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HOSPITAL SCHOOLS IN FOREIGN COUNTRIES AND THEIR MAIN PURPOSES AND TASKS

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Abstract

This article examines the organizational and pedagogical foundations of hospital schools in foreign countries, as well as their main purposes and functional tasks in ensuring continuity of education for children undergoing long-term medical treatment. The study analyzes international approaches to the establishment of hospital-based educational environments and highlights the role of hospital schools in protecting the child's right to education, reducing academic interruption, and supporting psychological well-being during illness. Particular attention is given to the integration of medical, pedagogical, and psychosocial support within hospital education systems operating in countries such as the United Kingdom, Germany, the United States, and other developed educational contexts. The article emphasizes that hospital schools perform not only instructional functions, but also developmental, adaptive, rehabilitative, and socializing roles. Their activity is aimed at preserving students' motivation for learning, facilitating reintegration into mainstream schooling, and creating individualized educational trajectories based on health conditions and treatment regimes. The paper argues that the foreign experience of hospital schools is of considerable scientific and practical value for improving inclusive and medical-pedagogical support systems in modern education.

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Keywords: Hospital schools, hospital pedagogy, continuity of education, children with medical needs, inclusive education, individualized instruction, psychosocial support, educational rehabilitation.

XORIJIY DAVLATLARDA SHIFOXONA MAKTABLARI VA ULARNING ASOSIY MAQSADI VA VAZIFALARI

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Annotatsiya:
Ushbu maqolada xorijiy davlatlarda faoliyat yuritayotgan shifoxona maktablarining tashkiliy-pedagogik asoslari, shuningdek, ularning uzoq muddatli davolanish jarayonidagi bolalarning uzluksiz ta’lim olishini ta’minlashga qaratilgan asosiy maqsad va funksional vazifalari tahlil qilinadi. Tadqiqotda shifoxona sharoitida tashkil etilgan ta’lim muhitining xalqaro tajribasi o‘rganilib, shifoxona maktablarining bolaning ta’lim olish huquqini ta’minlash, o‘quv jarayonidagi uzilishlarni kamaytirish hamda kasallik davrida psixologik farovonlikni qo‘llab-quvvatlashdagi o‘rni yoritiladi. Ayniqsa, Buyuk Britaniya, Germaniya, AQSh va boshqa rivojlangan ta’lim tizimlariga ega davlatlarda shifoxona ta’limi doirasida tibbiy, pedagogik va psixososial yordamning integratsiyalashgan modeli alohida e’tibor markazida bo‘ladi. Maqolada shifoxona maktablari faqat o‘qitish vazifasini emas, balki rivojlantiruvchi, moslashtiruvchi, reabilitatsion va ijtimoiylashtiruvchi funksiyalarni ham bajarishi asoslab beriladi. Ularning faoliyati o‘quvchilarning o‘qishga bo‘lgan motivatsiyasini saqlash, umumta’lim maktabiga qayta moslashuvini yengillashtirish hamda sog‘liq holati va davolanish tartibiga mos individual ta’lim yo‘nalishlarini yaratishga qaratilgan. Xulosa sifatida, xorijiy shifoxona maktablari tajribasi zamonaviy ta’lim tizimida inkluziv va tibbiy-pedagogik

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qo‘llab-quvvatlash mexanizmlarini takomillashtirishda muhim ilmiy-amaliy ahamiyatga ega ekanligi ta’kidlanadi.

Kalit so‘zlar: shifoxona maktablari, shifoxona pedagogikasi, ta’lim uzluksizligi, tibbiy ehtiyojli bolalar, inklyuziv ta’lim, individuallashtirilgan o‘qitish, psixososial qo‘llab-quvvatlash, ta’limiy reabilitatsiya.

