

# THE ROLE OF PEDAGOGY INTO HOSPITAL EDUCATION IN SOUTH AFRICA: AN INSTITUTIONAL AND CURRICULAR STUDY

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## ABSTRACT

This article tackles the analysis of one of the educational tracks less studied in the present society, the Hospital Schools and Classrooms, in the South African social context. The research was based on a postdoctoral stay at the University of Cape Town that has allowed, through a personal study, the collection of documents and data related to the topic to be analyzed. According to an evaluative method, the following aspects are described in this article: origin and historical evolution of the sector, organization of the educational service in general and in hospital settings, teacher training, institutional connections, patients' family care and play therapy in the hospital.

## KEY WORDS

Hospital Education, Human Right to Education, Sick children and adolescents, Diversity Care.

## RESUMEN

El presente artículo se orienta al análisis de uno de los sectores educativos menos estudiados en el mundo actual, las Escuelas y Aulas Hospitalarias, en el contexto social sudafricano. La investigación ha partido de una estancia postdoctoral en la Universidad de Ciudad del Cabo que ha permitido, a través de un estudio personal, la recolección de documentos y datos relacionados con el tema a abordar. De acuerdo con un método evaluativo, se describen en este artículo los siguientes aspectos: origen y evolución histórica del sector, organización del servicio educativo en general y en ámbitos hospitalarios, formación del profesorado, conexiones institucionales, atención a las familias de los pacientes y terapia de juego en el hospital.

## PALABRAS CLAVE

Educación Hospitalaria - Derecho Humano a Educación - Niños y adolescentes enfermos - Atención a la Diversidad.

## 1. ORIGIN AND HISTORICAL EVOLUTION OF HOSPITAL EDUCATION

From evidences, it seems that services of Hospital Education have been run in health organizations of South Africa from year 1923, before the creation of formal Hospital Schools. In this sense, first institutions with such educational services were the former Johannesburg Hospital in Johannesburg where some volunteers used to carry out educational tasks, and the Invalid Children Aid's Fund in Cape Town, where girls learned to sew and boys to make crayfish nets (Kruger, de Wet & Vally, 2012).

Once created, the nomination of this educational field has been "hospital schools" since it's referenced from the very beginning. There aren't a lot of references regarding this track, and some principals in current hospital schools refer that there is missing information from the schools when everyone gets the access to the post. According to the available data, Maitland Hospital School was moved from Maitland to Rondebosch fifty-eight years ago, Red Cross Hospital School has been functioning for plus sixty years, and Tygerberg was created in 1959.

There is a lack of awareness of models imported from other countries, and it is evident that South African hospital schools nowadays are not modelled according to a concrete type of hospital school since there are quite a few differences among them. An interesting aspect to highlight regards to the reduction of hospital schools that was promoted from the Western Cape Education Department (WCED) years ago, trying to amalgamate hospital schools with resource centres. At the same time, there is no clear idea of how Hospital Schools were classified during apartheid era according to documents collected, though it would be interesting in the sense of servicing just "black population" or "coloured population" due to the old categories established.

## 2. EDUCATIONAL SERVICE ORGANIZATION

### 2. 1 Aspects on location of service

Currently, "Hospital Schools" belong to an area of their own inside Special Schools, however they use to work following premises of mainstream school's curriculum. Hospital Schools are called "ring-fenced schools" and they are classified as S9. Due to grading of the schools' criteria, Tygerberg Hospital School has got two classes of children with apraxia, what means a weighting of between three and five points because of learning communication problems of the children serviced. There is some controversy since the schools do mainstream curriculum because the children don't fit into Special Needs as they are just sick, but they are still Special Schools. At the same time, supervisors for Hospital Schools come both from special and mainstream schools, so there aren't any clear cuts between them at district offices.

The Educational Acts and regulations regarding Hospital Schools in South Africa are the Curriculum and Assessment Policy Statements (CAPS), which contains the national curriculum for Grades 1 to 12 in public schools of South Africa; that Act is an amendment to the National Curriculum Statement (NCS) for Grades R-12. In a more concrete way, hospital schools use the ordinary curriculum created for education in mainstream schools, so hospital teachers must be adapting that curriculum all of the time.

The political representation of the Hospital Schools in Western Cape is held by the Directorate of Specialised Education Support (DSE) of the Western Cape Education Department (WCED), depending on the Ministry of Education of Western Cape. However, it is not like this system all throughout South Africa and differences on political representants have been created inside the provinces.

Customers of the educational services run by Hospital Schools are the children with temporary special educational needs, also when some of these children unfortunately are not going to recover again. As a pedagogical basis for the work, educators take the basic goals for each academic grade according to the curriculum and the schools of origin for the children. When some handicapped people must be serviced by the schools inside hospitals, the Specialised Education Support in WCED might provide helpings through its multidisciplinary teams for specific disabilities (for example autism) when schools need them; this aspect also may differ among the provinces of South Africa.

