertwine with the data, giving rise to multiple questions and hypotheses.

³As a higher education professor involved in training hospital-based educators, the research questions that led me to this analysis were the following: how have hospitals been integrating Hospital Pedagogy into their daily routines? Are universities training educators who are qualified to work in hospitals?

Below, I present this paper in two sections: the first addresses the role of the hospital-based educators and the landscape of spaces designated for children in hospitals, and the second discusses the curricula of Education programs and the academic training of h hospital-based educators. Finally, I present my concluding remarks, with some reflections on the topic addressed.

2 Hospital Pedagogy and Spaces Designed for Children in Hospitals

In the daily life of a hospital, people move through the hallways, most wearing masks and lab coats, heading toward the rooms where patients are located. The sounds heard come from heart and respiratory rate monitors and from carts carrying food and medical supplies. The windows of the rooms often represent contact with “the outside world,” while the smell that wafts through is of products that sterilize the space and of meals that arrive with little or no seasoning. Daily life follows strict clinical protocols, with expressions of concern, pain, relief, hope, joy, and/or grief. Against this backdrop, the following are important foundations for the work of the hospital educator: pedagogical sensitivity to the moment being lived and the child’s prior context; an understanding of their special educational needs and the possible impacts of the hospital environment on the learning and development process; and the recognition that this space possesses characteristics that differ from the routine prior to the child’s hospitalization.

This understanding stems from the recognition that children are not merely developing subjects, but full-fledged social actors, producers of meaning, cultures, and their own interpretations of the world in which they live (Corsaro, 2011; Sarmiento, 2005).

³ In this text, I will primarily use the term “pedagoga” (female educator) instead of “pedagogo” (male educator), recognizing that Pedagogy, as a professional and scientific field, has historically been predominantly composed of women in the Brazilian context. This choice is not merely grammatical, but political and symbolic, as the generic feminine form engages with critical and feminist perspectives on language, which challenge the use of the masculine as a supposed universal and affirm language as a space of contestation, representation, and social recognition.

Thus, even in the hospital setting, it is necessary to consider that children interpret, reframe, and act upon the reality surrounding them, including their experience of hospitalization. Educational practice in the hospital setting involves adapting the curriculum and educational guidelines (⁴), as well as using methodologies that encourage children's active participation in the teaching and learning process. This values the children's voices, allowing their experiences and feelings to be incorporated into the educational process (Prado, 2007).

Through playful and educational activities, educators create an environment suited to children, providing opportunities for learning, attention, and playing that are essential to children's mental and emotional well-being. I emphasize that playing is not merely a pastime, however a form of cultural production and symbolic elaboration of social experience (Sarmiento, 2005). In this sense, through playing, children interpret, reframe, and reorganize the reality around them—including the experience of hospitalization—by attributing their own meanings to what they live and feel. Playing, therefore, constitutes a language of childhood, through which children express fears, desires, expectations, and understandings about the world, while simultaneously processing emotionally situations of tension, pain, or disruption of their routines. Thus, in the hospital setting, playing takes on an even more significant role, as it acts as a pedagogical, affective, and symbolic mediator, contributing to the humanization of care and to the preservation of children as active agents, creators, and protagonists in their own experiences.

Spaces adapted for children also deserve attention. In hospitals, these spaces contribute to children's recovery because hospitalization can be a challenging and stressful experience for children, who are often separated from their family, school, and social environments. It is therefore essential to recognize that childhood is a social category constantly shaped by structural, political, and institutional conditions— —that directly impact children's lives (Qvortrup, 2010), making the improvement of hospital settings an urgent priority. According to Souza and Rolim (2019), environments designed with children in mind, which respect the value of playing, imagination, and social interaction, help transform perceptions of the hospital, making it less intimidating. This understanding aligns with the

⁴ Such as municipal and state education plans, local curriculum frameworks, and the National Common Core Curriculum (BNCC).

idea that children should be recognized as subjects of rights and participation, including in the organization of the spaces they inhabit (Sarmiento, 2005). Thus, spaces designed to meet patients' emotional and psychological needs offer a refuge from the clinical and stressful environment.

The presence of open areas, playrooms, and educational activity rooms allows children to maintain a routine closer to normal, which is crucial for their well-being (Souza; Rolim, 2019). Furthermore, educational practices are essential for cognitive development, even during hospitalization. It is worth emphasizing that learning also occurs through social interaction and playing, which are fundamental forms of development (Corsaro, 2011); therefore, adapted environments that promote these activities and contribute to the continuity of child development mitigate the negative impacts of hospitalization.

