The Lived Experience of Hospital School Stakeholders in Ireland

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Abstract

Background: Literature indicates that increasingly more children are living with serious medical conditions whilst continuing their education. Hospital schools (HSs) allow hospitalised children to continue their schooling while providing them with a sense of normalcy and support. There is, however, limited research conducted on HSs globally. As such it is unknown whether these schools are meeting the needs of their students, staff and the families attached to them.

Aims: The purpose of the study was to explore the experiences of the HS through individuals who attend, work in, or have a child attending a HS. To do this, the study included HS students, their caregivers, and HS teachers.

Sample: The study utilised purposive sampling to recruit participants from one Irish HS. Participants (N = 7) included two HS students, aged 8 and 14 years old, two parents, and three HS teachers.

Method: This exploratory qualitative research was situated in the interpretivist paradigm and underpinned by a Multiperspectival Interpretative Phenomenological Analysis (IPA) design. Data were collected from all participants through semi-structured interviews (SSIs) in order to gain in-depth insight into participant experiences. Kinetic School Drawings (KSDs) were also completed with student participants in order to elicit their individual voices.

Results: KSDs indicated overall positive HS experiences, with elements such as mode of hospital education delivery impacting on relationship with peers and teachers, and feelings associated with the physical HS environment. Analysis of SSI data revealed two overarching themes: the role of the HS is to promote student wellbeing; and the systemic landscape of paediatric education in Ireland.

Conclusion: The findings extend the limited empirical literature on HS stakeholder experiences, particularly within the Irish context. Results are discussed in relation to implications for school practice, educational psychology practice, future research and policy development.

Declaration

I hereby declare that this thesis is the result of my own original research and does not contain the work of any other individual, save those identified and acknowledged in the usual way.

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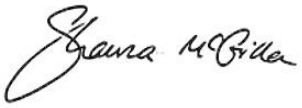
Signed: 

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List of Abbreviations

CAMHS: Child and Adolescent Mental Health Services

CHC: Chronic Health Condition

CYP: Children and Young People

DE: Department of Education (historically Department of Education and Skills 2010-2020 and Department of Education and Science pre-2010)

EP: Educational Psychologist

HS: Hospital School

HSE: Health Service Executive

NEPS: National Educational Psychological Service

PSI: Psychological Society of Ireland

SEN: Special Educational Need

TBI: Traumatic Brain Injury

TEP: Trainee Educational Psychologist

UNCRC: United Nations' Committee of the Rights of the Child

UNCRPD: United Nations' Convention on the Rights of Persons with Disabilities

WHO: World Health Organization

1 Introduction

This section provides an introduction to the area of research, namely, the hospital school. This is followed by a discussion on the relevance of the area to educational psychology. Key terms used throughout the thesis are explicitly defined. A reflexivity statement is then presented which highlights the researcher's interest in the area. Finally, details of the current study and an overview of the thesis structure are outlined.

1.1 Research Area

Under the United Nations' Committee of the Rights of the Child (UNCRC), school and an accessible education are recognised as fundamental rights of all children (United Nations [UN], 1989). There has been significant progress in the areas of inclusivity in education across Europe over recent decades (Smyth et al., 2014). In Ireland, while there remains ongoing discussion around inclusion (Shevlin & Banks, 2021), there are a number of schooling options for students with special educational needs (SEN). These include special classes and/or schools who support individuals with autism, specific learning difficulties, hearing and/or vision impairments, speech and language disorders, mild-severe/profound learning disabilities, and multiple disabilities (Government of Ireland, n.d.; National Council for Special Education, 2023a). Notably, there is a cohort of SEN students in Ireland whose educational settings are not included within the lists of special schools and classes. These students are those who experience a physical illness, injury, or mental health condition and are unable to attend their regular school. Often these students are located in hospital settings. In order to continue their education, such students may attend a hospital school ([HS]; Uggeri et al., 2015).

Global policy indicates that school is responsible for nurturing young people's social, emotional, cognitive, mental, and physical development in order for them to reach their full potential (Organisation for Economic Co-operation and Development [OECD], 2023). However, when children and young people (CYP) are hospitalised, their education is disrupted. In most developed countries educational support for hospitalised students has long been considered an essential element of hospital services (Department of Health, 2003). It is largely acknowledged, however, that there is a paucity of information and literature on HSs both internationally (Steinke et al., 2016) and nationally (Kennerk, 2019), with such schools being reportedly forgotten in the educational system. Therefore, this study aims to address this research gap by exploring the lived experiences of stakeholders in an Irish HS.

1.2 Relevance to Educational Psychology

HSs are unique settings given that they fall within both educational and medical domains. Perhaps, it is therefore unsurprising that closer examination of these schools has been overlooked given the potential ambiguity around issues such as governance (Kennerk, 2019). Similarly, the work of Educational Psychologists (EPs) in Ireland border multiple areas in CYP's lives. The Psychological Society of Ireland (PSI) describes the role of an EP as supporting the psychological and educational development of CYP across education, health and social care contexts (2022).

Historically, EPs in Ireland predominantly worked for the Department of Education ([DE]; Crowley, 2007). However, the work of Irish EPs expanded in line with the Health Service Executive (HSE) publishing updated eligibility criteria for the recruitment of psychologists in 2016. This significantly changed the role of EPs and allowed them to work within settings previously inaccessible to them such as child and adolescent mental health and paediatric

contexts (HSE, 2016). EPs are increasingly working not only with CYP, but those within CYP's environments including their families, schools, and communities (PSI, 2022). The scope of EPs' work is wide ranging and includes assessment and intervention supports to improve educational, social, and emotional outcomes of CYP, whilst supporting consultation, decision-making, service delivery, and policy development (PSI, 2022).

In addition, Ireland has a nationwide school psychology service, the National Educational Psychological Service (NEPS) in which EPs work to support the learning, behaviour, social and emotional development of students, while also providing support to teachers (DES, 2020a). Recently the scope of NEPS' reach was extended as the Minister of Education announced that NEPS will now be supporting all special schools, inclusive of HSs (Houses of Oireachtas, 2023). Therefore, given the developing scope of the EP role across contexts in Ireland, in addition to NEPS now working with HSs, it can be seen that EPs are well placed to support HSs, including the students, their families, and staff.

1.3 Key terms

Prevalent key terms of the thesis are defined in Table 1.1 below.

Table 1.1

Key Terms of the Thesis

Term and Abbreviation	Description
Hospital school (HS)	Is a school located in a medical centre, usually a children's hospital which provides educational services to children who are unable to attend their regular school due to a medical need (Learning at Home and in the Hospital Project [LeHo], n.d).

Children and young people (CYP)	Is an abbreviation commonly used in education, research and children's services, and refers to children and young people generally from birth until 18 years of age.
Educational psychologist (EP)	Is a term used to describe psychologists who support the psychological and educational development of CYP across education, health and social care contexts (PSI, 2022).
National Educational Psychology Service (NEPS)	Is a national, state-funded, psychological organisation in which EPs work with schools to support the personal, social, and educational development of children. They also provide training and support to teachers (DES, 2020a).

1.4 Reflexivity Statement

I became interested in this topic several years ago during my time volunteering with a children's listening service. There I engaged with a caller who at the time was hospitalised due to a serious illness. This young person was dealing with many challenges such as their illness, being away from friends and family, and their mental health as they struggled with fears over their future and the impact their illness had on those around them. However, one thing that they considered a support was the HS. This setting reportedly provided them some normalcy, allowed them to interact with peers and gave them the opportunity to not focus on their illness. Up until that point I hadn't been aware of HSs, and thereafter became interested in learning more about them.

Secondly, I am undertaking this thesis as a Trainee Educational Psychologist (TEP) who is interested in the psychological, educational, social and emotional development of CYP. Once I

became aware of HSs, I began to increasingly hear about them in the periphery of my work, particularly as I progressed through the doctorate. During my disability placement, I overheard colleagues discussing a boy who had previously attended a HS, and some were surprised at the existence of HSs and wondered about their role. Following this in my school psychology placement, EPs were frequently discussing the extension of the service, and again were highlighting the little knowledge they held about HSs. Finally, in my mental health placement, there were a number of CYP who attended a HS operating under the Child and Adolescent Mental Health Services (CAMHS).

Across my experiences to-date, a common issue I saw related to the limited knowledge that many educational and healthcare professionals currently hold about Irish HSs. Thus, the idea for this thesis was influenced by my volunteering experience, yet the interest is sustained by the evident necessity for increased awareness and knowledge about these schools.

1.5 The Current Study

With a need to understand the unique experiences associated with hospital schooling in Ireland, the current study aimed to explore the lived experiences of HS stakeholders, including students, parents and teachers. Focusing on participant sense-making, this research was situated in the interpretivist paradigm (Schwartz-Shea & Yanow, 2012) and underpinned by Bronfenbrenner's Bio-ecological Systems Theory (2005). Considering the likelihood of the varied experiences existing within hospital education, multiperspectival interpretative phenomenological analysis (Larkin et al., 2019) was adopted in this research in order to achieve, and present, a balanced account of general HS experiences while highlighting important individual distinctions.

1.6 Thesis Structure

An overview of the structure of the thesis is presented in Table 1.2.

Table 1.2

Structure of the thesis

Chapter	Content
Chapter One: Introduction	This chapter provides an introduction to the thesis: an introduction to the topic of interest, how it relates to the field of educational psychology, definitions of key terms, a reflexive statement, and an outline of the study and overall structure of the thesis.
Chapter Two: Literature Review	This chapter presents a review of the existing literature in the chosen area of study. It includes sections on: relevant research, policy and legislation, and a qualitative systematic review. It culminates by identifying several gaps in the literature, a number of which are addressed in the remainder of the thesis.
Chapter Three: Empirical Paper	This chapter presents the research study undertaken and includes the following headings: introduction, methodology, results and discussion.
Chapter Four: Critical Review and Impact Statement	This chapter provides a critical review of the research in terms of its research paradigm and methodological approaches. A critical evaluation is also presented, along with the strengths and limitations of the study and implications of the research across several domains. The chapter concludes with an impact statement.

2 Literature Review

This chapter reviews relevant literature relating to the area of hospital schooling. The chapter is separated into three parts. The first part provides a brief overview of the medical needs of CYP that are typically associated with periods of hospitalisation and the estimated length of stays, which is followed by discussion of the educational impacts experienced by CYP with medical needs, and concludes with the available research conducted on such students in schools. The second part of the chapter centres on the HS, its political and legislative context, and ends with consideration of how best to understand these settings. The third part of the chapter details a systematic review of empirical literature that was undertaken to explore the lived experiences associated with hospital schooling. This section aims to understand the unique experiences of the students, their caregivers, and the HS teachers, and to provide a conceptual and methodological appraisal of evidence. The chapter concludes with a clear rationale for the empirical study.

2.1 Part One: Overview of CYP with Medical Needs, Psychological and Educational Impacts

2.1.1 Rise of Children with Medical Needs and Hospitalisation Trends

Owing to significant advancements in medical care over recent decades, many CYP who experience disease, injury and/or chronic conditions are now surviving and living into adulthood (Perrin et al., 2014). With increased numbers of medically vulnerable CYP living longer however, more children now have to deal with a serious health condition during their school years (Eaton, 2012). These CYP may have to regularly contend with extended school absences (Prevatt et al., 2000; Rueben & Paster, 2013; Shaw & McCabe, 2008), and deal with medical treatment and periods of hospitalisation (Karande & Kulkarni, 2005). Healthcare organisations are increasingly moving toward outpatient care where possible; however, this has resulted in

some criticism (Sibbald et al., 2007), with various medical needs still requiring inpatient care. The list of medical conditions with which CYP present with that typically require hospitalisation is vast. To contextualise the current study, the author provides a brief snapshot of the most common paediatric medical needs and the typical length of hospitalisation stays CYP endure as a result. Following a search for public data on reasons for hospitalisations of CYP nationally, it became evident that there is little data available within the Irish context, therefore the information gathered on hospitalised CYP below is based predominantly on international literature.