According to the features of the children serviced, social conditions present at the population of the schools can be varied and covering a wide spectrum. Mostly “black children” and “coloured children” (according to old categorization from apartheid era) are assisted by public health services, though sometimes it can be some light mix of them with white, Indian or Chinese people. Difficult social contexts of the children serviced are frequent, as neighborhoods with heavy poverty (all people coming from Cape Flats), often accompanied by violence (abuse), exposure to crime situations (for instance, sometimes a child in a school gets shot) or environments with drugs or gangs. Sometimes unstructured family models are evident (also with psychiatric problems of parents, causing relationship problems, or concentration problems in kids). Most of the times, there are little resources at home when children are coming from very poor neighborhoods (with lack of water, electricity). Whereas, the relevance of the school from the perspective of the parents is not large (there is even illiteracy in some cases, inadequate opportunities in most of them). There are inequities between children assisted by the schools, some difficulties from children coming from the countryside and rural areas, diversity of languages since there are eleven official of them along the country and children might speak different languages to those taught in schools. Sometimes lack of transportation to schools is present (even the WCED has to take care of that, in some cases parents keep their children at home because of it), as well as lack of continuity with schools of origin, and above all lack of teachers visiting convalescent children at their homes (there is not a system of educational services for kids sick at their homes). In some cases the children were not exposed at all to any previous schoolings, or maybe the real starting point of learning for the children is much different (lower) than the level they are really supposed to be. Because of poor quality of life, illnesses are much stronger and reinforced, and there are certain cases of fetal alcohol syndrome (FAS). In other cases, sick children are firstly assisted by traditional healers and they arrive very ill to hospital and they are not in condition to undertake lessons. There are also problems coming from the current focusing on Mathematics in schools, which also do exist in public mainstream schools. Even when there are lacks of value-driving care at home, hospital schools have an advantage which is that

there is no absenteeism while children are at this type of schools. In addition to all of this, there are children who are immigrants coming from diverse countries of Africa and it could make teaching harder for some of the educational professionals.

## **2.2 General organization of services**

In Western Cape Province, there are a whole of seven hospitals. One of them is located in Worcester and the rest (six) are in Cape Town. After the junction created from health and education, it is established that health service comes first in importance since it is more relevant to a person who is sick. However it has predominance, educational services are provided and they must be, due to premises of Education, seen as a World Human Right. Even though Hospital Education services are existing in some public hospitals of Cape Town and South Africa, there is no running of public educational services inside private health institutions, neither private educational services inside public or private health institutions, what would reinforce the mentioned perspective of Education understood as a Human Right and not as a luxury service that would become a new barrier.

## **3. ORGANIZATION OF HOSPITAL SCHOOL SERVICES**

To carry out deeper institutional analysis we have chosen the case of Tygerberg Hospital School in Cape Town's Northern Suburbs. The creation of this school was in 1959, located in the same health institution that contains it nowadays. The host institution for the school, Tygerberg, is a general hospital with a whole pediatric side (ten wards) where we can find general conditions of diverse sicknesses among the children serviced. The hospital mentioned holds 358 beds for children, and they are classified according to three types: academic beds, medical aid beds and Government beds. The other big health institution for children is Red Cross Children's Hospital with 220 beds, which is a paediatric hospital for kids with general illness conditions; in Red Cross, 1804 learners were assisted by the hospital school during 2011 academic year.

The administrative dependence of hospital schools regards to district officers according to the geographical location of the educational centres and, at the same time, to head officers from WCED.

Spaces for hospital schools have not been designed from the architectural planning. Teachers don't usually have any room spaces in the wards to help them for the educational services, so they work one to one next to the beds of the children in there. In Tygerberg, spaces that the school owns are nine classrooms and the staff room. Some spaces are missing for adults to have a seat. In general, locations have always been the same since they were set up eight years ago (2006). We must highlight that there is some physical distance (a possible discarding?) of the school respect to health services: teachers confirm that it is a positive environment to create education since it permits forgetting about illnesses for some time. In Tygerberg, as an unique case, there are some exclusive spaces for the school and educational care in the wards. Children's decoration on walls was set by the own hospital school and it is present in diverse parts of the school rooms. Spaces are adapted for handicapped (specially sensorially and physically disabled) people. The hospital

schools other than Tygerberg hold very small spaces of their own and in some cases they even use common rooms that are also needed by other professionals so that they can carry out their tasks, making more difficult the running of educational services.

The distribution of pupils serviced answers to a classifying according to medical specialties where they are hospitalized. The medical specialties covered by the educational services in Tygerberg Hospital are: orthopaedics, plastic surgery, cardiology, nephrology, oncology, intensive care unit, general surgery, ear, nose and throat, HIV children and general paediatrics (what means ten whole wards), as well as psychiatry. It is interesting to mention that in Red Cross Hospital School there is also a teacher for emotionally disturbed children.

The timetable for medical care and educational service are coincident. The children in Grade 'R' get education from 8.00 to 13.00. Primary school children get it from 8.00 till 9.00 in the wards, from 9.00 to 12.00 in exclusive spaces of the school and from 12.30 to 14.00 in the wards again. High School children get education from 8.00 till 13.30. Holidays are the same than those at mainstream schools: April, July, October and December.

The school in Tygerberg is composed by an internal management team, that is integrated by the principal (post-level 4 teacher) and the head of department who is a senior teacher (post-level 2). The school governing body hasn't got parents because of practical reasons (parents of the children serviced are not present for long time); in this sense, school governing body is composed by doctor (chairperson), nursing supervisor, Professor of Paediatrics, a secretary from the university, a psychologist from the psychiatric unit, the head of department (senior teacher), the secretary of the school and the principal. As some guidelines given by the current Management Team are the following: taking deep care for teachers, knowledge about school management, focusing on building relationships with other professionals working at the hospital, participative model, democratic leadership, training the flexibility, ecological model considering the environment widely, never-ending learning, giving powerful experiences to the children and great importance of values. The working of the management team mostly comprises administrative tasks while educational care decreases. The main documents used through school working are the attendance book or register, the annual plan of the school, audit reports, the CAPS curriculum, worksheets, documents from schools of origin for the kids assisted, Individual Development Plans (IDP), academic calendar, school development plan, complaints register, case register for human rights violation and case register for abuse. In other hospital schools, they also use School Improvement Plans and quality assurance system by the end of the third term (which is a link to salary increases and getting graded, so schools must track teachers' performances). In addition, the document "Special schools situation analysis" requires to be completed by every school for the Ministry of Women, Children and People with Disabilities.