The creation of adapted spaces also facilitates the integration of educational and health care. I emphasize that urgent need for intersectoral collaboration between health and education among professionals in the fields of Education, Nursing, Medicine, and Physical Therapy is fundamental to providing integrated care, contributing to each patient's individual care plan.

Through collaboration with other professionals, educators can develop various methodological approaches and materials to deliver lessons, pedagogical contexts, and adapted practices, ensuring the continuity of education during hospitalization. This educational support is vital so that patients do not experience significant interruptions in their learning process, facilitating a smoother reintegration into school life after discharge.

I would also like to note that adapted spaces promote inclusion and equity, as they are designed to be accessible to all children, including those with special needs. This argument is supported by the concept that all children, regardless of their conditions, belong to the social category of childhood and must have their rights guaranteed (Sarmiento, 2005). I also emphasize that the accessibility and adaptability of these environments ensure that all patients can enjoy the same opportunities for leisure, learning, and social interaction, contributing to a more equitable and inclusive hospital experience. The presence of educators in hospitals, therefore, is essential to ensure that the educational rights of children and adolescents are respected, as well as to promote educational and emotional care within the context of medical treatment. It is worth noting that Hospital Pedagogy goes beyond the

mere transmission of knowledge: it focuses on the holistic perspective of individuals, promoting their cognitive, emotional, and social development, even in adverse environments (Alves, 2021). Therefore, the presence of educators in hospitals is essential to ensure that education is an effective and accessible right for all, regardless of circumstances.

Contrary to what would be ideal, data released by the National Registry of Health Facilities (CNES) of the Ministry of Health indicate that Brazil has lost more than 18,000 pediatric hospital beds over the past 17 years, reflecting a 25.6% reduction in hospital beds for children between 2005 and 2022. The survey also concluded that the majority of the closed beds were in the public health system.

It is evident that, in a reality where there is difficulty in preserving pediatric beds, the educational quality of the hospital environment is unlikely to be a structural priority. Therefore, on the national level, I clearly observe that this educational support is limited to hospitals with a pediatric focus, such as the Pequeno Príncipe Hospital (Curitiba, PR), the Sabará Children's Hospital (São Paulo, SP), and the Children's Hospital (Porto Alegre, RS), among others.

The situation in Brazil's public hospitals clearly reveals the structural inadequacy of care for children in hospital settings, their families, and professionals in the field of education who can contribute to improving the public health system through the necessary and urgent mediation of intersectoral work. The Brazilian scenario highlights a pedagogical need for spaces suitable for children in hospitals, but do we have adequate training to address this need through educational intervention? To explore this issue further, we must turn our analytical lens toward the training of professionals in the field of education.

3 The academic training of hospital educators

In Brazil, there are 69 public federal universities. Of these, 66 offer degree in Pedagogy programs. To understand how many universities are involved in training hospital educators, the curricula of these programs were analyzed, looking for courses (required or elective) titled Hospital Pedagogy or Education and Health (with syllabi that connect to the discussion of Hospital Pedagogy).

As Libâneo (2013, p. 27) highlights, pedagogical training is fundamental to “[...] understanding education as a broad social phenomenon that transcends the boundaries of formal schooling and extends to other spheres of life in society.” In this sense, Pedagogy contributes to the development of educational practices that engage with the specificities of different audiences and environments, training professionals capable of acting critically and reflectively in support of an inclusive, democratic, and transformative education. Furthermore, the Pedagogy program contributes significantly to the practice of Hospital Pedagogy by providing training that encompasses fundamental knowledge for working in non-school settings. According to Kassir (2011, p. 99), the work of educators in a hospital setting requires sensitivity and specific knowledge, making it essential that initial training address topics such as children’s rights, educational inclusion, and pedagogical practices in diverse environments.

Moreover, why is it important for Hospital Pedagogy to be included as a course in the curriculum? Obviously, one might argue that academic training is not limited to the courses listed in the curriculum, as there are projects and programs organized by the course faculty; however, a course’s curriculum expresses its educational alignment, adheres to national curriculum guidelines, and affirms the faculty’s commitment to the desired graduate profile. Thus, the composition of an undergraduate program plays a fundamental role in the professional and civic education of students.

