Educational options for children with medical needs

Michele Capurso

Department of Philosophy, Social & Human Sciences and Education,

University of Perugia, Italy

Address correspondence to: Michele Capurso, Department of Human and Educational Sciences, University of Perugia, Piazza Ermini 1, 06123, Perugia, Italy, michele.capurso@unipg.it, +39 0755854921

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Abstract

Schooling is known to influence a wide range of economic, social and psychological aspects of people's life, but children with medical needs are subject to school failure more often than their healthy peers. The aim of this paper is to review different school options available to the paediatrics community for the education of children with medical needs. Hospital school, home tuition and mainstream school re-entry are examined. Critical aspects for each type of solution are discussed. The provision and stability of adequate educational opportunities for children with medical needs represents an important area of collaboration between doctors, educators and parents for the prevention of long-term consequences of illnesses and therapies.

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Introduction

Despite the fact that education represents the most important factor in the prevention and mediation of long-term psycho-social consequences of illnesses in children (Cutler & Lleras-Muney 2006; Cutler & Lleras-Muney 2012; Feinstein et al. 2006; Grossman & Kaestner 1997), the population of Children with medical needs (CMN) still face less engagement in learning, increased experiences of bullying, social difficulties and lower academic achievement (Forrest et al. 2011).

The most widespread mean for a good education is attendance of institutional schools. Since the social and developmental advantages provided by schools are well established and recognised (Committee on School Health 2000; Shaw & McCabe 2008), continuity in education becomes particularly crucial in times of illness.

The aim of this paper is to outline different types of school-based education for CMN and issue some suggestions for their best inclusion in mainstream programmes, in line with the recommendations issued to the paediatric community, which stated that "Health and school professionals will need to collaborate to identify at risk children early and intervene with appropriate medical and educational services" (Forrest et al. 2011).

Definition

The term *education of children with medical needs* refers to any type of formal instruction aimed at ensuring children and adolescents who, by virtue of acute or chronic medical conditions, are unable to attend school, the same fundamental right to access education provided to their healthy peers. This type of education should be regulated and delivered by registered and suitable qualified teachers via publicly recognised and licensed institutions. Education of CMN may be offered in a variety of settings: at hospital, at home, at school, in isolation or in small groups.

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Context To Deliver Education

The delivery of educational services to CMN poses several problems and can be provided in a number of situations, as discussed below:

Hospital schooling. In cases of long-term illness education can be provided directly in hospital by hospital teachers: that is, teachers placed to work directly in the medical setting. These teachers should be somehow included in the multidisciplinary team in order to better coordinate their effort with the different routines of the medical institutions. Besides, their presence in the team can provide fundamental psychological and sociological insights about the patients. A fundamental part of the work of a hospital teacher is to ensure continuity of education and communication with the young patient's own school.

Home teaching. Because in-hospital treatment of acute illness is changing to community-based management of chronic illness and disabilities, children are spending less and less time in hospital and more time at home (Weller et al. 2003). However, being sent home does not mean being able to attend school. Several treatments and illnesses require periodic home isolation, and in fact 58% of students with chronic conditions routinely miss school (Thies 1999). Home schooling can be provided either by one of the child's own teachers, if he is allowed extra time to visit the pupil, or by a hospital teacher, extending his range of action to the child's home and continuing the work previously started at the hospital. Again, connection and communication with schoolmates is paramount, as learning is a social process and not an isolated event that takes place only within an individual (Woolfolk 2010). Homebound instruction brings with it several critical aspects that make its implementation and maintenance difficult. The most problematic areas include absence of clear eligibility criteria, high cost to schools, low academic motivation and time-management problems of

CMN, administration and coordination tasks and the pedagogic aspects of teaching at home (Capurso 2006; Shaw & McCabe 2008).