Funds for hospital schools are coming from a subsidy given by the WCED, twice a year, so Government pays salaries and no child pays fees. There are also donors from the community. At the same time, the hospital pays for the rooms, electricity and water. Government funds can be only spent in some things like books and educational material, what is evaluated by



supervisors latterly. Also the Hospital Trust (charity) helps in Red Cross school. Some schools have the Section 21 status according to the question of funds. In Tygerberg's, the School Governing Body (SGB), School Management Team (SMT), staff salaries and staff development participate in the process of drafting the school budget. To ensure financial accountability, there is monitoring spending, financial reports and budget planning.

The amount of teachers by the setting up of the school in Tygerberg is probably one, since this information is missing from documents. The current amount of hospital teachers is ten full-time. There are two class assistants, a post-level 2 teacher (head of department), a post-level 4 (principal) and six post-level 1 teachers, being all of them ordinary teachers (including two for secondary education), and a secretary. All the teachers are females. There are not rotations of teachers throughout diverse medical specialties covered by educational services. However, the teachers can know about the work of other colleagues teaching in the same school by visiting the classroom of one of them once a year. There is no pedagogic peer except when there is a situation created of teacher plus class assistant. The choice of an academic level and medical specialty to teach is done according to internal agreements among teachers and between them with the principal. About the psychological support services for teachers, the WCED has got one of them on the telephone so that they can prepare an appointment with the teachers if they need to see a psychologist or a counsellor; on the other side, there's no support services coming from the health institution. Due to the requirements on teachers' qualifications, the hospital teachers need to be ordinary teachers, that is to say, teachers for mainstream schools, through a four-year teaching diploma, from the university or teaching college. It is not required to have any specific training apart from that, not even remedial learning though some teachers they do have it for personal interests; a thing to stress of this system is that there are no specialist teachers in certain subjects.

There are not specific timetables to carry out workshops within the schools, but when some projects are set up during quite a few days, then the school promotes them and some time is reserved for that. There is also a service where the children who are too small to be in the school (between three and five years old) can attend, so they are picked up by a carer who works for the hospital from eight till thirteen. This professional reads to them, and makes them play with diverse kinds of toys, as well as listen to music. The High School educational services inside the hospital school comprise the grades 7 to 9 and do function for teenagers hospitalized in the psychiatric unit, being run by two teachers. Teenagers usually visit the school when the hospital wants to discharge them from their context for a period of time and so doctors evaluate if they cope with the stresses of outside; psychiatric patients stay hospitalized from three to six months.

There are not programs from the hospital school to face stress prevention for the children, but from time to time they are hold by other professionals working at the hospital, like for example the occupational therapists. About the work of the hospital school in the palliative care unit, we can say that teachers usually read to the children because they are too sick; however, if the children do want educational service the school is there to assist them but it tries to focus on improving the quality of life of those children

assisted. The school can also help to give some marks to the students/patients: the teachers mark some exercises that the children have done and send them to the mainstream schools of the children, and these might use that sort of written work to evaluate. Final marks are given by the schools of origin for the children if hospitalized children can return, otherwise the hospital school is allowed to give its own marks.

The psychiatric children are hospitalized from three to six months. The rest of patients can be short-term, medium and long-term, and there are recurrent cases as well. Children serviced are both south African and immigrants because of a strong migratory phenomenon during latest years. These people usually come from African countries poorer than South Africa. We must consider that there is an implicit diversity of the children serviced due to the measure of the country and the diverse conditions of its people. The children for which hospital schools have been set up are those from ages six to eighteen, that is to say, GET including 'R' classes and FET, what implies "multigrade teaching". The Department of Basic Education (DBE) is one of the departments of the South African government, that is overseeing primary and secondary education in South Africa (it was created in 2009 after the election of President Jacob Zuma, when the former Department of Education was divided). The DBE officially groups grades into two "bands": General Education and Training (GET), which includes grade 0 plus grades 1 to 9, and Further Education and Training (FET), which includes grades 10-12 as well as non-higher education vocational training facilities; FET is not compulsory education. The GET (General Education and Training band) is subdivided further into "phases" called the Foundation Phase (grade 0 plus grade 1 to 3), the Intermediate Phase (grades 4 to 6), and the Senior Phase (grades 7 to 9).

While the learning in hospital schools, children can be in the classrooms during the whole morning. To order the pupils, teachers organize teamworks, collaborative/cooperative couples and also cases for individual learning, and there is a wide heterogeneity of groups constituted. Children who cannot visit the classrooms can be assisted on their beds soon in the morning or later in the afternoon. Classes are organized in the school according to the following criteria: learning programme, phases, grades and levels. The developing areas worked through activities are the verbal (this is the main one), numeric, plastic and dynamic.