2.1.1.1 Chronic Illnesses. Paediatric chronic health conditions (CHCs) represent a significantly heterogenous group of illnesses including but not limited to: respiratory disorders, cancer, cardiovascular disease, diabetes, and gastrointestinal disorders (Pinquart, 2020). Given the diversity of CHCs, prevalence rates are difficult to determine. It is estimated however that approximately 13-27% of CYP worldwide deal with at least one CHC (Van Cleave et al., 2010), while research indicates that approximately 11% of nine-year-olds in Ireland have a CHC (Growing Up in Ireland Study Team, 2009). CHCs are defined as any medical need which exceeds twelve months in duration and results in limitations of independent living, self-care, and social engagement and/or results in the need for medical intervention including hospitalisation (Perrin et al., 1993). A recent population-based Australian study indicated that many CHCs, including cancer and respiratory illnesses, accounted for hospitalisation stays of seven or more days for school-age CYP. Over the three years in which data was gathered, there was a total of 518,768 paediatric hospital admissions, with 52,952 school-age CYP being hospitalised for up to seven days, 6,698 being hospitalised between one to three weeks, and 2,061 CYP being hospitalised for over three weeks (Schneuer et al., 2023). Genetic disorders are lifelong

conditions and are therefore grouped under CHCs (Schneuer et al., 2023). Prevalence rates are difficult to capture; however, a Canadian population-based study indicated that rates range from 1 individual per every 1,000 (Down Syndrome) to 1 individual per every 100,000 (for ultrarare diseases) (Marshall et al., 2019). Individual genetic conditions are noted to be rare, but when grouped together, are believed to affect 4-8% of the global population (Baird et al., 1988; Boycott et al., 2013). While now older, an American study focusing on hospital care of children with genetic conditions completed by McCandless and colleagues in 2004, is still regarded as a strong estimate of hospital burden associated with genetic disease. This study indicated that when CYP with genetic conditions (e.g., cystic fibrosis), of school going age were admitted to hospital, their average length of stay was a week (McCandless et al., 2004). More recent research from Australia indicated that, during a two-week period in 2017, out of 1,882 hospital admissions related to genetic conditions, 122 admissions were for longer than seven days (Gjorgioski et a., 2020).

2.1.1.2 Paediatric Injury. A prevalent medical need in paediatric populations is injury/trauma (Bayreuther et al., 2009). The most commonly reported paediatric injury is traumatic brain injury (TBI), which is purported to be among the leading causes of death and disability in children (Forsyth & Kirkham, 2012; Schneier et al., 2006). TBIs in CYP can result from various incidents such as falls and traffic accidents (Araki et al., 2017), with a common cause in Ireland identified as cycling accidents (O'Halloran et al., 2020). The global incidence of TBI is difficult to determine; however, a review across five continents estimated that incidence rates range between 12-486 CYP per 100,000 (Dewan et al., 2016). TBI can be classified into three severity categories: mild, moderate, and severe, which are designated depending on the length of time and the degree to which CYP remain unconscious following injury (Hawley,

2003). Impacts of TBIs are typically seen across physical, communicative, cognitive, and emotional/behavioural domains (Royal College of Physicians and British Society of Rehabilitation Medicine, 2003). Mild TBIs are associated with shorter hospital stays (≤ 3 days), while moderate and severe TBIs are associated with longer hospital stays and further care in rehabilitation facilities (Shi et al., 2009). In Ireland, the National Rehabilitation Hospital, the country's only long-term rehabilitation centre for brain injuries, revealed that they received between 32-43 paediatric referrals in the years 2011 to 2014 (HSE & Royal College of Physicians Ireland, 2016), with no newer data available.

2.1.1.3 Mental Health Conditions. CYP, particularly adolescents, are increasingly dealing with, and being hospitalised as a result of, mental health conditions worldwide. Mental health conditions are varied and encompass diagnoses such as anxiety, depression, eating disorders, bipolar disorders, schizophrenia, and developmental disorders (World Health Organization [WHO], 2022). Global prevalence rates for CYP's mental health conditions are believed to be approximately 6.7% (Erskine et al., 2017). Such conditions are increasingly being linked to hospitalisation stays, with a European study demonstrating that over the ten year period from 2007-2017 the number of CYP who required hospital admissions and longer inpatient stays due to mental health significantly increased (Amianto et al., 2022). In 2022, data was gathered on child and adolescent psychiatric inpatient admissions in Ireland: 366 CYP were admitted as inpatients; 13% required a stay of one to two weeks, 26% required a stay of two to four weeks, 38% required a stay of one to three months, and 11% remained as inpatients for three months to a year (Daly & Lynn, 2023).

Notably, experiencing a serious illness and/or undergoing hospital treatment can have significant negative implications for individuals, particularly in relation to their mental

wellbeing. For CYP, these impacts can span various dimensions of health and wellbeing. Physically, common experiences reported by CYP include pain (Andersson et al., 2022; Marchetti et al., 2023; Walther-Larsen et al., 2017) and fatigue (Colville et al., 2019; Nunes et al., 2017). Emotionally, research indicates that CYP experience significant levels of stress (Sartain et al., 2000), a diminished sense autonomy and voice (Gibson et al., 2010), fear and anxiety (Coyne & Conlon, 2007), and low mood (Durualp & Altay, 2012; Roder & Boekaerts, 1999). Socially, CYP report feeling isolated and displaced from their typical environments and routines (Loureiro et al., 2021; Wilson et al., 2010), as well as separated from important social supports including family and friends (Pelander & Leino-Kilpi, 2010). When considering long term psychosocial impacts of paediatric hospitalisation, research suggests that CYP may develop several mental health conditions, such as Post-Traumatic Stress Disorder, as a consequence of their medical experience (Ko et al., 2022; Meentken et al., 2021). Finally, while the challenges and impacts on CYP are well-documented, literature also highlights that a child's hospitalisation is a markedly stressful experience for parents (Zdun-Ryżewska et al., 2021), often leading to their own mental health difficulties. (Franck et al., 2015).

Altogether, when considering the diversity of CYP's medical needs, available literature detailing the associated hospital admission rates, and their impacts, on the surface longer stays in hospital appear to account for small numbers. However, when the data is aggregated, and appraised together, it would appear that for the subpopulations that consist of children with medical needs, longer periods of hospitalisation (≥7 days) remain relatively commonplace, with these times suggested to result in significant mental stress. Therefore, when considering the above, it is within reason to expect significant educational impacts due to absences from

community schools, and potential attendance in alternative educational programmes such as HSs to account for this.

2.1.2 Educational Impacts of Medical Needs for CYP and Relevant Persons

Literature suggests that in addition to healthcare, education should also help to support chronically ill children's quality of life, psychosocial and cognitive development, and the family in dealing with the impact of a child's situation (Bessell, 2001). Medical needs experienced by CYP such as CHCs can have negative impacts on education including: lower academic achievement (Champaloux & Young, 2015; Wickersham et al., 2021), negative feelings towards school (Thies, 1999), reduced academic motivation (Forrest et al., 2011), depression and anxiety (Roder & Boekaerts, 1999), negative peer interactions (Pini et al., 2012), and adverse teacher-student relationships (Hokkanen et al., 2004; Joyce & Early, 2014). While the impacts on education due to injuries such as TBI can vary significantly due to different variables (e.g., TBI severity), it is accepted that, similarly to CHCs, TBI can lead to poorer educational outcomes for CYP. A review suggested that many CYP with TBI struggle with differences in terms of language, memory, attention, problem-solving and information processing, in addition to experiencing difficulties within their social development and peer relationships (Babikian et al., 2015). An Australian population study indicated that when compared to their healthy peers, CYP who sustained serious TBI were at greater risk of achieving poorer academic performances in areas of literacy and numeracy, and of not completing second-level education (Mitchell et al., 2021).

2.1.2.1 Stakeholder Experiences of the Education of CYP with Medical Needs.

Research investigating the experiences associated with the education of CYP with CHCs have

typically been conducted within mainstream education. Below are some of the individual stakeholder experiences.

2.1.2.1.1 Student Experiences. From students' perspectives in the UK, several challenges related to continuing schooling in spite of CHCs have been identified including: feeling different from peers, feelings of isolation, mixed support from staff and classmates, and the belief that support from teachers, parents and peers was critical to how students felt about, and managed school (Lightfoot et al., 1999; Mukherjee et al., 2000). Similarly, longitudinal findings of Australian adolescents highlighted additional issues associated with their education, such as experiencing difficulties engaging in academic work and extracurricular activities, illness visibility in school, and impacted identity (Yates et al., 2010). Connection with school and teachers has also been viewed as important means of fostering feelings of normalcy and maintaining educational goals for students in Australia (Wilkie, 2012).

2.1.2.1.2 Teacher Experiences. Teachers in Australia and the UK have been noted to play a significant role in the lives of students with CHCs by assisting them to reach their full educational potential, engage with school and peers, and better manage their symptoms (Lightfoot et al., 1999; Shiu, 2004). However, research has highlighted that teachers in multiple countries including the UK, Australia and America report feelings of uncertainty, discomfort, lack of knowledge of medical conditions, and concern over how best to support students with medical needs (Boden et al., 2011; Clay et al., 2004; Mukherjee et al., 2000; Wilkie, 2012). Finally, another American study conducted on teachers who teach children with CHCs reported that although these teachers report more knowledge of such conditions in comparison to other teachers, they do not report being more confident in teaching these students (Nabors et al., 2008).

2.1.2.1.3 Parental Experiences. Little research has explored parental perceptions within this area. One study investigated perceptions of parents of children diagnosed with cancer in America, with results indicating that multiple parents noted educational concerns, with these increasing in relation to children's school-level. Barriers to education for their children were also noted as a high-level of school absences and difficulties in relation to participation (Hocking et al., 2018). Parental concern over a lack of teacher training and experience in relation to childhood medical conditions have also been seen in some Canadian studies (Nurmi & Stieber-Roger, 2012; Roberts & Whiting, 2011).

Together, the physical and educational needs of CYP globally who have medical needs are striking. As can be gleaned from the brief outline of literature above, medical needs affect millions of CYP around the world every year. Consequently, these medical needs can be seen to negatively impact on various aspects of CYP's lives, including their educational progress, mental wellbeing, and social engagement. Therefore, it is essential that research and practice strive to target the areas of disadvantage these CYP face. It is the aim of the current research to employ a psychological lens and focus on one aspect of education experienced by some CYP with medical needs, namely, the HS.

2.2 Part Two: Overview of the Hospital School, its Legislative Context, and Consideration of How to Understand these Settings

2.2.1 The Hospital School

HSs are schools located within hospital settings which provide educational services to children who are unable to attend their regular school due to medical needs and/or periods of hospitalisation (Uggeri et al., 2015). Within developed countries, HSs are well established and are present in most paediatric medical centres (Benigno & Fante, 2020). HSs are thought to

provide a vital service for hospitalised students in that they provide hope and routine in addition to providing the opportunity for students to maintain educational continuity in a situation that would otherwise make this impossible (American Academy of Pediatrics, 2000). In order to accommodate the unique educational and medical needs of their students, these schools usually offer educational services across different modalities: in a classroom where students come each day, through bedside teaching for students unable to come to the classroom (Ratnapalan et al., 2009), or in small groups on the hospital wards (Rouse, 2022). HS students make up a significantly heterogenous group in terms of their ages, educational levels, and medical conditions and associated needs (Steinke et al., 2016). To account for this, larger HSs typically employ educators consisting of primary teachers, post-primary teachers, special educational teachers, and other support staff e.g., special needs assistants (SNAs) (DE, 2021; Hen & Gilan-Shochat, 2022; Steinke et al., 2016).

2.2.1.1 Hospital Schools in Ireland. There are currently eleven HSs in operation in Ireland according to the DE; seven are linked to tertiary care centres (paediatric hospitals, public hospitals, and a rehabilitation facility) (DE, 2021), and four are linked to CAMHS in-patient units (DES, 2020b). According to the recent Review of Educational Provision for Attending Hospital Schools (DE, 2021), on the 30th of September 2020, there were two-hundred-and-twenty students enrolled in the seven HSs in tertiary care centres across Ireland. Importantly, these figures do not include those students attending HSs within the four CAMHS in-patient units, and therefore, this is a significant underestimation of the true day-to-day enrolment numbers of Irish HSs. Despite search efforts, it was not possible to access data on enrolment figures of HSs operating under CAMHS.

