



## Hospital class: educational care for children undergoing health treatment

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### Abstract

This study aims to reflect about the role of the hospital class in educational care for children undergoing health treatment. The research is qualitative with bibliographic and documentary methodology. For the development of the study, we went through the historical outline, with scientific research and documents that address the educational process of the hospitalized child as guiding elements. The results reveal that the role of the hospital class is a complex movement, which considers the continuation of school knowledge, but goes further, also contributing to the understanding of the context, the disease and the new routine of the child being treated. The hospital class also reflects the social function of the school, a space originally created for the continuation of life and surrounded by the prospect of a better future.

### Keywords

Special hospital class. Educational law. Child development.

### Classe hospitalar: atendimento educacional à criança em tratamento de saúde

### Resumo

Este estudo tem por objetivo refletir sobre o papel da classe hospitalar no atendimento educacional às crianças em tratamento de saúde. A pesquisa é qualitativa com metodologia de cunho bibliográfico e documental. Para o desenvolvimento do estudo, percorreu-se o delinear histórico, tendo como elementos norteadores as pesquisas científicas e os documentos que abordam o processo educacional da criança hospitalizada. Os resultados revelam que o papel da classe hospitalar é um movimento complexo que considera o prosseguimento dos conhecimentos escolares, mas vai além, contribuindo também para a compreensão do contexto, da enfermidade e da nova rotina da criança em tratamento. A classe hospitalar reflete também a função social da escola, espaço originalmente constituído para a continuidade da vida e envolto pela perspectiva de um futuro melhor.

### Palavras-chave

Classe especial hospitalar. Direito educacional. Desenvolvimento infantil.



## **Clase hospitalaria: asistencia educativa a niños en tratamiento de salud**

### **Resumen**

Este estudio tiene como objetivo reflexionar sobre el papel de la clase hospitalaria en la atención educativa para niños que reciben tratamiento de salud. La investigación es cualitativa con metodología bibliográfica y documental. Para el desarrollo del estudio, se revisó el esquema histórico, con investigaciones científicas y documentos que abordan el proceso educativo del niño hospitalizado como elementos orientadores. Los resultados revelan que el papel de la clase del hospital es un movimiento complejo que considera la continuación del conocimiento escolar, pero va más allá, también contribuye a la comprensión del contexto, la enfermedad y la nueva rutina del niño que está siendo tratado. La clase hospitalaria también refleja la función social de la escuela, un espacio creado originalmente para la continuación de la vida y rodeado por la perspectiva de un futuro mejor.

### **Palabras clave**

Clase especial hospitalaria. Derecho educativo. Desarrollo infantil.

## **1 Introduction**

Education has been a legally instituted right in Brazil since the 1988 Federal Constitution, which stated that its promotion and guarantee to all without distinctions was an obligation of the government (BRASIL, 1988). That includes hospitalized children, who are, for medical reasons, deprived of access to regular schools.

For those children, the right to education remains and needs to be offered, especially through the implementation, in hospitals, of an environment called hospital class by official documents (BRASIL, 1994, 2001, 2002). This movement generates questions about the role played by that space in the continuity of the educational process for the sick child. Within that scenario and the unrest elicited by the theme, we defined the objective of this study to reflect about the role of the hospital classes in the educational care of children undergoing health treatment.

In Loiola's (2013) considerations, we understand that, for the hospital context, it is necessary to have an attention not only committed to the clinical issues of the sick person, but that also sees the human being in their global needs, offering children with health specificities a "[...] biopsychosocial care to provide those citizens with holistic care" (LOIOLA, 2013, p. 109, our translation).

This context, according to Rolim (2015), requires a permanent dialogue between health and education, fields that have been distant, separated in their physical and action spaces, but that need to become closer to care for the school-aged hospitalized. This historical path began in Brazil in the 1950s, with the creation of the first hospital class in national territory, founded in 1950 in the state of Rio de Janeiro (FONSECA, 1999). Throughout the years, new classes were implemented in the country, a process that is gradually developed, evidencing a still slow advancement when we think about the accomplishment of the right to education for children in hospital treatments (SALDANHA; SIMÕES, 2013).

## 2 Methodology

Looking at the complexity of the theme, we developed a qualitative research with a historic orientation. Considering the investigated object, Triviños (1987, p. 130, our translation) emphasizes that this type of study is characterized by “[...] seeking its roots, its causes of existence, its relations, in a broad scenario of the subject as historical and social being, trying to explain and understand the development of human life and its different meanings”.