There is a room inside the hospital school with big amount of computers (the refurbishment of the old computer room was in 2004) and now teachers are starting to get software; after this situation, teachers state that iPads are not that necessary. The children have a lot of fun through computers and technologies but have to be assisted by teachers when using them due to rules of the school. There is a library inside the hospital school with lots of books which are available, there are also resources for teachers there and the management is trying to get more; there are lots of posters on it but most of the time the teachers also do them on their own. The library is managed by the school teachers. As some school rites present at the hospital school we can declare a logotype or emblem of the school, the promotion of the value of "respect" inside the classrooms by using visual symbols, the tea day once a year to get some funds, a tree planting day, some baking days for children, celebration of birthdays and class rules on walls all around.

There are not specific resources for hospital schools, they all are the same that they use in mainstream schools: Learning and Teaching Support Materials (LTSM) for working on curriculum. Some computers and text books are bought through the WCED subsidies, and diverse stuff as for writing or arts & crafts. Resources are also prepared by teachers or even built by pupils. There is a small provision of resources for people with disabilities. We have to consider that in hospital schools other than Tygerberg's, the trolleys are very important for the teachers because they don't usually have classrooms to make their lessons.

There is a possibility of running ABET services when required as it has happened during 2011, though currently they don't exist. Some workshops are run for health education from time to time. There are no educational services during summertime carried out by teachers or volunteers. The growing of the school is unclear, since the amount of staff depends firstly on the weighting of the disabilities assisted at the school (there are two classes of children with apraxia). After that criterion, it seems that other teachers are given to the school according to the amount of beds for children hospitalized and to the projects carried out inside the school. The school in Tygerberg Hospital had four teachers in 2009, but in 2014 the amount has increased until ten.

As some methodological principles in the hospital school are the following: flexibility, heterogeneity, diversity care, warm environment, psychological vigour, and accompaniment the children. The hospital school looks for continuing with the learnings developed in the schools of origin of the children, and at the same time there are prevention plans. A main principle is putting things in clear with the health side of the hospital but working independently from each other as far as possible. The pedagogic perspective of the hospital school is constructivism, and the main curriculum paradigm followed by the hospital school would be between the Interpretive-Symbolic and Critical Theory.

Some main aims of the hospital school project are the improvement of life quality for children, the maintenance of schooling, the development of the curriculum and promotion between consecutive academic years for the children, the working in multidisciplinary teams of the hospital when required by them, the respect and comfort for the kids, the striving for equity, social justice, accessibility and the honouring of every child's human rights.

The main subjects taught at the hospital school are the languages (English and Afrikaans chosen among the eleven official languages of the country), Mathematics and Life Orientation. These three subjects are given the biggest amount of learning time from the Western Cape regulations; they have wider and more developed contents. Both languages (English and Afrikaans) are not taught because the time with children is too short. The other subjects like Social Sciences, they incorporate them into the languages. In hospital schools other than Tygerberg's, they also have teaching through Xhosa language.

With regard to the curriculum contents that are prioritized over the rest, the skills and values are predominant over the concepts, so there is a practical and social sense of the learning. Values are understood as very relevant to get out from marginality and isolation and to promote social change. For the



curriculum development, some projects are planned according to certain days in the calendar, and the subjects are worked around those. There is a strong internal development of the school to carry out such projects. The Annual Plan of the School sets all subjects to be taught there. No selection and sequencing of contents through the whole academic year could be evidenced from school documents since they were not available.

For introducing the playtime at school, the social workers do play therapy for the kids but they are not trained educators; also volunteers do play with the children apart from the lessons. Usually the kids play with toys in Pre-School services in Tygerberg and Red Cross Hospitals. The games are used for learning purposes by the hospital school like through computer programs, but not systematically (it is considered that the school is not a place just to play). In Tygerberg it is permitted for the children to play in the playground nearby for fifteen minutes every day if the weather allows it; the teachers also run Kinetics activities every Friday supported by some external educators. A lot of children have never been exposed to educational games before their arrival to hospital school due to their contexts.

Music is included in the mainstream curriculum as part of Art and Culture until grade 9. Afterwards, children should specialize in Music through some High Schools that are specific Music Schools to have some kind of Music Education. Music subject owns compulsory contents in mainstream schools but not in hospital schools, so it is just used by volunteers supervised by the school, or by Pre-School services to make activities with little kids, or even included into some occasional projects of the schools; Tygerberg has got quite a provision of percussion instruments as well as a keyboard and sometimes has had volunteers doing that kind of tasks to develop part of formal educational contents of Primary Education/mainstream curriculum related to Music. In Maitland Hospital they use also music to stimulate learners, to enjoy or to relax them; children are very ill, so music can't be too loud, but still they sing and play some not heavy instruments. In general, principals do believe in Music Education as a part of the curriculum that would be necessary to develop in hospital schools, since it can help to teach counting, values and reading of a language, among others. At the same time, there are music therapists in some wards like in those from Red Cross, but these specialists are not caring for formal education and are not paid by the Education Department either.

#### **4. TEACHER TRAINING**

There is no specific ground training on Hospital Education given by the universities or teaching colleges as a whole plan of studies or even as an optional subject. For this reason, a four-year Bachelor's Degree program for ordinary teachers is required for hospital teachers. These professionals can also study remedial learning but it is not compulsory to carry out a specific kind of ground training to get some position. Experience has to be made after arriving to the hospital school through every day work and the helping by the rest of the staff. Practicums inside hospital schools are permitted by the universities and educational centres when the students are interested. It is important to highlight that there are two class assistants in Tygerberg: they are people without formal teaching qualifications but they both have "matric", what is a sort of high school diploma.