School re-entry. Regular school attendance offers far more benefits than simple academic education. Going to school provides opportunities for peer relationships, support and friendship (Woolfolk 2010). Qualitative research reveals that attending a regular school is linked to a sense of normality and functioning both in parents and in children (Capurso 2008). When a sick child attends school he sees himself not just as a patient, but also as a person with healthy parts, capable of functioning within society.

The moment of re-entering school is crucial to determine the future quality of school life of CMN. The ill child may be reluctant to return to school due to physical changes, depression or anxiety. These children are particularly worried about teasing and rejection by their schoolmates (Capurso 2006; Capurso 2008; Worchel-Prevatt et al. 1998). Analogously, teachers may feel less confident about the presence of CMN in the classroom and may be concerned because of a lack of information about the relevant disease and how to handle medical problems. They may also be unsure how to calibrate academic expectations, and worry about the best way to manage the reactions of the child's classmates (Capurso 2006; Worchel-Prevatt et al. 1998).

The best way to cope with those problems is to arrange a school reintegration programme. Such a programme takes into account a number of aspects, such as the doctor and hospital teacher accompanying the child back to class, meeting schoolmates and teachers in order to listen to their concerns and organising circle time activities and meetings to share proper information with all the school subjects and parents. The use of mediators such as photographs, medical equipment and puppets has also been proven to be effective (Capurso 2006). However, it should be remembered that different children will want to share different amounts of information at school. The ill child should always have the last word on the type

and amount of information he/she wants to share, and parents should be actively involved in all the steps of the process (Andrews 1991).

Conclusions

Different options are available to the paediatric community to provide CMN education. Such services need to be coordinated within a multidisciplinary framework involving the child, parents, medical and education professionals and social policy managers. Such tassel is worth the hassle, as a good education will ensure that more and more young people are able to function effectively within society tomorrow and live longer and happier lives.

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REFERENCES

Andrews SG. 1991. Informing Schools About Children's Chronic Illnesses: Parent's Opinions. *Pediatrics* 88:306.

Capurso M. 2006. Children with chronic illness in school [In Italian]. *Difficoltà di apprendimento* 12:51-70.

Capurso M. 2008. *When a Child Gets Ill [Italian]*. Roma: Magi.

Committee on School Health. 2000. Home, Hospital, and Other Non–School-based Instruction for Children and Adolescents Who Are Medically Unable to Attend School. *Pediatrics* 106:1154-1155.

Cutler DM, and Lleras-Muney A. 2006. Education and health: evaluating theories and evidence. National Bureau of Economic Research.

Cutler DM, and Lleras-Muney A. 2012. Education and Health: Insights from International Comparisons. National Bureau of Economic Research.

Feinstein L, Sabates R, Anderson TM, Sorhaindo A, and Hammond C. 2006. What are the effects of education on health? Measuring the Effects of Education and Health and Civic Engagement Conference. Copenhagen: OECD.

Forrest CB, Bevans KB, Riley AW, Crespo R, and Louis TA. 2011. School Outcomes of Children With Special Health Care Needs. *Pediatrics* 128:303-312.

Grossman M, and Kaestner R. 1997. Effects of education on health. *The social benefits of education* 69.

Shaw SR, and McCabe PC. 2008. Hospital-to-school transition for children with chronic illness: Meeting the new challenges of an evolving health care system. *Psychology in the Schools* 45:74-87.

Thies KM. 1999. Identifying the Educational Implications of Chronic Illness in School Children. *Journal of School Health* 69:392-397.

Weller WE, Minkovitz CS, and Anderson GF. 2003. Utilization of medical and health-related services among school-age children and adolescents with special health care needs (1994 National Health Interview Survey on Disability [NHIS-D] Baseline Data). *Pediatrics* 112:593-603.

Woolfolk A. 2010. *Educational psychology*. London: Pearson Education.

Worchel-Prevatt FF, Heffer RW, Prevatt BC, Miner J, Young-Saleme T, Horgan D, Lopez MA, Rae WA, and Frankel L. 1998. A school reentry program for chronically ill children. *Journal of School Psychology* 36:261-279.