2.2.2 Educational and Policy Context

All children of school-going age have the right to receive an education and to be educated within a school setting where possible under the UNCRC (UN, 1989). Secondly, under the UN's Convention on the Rights of Persons with Disabilities (UNCRPD), all persons with disabilities have the right to access an inclusive and quality education in respect of their individual needs which ensure that they can reach their full potential (UN, 2006). Of note, Ireland was the last of 27 European Union states to ratify the UNCRPD in 2018, twelve years after it was established (Conneely, 2018). The country's late ratification indicates that Ireland is behind other European countries in terms of its national laws regarding people with disabilities, and where relevant, their associated educational needs.

The Education for Persons with Special Educational Needs Act (EPSEN, 2004, p. 6) defined a special educational need as:

> A restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.

Research indicates that students who have medical needs should be recognised as having a special educational need due to the significant impacts to their education resulting from their medical conditions (Shiu, 2001). Within Ireland, HSs are classified as special schools for persons with physical disabilities under the DE (Government of Ireland, 2004) and regulated and funded by the DE (Higgins, 2022; McCarron, 2019; Woods, 2022).

Interestingly, despite the DE acknowledging the critical part in which the HS plays in a child's recovery during their time in hospital (DE, 2021), Ireland remains one of the only countries in Europe in which HSs are not yet legislated for. Other European countries have legislative policies in place to oversee the governance of HSs (LeHo, 2015a), with just some examples being: UK HSs falling under section 19 of the Education Act 1996 (Parliament of the United Kingdom, 1996); Italian HSs falling under the Right to Education and Instruction Act (Parlamento Italiano, 1992); and HSs in Belgium falling under Type 5 Education as set out by the Parliamentary Act of 28 June 2002 (Federal Parliament, 2002). Without standard legislation in place, HSs in Ireland remain vulnerable, and issues around staff recruitment, funding, didactic methods employed, and resources continue to be dealt with at an individual school level.

2.2.3 Hospital Schooling from a Theoretical Perspective

There is a recognised scarcity of literature on HSs (Kennerk, 2019; Steinke et al., 2016), with such schools representing a relatively unexplored area within the educational system. Considering the limited literature available on these schools, there is even less that includes theoretical perspectives as a means of understanding them. There are some standalone exceptions: Crossland's (2002) study used Social Cognitive Theory (Bandura & National Institute of Mental Health, 1986) to explore hospital students self-efficacy beliefs; Mombaers and Donche's (2020) study utilised Self-Determination Theory (Deci & Ryan, 1985) to explore hospital students' motivation; and Rouse's (2022) study was underpinned by Ecological System's Theory (Bronfenbrenner, 1979) to explore connections between hospital teachers and parents.

Given the sparse theoretical research within the area, it was necessary to explore hospital education at a broader level and consider ongoing works such as the LeHo Project (LeHo,

2015b), to determine whether this is underpinned by theory. The LeHo Project is a European initiative aiming to explore and provide new technological and didactical teaching methods for use within hospital education (LeHo, 2015b). Within their work regarding educational factors for hospitalised students, Bronfenbrenner's Ecological System's Theory (1979) is again referenced as a means to better understand aspects of students' psycho-social functioning including their relationships, ability to make sense of their world, and construction of knowledge (Capurso & Dennis, 2015).

2.2.3.1 Bio-ecological Systems Theory. Ecological Systems Theory (Bronfenbrenner, 1979), later expanded to the Bio-ecological Systems Theory (Bronfenbrenner, 2005) centres on the idea that different elements within a child's environment serve to interact and impact on their development over time, with these influences existing bidirectionally. Originally, the theory was comprised, and focused on, five layers within the environment: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chronosystem (Bronfenbrenner, 1979). Later the theory was revised, and Bronfenbrenner emphasised the role of the child in their development (Tudge et al, 2009) and put forward the Process-Person-Context-Time Model which encapsulates the original environmental layers (Bronfenbrenner & Ceci, 1995; Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 1998). An explanation of this model is detailed below in Table 2.1 and an adapted, illustrated model of the theory is displayed in Figure 2.1. This theory appears appropriate to explore the experiences of hospital schooling within the current thesis.

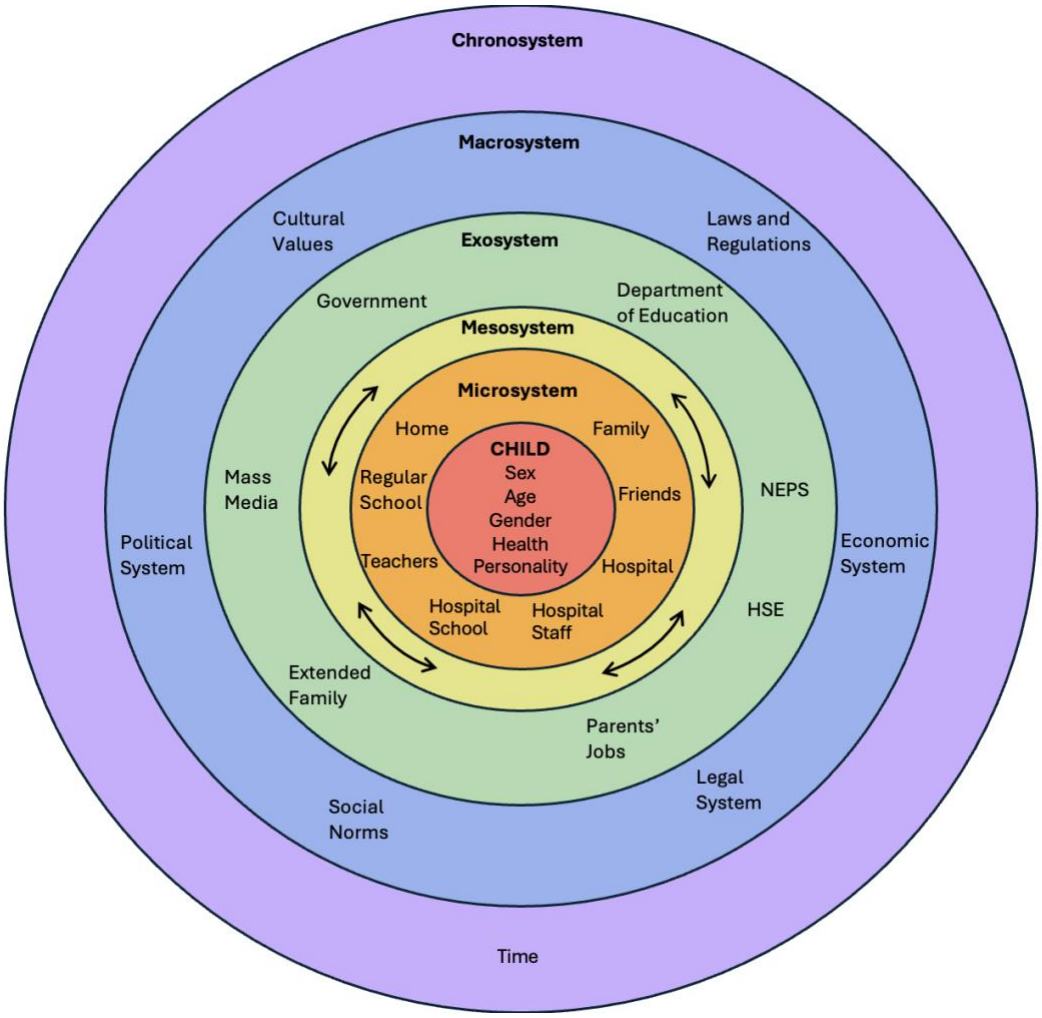
Table 2.1

Process–Person-Context–Time Model within Bronfenbrenner's Bio-ecological Systems Theory

Model Elements	Explanation
Process	Process refers to 'proximal processes' which are the reciprocal interactions between the developing child and the people, objects, activities, and settings within their environment (Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 1998). These interactions are thought to grow increasingly complex as the child continues to develop.
Person	Person refers to the individual genetic and biological make-up that impacts on the developing child (Tudge et al., 2009).
Context	Context refers to the various environments in which the developing child is situated. The system or environment is thought to consist of four layers: the microsystem, the mesosystem, the exosystem, and the macrosystem (Bronfenbrenner, 1979). The microsystem refers to the child's immediate environment such as their home/family and school. The mesosystem refers to the interactions between two or more microsystems (e.g., home and school). The exosystem signifies the contexts in which the child is not directly situated but would indirectly impact on their development e.g., a parent's workplace. Finally, the mesosystem relates to the cultural context in which the developing child lives, and consists of cultures, beliefs, societal norms, governmental laws etc (Bronfenbrenner, 2005).
Time	Time refers to the chronosystem, and represents the influence of time on the developing child. The influence of time could refer to the passage of time, historical events, or life milestones and the ages or developmental points in which the child experiences these (Tudge et al., 2009).

Figure 2.1

An adapted, illustrated model of Bronfenbrenner's Bio-ecological System's Theory (2005)



2.3 Part Three: Qualitative Review of the Literature

2.3.1 Rationale for the Current Review

To the researcher's knowledge, no previous systematic review has investigated the experiences related to the HS from the perspectives of students, parents and hospital teachers. Ávalos and Fernández completed a systematic review looking at HS teacher experiences; however, the review mainly consisted of articles written in Spanish and Portuguese (2021).

Given that the current review will focus on literature published in English, this review topic is novel and will highlight the direction required for the subsequent doctoral project.

To this end, a qualitative systematic review was completed. Qualitative syntheses are described as robust means of bringing together data which can give rise to new theories/models, can identify gaps within existing research, can inform future research, and can influence the development, implementation and evaluation of interventions (Tong et al., 2012). They can also explore broad concepts within literature such as experiences, attitudes, emotions and behaviours (Tong et al., 2012). This method of review was therefore considered appropriate and the following review questions were posed:

- What is the experience of hospital schooling from students' perspectives?
- What is the experience of hospital schooling from parents' perspectives?
- What is the experience of hospital schooling from hospital teachers' perspectives?

2.3.2 Methodology

The Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) statement was utilised to guide this review (Tong et al., 2012). This statement provides guidelines on how best to report and synthesise qualitative research in systematic reviews. See Appendix A for the full ENTREQ statement.

2.3.2.1 Search Strategy. Comprehensive literature searches of electronic databases were conducted in August 2023, February 2024, and April 2024. Searches of the following databases were conducted: Academic Search Complete, Education Source, ERIC, Medline with Full Text, PsycArticles, PsychInfo, and CINAHL Complete.

No limits relating to the date of publications were utilised given the broad nature of the research question. A filter was applied to limit the search to peer-reviewed articles and papers written in English. To ensure relevant articles were not overlooked in the search, additional systematic searches were conducted on several search engines and online repositories (e.g., Google Scholar and the Mary Immaculate College [MIC] research repository), in line with robust performance of website searching for systematic reviews (Stansfield et al., 2016). Finally, forward citation searches were conducted on the articles that were assessed for full review. Table 2.2 provides the search term combinations used across all databases.

Table 2.2

Search Terms Used in Database Search

Population		Phenomenon of Interest		Setting
child* OR "hospitali?ed child*" OR adolescent* OR "hospitali?ed adolescent*" OR teenager* OR "hospitali?ed teenager*" OR student* OR "hospitali?ed student*" OR pupil* OR "hospitali?ed pupil*" OR parent* OR mother* OR father* OR caregiver* OR guardian* OR teacher* OR	AND	experience* OR perspective* OR thought* OR opinion* OR view* OR "lived experience*"	AND	"hospital school*" OR "hospital school pedagogy" OR "school* in hospital*" OR "children* hospital school*"

educator* OR staff OR "school staff"

2.3.2.2 Methodology. 1,759 search results were returned. Following the removal of duplicates, this number reduced to 1,550. During title and key word screening 1,488 articles were removed. Another fifty were excluded following abstract screening. Forward citation searches and exploration of additional search engines returned a further twenty articles. Thirty-two articles were subject to full-text screening and thirteen studies met the inclusion criteria (see Table 2.3). The literature search and retrieval process is presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flowchart (Moher et al., 2009). Table 2.4 details the thirteen studies identified for inclusion in the literature review. A full list of the excluded studies following abstract and full-text review with rationales is provided in Appendix B.