There aren't any specific courses during in-service training connected to Hospital Education; just training courses on general matters or special education/disabilities. Only once, there was a conference on hospital schools, some years before 2014, organized by Red Cross Children's Hospital School, which was oriented to the hospital schools of Western Cape Province. Some conferences organized by Tygerberg Hospital had no attendance from other hospital schools. These schools are not often mixed for in-service training. The most common in-service training for each one is coming from the own hospital (doctors or health side) but not from the own hospital school, from regular courses from WCED, from teachers' unions as NAPTOSA and SADTU, and universities as Stellenbosch, Western Cape or University of Cape Town (UCT). During our investigation, no research works from Master's degree or Ph.D.'s related to Hospital Education or Hospital Schools were found. At the same time, there is no existence of a national organization for this educational track. There is no publishing made except in one case: an Education Rights/ Project for Education that makes a national overview on hospital schools. There is no training focused on doing research for teachers. Therefore, it is required more training coming from real experiences at the hospital schools. The Department of Education in Western Cape has just started to identify the in-service amount of hours required for the teachers every academic year, to have much more control about what is done or not by everyone. The topics of some courses developed in 2011 are: whole school development, administration, development of inclusive programs, assessment training, SIAS training, ILST training, inclusive education, asset management, financial management training, Constitution of the Republic of South Africa, basic conditions of Employment Act, White Paper six and employment of Educators' Act, among others. In Tygerberg's Hospital School, the average hours per year spent by teachers on professional development activities must be thirty.

To get the access to positions in a hospital school as a hospital teacher, it's necessary to be registered as a regular teacher through the council, and the teacher must get a certificate to become a part of the national board. Posts get advertised through a bulletin by the Education Department and they would specify minimum requirements. First, all applications will go to the Education Department where there will be a first selection according to the minimum requirements exposed. Everybody with the minimum requirements will have to be evaluated by the school, which before opening the applications will set clearly the criteria according to the advertisement so that the profile is adjusted. After that, the envelopes will be opened and everyone will be evaluated according to the criteria. And later on, those people convenient for the school will be invited for an interview. The schools decide about the teachers to hold positions through a short-listing and then an interviewing process with the governing body. In an interview they can choose their candidates but every single one must get the same questions than the others to be examined. People from the Department of Education can be invited optionally, but it's not compulsory; the governing body can still invite some of them if they think the choice it's gonna be hard or tricky. There is always a person from the teachers' unions in the country, so an invitation is sent for them to attend, and so they can see that the process is fair and transparent. Long background and specific experience in hospital schools are better rated; in general, mature people are preferred to get positions at this type of schools.

However, to get the access to a position in a hospital school as a principal or headmaster, it's necessary to be registered as a teacher through the council, and the teacher must get a certificate to become a part of the national board. Then, the schools decide about the teachers to hold such a position through an interviewing process with the governing body. When the schools appoint a principal to be interviewed there must be always some person from the Department of Education. As for the access of teachers, a long background and specific experience in hospital schools are better rated; in general, mature people are preferred.

Salaries paid to hospital teachers (by the Government) are equivalent to those of mainstream schools' teachers. The headmaster earns a better salary in comparison to the ordinary teacher because of the category assumed. It is important to declare that those professionals who do want to work in a hospital school, are interviewed for a specific vacant. The timetable consists of a full day's work with some short break. The staff is very stable. Both primary and high school teachers earn the same kind of salary, without distinctions (salaries differ according to qualifications and category). There are no problems of unpunctuality in payments. It is a comfortable work for the teachers in the sense that there are no problems of behavior in kids because of their states of illness. Some of the hospital teachers working in medical institutions other than Tygerberg Hospital might feel alone since the staff comprises very few people for the hospital school and they are geographically separated from other educational centres as well. Time loading for 'R' teachers is twenty-five weekly hours of educational service (direct contact) to children plus time for preparation of lessons and meetings at the school; however, time loading becomes thirty weekly hours for primary teachers and high school teachers plus some time for preparation and meetings.

The working conditions for the hospital schools' principals imply exclusive dedication to meetings, administration, managing of the work of the school teachers and full-time or exclusive dedication. A full day's work with some short break is necessary in Tygerberg Hospital, while in the other hospital schools the principals have also lessons with the children. An amount of about forty weekly hours of school work is usually required for these professionals.

The main competences and abilities that hospital teachers consider as the most relevant to work in their schools are: flexibility and adaptability, versatility to interact with children belonging to diverse grades and with different languages at the same time, wide knowledge of the curriculum, emotional maturity/strength and compassion, facing the illnesses, not making pressure through formal education all of the time, warmth towards the children, building good relationships with other professionals, leaving doctrines out of the classroom, being enthusiastic, respecting for medical procedures (they come first than educational services), treating equally all the children and patience because of very expecting situations. The teacher must be caring about others in very bad conditions or states, so if he/she can't handle disease situations like children vomiting or bleeding, they won't fit into a kind of work like that from hospital school.