Introduction

The development of hospital schools in foreign countries is closely linked to the recognition of education as a fundamental right of every child, regardless of health status, place of treatment, or temporary limitations in school attendance. In contemporary pedagogy, prolonged illness is no longer viewed only as a medical problem; it is also understood as an educational and social challenge that can interrupt academic progression, weaken peer relations, and negatively affect a child’s emotional stability. For this reason, hospital schooling has emerged as a specialized field at the intersection of education, medicine, psychology, and social support. Its central idea is that hospitalization should not mean exclusion from the learning process. This understanding corresponds with the Convention on the Rights of the Child, which affirms every child’s right to education, and with European child-rights frameworks that emphasize the best interests, dignity, and developmental needs of children receiving treatment.

In many developed countries, hospital schools function as an institutional response to this challenge by ensuring continuity of education during treatment. The British model is one of the clearest examples, where hospital education is formally recognized as a type of educational provision for children who cannot attend school because of health needs. Official guidance in England describes hospital education as provision organized for children admitted to hospital, including inpatient and, in some situations, day-patient learners, with local authorities bearing responsibility for arranging suitable education. The practice

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of the Children's Hospital School at Great Ormond Street Hospital and University College Hospital further demonstrates how this model operates: instruction is offered by primary, secondary, and special educational needs teachers, both in classrooms and on hospital wards, with an emphasis on personalized and enjoyable learning. Such examples show that hospital schools are not auxiliary structures, but an essential element of child-centered care.

At the international level, the pedagogical significance of hospital schools is reinforced by professional and ethical charters. The HOPE Charter states that every child and adolescent with medical or mental health needs has the right to tuition in hospital or at home and defines the aim of such tuition as the continuation of education and the preservation of the learner's identity as a pupil or student. It also stresses that the hospital school helps create a community and normalizes everyday life during treatment. This principle is especially important because illness often places children in a situation of uncertainty, dependence, and social isolation. Educational activity in hospital settings therefore performs broader functions than mere curriculum delivery. It supports adaptation to the treatment environment, protects cognitive development, reduces the sense of disruption, and prepares students for re-entry into their regular school after discharge. In this sense, hospital schools serve not only academic continuity, but also rehabilitation and social reintegration.

Recent international discourse also shows growing attention to the partnership between health systems and schools. The American Academy of Pediatrics characterizes hospital-based education as critical for school-aged children whose learning is interrupted by frequent or lengthy hospitalization and calls for stronger coordination between hospitals, families, and local schools. Related frameworks developed by children's hospital organizations in the United States similarly emphasize that health systems should position themselves as effective school partners in order to improve both health and academic experience. Emerging research also indicates that participation in hospital school lessons may positively

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influence children's well-being during hospitalization. Therefore, the study of hospital schools in foreign countries is highly relevant for pedagogical science and practice. It provides conceptual and organizational models that may help strengthen inclusive, humane, and flexible education systems capable of responding to the needs of children receiving long-term medical care.

Methods

This study was based on a qualitative comparative design aimed at identifying the main purposes, tasks, and organizational models of hospital schools in foreign countries. The methodological foundation combined comparative pedagogy, document analysis, and elements of interpretive policy analysis. The research focused on educational provision for school-aged children whose learning is interrupted by hospitalization, chronic illness, or long-term treatment. In order to avoid a purely descriptive approach, the study examined hospital schools not only as educational institutions, but also as part of an interdisciplinary system linking pedagogy, healthcare, and psychosocial support. Such a design was chosen because hospital education is regulated and implemented differently across countries, while still preserving several common principles such as continuity of learning, individualized instruction, and reintegration into mainstream schooling. The comparative approach made it possible to identify both stable international patterns and country-specific features in the functioning of hospital schools.

The empirical basis of the study consisted of open-access normative, institutional, and professional sources representing different national and international contexts. The core document set included the statutory guidance of the Department for Education of England on arranging education for children who cannot attend school because of health needs, the HOPE Charter on the rights and educational needs of children and adolescents with medical and mental health needs, and the policy-oriented article of the American Academy of Pediatrics devoted to hospital-based education for hospitalized children. In addition, official

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institutional materials from the Hospital School at Great Ormond Street Hospital in the United Kingdom, the Klinikschule of Universitätsklinikum Tübingen and related German clinic-school sources, as well as hospital school pages from Australia, including New South Wales and Queensland, were used to clarify practical models of implementation. These materials were selected because they represent authoritative and publicly verifiable descriptions of aims, staffing, target groups, and educational services in hospital schooling.