Based on the technical procedures, the research is bibliographic, defined by Gil (2002, p. 54, our translation) “[...] as that which is developed based on previously created material, consisting mainly of books and scientific articles”. According to the author, this investigation modality “[...] should be understood not as a rigorous script to follow, [...] but as one script, among others, created based on its author’s experience, compared with the experience of other authors in that field” (GIL, 2002, p. 59, our translation).

For a better understanding of the study, there was the need to research and consult documents directly or indirectly related to hospital education, defining this research also as documentary. As defined by Oliveira (2007, p. 69, our translation), these studies are characterized by the search for information in documents, such as “[...] reports, newspaper articles, magazines, letters, movies, recordings, photographs, among other dissemination materials”.

The methodological path was delineated in two moments. In the first moment, we carried out a search for scientific papers indexed on free access platforms, Scientific Electronic Library Online (SciELO) and Google Scholar, using as descriptors: “hospital education”, “hospital class” and “hospital educational care”. We selected the texts considering primarily those by nationally referenced authors in the field of study. After an exploratory reading of the abstract and introduction of the papers, we selected those that were more directly related to the objective of this article for reading in full.

Thus, the studies – especially by Fontes (2005), Loiola (2013), Ortiz and Freitas (2001), Rolim (2018), Rolim and Góes (2009) and Vasconcelos (2015) – brought theoretical contributions and conceptual elements that, combined with the point of view of the authors of this study, provide reflections about the hospital class and its role in the educational care of children undergoing health treatment.

Documentary search took place in a second moment and considered the documents indicated in the study’s theoretical frame: the National Policy of Special Education (BRASIL, 1994), the Statute of the Child and Adolescent in Hospital (BRASIL, 1995), the National Guidelines for Special Education in Basic Education (BRASIL, 2001), the document *Classe hospitalar e atendimento pedagógico domiciliar: estratégias e orientações* [Hospital class and pedagogical care at home: strategies and guidance] (BRASIL, 2002), Law n. 11.104, which discusses the obligation to implement toy libraries in health spaces (BRASIL, 2005), and Law n. 13.716, which ensures educational care to basic education students undergoing in-patient health treatments (BRASIL, 2018), materials which were read in full.

It is important to highlight that bibliographic studies and researched documents about the theme provided the theoretical basis and the understanding of conceptual foundations that were paramount to the development of this text, constituting an essential stage to the construction of this article. Critical analyses of the information we found contributed to the creation of this study.

Striving for a better organization of the results, this text is henceforth structured in two interrelated moments. In the first moment, we present “Hospital education: historic path and legal guidelines”. Then, we approach “Hospital class: reflections about its role”.

### **3 Hospital education: historic path and legal guidelines**

Education for hospitalized children began in 1935, in Paris, when educator Henri Sellier founded the first hospital class thinking about the continuity of these children's educational process. The idea was boosted after the Second World War, due to the high number of children and teenagers who, because of poor health, were unable to frequent educational institutions (VASCONCELOS, 2007).

If we consider the world context, we notice that the movement for institutionalization of hospital education in Brazil is a relatively recent process, beginning in 1950, when the first hospital class was created at the Municipal Hospital Jesus, in Rio de Janeiro. The second class was founded right after, in 1953, at Santa Casa da Misericórdia, in São Paulo (FONSECA, 1999). These were the first steps that demonstrated the relevance of continuing children's school process during health treatments.

Throughout the years, other classes were slowly and infrequently implemented, a process that was slightly boosted after 1990, when public institutions started to include hospital classes in their educational policies, creating specific legislation (SALDANHA; SIMÕES, 2013).

The first document to specifically include hospital education was the National Policy of Special Education, drafted by the Ministry of Education and Sports in 1994, defining hospital class as "[...] a hospital environment that allows the educational care of hospitalized children and teenagers who need special education and who are undergoing health treatments" (BRASIL, 1994, p. 20, our translation).

The rights attained were also strengthened through the Statute of the Child and Adolescent, in Law n. 8.069, from July 13<sup>th</sup>, 1990, and through Resolution n. 41, from October 13<sup>th</sup>, 1995, which approves the Statute of the Child and Adolescent in Hospital. These rulings seek to promote qualified and humane care to all children and teenagers, determining that, regardless of any life conditions, these individuals' right to full development needs to be fostered.