The inclusion of certain courses in the university curriculum contributes to ensuring a broad, critical education that is appropriate to the demands of contemporary society. According to Libâneo (2013), the curriculum is the structured framework through which learning experiences are organized, aiming at the comprehensive development of students. Thus, each course included in the curriculum represents not only a formal requirement but a strategic opportunity for the development of essential competencies and skills.

I would also add that curriculum organization must respect the legal and pedagogical principles that guide higher education in Brazil. The Law on Guidelines and Bases for National Education (LDBEN), Law No. 9,394/1996, states that higher education programs must ensure an education “[...] that is both theoretical and practical, aimed at developing students for civic life and work” (Brazil, 1996, art. 43). Thus, the definition of courses in the

curriculum also reflects the university's social commitment to training ethical, critical professionals prepared to work in existing contexts.

Pimenta and Anastasiou (2014, p. 47) emphasize that “[...] when subjects are taught in conjunction with other areas, they foster the construction of knowledge that is more meaningful for professional practice.” Thus, the careful selection of courses allows the program to engage with scientific, cultural, and social transformations, promoting an education that is more up-to-date and consistent with the needs of Brazilian society and the professional field. The definition of the courses that make up the university curriculum is a strategic action that directly impacts the quality of education, compliance with legal requirements, and the university's commitment to society.

To understand the Brazilian context, I accessed the curricula of the country's 69 federal universities. This was the first stage of the document analysis process (Corsetti, 2006), which consisted of defining and selecting the study *corpus*—that is, identifying the documents that effectively address the proposed research questions. This selection considered criteria such as the relevance, reliability, and representativeness of the documents for the subject under study, reflecting an intentional and critical choice of material. Next, I conducted an exploratory reading, in which the selected documents were reviewed to familiarize myself with their content, structure, and potential connections to the research problem. This stage allowed for the identification of initial elements of meaning and emerging patterns. Subsequently, I organized, synthesized, and reflected on the data, at which point the contents of the documents were interpreted and examined in light of the theoretical framework.

Through a refinement of the data, supported by the research markers⁵, I arrived at the following table of 60 universities offering undergraduate programs in Pedagogy:

Table 1 – Curricular mapping of Hospital Pedagogy courses

(continued)

Region	City/State	University	Hospital Pedagogy and/or Health Education Course
North	Belém/Pará (PA)	UFPA	Not listed in the PPC
	Boa Vista/Roraima (RR)	UFRR	Not listed in the PPC
	Macapá/Amapá (AP)	Unifap	Not listed in the PPC

⁵ Note: The curricula of Pedagogy programs at Federal Universities were analyzed, seeking courses (required or elective) titled Hospital Pedagogy or Education and Health (with a syllabus that connects to the discussion of Hospital Pedagogy).

	Manaus/Amazonas	UFAM	Education and Health (elective)
	Palmas/Tocantins (TO)	UFT	Health of Education Professionals and Non-formal Education (elective)
	Porto Velho/Rondônia	Unir	Not listed in the PPC
	Rio Branco/Acre (AC)	UFAC	Educational Services for Hospitalized Children (7th semester)
	Belém (PA)	UFRA	Not listed in the PPC
	Marabá (PA)	Unifesspa	Not listed in the PPC
Northeast	Maceió/Alagoas (AL)	UFAL	Not listed in the PPC
	Natal/Rio Grande do Norte (RN)	UFRN	Not listed in the PPC
	Mossoró/Rio Grande do Norte (RN)	UFERSA	Not listed in the PPC
	Recife/Pernambuco (PE)	UFPE	Not included in the PPC
	Recife, Pernambuco (PE)	UFRPE	Not listed in the PPC
	Petrolina/Pernambuco (PE)	Univasf	Yes. Hospital Pedagogy (elective)
	Salvador/Bahia (BA)	UFBA	Yes. Hospital Pedagogy (elective course)
	Cruz das Almas (BA)	UFRB	Not listed in the PPC
	Barreiras (BA)	UFOB	Yes. Pedagogy in Clinical Settings (elective), Health Education in Schools (elective), and Urgent and Emergency Care in the School Setting: Opportunities for Educator Action (elective)
	Redenção (CE)	Unilab	Yes. Education, Health, and Teaching Work (elective)