Table 2.3

Inclusion and Exclusion Criteria

Criteria	Inclusion criteria	Exclusion criteria	Rationale
1. Type of Publication	Peer reviewed paper	Not a peer reviewed paper	Peer reviewed papers have been independently assessed for quality.
2. Language	Study published in English	Study not published in English	Due to the study timeline and the unfeasibility of obtaining translator services, only studies published in English were included.
3. Focus of Study	Study focused on the experiences derived from persons associated with a hospital school	Study did not focus on the experiences derived from persons associated with a hospital school, or focused on experiences related to a hospital school which caters only for students with mental	This review focused on the lived experiences of hospital school stakeholders in order to gain comprehensive information around hospital schooling.

			health conditions (e.g., a hospital school in a psychiatric hospital).	
4.	Participants in the sample	Participants recruited in the study included: 1. present or past hospital school students; 2. Qualified teachers who are working or have worked in a hospital school; 3. Parents/caregivers that have had a child attend a hospital school	Participants in the study did not include past/present hospital school students, professionally qualified teachers who were teaching/previously taught in a hospital school or caregivers of a child who was attending/ previously attended a hospital school.	The current review was interested in exploring the lived experiences associated with hospital schooling from the perspectives of the students, teachers, and/or caregivers of children who were attending/had attended a hospital school in order to gain accurate and comprehensive information around hospital school settings.
5.	Design	Qualitative, or mixed method methodology where the study analysed and presented qualitative data on experiences separately.	Study that employed a purely quantitative design, was a theoretical or methodological paper, review, report, conference	This review focused on the lived experience of hospital school stakeholders. Therefore, qualitative methodology was deemed most

	Qualitative methods may include: interviews, qualitative questionnaires, observations, journal entries, document analysis	abstract, and/or a non-empirical study.	appropriate (Hammarberg et al., 2016).
6. Accessibility	Title, abstract, and article was available to view in full	Study where abstract and/or full article could not be accessed/ found.	In order to complete this review to a high and accurate standard, it was essential that all study details were available to view in full to be included or excluded.

Figure 2.2

PRISMA Flow Chart

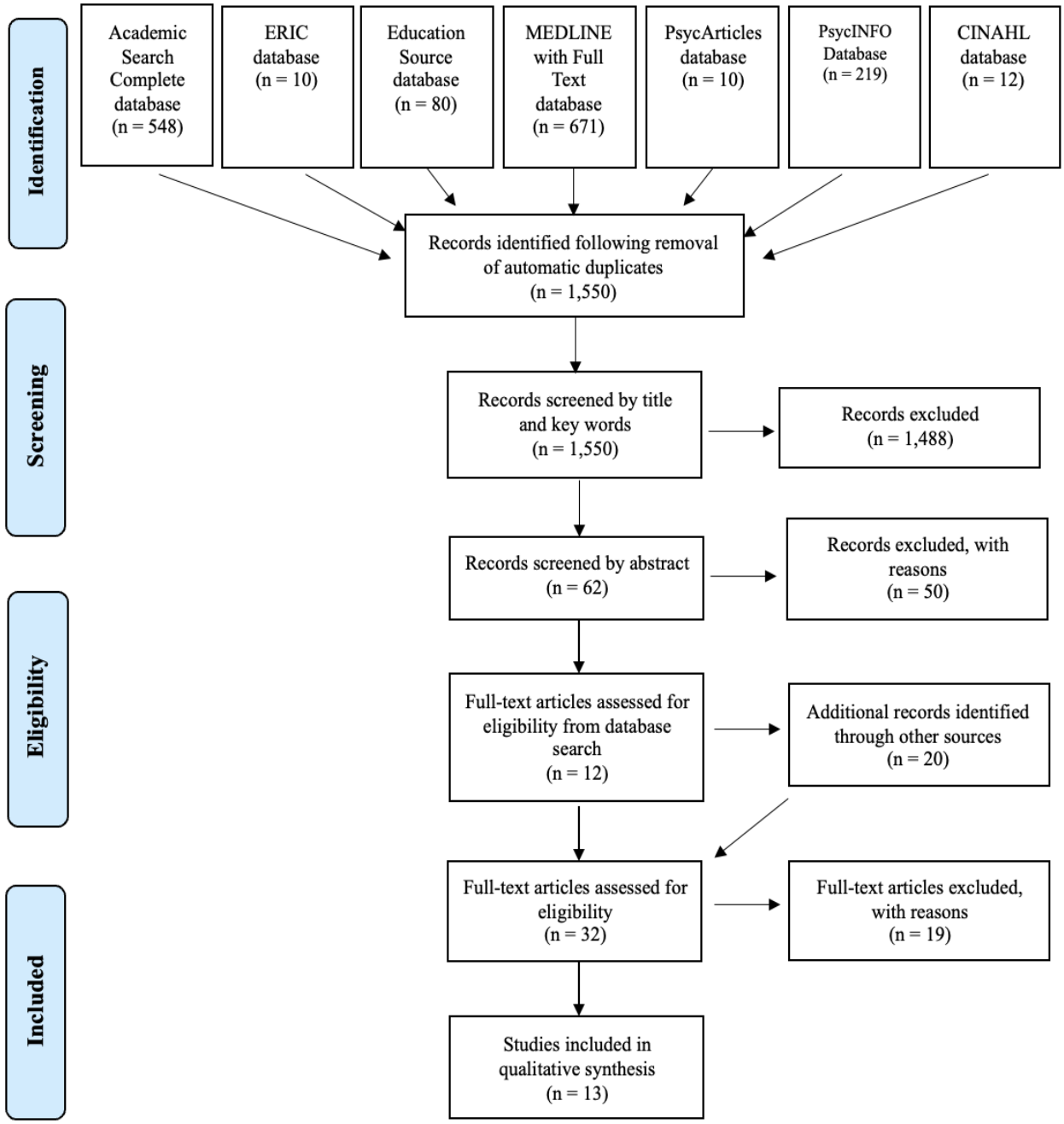


Table 2.4

Studies Included for Review

Äärelä, T. L. M., Määttä, K., & Uusiautti, S. (2016). Ten Encounters between Students and a Special Education Teacher at a Finnish Hospital School - Outlining Hospital School Pedagogy. *Global Journal of Human Social Science, 16,* 9-20. http://socialscienceresearch.org/index.php/GJHSS/article/download/1731/1672

Äärelä, T. L. M., Määttä, K., & Uusiautti, S. (2018). "Happy to see you here" and other cornerstones of hospital school teacherhood. *Education Sciences and Psychology*, *47,* 90-103. http://gesj.internet-academy.org.ge/en/list_artic_en.php?b_sec=edu

Benigno, V., & Fante, C. (2020). Hospital School Teachers' Sense of Stress and Gratification: An Investigation of the Italian Context. *Continuity in Education*, 37-47. https://doi.org/10.5334/cie.14

Crossland, A. (2002). Efficacy beliefs and the learning experiences of children with cancer in the hospital setting. *Alberta Journal of Educational Research*, *48*(1), 5-19. https://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2002-01533-002&site=ehost-live

Hen, M., & Gilan-Shochat, M. (2022). Exploring the Unique Professional Identity of Hospital Teachers. *Continuity in Education*, *3,* 115-126. https://doi.org/10.5334/cie.46

Keehan, S. (2021). Continuing Education in Irish Hospital Schools: Provision for and Challenges for Teachers. *Continuity in Education*, *2*(1), 42-59. https://doi.org/http://doi.org/10.5334/cie.25

Małkowska-Szkutnik, A., Berkowska, A., Gajda, M., & Kleszczewska, D. (2021). Teaching in Hospitals and Healthcare Resorts: A Qualitative Study of Teachers' Needs. *Education Sciences*, *11*(7), 311. https://doi.org/10.3390/educsci11070311

Mombaers, T., & Donche, V. (2020). Hospital School Students' Academic Motivation and Support Needs: A Self-Determination Perspective. *Front. Educ*, *5*(1), 106. https://doi.org/doi:10.3389/feduc.2020.00106

Perry, R., Currie, J., Maher, D., & Johnston, R. (2013). Perceptions of the hospital school experience: Implications for pedagogy and the use of technology. *International Journal of Learning*, *20*(1), 9-21. https://doi.org/http://hdl.handle.net/10453/32030

Rouse, E. (2022). The family-teacher partnership: What is the nature of this relationship when children are schooled in hospital? *Early Years, 42(4-5), 599-612.* https://doi.org/10.1080/09575146.2020.1843411

Searle, N. S., Askins, M., & Bleyer, W. A. (2003). Homebound schooling is the least favorable option for continued education of adolescent cancer patients: A preliminary report. *Medical and pediatric oncology*, *40*(6), 380-384. https://doi.org/10.1002/mpo.10270

Steinke, M., Elam, M., Irwin, M. K., Sexton, K., & McGraw, A. (2016). Pediatric Hospital School Programming: An Examination of Educational Services for Students Who Are Hospitalized. *Physical Disabilities: Education and Related Services*, *35*(1), 28-45. https://doi.org/10.14434/pders.v35i1.20896

Yenel, K., Sönmez, E., Ayaz, E., & Şahin, F. (2021). Education at Hospital with the Understanding of "Education for All": A Case Study. *Egitim ve Bilim*, *46*(207). https://doi.org/10.15390/EB.2021.9503

2.3.2.3 Critical Appraisal of Studies for Quality and Relevance. Gough's Weight of Evidence Framework (2007) was utilised to critically appraise the methodological quality and appropriateness of the thirteen included studies. This framework appraises four areas: Weight of Evidence A (WoE A), Weight of Evidence B (WoE B), Weight of Evidence C (WoE C), and Weight of Evidence D (WoE D) in order to effectively evaluate the quality of studies and the extent to which they address the specific review question(s). Studies were allocated a 'High', 'Medium' or 'Low' rating according to coding protocols and review criteria set by the researcher.

WoE A appraises the methodological quality of studies against recognised standards for studies of that design. An adapted version of Brantlinger and colleagues' (2005) coding protocol for indicators of quality and credibility was used to code each study (see Appendix C). WoE B is a review-specific appraisal that considers the methodological appropriateness of studies for answering the specific review question(s). Criteria were devised in respect of the quality criteria used for WoE A in addition to Chenail's (2011) recommendations for conducting high quality qualitative research on patient experience (see Appendix D). WoE C is also review-specific and appraises studies' relevance in answering the current review questions. Criteria were again devised by the reviewer in accordance with the inclusion and exclusion criteria (see Appendix E). Finally, WoE D is a cumulative evidence score which considers the overall quality of studies by combining and averaging scores from WoE A-C. The scores for WoE A, WoE B, WoE C and WoE D are presented in Table 2.5.