According to the Statute of the Child and Adolescent (BRASIL, 1990, our translation), in its third Article:

The child and the adolescent enjoy all rights inherent to the human person, without detriments to the wholistic protection discussed by this law, being ensures, by law or by other means, all opportunities and conveniences, in order to enable physical, mental, moral, spiritual and social development, in conditions of freedom and dignity.

We understand that the 1990s represented a landmark in the legitimization of the social rights of children and adolescents, especially when we consider the hospitalized child, who is separated from social and educational activities in which they used to participate daily. In this direction, Saldanha and Simões (2013) explain that legislation and educational policies intend to guarantee everyone's right to education, also contemplating sick children who, when hospitalized, often entered a situation of exclusion and school evasion.

Walking a path toward the rights of children and adolescents with health impairments, we noticed that other legislative landmarks were implemented: Resolution n. 2, from September 11<sup>th</sup>, 2001, by the National Education Board, which institutes the National Guidelines for Special Education in Basic Education (BRASIL, 2001); and the document *Classe hospitalar e atendimento pedagógico domiciliar: estratégias e orientações* [Hospital class and pedagogical care at home: strategies and guidance], published in 2002 by the Special Education Secretariat at the Ministry of Education (BRASIL, 2002). These documents were instituted aiming to expand the knowledge about educational care developed in the hospital and home contexts and to define the organization of pedagogical services and proposals for these spaces.

Hospital classes and home pedagogical services are responsible for the creation of strategies and guidance to enable the pedagogical-educational monitoring of the process of development and construction of knowledge of children, adolescents and adults enrolled in regular schooling systems or not, in the context of basic education and who are unable to frequent school, temporarily or permanently, and guarantee the continued bond with schools through a flexible and/or adapted curriculum, helping in their entrance, return or adequate integration to their corresponding school group as part of the right to whole attention. (BRASIL, 2002, p. 13, our translation).

We observe that children who experience illness and, for that reason, cannot maintain their attendance to regular school can continue their educational process, whether through home services or through the hospital class. Both have specific characteristics, but their goal is the same: guaranteeing the continuance of educational activities for children and teenagers with health requirements.

For the hospital educational care to be effective, it needs to “[...] be connected to education systems as a unit of pedagogical work by Secretariats of Education of states, the Federal District and municipalities, as well as clinical boards of local health systems and services” (BRASIL, 2002, p. 15, our translation). We observe the necessary interrelation between the health and education fields, in which the former is responsible for the availability of an environment within hospital institutions to implement the educational service and the latter is responsible for material and human resources, i.e., teachers and furniture, for the development of activities.

In addition to the provision of hospital classes for the educational care of hospitalized children, based on Law n. 11.104/2005, children’s hospitals that have in-patient care are obligated to have toy libraries in their facilities. This proposal aims to offer playful, recreational and therapeutic services for hospitalized children and their caregivers (BRASIL, 2005).

According to Cunha (1996, p. 45, our translation), the toy library in the hospital environment “[...] is the space created aiming to provide stimulation for the child to play freely”, guaranteeing in the hospital the continuance of play, an experience inherent to childhood. We notice that the toy library has a different proposal than the hospital class, in which educational processes are emphasized. It is important to emphasize that both services are indispensable to child development, each with their particularities.

Following the historicity of the process, the most recent advancement, which represents an achievement of Brazilian society regarding the educational rights of sick children, is Law n. 13.716, from September 24<sup>th</sup>, 2018, which alters the National Education Guidelines and Framework Law n. 9.394, from December 20<sup>th</sup>, 1996, aiming to ensure educational care to basic education students hospitalized for health treatments in a hospital or home system for prolonged periods (BRASIL, 2018).

Legislation and guidelines that regulate hospital education reaffirm the right to continue the educational process of children and teenagers with health specificities, guaranteeing a space inside the hospital where they can participate in pedagogical activities, fostering, among other factors, the continuance of a bond with school during in-patient treatment. It is on that space, the hospital class, that we set our sight in the following topic.

#### **4 Hospital class: reflections about its role**

Educational service in a hospital environment expresses the acknowledgement that rights to citizenry need to be sustained, regardless of the patient condition. In this context, two unalienable social rights intersect: health and education. These are rights that demand an overview of the hospitalized child that enables the visualization of more than the physical fragility, in a view that contemplates the human being as a whole.

In this perspective, Rolim and Góes (2009, p. 512, our translation) state:

In the hospital space, children go through great suffering as they are separated from their clothes, their belongings and interaction with most family members. However, even with that fragmentation of life, they still have fantasies, emotions and feelings, which requires a view of treatment that contemplates the specificities of childhood and a wholistic understanding of the subject's development.