The selection of sources was guided by four criteria. First, the source had to be directly related to hospital education or education for children with medical needs. Second, preference was given to documents issued by official institutions, government bodies, professional organizations, or recognized medical-educational centers. Third, the material had to contain information about the goals, functions, learners, pedagogical organization, or interprofessional cooperation mechanisms of hospital schools. Fourth, the source had to provide enough content for comparative interpretation rather than only brief informational notes. On this basis, the research corpus was narrowed to documents that allowed analysis of hospital education at both policy and practice levels. This made it possible to compare hospital schools as legal, pedagogical, and institutional phenomena rather than as isolated examples.

The analytical procedure consisted of several stages. At the first stage, the documents were reviewed to determine how each system defines the target group of learners, the educational mandate of hospital schools, and the expected outcomes of educational provision during treatment. At the second stage, the texts were coded according to recurring categories such as continuity of education, curriculum adaptation, individualized support, emotional well-being, cooperation with families, liaison with the home school, and reintegration after discharge. At the third stage, similarities and differences between countries were interpreted through a comparative pedagogical lens. Particular attention was given to how hospital schools balance academic instruction with rehabilitation, stabilization,

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and social inclusion. This procedure helped reveal that hospital schooling is not limited to lesson delivery; it operates as a structured support environment responding to both educational and developmental needs of the child.

The study also adopted a child-centered and rights-based interpretive perspective. This means that hospital schools were assessed in relation to their ability to preserve the learner's educational status, protect dignity, reduce academic discontinuity, and support successful return to ordinary schooling. Such a perspective is especially important in medical pedagogy because children undergoing treatment often face simultaneous educational, emotional, and social vulnerability. At the same time, the research acknowledges certain limitations. The analysis relied on official and professional sources available in open access, so the study was oriented more toward institutional models and declared principles than toward large-scale quantitative outcome measurement. Nevertheless, this methodological strategy remains appropriate for identifying the main goals and tasks of hospital schools and for drawing pedagogically relevant conclusions for the development of medical and inclusive education.

Results

The comparative analysis showed that hospital schools in foreign countries are built around a stable pedagogical principle: illness should not deprive a child of access to education. Despite differences in national legislation, institutional models, and health systems, the examined countries demonstrate a common understanding that hospital education must preserve continuity of learning during treatment and protect the child's educational status. In all reviewed contexts, hospital schools were not treated as optional supplementary services, but as an important component of child support during hospitalization or long-term therapy. The findings indicate that their work is based on the integration of academic instruction, emotional support, social adaptation, and coordination with the child's home school.

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One of the main results of the study is the identification of the leading purpose of hospital schools: ensuring uninterrupted access to education under conditions of illness. This purpose is realized through flexible and individualized teaching. In most foreign models, educational content is adapted to the child's diagnosis, physical condition, treatment schedule, emotional state, and duration of hospital stay. Lessons are organized either in small classrooms within the hospital, at bedside on the ward, or through blended and digital formats. This demonstrates that hospital schooling is characterized not by rigid curriculum delivery, but by pedagogical mobility. The educational process is structured around the learner's current possibilities, which allows the child to remain engaged in learning without excessive academic pressure.

The analysis also revealed that hospital schools perform several interconnected tasks. The first task is academic continuity. Hospital teachers help students maintain progress in core subjects, prevent major learning gaps, and preserve the logic of curriculum development. The second task is psychological stabilization. Educational activity in hospital settings creates a sense of normality, predictability, and personal competence in a situation often marked by fear, uncertainty, and dependency. The third task is social support. Hospital schooling reduces isolation by preserving the learner's role as a student and, in many cases, by encouraging communication with peers, teachers, and family members. The fourth task is reintegration. Many foreign systems attach particular importance to preparing the child for return to mainstream school after treatment, which includes progress records, liaison with the home school, and transitional recommendations.