Table 2.5

Weight of Evidence Ratings

Study	WoE A Methodological Quality	WoE B Methodological Relevance	WoE C Topic Relevance	WoE D Overall Quality and Relevance
Äärelä et al. (2016)	1.35 (Medium)	2 (Medium)	1.33 (Low)	1.56 (Low)
Äärelä et al. (2018)	1.38 (Medium)	2 (Medium)	2 (Medium)	1.79 (Medium)
Benigno & Fante (2020)	1.44 (Medium)	2 (Medium)	1.67 (Low)	1.70 (Medium)
Crossland (2002)	1.56 (Medium)	3 (High)	1.33 (Low)	1.96 (Medium)
Hen & Gilan-Shochat (2022)	1.67 (Medium)	2 (Medium)	1.33 (Low)	1.67 (Low)
Keehan (2021)	1.26 (Medium)	3 (High)	2.33 (High)	2.20 (Medium)
Małkowska-Szkutnik et al. (2021)	1.84 (Medium)	2 (Medium)	1.67 (Low)	1.84 (Medium)
Mombaers & Donche (2020)	2.16 (High)	2 (Medium)	2 (Medium)	2.05 (Medium)
Perry et al. (2013)	0.77 (Low)	1 (Low)	1.67 (Low)	1.15 (Low)
Rouse (2022)	0.95 (Low)	2 (Medium)	1.67 (Low)	1.54 (Low)
Searle et al. (2003)	0.84 (Low)	2 (Medium)	1.67 (Low)	1.5 (Low)
Steinke et al. (2016)	1.02 (Medium)	2 (Medium)	1.67 (Low)	1.56 (Low)
Yenel et al. (2021)	2.33 (High)	3 (High)	3 (High)	2.78 (High)

Note. Low = $\leq$1.69, Medium = 1.70 - 2.29, High = $\geq$2.3

2.3.2.4 Participants. Sample size of the amassed qualitative data varied significantly between studies and ranged from four (Rouse, 2022) to six-hundred-and-two participants

(Benigno & Fante, 2020). When adapting the coding protocol for WoE A and devising quality criteria for WoE C, it was decided not to code for sample size as a means of quality. Differing opinions exist on adequate sample sizes within qualitative research, with many proposing the point of saturation as a determinant of acceptableness for a high-standard analysis (Fusch & Ness, 2015; Guest et al., 2006). However, in exploring individuals' experiences, as the current review is interested, this becomes complex. It can be argued that when exploring experiences in-depth, small numbers of participants can provide information-rich data. Often such research is not interested in achieving generalisable data and as such do not need to reach saturation (Reid et al., 2005). Therefore, rather than code studies on the basis of sample size, the current review coded higher for studies that included at least two population subgroups (e.g., HS students and HS teachers) and for the quality of subgroup voices seen within results. Accordingly, only two studies (Perry et al., 2013; Yenel et al., 2021) scored higher on sample criteria contributing to WoE A and WoE C due to multiple subgroup accounts being clearly presented. While other studies noted that they recruited more than one subgroup (Searle et al., 2003; Steinke et al., 2016), data from these subgroups were not evident within the articles' results and thus negatively impacted on their WoE A and WoE C ratings.

The total sample size across studies was estimated to be eight-hundred-and-eighty-eight, however it was difficult to establish the true numbers of all included participants and their breakdowns in one study (Searle et al., 2003). As was possible to ascertain, the perspectives gained included: HS students (n = 67), HS teachers (n = 786), and parents of HS students (n = 30). Other participants that accounted for the total sample size included one home instruction teacher (Crossland, 2002), two medical staff (Yenel et al., 2021), and two preschool hospital teachers (Rouse, 2022). Multiple studies did not include adequate information on how

participants were recruited (Hen & Gilan Shochat, 2022; Perry et al., 2013; Rouse, 2022; Searle et al., 2013; Yenel et al., 2021) which negatively impacted their ratings for WoE A and WoE C. Other participant-related criteria which contributed negatively to WoE A scores for studies were issues such as providing little to no verbatim quotations, and/or not providing a balanced account of participant and subgroup voices within their results (Searle et al., 2003; Steinke et al., 2016).

2.3.2.5 Study Focus and Setting. The primary focus significantly varied across studies. Topics included: encounters between HS students and teachers (Äärelä et al., 2016), relationships between HS teachers and parents (Rouse, 2022), a typical week in a HS (Äärelä et al., 2018), challenges and supports of HS teachers (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Keehan, 2021), HS teacher needs (Małkowska-Szkutnik et al., 2021), HS student efficacy (Crossland, 2002), HS student motivation and needs (Mombaers & Donche, 2020), pedagogical factors and technology (Perry et al., 2013), preferred schooling options during cancer treatment (Searle et al., 2003), and an overall look at hospital schooling (Steinke et al., 2016; Yenel et al., 2021). Studies received higher scores, and contributed to overall WoE C ratings, when findings predominantly presented participant experiences of the HS, with eight studies meeting this criterion (Äärelä et al., 2018; Benigno & Fante, 2020; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Mombaers & Donche, 2020; Searle et al., 2003; Steinke et al., 2016; Yenel et al., 2021). Given the exploratory nature of the current review, studies also received higher scores, and contributed to overall WoE C ratings, when they provided information on the specific HS setting which was being explored (e.g., how/where students were taught). Only two studies provided comprehensive detail on their HS setting (Keehan, 2021; Yenel et al., 2021).

2.3.2.6 Data Collection Methods. A range of qualitative methodologies were used across studies, such as observational methodology, interviews, document analysis, activities with students, and mixed-methodology with qualitative elements. Studies were rated highest on the criteria 'data triangulation' in WoE A and overall WoE B scores when they employed at least two qualitative methodologies, with higher scores granted to Crossland (2002), Keehan (2021), and Yenel and colleagues (2021) in line with this. Contrastingly, studies were rated lowest for employing mixed-methodology where qualitative data was limited (e.g., Perry et al., 2013) given that little relevant data could be extrapolated for the purpose of the current review.

Acknowledging the role of the researcher as a key tool for data collection is essential within qualitative research (Mertens, 2015). Relevant items within quality indicators for WoE A were researcher reflexivity/personal perspectives, and peer debriefing. Approximately half of the studies provided no information on researcher reflexivity which contributed to low ratings on this item (Benigno & Fante, 2020; Crossland, 2002; Perry et al., 2013; Rouse, 2022; Searle et al., 2003; Steinke et al., 2016). Only two studies presented considerations of how researchers may impact on the research and steps they took to mitigate potential biases, which resulted in higher ratings (Hen & Gilan-Shochat, 2022; Yenel et al., 2021). In terms of peer debriefing, six studies made no mention of whether more than one researcher was involved in data analysis which resulted in low item ratings (Crossland, 2002; Keehan, 2021; Perry et al., 2013; Rouse, 2022; Searle et al., 2003; Steinke et al., 2016). Interestingly, no studies were awarded the highest rating on this item due to articles not providing information on the contributions specific researchers made to the outcomes of data analysis.

2.3.2.7 Data Analysis. Multiple analytic methodologies were utilised across studies including: thematic analysis, content analysis, descriptive analysis and cross-case analysis.

Quality of analysis varied across studies. Data analysis criteria are defined within quality indicators used to determine WoE A scores (Brantlinger et al., 2005), and include items such as 'coding of information' and 'rationale'. Higher scores were awared in relation to 'coding of information' when analytic steps were clearly outlined, with this seen in three studies (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Mombaers & Donche, 2020). Contrasingly lower scores reflected limited information on how data were analysed which was noted in seven studies (Äärelä et al., 2016; Äärelä et al., 2018; Crossland, 2002; Keehan, 2021; Perry et al., 2013; Searle et al., 2003; Steinke et al., 2016). In relation to the 'rationale' criterion, studies received higher scores when findings were presented coherently, it was evident how themes emerged, and all participant data were presented equally or explained. Four studies were ranked highly due to all participant voices contributing to findings (Małkowska-Szkutnik et al., 2021; Mombaers & Donche, 2020; Rouse, 2022; Yenel et al. 2021). Finally, one observation study (Äärelä et al., 2018) received a lower score due to the research stating that data collection took place over a month, yet results only outlined a week, with no information as to why specific days were chosen over others.

2.4 Results: Data Synthesis

Research highlights the difficulties inherent in determining the method of synthesis used in order to complete a comprehensive literature review (Booth et al., 2021). Dixon-Woods and colleagues (2004) alone present twelve methods of qualitative synthesis. The current review was focused on gaining an understanding of the various experiences linked to hospital schooling from HS stakeholders. Thematic synthesis was therefore chosen as the most appropriate method for synthesising the available evidence as it aims to collate and describe research in order to establish a greater understanding of a topic, area or phenomenon (Fleming et al., 2019). This

method of synthesis is also well established in systematic reviews that focus on individuals' perspectives and experiences, which strengthened the rationale for its usage in the current review (Harden et al., 2004; Kemp et al., 2016; Rekaa et al., 2019).

Synthesis findings were guided by the aims of the current literature review. Consequently, they are separated and presented using three headings: student perspectives, teacher perspectives, and caregiver perspectives, whereby the themes that emerged from each subgroup were extensively explored. In line with Thomas and Harden (2008), the results of each study were included in the synthesis; however, more weight, and therefore more discussion was given to more methodologically sound studies as previously determined in the critical appraisal. Themes were developed inductively from the data and the analysis process involved three distinct phases:

1) All data from the results sections were coded line by line;

2) Codes were developed into descriptive themes;

3) Analytical themes were generated (see Appendix G for an example of the process).

Minor findings not related to the current review were not included in the final synthesis. A discussion of the studies' limitations and future research recommendations follow the data synthesis.

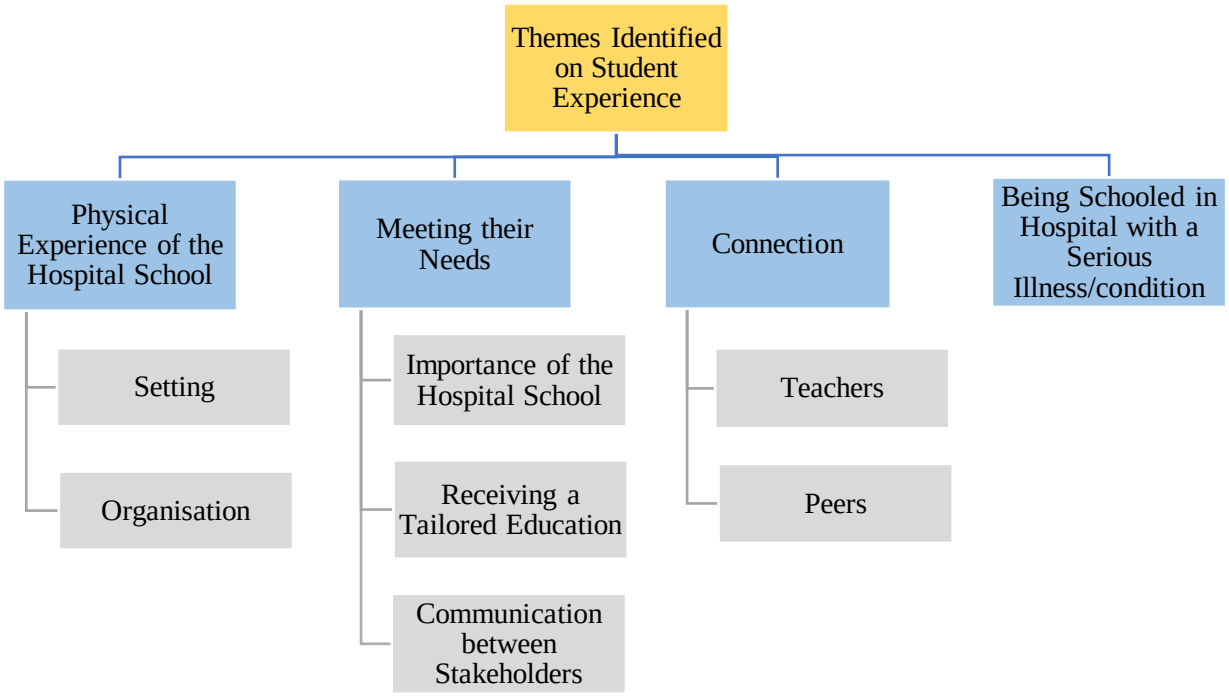
2.4.1 Student Perspectives

In order to answer the question "What is the experience of hospital schooling from students' perspectives?", a synthesis of findings from the seven studies which included students' voices was carried out. Four main themes were identified as related to student experience of HS:

the physical experience of the HS, meeting their needs, connection, and being schooled in hospital with a serious illness/condition, as illustrated in Figure 2.3.