Table 1 – Curriculum mapping of Hospital Pedagogy courses

(continued)

Region	City/State	University	Hospital Pedagogy and/or Health Education Course
Northeast	Fortaleza, Ceará (CE)	UFC	Yes. Hospital Pedagogy (elective course)
	Juazeiro do Norte, Ceará (CE)	UFCA	Yes. Education and Health (elective)
	São Luís/Maranhão (MA)	UFMA	Not listed in the PPC
	João Pessoa/Paraíba (PB)	UFPB	Not listed in the PPC
	Teresina/Piauí (PI)	UFPI	Not listed in the PPC
	Parnaíba, Piauí (PI)	UFDPAr	Not listed in the PPC
	Aracaju/Sergipe (SE)	UFS	Not listed in the PPC
Central-West	Brasília/Federal District (DF)	UnB	Not listed in the PPC
	Goiânia/Goiás (GO)	UFG	Not listed in the PPC
	Catalão/Goiás (GO)	UFCat	Not listed in the PPC
	Jataí/Goiás (GO)	UFJ	Yes. Health education (elective)
	Cuiabá/Mato Grosso (MT)	UFMT	Not listed in the PPC
	Rondonópolis/Mato Grosso (MT)	UFR	Not listed in the PPC
	Campo Grande/Mato Grosso do Sul (MS)	UFMS	Yes. Education and Health (elective)
	Dourados/Mato Grosso do Sul (MS)	UFGD	Not listed in the PPC
Southeast	Belo Horizonte/Minas Gerais (MG)	UFMG	Not listed in the PPC
	Ouro Preto/Minas Gerais (MG)	UFOP	Not listed in the PPC
	Viçosa, Minas Gerais (MG)	UFV	Yes. Special Topics in Health Policy and Citizenship (4th semester - elective)



	Uberlândia/Minas Gerais (MG)	UFU	Not listed in the PPC
	Juiz de Fora/Minas Gerais (MG)	UFJF	Not listed in the PPC
	São João del-Rei, Minas Gerais (MG)	UFSJ	Not included in the PPC
	Alfenas/Minas Gerais (MG)	Unifal	Yes. Hospital Pedagogy (elective)
	Diamantina/Minas Gerais (MG)	UFVJM	Yes. Education and Health in a Hospital Setting (elective)
	Lavras/Minas Gerais (MG)	UFLA	Not listed in the PPC
	Uberaba/Minas Gerais (MG)	UFTM	Not listed in the PPC
	Rio de Janeiro/Rio de Janeiro (RJ)	UFRJ	Yes. Preschool Health (6th semester - required) and Health Education (elective)
	Niterói/Rio de Janeiro (RJ)	UFF	Yes. Thematic Seminar in Hospital Pedagogy (9th term - elective)
	Rio de Janeiro/Rio de Janeiro (RJ)	Unirio	Yes. Education and Health (8th semester, required)
	Seropédica/Rio de Janeiro (RJ)	UFRRJ	Not included in the PPC
	São Paulo/São Paulo (SP)	Unifesp	Not listed in the PPC
	São Carlos/São Paulo (SP)	UFSCar	Not listed in the PPC
	Santo André/São Paulo (SP)	UFABC	Yes. Education and Health (1st semester, required), Education and Health in a Hospital Setting (elective), and Hospital Pedagogy (elective)
	Vitória/Espírito Santo (ES)	UFES	Not listed
South	Curitiba/Paraná (PR)	UFPR	Yes. Health Education in Schools (elective) and Pedagogy in Clinical Settings (elective)
	Florianópolis/Santa Catarina (SC)	UFSC	Not listed in the PPC
	Rio Grande do Sul/Porto Alegre (RS)	UFRGS	Education, Health, and the Body (required)
	Santa Maria/Rio Grande do Sul (RS)	UFSM	Not listed in the PPC
	Pelotas/Rio Grande do Sul (RS)	UFPEL	Yes. Hospital Pedagogy: Hospital Classes (elective)
	Bagé/Rio Grande do Sul (RS)	Unipampa	Not listed in the PPC
	Rio Grande/Rio Grande do Sul (RS)	FURG	Not listed in the PPC
	Chapecó/Santa Catarina	UFFS	Yes. Health and Sex Education in Schools (elective)

Source: Author's own compilation (2025).