## 5. INSTITUTIONAL LINKS

On the links between hospital school's teachers, we have to say that some of them know about the work of the others, and they run meetings all mornings before the lessons for planning and discussion of cases that bother them, like for instance those regarding deaths of the children. In Tygerberg Hospital (where the amount of teachers is higher respect to the other hospital schools), once or twice a term they also meet outside casually and go for some lunch. There is a low dispersion of relationships since it is a small staff. We can identify the system of connection between teachers as a "full connected net matrix" in Tygerberg Hospital, as well as a "ring shape matrix" in the other schools. In all cases, the teachers who work at the same levels are more connected, for instance those in high school, or 'R' grade, or primary school. They do have daily contact and spaces are also very close to those from each other. In general, the staff work as a team as they have shared goals. It's not present a simultaneity of actions planned by teachers during their lessons, so we can find mainly disciplinary learning in these educational centres; therefore, subjects are treated separately.

Regarding to the links between educational and health staff, we can say that in Tygerberg Hospital the school is far from the wards, so the children can't think they are in a hospital when they are at the school; when the psychiatric team wants to discharge a child, they send him to the hospital school. Teachers usually build good relationships with the nursing staff, while with doctors they hold a more distant relationship; nevertheless, they don't usually know the people in charge of the wards. Some Departments are more involved with the school than others, and it all depends on the head of the ward: it's a thing about if school is important for a ward manager or not. Psychiatry Department has always good connections with the school. Teachers need the doctors' permission (unit managers) to be allowed to take the children out of the wards. The hospital school is very well linked with some professionals: social worker, speech therapist, occupational therapist, music therapist and physiotherapist. Usually the schools must go physically to the wards to check through folders or beds who the new patients are (however, in some hospital school teachers aren't allowed to check the folders). In Red Cross Children's Hospital an open spontaneous communication is held without needing formal meetings.

As some chances given to the school by the hospital, we must say that in general the health side of the hospital is in favor of the school. Moreover, doctors or nurses can constitute a small part of the school governing bodies. Every week or second week, the school management team (the principal and head of department) meet the Pediatric team and the Psychiatric one to know about some guidelines coming from health side. There's training coming from health staff to teachers, but not the other way around. Hospital provides for support on HIV/AIDS contents. The hospitals pay for the spaces, electricity, water and a phone line. In Red Cross Children's Hospital, there's some working with medical care for healthy living, where they run courses to develop skills in children: not touching blood by using gloves, getting into the pharmacy to buy, discussing on the importance of taking medicine or putting it away from little brothers and sisters, compliance, expiry dates of medicine... At the same time, the medical superintendents can take care of the school and visit it when they consider it relevant.

The meaning of the link between health and educational services can be understood according to the following aspects: partnership, helping each other for the good of the kids, building and keeping relationships and confidentiality. The hospital expects that the school makes the children busy through activities. School must respect if medical procedures have to be done while working. The child must live like a normal life as well, so he must have his outer education and its representation becomes the hospital school. Another reason for this health-education link is giving powerful experiences to the children. In Red Cross Children's Hospital, relationships are built in a different way than those from outside the hospital, so there is a lot of sensitivity put into them since everything is made thinking of the child.

The programs of preparation for hospitalizing of children doesn't exist currently. The school contributes with some of its work to some health projects like HIV/AIDS Life Skills Program for prevention. However, they don't usually work in outpatients clinics.

As some difficulties perceived on the same health-education link, we can say that there is a strong leadership of doctors inside the hospitals. As told during in this research, if hospital school teachers have any health issues, they can't be formally assisted by doctors at the institutions. Sometimes rotations of doctors and nursing staff make hard for the hospital teachers to build strong relationships with them, and they also have timetables other than those from school. Class materials can't be left outside the school private area because of rules of the hospital. It can also be kind of frustrating to work in areas shared with other professionals, like communal rooms. Other difficulty is that children know about the routines of the school but not about those of the hospital. There are no psychological services coming from the health side of the hospital, when needed. Sometimes health staff doesn't understand the hospital school as a source for providing of formal education. No medical permissions are given from time to time to check files of the children in some schools. The communication becomes more complicated between teachers and health staff when educational professionals have worked for short time inside the school.

On the links between the hospital school and the administration, the educational centre must report its dynamic to the Western Cape Education Department in Cape Town. Administrators' mission is just to support the schools but there must be some administrator when there is an interviewing process to cover some vacant for a principal. With the head office they meet two times a year and the district officers have to be there as well because there are meetings for the whole sector to give some guidelines and talk about current difficulties. The Department of Education is holding meetings with social development (Early Child Development) and is planning to meet health teams for some team work. The Department of Education must quantify the amount of children assisted in hospital schools according to a regular basis other than that in mainstream schools; ratios can't be equivalent between those types of schools. Some working people declare that schools are not given enough recognition. The Department divides the schools into different grading, according to diverse criteria. There are recurrent circulars to let the schools know about what they are supposed to be doing. Some reports have to be completed by the schools and sent to the Education Department when required. Problems were present in 2009 with the old Education Department since they



were thinking about closing down all hospital schools or amalgamate them with resource centres.

With district administrators, meetings are held at the end of the year to get a new year plan from them. All the principals in an area (both from mainstream schools and special schools) must meet under their supervising once a term, what makes a whole of four times a year; it's a big meeting where they understand more about what it's going to happen next, or stuff to hand in, new guidelines in Education, laws... The special schools in an area also meet once a term and the director of the district is there; at the end, it becomes an amount of twelve meetings per year with the district. When the principal is in a position to serve the special school teachers and principals, as a part of the Executive Committee of Special Schools Principals' Association as in the case of Tygerberg Hospital's principal, they can meet once a year, twice, or whatever the periodicity according to the rules given by the Minister of Education in the Western Cape; they also meet with the director of education for the Western Cape four times a year. There are no other professionals working at hospitals apart from teachers, paid by the Education Department.