Childhood is a life stage characterized by great development, thus, although they are in a moment of hospitalization, sick children need to have health care ensured, as well as they need guaranteed educational rights. Children, even in a process of illness, are still in development and have the right to continue learning through educational activities offered in the hospital environment, a process that is mainly developed in hospital classes, understood as:

Pedagogical-educational service that takes place in health care environments, whether in hospitalization circumstances, as is traditionally known, or within the circumstances of hospital-day and hospital-week or in services of wholistic attention to mental health. (BRASIL, 2002, p. 13, our translation).

In this context, hospital class functions avoiding the interruption of these children's school process, guaranteeing their access to systematized education, which is a right regardless of health circumstances. Therefore, educational care in the hospital environment has, among others, the obligation to promote the continuance of educational experiences for the student undergoing treatment.

The objective of hospital class is to provide patients with the conditions to feel included in the world of the non-sick, showing them that they haven't lost their intellectual capabilities, through activities that activate their abilities. This can guarantee the valorization of their previous knowledge, while decreasing school evasion and social exclusion. (VASCONCELOS, 2015, p. 31, our translation).



In this direction, hospital classes seek the continuance of the educational process of children with compromised health and promote their valorization, allowing them to stay included in a social group. However, for the continuance of school activities, one professional is indispensable, the teacher, responsible for the relationship between the hospital and the children's original schools.

In order to achieve that interface, the hospital class teacher needs to contact the original school, dialoguing with the teachers from that institution to identify the content that the regular class is studying, so that the hospitalized child can do the same activities, considering any necessary adaptations. Thus, after being discharged, the hospitalized student's education won't be impaired.

This pedagogical action benefits the students when they go back to school, since the contents studied in the classroom while they were away have been completely or partially developed and recovered in the hospital class without hindering the continuance of the school curriculum. (LOIOLA, 2013, p. 75, our translation).

When the hospital class teacher meets any “[...] difficulty in establishing contact with the institution, the curriculum can be decided by the hospital class teacher according to the level of knowledge and learning identified in the hospitalized child” (FONTES, 2005, p. 123, our translation), i.e., in the cases where the hospital-school interaction isn't achieved, the teacher in the hospital context will work with appropriate curriculum subjects to the age group and cognitive development of children, an indispensable action to the individual's school development.

In this direction, Rolim and Góes (2009, p. 522, our translation) understand the importance of the educational service offered in the hospital environment and express that, in this context:

[...] the school content shouldn't be overlooked, because that knowledge also contributes to minimize suffering and, more, constitutes a source of will to live. This because, in our understanding, wanting to do Math, writing exercises, mastering cursive letters etc. are small signs of the desire to maintain the bond with life and have a value of projected future.

We understand that participating in school activities in the hospital environment enables the preservation of the bond with the child's known universe. It is an important action, because it enables the continuance of school learning and fosters socialization, as

well as involving cultural meanings that recognize school as a place of social development, a space loaded with perspectives of a better future.

According to Silva, Gallego and Teixeira (2006 p. 35), the right to study is foundational, but, for the child that experiences illnesses, school activity becomes essential. The effects of school bonds bring improvements to the development and quality of life due to direct action in the hope of continued life, in the future. In accordance with these propositions, Rolim and Góes (2009, p. 511, our translation) state that: “[...] offering educational actions for the sick child is a big advancement, since, through the relationship between family, medical team and educational team, the continuance of a life project and the search for actualization are fostered”.

In this sense, we understand that educational action developed in a hospital context aims at “[...] the fight against the illness, not with medicine’s healing toolbox, but, rather, with a school attention, armed with yearning for personal growth, investment in creativity, the search for new paths and the generation of actualization expectations” (ORTIZ; FREITAS, 2001, p. 72, our translation).

Through these considerations, we see that participation in educational activities during in-patient care helps the child to continue being a student, removing for a while the condition of patient and, as understood by Rolim (2018), reclaiming their role of student among students, a process that creates expectations in the child and their social group. In this direction, Paterlini and Boemer (2008, p. 1157) emphasize that the continuance of everyday activities by the child, as close to how it was before the illness as possible, preserving social processes and school participation, can contribute to the individual’s hope to survive.

In this context, we notice that the role of education developed in the hospital context is exposed and expanded, helping the child in treatment:

[...] to rescue their subjectivity, resignifying the hospital space through language, affection and social interactions that the teacher can provide. Therefore, it is possible to think about the hospital as a space of education for hospitalized children. More than that, it is possible to think about the hospital as a place of encounters and transformation, making it a conducive environment for the child’s wholistic development. (FONTES, 2005, p. 136, our translation).