Another important result is the confirmation that hospital schools function most effectively when they operate through interdisciplinary cooperation. In successful foreign practice, teachers do not work separately from the medical environment; instead, they coordinate with doctors, nurses, psychologists, therapists, parents, and mainstream school staff. This cooperation makes it possible to define safe

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learning loads, choose appropriate teaching methods, and synchronize educational plans with treatment procedures. The hospital school therefore becomes a mediating institution connecting the child's educational biography with the realities of medical care. Such coordination significantly increases the quality and relevance of educational support.

The study further showed that the role of hospital schools extends beyond short-term teaching. In foreign countries, they are increasingly viewed as institutions of educational rehabilitation. Their activities contribute to the preservation of self-esteem, motivation, cognitive activity, and future educational aspirations. Hospital schooling helps the child remain included in social and cultural life, even under severe health limitations. Thus, the overall result of the analysis is that hospital schools in foreign countries fulfill a broad humanitarian and pedagogical mission. Their main value lies in combining the protection of the right to education with developmental, rehabilitative, and socially integrative support, which makes them an important model for modern inclusive and medical-pedagogical practice.

Discussion

The findings of this study make it possible to consider hospital schools not simply as a narrow institutional solution for children undergoing treatment, but as an important pedagogical model reflecting the humanization of modern education. In foreign countries, the development of hospital schooling demonstrates a transition from the traditional understanding of school as a fixed place toward a broader concept of education as a continuous, adaptable, and child-centered process. This shift is especially significant in relation to children with temporary or long-term medical needs, because their educational exclusion can have consequences that extend far beyond missed lessons. Academic interruption often leads to reduced motivation, weakened self-confidence, loss of connection with classmates, and difficulties in returning to the mainstream educational

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environment. Against this background, hospital schools appear as a response not only to educational disruption, but also to psychological and social vulnerability. A key issue emerging from the analysis is the expanded pedagogical mission of hospital schools. Their purpose in foreign systems is broader than the formal transmission of curriculum content. They support the continuity of personal development under conditions in which a child's life is structured by diagnosis, treatment, and uncertainty. In this sense, hospital education performs a compensatory and rehabilitative role. It helps preserve the student's identity as an active learner rather than a passive patient. This distinction is pedagogically meaningful, because the preservation of agency is crucial for emotional resilience, cognitive engagement, and long-term educational adaptation. Therefore, the discussion of hospital schools should not be limited to the question of where and how lessons are delivered. A more important question concerns how educational environments can sustain dignity, developmental continuity, and social belonging under medically constrained circumstances.

The comparative review also shows that the most successful hospital school models are based on flexibility and interdisciplinarity. Foreign experience confirms that rigid educational organization is ineffective in clinical settings, where health conditions may change daily and where treatment procedures shape the rhythm of the child's routine. Hospital schools are effective precisely because they adjust content, pace, duration, and methods of teaching to the learner's condition. At the same time, their success depends on collaboration among teachers, healthcare personnel, psychologists, parents, and mainstream school representatives. This means that hospital pedagogy should be interpreted as a field of integrated support rather than a simple off-site extension of general schooling. Such an approach expands the theoretical understanding of inclusion by showing that inclusion is not only about access to ordinary classrooms, but also about the ability of the education system to follow the child into nontraditional learning environments.