With regards to the links between hospital school and supervision, the educational centre has to report the work done in the hospital to the advisers from the district office. There are advisers for different subjects and levels. The principal needs a peer who works in a special school; then, principals are evaluated by principals of other schools (for example, a principal of some school for the deaf goes to be the peer of Tygerberg's hospital school). The district people own always general or mainstream background (they are not specific for hospital schools and have not background in hospital schools, so the hospital school becomes just one more school for them) and have a lot of skills to organize but they're not specialists; the role of the specialists is being rolled out. Some districts have special school coordinators and some other do not have them yet.

The representatives of the teachers' unions can be part of the interviewing process to select new hospital teachers and principals to justify that the choice was fair and transparent. Sometimes they are keen on struggling and some other not. Teachers can get information from them once a month. They work quickly and can solve the problems when they are needed. They use to run workshops that teachers can attend. The main unions are NAPTOA (National Professional Teachers' Organisation of South Africa) and SADTU (South African Democratic Teachers Union).

On the links with other centres outside the hospital, we must consider that the paediatric wards in Groote Schuur and Red Cross are linked (lots of children go to Red Cross to be medically assisted but for specialized treatment they are sent to Groote Schuur). In general, the hospital schools are linked all of the time with mainstream schools of the kids to get schoolwork, subject sequencing or even didactic resources (sometimes the ordinary schools don't want to register the children out not to get their salaries affected).

The schools had Namibian visitors in 2012, from hospital schools functioning in that country. They visited South African hospital schools to learn some ideas, to see how the educational centres operate and what they do, just to know how they can improve their own schools. They were in Cape Town for

two weeks about and they visited all hospital schools there. They already had hospital schools in Namibia before their visiting. Maitland Hospital School has got connections to a local newspaper where it is possible to publish some articles. Hospital schools from central district are more connected to each other inside that district, since they are closer geographically; there are four of them in that zone of the city (however, the hospital schools outside that region don't meet those schools so frequently). At some point there were connections from Red Cross hospital school with Sheffield hospital schools in UK, what was some years ago. Anyway, the hospital schools would like to have more overseas contacts because they don't have plenty of them. The volunteers in Red Cross are coming from the "Friends of the Children's Association", who do run a volunteer work formed by lots of overseas people, and they use to play with the children. The hospital schools work together with the universities to receive some students for their Practicum. Also Tygerberg's works with Table Mountain National Park on preparing some activities for the children every academic year, for a brief period. The grade 'R' classes in Tygerberg hospital school work very close and related to a school for deaf people outside the hospital. There is some small contact with the South African Police Services and the Department of Social Development as well.

## **6. FAMILIES**

Caring for patients' families means a continuous challenge. To achieve that goal, diverse professionals try to talk to the family in every medical Unit. Connections with families are not so close since the school is outside the wards in Tygerberg's Hospital so they just see the parents when they leave or take their children out. In the other hospitals, school rooms are too small to host the parents inside. In Tygerberg's case they also have asked about some seats for parents at the school but they didn't succeed yet. ABET services are available in Tygerberg but it would be necessary to share this kind of teaching with some school outside the hospital; parents can also play with children through activities for Kinetics at the hospital school. Occasionally, there is some contact of the children and their families with the teachers outside the hospital. At the same time, the hospital school can help the children's parents to find new schools to study or new resources outside the hospital. From time to time parents are not very involved in their children's education, because sometimes they don't inform the origin school about the arrival of the child into the hospital school (this happens because sometimes parents have a very short educational background). In general, we can say that teachers can't build strong relationships with families because patients usually come and leave and also their families, so they just try to do their best while they are attending the school.

About the family satisfaction perceived by the hospital teachers, they have declared that relatives feel pleased because even when their children are very sick, they still want to be assisted by hospital teachers since it's a way of holding themselves to life. Families are also thankful because when their children returned to school they passed their examinations so they can be promoted to the following academic year. Parents are often pleased of having some break during the lessons of the school for their children, because otherwise they have no rest. When parents are not convinced of dropping their children into the school, the principal takes them into the educational centre and

tries to convince them that this service is positive and that it is a right of the children, and it usually works. Sometimes the principal or teachers were asked to be mediators between the health part of the hospital and their children when they thought there was something wrong, so in these cases the school has to be there to hear and try to control them.

## **7. OTHER: PLAY THERAPY AT THE HOSPITALS**

Play Therapy can be regularly carried out by the occupational therapists or by volunteers. These are not usually paid, but even so they must report themselves to the hospital school on their working with the children. Their activities are independent from the school though they could have some public and common goals with it.

## **8. CONCLUSION**

In this article, we have provided an evaluative study of the case of Hospital Education in South Africa through data collected during a short-term research stay in Cape Town. As we have pointed firstly, the service started with an aim of caring in the 1920s in Johannesburg. The shortage of historical documents on schools makes difficult to determine their evolution, as well as their profile in certain periods, such as during apartheid.

The centers are included as part of the Special Education services, although they use the Primary and Secondary Education curricula of ordinary schools for their teaching. The multidisciplinary teams of the Department of Education can be requested in certain cases for children with disabilities.