Figure 2.3

Themes from Data Synthesis of Study findings on Student Perspectives



2.4.1.1 Theme 1: Physical Experience of the Hospital School. The first theme to emerge from the student experience centred on the physical school environment. Within this theme two subthemes emerged which were: the setting of the HS and the organisation of the HS.

2.4.1.1.1 Subtheme 1: Setting. Three studies provided information and highlighted student views regarding the physical setting of the HS (Äärela et al., 2016; Äärela et al., 2018; Yenel et al., 2021). The HSs in these studies appeared similar to a typical school in that students were taught in a classroom. Sometimes students were educated on the hospital ward due to ongoing medical treatments (Äärela et al., 2016; Yenel et al., 2021). The HS in Finland appeared

better equipped with two classrooms, one for younger students and one for older students (Äärela et al., 2016; Äärela et al., 2018). However, this was not constant across studies, with one noting that both primary level and post-primary level students were educated in one classroom (Yenel et al., 2021).

There were several challenges noted in relation to the physical setting. One student highlighted the need for the class to be "wider", have more "fun" and have "toys for younger students" (Yenel et al., 2021, p. 158), while another stated: "the school is actually physically inadequate, not a bright place, there are various books. I want the class to be wider" (p. 159). Similarly, observations conducted by researchers in this study indicated that there was no additional space for students to spend during break times and the classroom was small, with only enough space for eight students.

2.4.1.1.2 Subtheme 2: Organisation. Six out of seven studies provided information on student experience relating to the organisation of the HS (Äärela et al., 2016; Äärela et al., 2018; Mombaers & Donche, 2020; Perry et al., 2013; Searle et al., 2003; Yenel et al., 2021). Studies indicated that in some HSs, a degree of organisation occurs prior to students attending. Teachers from one HS visit potential students within the hospital and invite them to attend (Yenel et al., 2021). Once attending, it appears that students typically continue to study their core academic subjects (Äärela et al., 2016; Äärela et al., 2018; Searle et al., 2003), and may engage in additional subjects of writing, music, and art, which students felt were: "interesting and therapeutic" (Searle et al., 2003, p. 382). An observation study suggested that having additional staff within the HS such as nurses and teaching assistants was of significant support to students (Äärela et al., 2018).

Student views highlighted challenges in relation to the organisation in HSs. While one study noted that flexibility around the daily schedule to account for student need was a positive aspect (Äärela et al., 2016), students in another reported that in contrast, they felt that a set structure was important to them (Mombaers & Donche, 2020). Similarly, some students felt that as a result of flexibility and a high turnover of students attending HS, classes were frequently repeated and as a result students were not progressing (Yenel et al., 2021). An additional challenge noted by students was in relation to the teaching. Students who participated in the Mombaers and Donche study (2020) emphasised that clear expectations in HS was important to them: "I don't like when they say: Just do some exercises by then. I want to know that exercise, on that page, by then" (p. 9). Others reported that it was important for HS to provide sufficient learning material (Perry et al., 2013). These sentiments were also felt by students in the study conducted by Yenel and colleagues (2021), which was complicated by the fact that at the time of the study, the HS had few teachers and no staff employed to educate post-primary students. This in turn resulted in some post-primary students not attending the HS as they felt that they were not being adequately educated.

2.4.1.2 Theme 2: Meeting their Needs. Meeting the needs was a key theme across all seven studies that included student voice. Three subthemes were identified: the importance of the HS, receiving a tailored education, and communication between stakeholders.

2.4.1.2.1 Subtheme 1: Importance of the HS. Studies highlighted that hospital schooling is important for students as it ensured a continuous school experience that equips students for their future: "Because later I . . . I have something. For example, if I have a degree and that way I can do later when I find a job, do the kind of work that I want to do" (Mombaers & Donche, 2020, p. 6). The majority of studies indicated that HS provided a suitable environment for

students in which they could: continue their education (Yenel et al., 2021), achieve their goals (Äärela et al., 2016; Crossland, 2002), achieve educational success (Äärela et al., 2018; Mombaers & Donche, 2020; Searle et al., 2003), not fall behind healthy peers (Mombaers & Donche, 2020; Yenel et al., 2021), and reduce social isolation (Äärela et al., 2016; Crossland, 2002; Searle et al., 2003; Yenel et al., 2021). HS was also identified as being an important link between hospitalisation and returning to community school and assisted students in the transition between settings (Crossland, 2002; Searle et al., 2003). Due to the impacts of their illness/condition, students in one study reported that it is critically important that HS teachers understand them (Mombaers & Donche, 2020, p. 8).

2.4.1.2.2 Subtheme 2: Receiving a Tailored Education. HSs providing individualised supports was a frequent topic among students. Given that students attending these schools are also dealing with a serious medical condition, it is perhaps unsurprising that HSs educating in accordance with student need and ability was cited across some studies (Äärela et al., 2016; Äärela et al., 2018). Providing flexibility in how students attend the HS (such as shorter days) was noted by Äärela and colleagues (2016, 2018). However, while students in another study agreed that gaining individual support from HS teachers was important, some felt that they didn't want too much choice in this setting as a means of replicating their regular school experience: "Emma states that she likes the opportunity to choose occasionally between different assignments, whereas Josephine indicates that in her home school she is not allowed to choose, so she wants to be treated in the same way" (Mombaers & Donche, 2020, p. 8). Individual feedback was noted as important for students in some studies (Äärela et al., 2018; Crossland, 2002) while not in others (Mombaers & Donche, 2020, p. 8). Overall, while it can be seen that

HSs endeavour to provide individual supports, even within this specific group of students there were differing opinions on what individual supports they found helpful.

2.4.1.2.3 Subtheme 3: Communication between Stakeholders. Collaboration and communication between educational settings and stakeholders was a frequent topic across the majority of studies. Within observation studies, liaising with parents and teachers in community schools was seen to be a significant aspect of hospital schooling to: support students to transition in and out of HS, support students in continuing on their learning from their community school, review progress and challenges, and plan for future teaching (Äärela et al., 2016; Äärela et al., 2018). Some students reported that good communication between their HS teacher, their parents, and community school was a significant support to their continued education (Mombaers & Donche, 2020). Students in another study indicated that they felt that their academic progress was linked to the level of contact that had been made between their HS and their community school (Perry et al., 2013).

2.4.1.3 Theme 3: Connection. The theme of connection was seen across the majority of studies which highlighted student voice. Students' experiences of connection comprised distinct areas and two subthemes emerged from the data: connection with teachers and connection with peers.

2.4.1.3.1 Subtheme 1: Connection with Teachers. Establishing strong relationships with teachers in HS was viewed as important by students (Äärela et al., 2016; Äärela et al., 2018; Crossland, 2002; Mombaers & Donche, 2020). Students suggested that building close rapport with HS teachers served as motivation for them to do well academically (Crossland, 2002). Other students felt it was important for them to have a positive relationship with HS teachers due to limited social connections in other areas of their life during periods of hospitalisation: "I don't

want to have the feeling: I don't like that teacher. Because here it is like you are one-on-one and it's like uhm…" (Mombaers & Donche, 2020, p. 7). Also in this study students highlighted that feeling understood and respected by hospital teachers was important: "Yes, she doesn't have to be my best friend, but just that you do feel that she respects you and so on" (Mombaers & Donche, 2020, p. 8). Similar views were reported by students in other studies, who noted that developing close relationships with their teachers by getting to know them on a more personal level (e.g., talking about interests) was an important element of hospital schooling (Äärela et al., 2016; Äärela et al., 2018).

2.4.1.3.1 Subtheme 2: Connection with Peers. Connection with peers was seen as both positive and negative for students. HSs provided students a space to meet and interact with other hospitalised children: "students enter the classroom and they have plenty to discuss" (Äärela et al., 2016; Äärela et al., 2018, p. 93). HSs providing students the opportunity to continuously engage with regular peers during hospitalisation could be also seen across findings. One student reported that being able to connect with their regular friends made them happy and this in turn supported their motivation to do well academically: "then I talk with friends, because they are allowed to stay during the break and I think that's fun. And then it gives me extra motivation to continue to still follow the lessons" (Mombaers & Donche, 2020, p. 9). Students in another study noted that they found it helpful to make friends with peers with similar medical problems (Searle et al., 2003).

Within some studies, there were suggestions that students within the HS may become psychologically vulnerable regarding peers, in that they: experienced strong feelings of self-consciousness and were hesitant to develop friendships (Crossland, 2002), avoided talking about illness-related subjects with their peers in HS, and some chose to stop contact with regular

friends (Searle et al., 2003). Students in one study also reported feelings of social isolation, with this noted as one of the most significant negative consequences of their illness (Crossland, 2002). In another study, even while attending HS, one student reported feeling pressure to perform well academically from their regular peers along with their parents and teachers (Mombaers & Donche, 2020). The concepts of being the 'same' and not wanting to fall behind peers were also seen within some studies: "I still think: oh, are they already in chapter five and I'm still at three. Then I have a feeling of . . . not so happy and also . . . that I am less.." (Äärela et al., 2016; Mombaers & Donche, 2020, p. 8; Perry et al., 2013). A final challenge regarding peers was seen where students who kept connected to their regular peers reported that it "hurt to be reminded" of what they were missing while being in hospital (Searle et al., 2003, p. 382).

2.4.1.4 Theme 4: Being Schooled in Hospital with a Serious Illness/condition. A final theme that emerged from student voice related to attending HS while dealing with a serious illness/condition. Observations indicated that medical treatment can often interrupt the school day (Äärela et al., 2016). Secondly, given the increased possibilities of repeat hospitalisations for these students, a student could be familiar with the HS, having attended before, but could be attending for a subsequent time with all new students (Äärela et al., 2018). Students, who prior to hospitalisation had been high-achievers, found that the impacts of their illness on their academic performance resulted in feelings of frustration and negatively impacted their self-image (Crossland, 2002). Within the same study students also reported increased anxiety around the impact of their illness on their physical and academic ability. Multiple students reported that feeling unwell, including feelings of "nausea, illness, grief and fatigue" negatively impacted on academic motivation (Mombaers & Donche, 2020, p. 9). One student reported that they found it

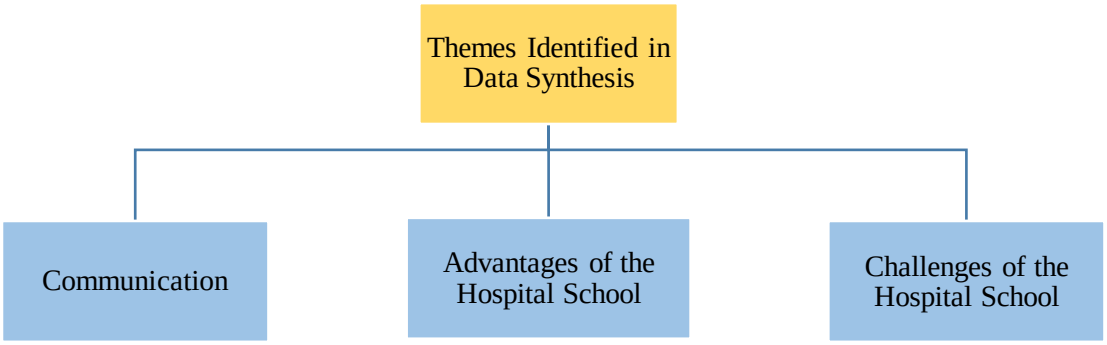
difficult to manage both schooling and treatment: "I was putting my energy and concentration (leftover that I have from physio) on Maths and English" (Perry et al., 2013, p. 14).

2.4.2 Parent/caregiver Perspectives

In order to answer the question "What is the experience of hospital schooling from parents' perspectives?", a synthesis of findings from the three included studies which included parental voice was carried out. Notably, while a fourth study (Searle et al., 2013) stated that they recruited parents as participants as part of the research, data from parents were not seen within the results of the published article. It was therefore not possible to include this study in the thematic synthesis on parental views. Three main themes were identified as related to parental experiences of having a child attend a HS: Communication, Positive Experiences, and Negative Experiences, as illustrated in Figure 2.4.