In this perspective, the education established in the health space acts on the stimulation of the intellectual potential of children who experience illness and is an

expression that considers the social, affective and psychological needs of the person undergoing treatment. Therefore, in the hospital space, the development of educational activities considers content, but also dialogue, emotions and affection of teacher and student, a journey that seeks the child's complete development.

We determined that educational work in a hospital context has many functions, and part of the role of education developed in the hospital is the provision, to the sick child, of knowledge that enables the understanding of the space and of their current life situation, resignifying events through the construction of new knowledge, experiences that contribute to the child's wellbeing and foster the improvement in their clinical condition (FONTES, 2005).

Educational actions provide hospitalized children more than the continuance of school learning, because they constitute a process that considers the child as a whole, a person with feelings, fears and concerns, who needs interactions with their peers to understand the context and the new situation experienced, processes which help in the health aspect and in hospital discharge.

Considering those remarks, Menezes (2004, p. 42, our translation) highlights some of the main objectives of educational care developed in a hospital context:

To promote integration between child, family, school and hospital, softening the trauma of hospitalization and contributing to social interaction; to enable the humanization of care to hospitalized children and teenagers in the search for intellectual and socio-interactive quality of life; to bring closer children's experiences in the hospital and their daily routine prior to hospitalization, using knowledge as a form of human emancipation and formation; to strengthen the bond with the hospitalized child, enabling pedagogical action constructed in the educational practice of hospital environments; to give the hospitalized child the opportunity, even in a hospital environment, to have access to education; to contribute to the reintegration of the hospitalized child to their original school or their inclusion after discharge, since many of them, despite being of school age, don't attend school.

The class has many objectives, but the main focus, according to Matos (1998, p. 86, our translation), consists of "[...] maintaining and potentializing habits characteristic of intellectual education and learning that school-aged patients need through activities developed by pedagogue teachers in a teaching function". We highlight, though, that the content studied in the class needs to be adapted to the singularities experienced by hospitalized children and to the restrictions imposed by the hospital environment.

With that understanding, the teacher who works at the hospital class:

Should be qualified to work with human diversity and different cultural experiences, identifying special educational needs of students unable to attend school, defining and implementing strategies to ease and adapt the curriculum. They should also propose didactic-pedagogical procedures and alternative practices necessary to the teaching-learning process of students. (BRASIL, 2002, p. 22, our translation).

We observed that, in the hospital class, it is paramount that educational actions are developed by the teacher in a contextualized manner, adequate to the hospital reality and the routine of hospitalized children, who go through moments of pain, sadness and fear caused by the illness and treatment. This context requires pedagogical practice to be flexible in the new condition experienced by the child in the hospitalization process.

## **5 Final considerations**

We observed that educational care for hospitalized children is a movement that begins with the acknowledgement that the person in a process of illness and in-patient care is still a citizen with rights and, therefore, must have their access to education guaranteed also in health environments, a scenario that raises questions regarding the role played by hospital class.

Aiming to reflect about the role played by this space in the educational care of children undergoing health treatments, noticing the nuances that involve that process, we enter the environment of hospital class through published bibliography and documents about the theme.

Thus, we notice that it has many roles, consisting of providing continuance to the educational process in a hospital context, helping to learn new systematized knowledge, decreasing the discrepancy in school subjects and boosting the return to school after discharge (LOIOLA, 2013). It also includes understanding their context, illness and treatment, contributing to the recovery of a healthy state and helping to shorten their hospital stay (FONTES, 2005).

Therefore, we understand that pedagogical work developed in hospital class is committed to a wholistic care of the hospitalized child, fostering a view that understands the person as a biopsychosocial being who, in an illness circumstance, needs to have health

care ensured, but also needs attention in other aspects that permeate human life, among them, education.

In this direction, the educational proposal developed with the sick child seeks school advancements, considering the singularities caused by hospitalization. Consequently, educational care encompasses content, while also involving moments of socialization, dialogue, affection, personal knowledge and learning about the new context, processes that contribute to the hospitalized child's approximation to experiences similar to those lived prior hospitalization.

In that context, we emphasize the importance of new research that focus on educational care offered to children undergoing treatment, promoting discussions and reflections that can contribute to understanding several nuances involving pedagogical practice in health spaces, understanding that the accomplishment of the right to education is a primary condition to citizenry.

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