The social conditions of the children serviced are varied and include various basic problems such as extreme poverty, very serious diseases and situations of violence with the presence of crimes or drugs. Unstructured family models are frequent and parents sometimes conceive a great uselessness of the school. The high presence of immigrants and the diversity of official languages in the country as well as the inequalities among the children attended reinforce the sense of complexity. The lack of schooling of some of them and the curricular gap with respect to the age are also frequent.

In the Western Cape Province there are seven hospitals, six of which are located in Cape Town. Education is considered secondary to health services in a hospital. In any case, there are no Education services in private hospitals.

The Tygerberg hospital has a broad paediatric spectrum and its school was created in 1959. Although the Red Cross Hospital is entirely paediatric, the number of paediatric beds in Tygerberg is greater than in the Red Cross so it has become the richest analysis unit in this research. Schools do report their work to district officers and the Department of Education. There is no creation of the schools from the hospital planning. Except in the case of Tygerberg where there are specific rooms for the school, teachers work close to the children's beds, which are distributed according to medical specialties. The schedules of the educational and medical service coincide.

The school governing body of the centres does not contain parents of the students as usual, and normally meets for administrative tasks. There are improvement plans and documents to be filled out for the Ministry. The Government pays the educational material and salaries of teachers, while the hospital provides spaces; there are also donations for schools.

In Tygerberg they employ ten full-time primary and secondary school teachers (without backgrounds in special education or main subjects). There are no teacher rotations or pedagogical pairs; the psychological care service for teachers operates through individual requests to the Department of Education. Although there is no recurring time for workshops, these are promoted periodically. The Secondary Education service works mainly for psychiatric patients. Young children have the possibility of a caregiver. In general the grades are adjusted by the schools of origin of the children, although with the collaboration of the hospital schools. There is no pre-surgery prevention service on the part of the school. Patients in palliative care can also be assisted. The short and long-term patients are serviced, including both immigrants and South Africans throughout the country, which implies a great diversity.

The children can be with the teachers all morning and be organized according to diverse learning situations and doing tasks with different codes of communication. Technologies can be used with the support of a teacher. Some days of celebrations are important to the school, as well as the management of the library in Tygerberg. Materials used by the hospital school are not specific to this type of care. The increasing in staff responds to both the students with disabilities served and the amount of paediatric beds and projects developed by the school. The school works from a constructivist perspective and putting some things in common with the health personnel, even if they work independently. At the same time, the schools maintain the link with the centers of origin of the children.

Respect, social justice, human rights, improving the child's quality of life and maintaining schooling are some of the basic principles of schools. The subjects to be taught are languages (English and Afrikaans), mathematics and Life Orientation, with greater emphasis on procedures and attitudes than on concepts because they aim of promoting social change. The school is not considered a child playground, and therefore play therapy is fostered by social workers and volunteers with the exception of certain outdoor activities with children; the musical contents that belong to the area of Art and Culture are also observed in a ludic sense and are offered with the help of volunteers. Music therapy does not depend on the Department of Education.

Currently, there is no basic training on Hospital Education in South Africa, so teachers who want to incorporate to this track do study according to mainstream education plans. Practicums can be performed in the hospital when there are people interested. There is also no specific in-service training or research on the subject, so teachers attend general courses; the most usual training comes from the hospital itself. There are no national organizations or publications in the area. The selection of teachers is carried out in accordance with criteria established by the Ministry of Education, permitting the schools and unions to have an active part as they carry out interviews with the candidates; extensive work experience is a fundamental criterion. In turn, the governing bodies of the schools together with the Department of Education elect the

principals. The salaries for teachers are equivalent to those of ordinary centers. Among the abilities considered necessary for the work, we can observe: versatility, adaptability and flexibility, warmth, emotional maturity and compassion.

School staff is limited and some meetings are promoted by the principal to update. The links between teachers are frequent, above all among those working at the same levels, even if they teach separately.

The connections between teachers and health personnel do mainly include nurses, who are often part of the school governing body. To service a student with educational support, doctors must first give their permission to the school. The hospital school of the Red Cross offer training courses in common with health to lead a healthy life. Meetings are held every fifteen days between health and education. The significance of this connection should be collaboration for the sake of children, confidentiality, mutual respect, as well as the facilitation of vital experiences for the patients. As inconveniences, we can mention the occasional hyperdominant role of the doctors, medical rotations, frustration derived from work in common spaces, unpredictability and scorn of school function.

The links between school and administration are concretized through meetings with the Department of Education of the province, as well as with the reception of memos by the school. Meanwhile, district administrators have more presence in relation to schools. NAPTOSA and SADTU are the main trade unions, which also offer information and meetings.

Regarding to the families of the children, the schools often help them to maintain the contact with their center of origin or to find a new one. Sometimes they do not establish close ties since the children are hospitalized for brief periods; sometimes parents do not worry too much about the education of their children, especially when they hold short educational backgrounds. Families usually perceive that schools are a positive factor and encourage their children, and they also value their need when patients do promote a course; at the same time, serves as a break for parents. The school has also been a mediator between health staff and families.

To sum up, we can state that the model of Hospital Education existing in South Africa is the most developed of all the African continent, since there are not many countries in the region (with the exception of Namibia) that have this type of assistance. Although there are many paths to improve educational services inside hospital institutions, the coverage and perception of the importance of this track in South Africa make it a strong system of unique support for diversity care, especially considering the social reality that responds to and the enormous variety of profiles in the patients. This question helps us to realize the great human and aid role that provides, beyond the purely institutional and pedagogical features.



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