Of the 60 **federal universities analyzed**, **nine** offer a course in **Hospital Pedagogy** or a direct equivalent, and 11 offer courses focused on **Education and Health** (including Health in Schools, Clinical Contexts, etc.). Of these, three universities (Federal University of Paraná – UFPR, Federal University of ABC – UFABC, and Federal University of Western Bahia – UFOB) offer both Hospital Pedagogy and other courses related to Education and Health. In addition, five other universities offer courses that address the field of Health in relation to specific topics, such as policy, citizenship, and sex education. In

contrast, 38 universities **do not offer** courses directly or indirectly related to Hospital Pedagogy or Education and Health in their PPC.

I also note that most of the courses are elective. In most PPCs, foundational or practical courses related to Early Childhood Education or Early Grades remain mandatory. Some universities offer courses on non-school settings, with broad syllabi that address the concept of non-formal education and mention the multiple spaces where educational activities take place. The syllabi of the Hospital Pedagogy and Education and Health courses that were evaluated generally address topics such as: the right to education in situations of vulnerability, the importance of playing and playfulness in the hospital setting, the role of the multidisciplinary team, and the legal and ethical foundations of pedagogical practice in this field.

The regions of Brazil with the most universities offering these courses are the Southeast and the Northeast. This indicates that Hospital Pedagogy remains a field that requires greater attention within initial higher education training, despite its social, political, and educational relevance. This gap in training contrasts with the growing demand for professionals qualified to work in non-school settings, especially with children in hospitalization or home care situations. The inclusion of courses such as Hospital Pedagogy and Education and Health in the curricula of Pedagogy programs represents, in this sense, a significant advance, insofar as it broadens understanding of the multiple settings in which educators work and challenges the historical centrality of the school environment as the sole legitimate locus of pedagogical practice.

I thus understand that the right to education is not suspended in the face of illness, hospitalization, or physical and emotional vulnerability. On the contrary, in these contexts, it becomes even more urgent, since the experience of illness often entails disruptions in routines, social bonds, and schooling processes, directly impacting children's comprehensive development. Educational practice in hospital settings therefore requires professionals with specific training, who are sensitive to the unique characteristics of these individuals and capable of integrating pedagogical, ethical, and humanizing knowledge, recognizing children as producers of meaning, culture, and their own ways of being in the world.

Thus, the inclusion of these themes in initial training not only broadens the horizon of professional possibilities but also strengthens the future educator's ethical, political, and social commitment, preparing them to address the complexity of contemporary demands, marked by inequalities, vulnerabilities, and multiple forms of exclusion. Therefore, courses addressing Hospital Pedagogy should not be viewed as complementary or dispensable, but as structural components of a comprehensive education that is sensitive to and effectively committed to the right to education, human dignity, and social equity.

4 Final Considerations

Based on the above, we can observe that the health and education system in Brazil has not fully embraced the idea that hospitals are also spaces for children and that this reality requires professionals capable of adapting daily routines and physical spaces.

An analysis of the curricula of pedagogy education programs at Brazilian federal universities reveals a training gap in the number of early childhood educators qualified to work in hospitals, given that, today, such training is offered at less than half of the country's universities. The findings indicate a social and political gap regarding the rights of children in hospital settings.

This study emphasizes that spaces adapted for children in hospitals are essential for promoting the humanization of care, providing therapeutic benefits, ensuring educational continuity, promoting inclusion, and offering support to families. These environments are fundamental to ensuring that hospitalization, despite its difficulties, is a less traumatic and more positive experience for children, contributing significantly to their well-being, the continuity of their education, and their recovery.

Furthermore, Hospital Pedagogy, by integrating the principles of Inclusive and Humanized Education, demonstrates how education can be adapted to meet the specific needs of patients, promoting not only learning but also emotional well-being and resilience. Brazilian legislation, by guaranteeing the right to education for all, without exception, imposes the responsibility to create policies and practices that ensure this right is also upheld in hospital settings. In this regard, the work of educators is indispensable

for the comprehensive development of patients and for facilitating their reintegration into the school environment after hospital discharge.

From this perspective, it is therefore imperative to strengthen Hospital Pedagogy initiatives by investing in the continuing education of professionals and in the creation of adequate structures for educational care in hospitals. I thus reaffirm the need for an inclusive and humanizing educational approach that welcomes and values each student in their uniqueness, contributing to their comprehensive development and the dignity of their existence.

5 References

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