Figure 2.4

Themes from Data Synthesis of Study findings on Parent Perspectives



2.4.2.1 Theme 1: Communication. A common theme across studies which focused on parental views was communication. Parents experienced both positive and negative aspects of communication in relation to the HS. Some parents expressed that the communication and feedback relating to their children's work in HS was lacking, with one parent reporting: "the

teacher sent things home and never made comments about the things we had given back … which is really pretty insulting" (Crossland, 2002, p. 14). Other parents' experiences differed, with several reporting that they felt that their children tried to do well in HS because of the positive feedback they received from their HS teachers: "he has gotten a lot of 'Way to go' and pats on the back: reinforcements that make him want to do better" (Crossland, 2002, p. 15). Other parents felt that communication between them, the HS, and their children's community school was well established (Yenel et al., 2021). However, some parents reported feeling that there was either a lack of communication from the community school or that the parents unwittingly became the communication channel between the HS and community school, which was perceived as burdensome considering the high stress situation they were in (Perry et al., 2013).

Of note, parents within all three studies indicated that they wanted increased communication and collaboration between stakeholders in order to effectively support students in HS (Crossland, 2002; Perry et al., 2013; Yenel et al., 2021). Some parents suggested technology as a means to achieve this, with online platforms viewed as potentially helpful for students (Perry et al., 2013). Others suggested that principals in community schools should have an increased role in communication between their school and the HS, and also that community school teachers should visit their students while they are in hospital (Yenel et al., 2021).

2.4.2.2 Theme 2: Advantages of the Hospital School. A second theme that emerged from data related to the perceived positive aspects of the HS. Parents reported that the HS was a safe space where children could continue their education and feel psychologically stronger (Yenel et al., 2021). This is especially positive in light of a report from another parent who highlighted the significant impact a serious illness can have on a child's academic achievements:

"When Jill was first diagnosed, she was unable to keep up with her schoolwork, and these months, according to Mrs Perron, were particularly demoralising for Jill" (Crossland, 2002, p. 14). Also seen as advantageous was the accessibility of the HS; parents felt happy that their child was being educated in close proximity to medical professionals, and that there were multiple teachers in the hospital classroom (Yenel et al., 2021). A final positive aspect for parents was that HSs do not require additional fees for children to attend, particularly given the costly expenses associated with ongoing illness: "We are lucky that the hospital does not demand any fee for this education here... otherwise, we cannot afford it" (Yenel et al., 2021, p. 159).

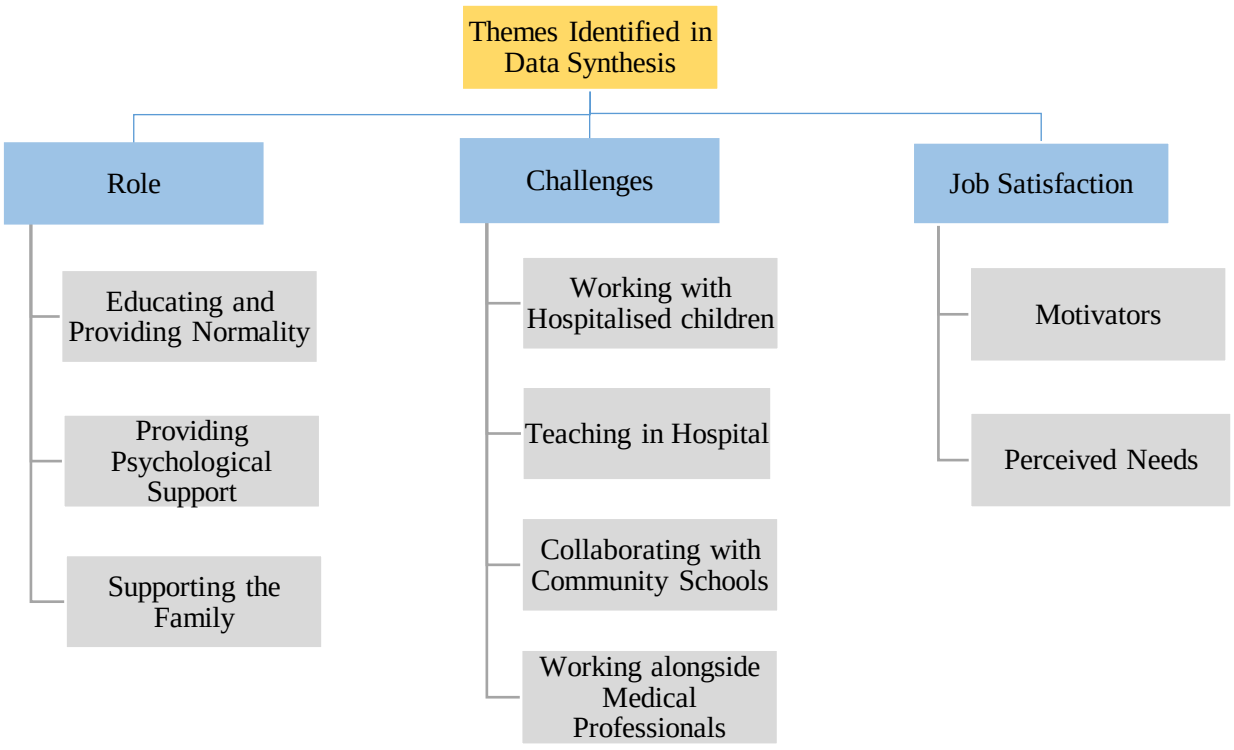
2.4.2.3 Theme 3: Challenges within the Hospital School. The third theme to emerge from parental views related to challenges inherent in HSs. Parents reported that while the HS is an appropriate educational placement for their child, their child's illness still impacts on learning: "it's not ideal because he is not always feeling very well" (Crossland, 2002, p. 15). Similarly, some parents highlighted the importance of students remaining connected to their community school to combat social isolation: "it's critical that children in this situation maintain a sense of belonging to their normal school" (Perry et al., 2013, p. 16). Parents also noted some medical-related challenges such as treatment impacting on students' education, and the increased risk of spreading infection (Yenel et al., 2021). Parents felt that there is limited learning opportunities for older children, and the overall quality of education in HS is less than in community school: "this school does not have the same opportunities that public school has" (Yenel et al., 2021, p. 159). A final challenge noted by parents related to the perceived need for psychological support for students while in HS: "education at the hospital classroom may be very good, but my child's mind is ill, so he cannot focus on his class. It would be great for someone to give him psychological support in this process" (Yenel et al., 2021, p. 160).

2.4.3 Teacher Perspectives

In order to answer the question "What is the experience of hospital schooling from hospital teachers' perspectives?", a synthesis of findings from the eight studies which included HS teacher perspectives was carried out. Notably, two studies (Crossland, 2002 and Searle et al., 2013), stated that they too recruited HS teachers within their study; however, data from this group were not available within the published articles. As such these studies were not included in the data synthesis. At the end of the process, three main themes were identified as related to HS teachers' experiences of the HS: their role, challenges experienced, and job satisfaction, as illustrated in Figure 2.5.

Figure 2.5

Themes from Data Synthesis of Study findings on HS Teacher Perspectives



2.4.3.1 Theme 1: Role of the HS Teacher. The first theme to emerge from hospital teachers was related to their role. Within this, three further subthemes were identified: educating and providing normality, providing psychological support, and supporting the family.

2.4.3.1.1 Subtheme 1: Educating and Providing Normality. The role of HS teachers was a common topic that emerged from six studies that highlighted HS teacher voice (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Rouse, 2022; Steinke et al., 2016; Yenel et al., 2021). Various aspects of what is involved in being a HS teacher were proposed, including: supporting hospitalised students and providing them with a safe space (Małkowska-Szkutnik et al., 2021), providing educational continuity (Hen & Gilan-Shochat, 2022; Keehan, 2021), supporting recovery and readying children to return to community schools (Keehan, 2021), and providing flexible and individualised teaching in response to student need (Yenel et al., 2021). Overall however, the most recurrent aspect of HS teaching was the idea of providing normalcy for students, with this repeatedly prevalent (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Rouse, 2022; Steinke et al., 2016). Quotations across the studies emphasise the believed importance of this part of their work with hospitalised students: “I think teachers are part of the child’s normal development… and when he/she is away from school, they still need to feel like normal kids” (Hen & Gilan-Shochat, 2022, p. 119); “and being in the role of a student really gives them stability and a sense of normalcy and continuity of life” (Małkowska-Szkutnik et al., 2021, p. 9).

2.4.3.1.2 Subtheme 2: Providing Psychological Support. HS teachers highlighted an aspect of their job some believed was not well known, namely, providing psychological support to students (Małkowska-Szkutnik et al., 2021). This aspect of HS was observed across half of the studies (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Yenel et

al., 2021). Psychological work with students that HS teachers were seen to be involved in included: developing student coping skills (Hen & Gilan-Shochat, 2022), teaching students to deal with stress (Małkowska-Szkutnik et al., 2021), delivering educational lessons to prepare for medical procedures (Hen & Gilan-Shochat, 2022), teaching regulation skills, meditation and mindfulness (Hen & Gilan-Shochat, 2022), working to reduce student anxiety (Keehan, 2021), supporting students' self-image (Małkowska-Szkutnik et al., 2021), and engaging students socially to combat isolation (Yenel et al., 2021). Some teachers emphasised that it is essential for students to be supported both medically and psychologically while in hospital (Małkowska-Szkutnik et al., 2021; Yenel et al., 2021), with one teacher highlighting the role that the HS can have in this respect: "I think hospital classes provide an important practice for children … to be psychologically healthier" (Yenel et al., 2021, p. 159).

2.4.3.1.3 Subtheme 3: Supporting the Family. The final subtheme to emerge from teachers was that supporting parents was a significant part of their role. Teachers across six studies highlighted some form of collaboration and support work with families (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Rouse, 2022; Yenel et al., 2021). Teachers offered insight into this work in that they support parental understanding and navigation of the medical world (Hen & Gilan-Shochat, 2022), with teachers reporting that they work closely with parents (Rouse, 2022) and that they: "support parents with empathy" (Małkowska-Szkutnik et al., 2021, p. 12). Difficulties from this work can arise for teachers in terms of unclear boundaries. In these instances teachers point out that their work can overlap with other professionals' such as social workers, therapists, and nurses (Hen & Gilan-Shochat, 2022).

Another element of working with families centred on the idea of parents being both co-teachers and co-learners. Given that HS days were seen to be shorter, particularly for students receiving bedside learning, parents in some studies wanted to continue their child's learning outside of HS time. HS teachers supported parents in this manner through collaboratively deciding on learning goals, providing parents with resources (Rouse, 2022), and with information on their child as a learner (Małkowska-Szkutnik et al., 2021). Overall, despite challenges experienced in working more closely with families in comparison to community teachers, hospital teachers reported that relationships with families were important and impacted positively on their perception of their work (Benigno & Fante, 2020; Yenel et al., 2021).

2.4.3.2 Theme 2: Challenges Experienced by the HS Teacher. The second theme to emerge related to the challenges experienced by teachers working in hospitals. Four subthemes were identified: working with hospitalised children, teaching in hospital, collaborating with community schools, and working alongside medical professionals.

2.4.3.2.1 Subtheme 1: Working with Hospitalised Children. One of the main challenges noted across the majority of studies related to working closely with children who are ill (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). This element of being a HS teacher was noted by participants as a unique stressor to them given that this would not typically be a part of teachers' professional training or general day-to-day profession (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022). Teachers highlighted the emotional toll frequent contact with students' pain, suffering, anxiety, and death can have on them (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Steinke et al., 2016). Similarly, teachers highlighted the emotional aspect of hearing news that a student had

transitioned to palliative care with this being particularly difficult given the close relationship teachers develop with families (Keehan, 2021).