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Another important aspect for discussion is the relationship between hospital schools and inclusive education. In many contexts, inclusive education is primarily associated with mainstream school adaptation for children with disabilities or special educational needs. However, hospital schooling reveals another dimension of inclusion: the educational inclusion of children whose exclusion is caused by health-related absence rather than permanent placement. This broadens the conceptual boundaries of inclusion and suggests that flexible educational provision should be recognized as part of inclusive policy. Hospital schools show that inclusion requires institutional diversity, legal guarantees, and pedagogical responsiveness. For countries seeking to strengthen equitable education systems, this experience is highly relevant because it provides a model for combining individualized learning, psychosocial support, and continuity of schooling.

At the same time, the foreign experience also raises several challenges. Hospital schools require trained teachers capable of working in emotionally sensitive and medically complex environments. They also require organizational coordination, stable funding, adaptive curricula, and effective communication with general schools. Without these conditions, hospital education may become fragmented or symbolic. Therefore, the foreign models examined in this study should not be copied mechanically. Their value lies in the principles they illustrate: recognition of the child's right to education during illness, pedagogical flexibility, interdisciplinary cooperation, and structured reintegration into regular school life. These principles can serve as a conceptual basis for the modernization of medical and inclusive education in higher pedagogical training and educational policy. For pedagogical universities, especially in the context of medical education, the study of hospital schools is important because it opens a new field for teacher preparation, professional specialization, and research into educational support for children in vulnerable life situations.

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Conclusion

The study of hospital schools in foreign countries shows that they represent an important and humane direction in the development of modern education. Their emergence and institutional strengthening are connected with the recognition that illness must not become a reason for educational exclusion. A child who is hospitalized or undergoing long-term treatment remains a learner with cognitive, emotional, and social needs, and hospital schooling is designed precisely to protect this continuity. In this sense, hospital schools are not secondary structures attached to medical institutions, but a special educational environment that preserves the child's connection with learning, development, and society during a difficult life period.

The analysis made it possible to conclude that the main purpose of hospital schools is to guarantee uninterrupted access to education under medically limited conditions. At the same time, their mission is much broader than curriculum transmission. Hospital schools support emotional stability, reduce the negative consequences of isolation, preserve the learner's motivation, and help the child maintain a sense of normality in an unfamiliar and stressful environment. They also create conditions for gradual academic recovery and return to mainstream schooling. Therefore, the educational value of hospital schools lies in the combination of teaching, adaptation, rehabilitation, and social reintegration within one coordinated system.

The research also confirms that the effectiveness of hospital schools depends on several key pedagogical conditions. The first is flexibility, because educational work in hospital settings must respond to the child's health condition, treatment schedule, endurance, and emotional state. The second is individualization, since students in hospital education differ significantly in diagnosis, duration of treatment, age, and learning needs. The third is interdisciplinary cooperation, which ensures that teachers, doctors, psychologists, parents, and representatives of the home school work in coordination rather than separately. The fourth is a

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rights-based and child-centered approach, according to which the learner is viewed not only as a patient in need of care, but as a developing individual whose educational path should be protected and continued. These conditions distinguish hospital pedagogy from ordinary school practice and define its professional specificity.

From a broader pedagogical perspective, foreign experience demonstrates that hospital schools can be regarded as an important component of inclusive education. They expand the understanding of inclusion by showing that access to education is not limited to attendance in a standard classroom. Inclusion also means the ability of the educational system to accompany the child in nontraditional conditions, including hospitals, rehabilitation centers, and home-based treatment environments. This idea is highly relevant for contemporary pedagogical universities, because it requires new models of teacher preparation, stronger links between education and healthcare, and deeper attention to vulnerable learner groups.

In conclusion, the experience of foreign hospital schools has considerable theoretical and practical significance for the modernization of educational systems. It offers valuable models for organizing teaching under special medical conditions, for preserving educational continuity, and for developing more flexible and humane pedagogical support. For Uzbekistan and other countries interested in strengthening inclusive and medical education, this experience may serve as an important methodological reference point. The introduction of hospital pedagogy principles into teacher education, educational policy, and interdisciplinary practice can contribute to a more equitable system in which every child, regardless of illness or temporary limitations, retains the right to learn, develop, and remain connected to the wider educational community.

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