Emotional challenges can often result in professional challenges for hospital teachers too, as teachers in one study pointed out that in the HS there is less importance placed on prior learning from community schools because students are not in their normal state of learning (Hen & Gilan-Shochat, 2022). Frequent necessity of modifying learning goals was expressed by teachers in another study (Małkowska-Szkutnik et al., 2021). The final challenging aspect of students' illnesses proposed by hospital teachers was that medical treatment commonly pervaded into the HS (Benigno & Fante, 2020). This challenge is again unique to the context, and one teacher recalled the difficulty of a particular instance when they were trying to deliver a lesson to a student while they were receiving medical treatment "and there was a pump with chemo next to us" (Małkowska-Szkutnik et al., 2021, p. 13).

2.4.3.2.2 Subtheme 2: Teaching in Hospital. HS teachers highlighted several challenges working in these settings. The first issue related to the physical space, with the condition and size of HSs and classrooms differing across studies. While teachers in Keehan's research suggested an adequate school environment (2021), this was not seen in all studies. Teachers in two studies highlighted the lack of appropriate space to conduct classes (Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021). In particular, teachers in one study stated that they do not have adequate on-site classroom facilities within the hospital, resulting in lessons taking place in recreational rooms or family waiting rooms (Małkowska-Szkutnik et al., 2021). These teachers also stressed that they did not have a dedicated school staffroom and therefore had to carry around school materials for every lesson and the impact this had on them: "we haven't had a permanent teachers' room for several years now. We constantly change rooms and need to carry

all those [educational] aids around. It's not easy for me" (Małkowska-Szkutnik et al., 2021, p. 8). Teachers in Yenel and colleagues' study indicated similar problems in that they too did not have access to a staffroom and that their hospital classroom was old and lacked adequate heating (2021).

The second challenge related to teaching in hospital centred on the organisation of the HS. Teachers in multiple studies put forward the challenges associated with teaching a large variety of students of different ages and backgrounds, who have different medical conditions and associated impacts, and who are hospitalised for varying durations. Due to these challenges, teachers noted that they need to: be adaptable and flexible (Hen & Gilan-Shochat, 2022; Steinke et al., 2016), work within time constraints (Keehan, 2021; Steinke et al., 2016), be familiar with learning materials in order to adapt them to student need (Keehan, 2021), and be able to teach across many class levels in one room (Keehan, 2021; Steinke et al., 2016).

2.4.3.2.3 Subtheme 3: Collaborating with Community Schools. While teachers agreed that collaboration between HSs and community schools was essential in order to effectively support students, some felt that current communication practices between settings were challenging and insufficient (Benigno & Fante, 2020; Małkowska-Szkutnik et al., 2021; Perry et al, 2013; Yenel et al., 2021). They reported that teachers in community schools do not recognise the work students do in HS (Małkowska-Szkutnik et al., 2021; Perry et al, 2013; Yenel et al., 2021), and express a feeling of "indifference" towards HS (Yenel et al., 2021, p. 160). One teacher described the effort for HS work to be recognised by community teachers as a "battle" and the disconnect hospital teachers feel from their colleagues in the community: "mainstream school builds a wall between us" (Małkowska-Szkutnik et al., 2021, p. 13). Teachers in three studies indicated that some community schools do not keep in contact with their students while

they are hospitalised (Małkowska-Szkutnik et al., 2021; Perry et al, 2013; Yenel et al., 2021) and when contact occurs community schools tend only to focus on students' return (Perry et al., 2013). HS teachers believe that community teachers possess a lack of knowledge on their students' medical conditions with this potentially having negative implications for the understanding students receive in regular school: "mainstream school teachers often seem to be unaware of the emotional and physical consequences of a given illness... And the child is then undeservedly, incorrectly assessed" (Małkowska-Szkutnik et al., 2021, p. 9).

2.4.3.2.4 Subtheme 4: Working alongside Medical Professionals. Teachers in six studies highlighted that liaising with medical professionals was a significant aspect of their role (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016; Yenel et al., 2021). This work was considered important and involved a bi-directional relationship with hospital teachers getting the opportunity to both share and receive comprehensive and up-to-date information on students (Keehan, 2021: Yenel et al., 2021). While some teachers experienced positive recognition from medical staff (Benigno & Fante, 2020), teachers in three studies reported notably negative experiences (Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). Teachers reported that they felt undervalued and left-out by medical staff (Hen & Gilan-Shochat, 2022). Similarly, teachers in Małkowska-Szkutnik and colleagues' research noted that they felt that medical staff do not recognise the importance of hospital teachers: "I often feel pushed around, medical staff treat me like an object. They play down my role"; "the doctor said that children were there to get better, not to study" (2021, p. 13).

2.4.3.2 Theme 3: Job Satisfaction. The final theme to emerge from HS teachers was related to job satisfaction. Within this, two subthemes were identified: motivators and perceived needs.

2.4.3.2.1 Subtheme 1: Motivators. Teachers within four studies noted a high level of job satisfaction despite various challenges (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). Several studies noted specific aspects of the job that HS teachers found important for their role satisfaction e.g., teamwork in the HS (Benigno & Fante, 2020) and interesting work (Hen & Gilan-Shochat, 2022). However, the most common motivator for teachers that related to job satisfaction was working with students and developing close relationships with them (Benigno & Fante, 2020; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). A second motivator was working and supporting families (Benigno & Fante, 2020; Steinke et al., 2016). A final motivator was related to being involved in the education of students despite difficult circumstances (Steinke et al., 2016), and working to support positive connotations to school: "the possibility of serving as educational figures who are able to restore positive emotions in a context that is characterized by physical and emotional pain" (Benigno & Fante, 2020, p. 44).

2.4.3.2.2 Subtheme 2: Perceived Needs. A number of needs were highlighted by teachers that could potentially improve HS practice. Unsurprisingly, following on from discussion surrounding the challenges associated with working with medical professionals, some teachers wanted improved recognition from, and collaboration with, hospital staff (Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021). Some suggest that HS teacher roles and boundaries need to be clarified going forward (Hen & Gilan-Shochat, 2022) given the challenges associated with working within the parameters and regulations of community schools (Keehan, 2021). This

appeared to be linked with other teachers calling for distinct and separate laws to improve HS practice: "all law regulations basically apply to mainstream schools and we have to adapt to those regulations… It would be good if there were some knowledgeable, separate laws regulating the workflow of teachers in healthcare resorts" (Małkowska-Szkutnik et al., 2021, p. 7-8).

A second need perceived across studies was that hospital teachers felt that they require unique training and emotional support (Hen & Gilan-Shochat, 2022), with others highlighting the need for them to access stress management support and supervision similar to that of psychological professionals (Małkowska-Szkutnik et al., 2021). Notably, teachers in the Irish study reported that they do have access to debriefing sessions and supervision as part of their job which they found helpful, highlighting the varying international practices in HSs (Keehan, 2021). Again, only the study conducted in Ireland reported a number of professional supports hospital teachers receive, which were: teachers from various HSs host a Teachmeet annually (where teachers present on an activity, methodology or resource they found helpful), teachers attend 'Hospital Organisation of Pedagogues in Europe' (HOPE) international conferences, and the hospitals host annual education sessions for teachers facilitated by medical specialists (e.g., cardiac, cystic fibrosis) to support hospital teacher knowledge of, and impact of, conditions students can present with (Keehan, 2021).

2.4.4 Conclusion

The aim of the current review was to answer the following questions:

- What is the experience of hospital schooling from students' perspectives?
- What is the experience of hospital schooling from parents' perspectives?
- What is the experience of hospital schooling from hospital teachers' perspectives?

Thirteen studies met the inclusion criteria and were subsequently appraised using Gough's Weight of Evidence Framework (2007) and synthesised using thematic analysis (Fleming et al., 2019).

2.4.4.1 Critical Reflection on the Qualitative Review Process. To the author's knowledge, the current review represents the first attempt to collate and synthesis first-hand information on HSs from the perspectives of the students, their caregivers, and the teachers. As was highlighted earlier, one published systematic review focused on the experiences of HS teachers; however, with exception to one study, the remaining ten studies reviewed as part of this publication were published in either Spanish or Portuguese (Ávalos & Fernández, 2021). The use of translation services was not within the scope of the current review given that it was undertaken as part of the researcher's doctoral degree, and was, as such, unfunded. Therefore, studies that were not written in English were unable to be screened for inclusion within the qualitative review. While this review represents the first of its kind to explore this topic from an English-speaking standpoint, and the novelty and accessibility of this review could be seen as a significant strength, the restriction of including only studies written in English could be deemed a limitation.

Consideration was given to using Artificial Intelligence (AI) technology in order to assist with the translation of different language studies, however, following consideration, this was discounted for the current review. This review focused on individuals' 'lived experiences': a topic which naturally lent itself to qualitative research, which centres on understanding and interpreting participants' personal worlds through the language they use (Denzin & Lincoln, 2018). Regarded as paramount within linguistic translation is a strong understanding of the language and culture of the original text (Asiri & Metwally, 2020; Vishwakarma, 2023). At

present, it is argued that AI translation tools lack the ability to reliably detect language subtleties and cultural differences (Charles-Kenechi, 2024; Zaid & Bennoudi, 2023). Further, current debates in the literature highlight the potential ethical implications of poor translations within academia (Mohamed et al., 2024). In future research however, should it be possible to use AI tools alongside accepted translation services, it would be useful in order to quickly pinpoint whether a study is relevant and to gain a preliminary translation while awaiting for a final translation from a translation service. At this time, it would beneficial to translate the non-English studies included in the Ávalos and Fernández publication and incorporate them into an English publication. This may elucidate whether these studies can provide further knowledge within the area of hospital schooling from the perspective of hospital teachers, particularly taking into account the significant number of studies that have been conducted across Spain and Portugal when compared with other countries.

While the use of the ENTREQ statement (Tong et al., 2012), Gough's Weight of Evidence Framework (Gough, 2007), and thematic synthesis (Fleming et al., 2019) provided rigour to the current review, some limitations may also be gleaned from aspects of these. When calculating Gough's (2007) framework, the author incorporated, and adapted, factors of various quality tools (e.g., Brantlinger's 2005 quality indicators) to assist with, and strengthen the critical appraisal. While some contributing weightings (e.g., WoE B and WoE C) are review-specific judgements, it is possible that personal biases may have impacted the overall appraisal process. Given that this review was undertaken as part of a doctoral thesis, it was completed predominantly by one reviewer (with guidance of a supervisor). As such, it is possible that biases could have impacted on the findings of the review. A second potential limitation to consider is in relation to the use of thematic synthesis within the review. Some may argue that re-analysis of

findings from primary studies may increase the risk of inadvertently including personal biases into the review as analytic codes are conceptualised based on the personal judgements of reviewers (Thomas & Harden, 2008). Therefore, while various attempts were made to ensure transparency and rigour within the current review, due caution should be exercised when considering its findings.

2.4.4.2 Limitations of Included Studies and Implications for Future Research. It is important to acknowledge the limitations of the included studies in this review in the interpretation of the findings and the consideration of potential implications. A number of issues were present in each included study in relation to methodological quality, appropriateness, and relevance to the current review questions. Only two studies demonstrated a high degree of quality indicators for qualitative research as can be seen from WoE A scores. Further, the majority of studies achieved a 'medium' rating for methodological appropriateness (WoE B) in order to answer the research questions. Additionally, the varied focus of the included studies impacted on their relevance in answering the current review questions, leading to lower ratings for WoE C. Notably, only one study achieved a 'high' rating for overall WoE D. Therefore, due to the variability in quality and methodological appropriateness of studies in addition to their relevance to the review questions, caution should be employed in the interpretation of the results of the current review. Future research in the area is therefore essential in order to develop more confident conclusions about the unique personal experiences of those associated with HSs.

Following the review of the included studies, and consideration of the limitations associated with each, specific gaps in the knowledge regarding the experiences associated with HSs were identified. These, along with a number of recommendations for future research in the area are posited below in Table 2.6.

Table 2.6

Recommendations for future research based on the findings of the literature review

	Inconsistent Methodological Quality
Limitation	Only two out of the thirteen included studies were assessed as having a high methodological standard (WoE A). Methodological quality was negatively impacted due to limited evidence of triangulation, reflexivity, transparency, and detailed description of the contexts.
Recommendation	There is a significant need for more rigorous research within the area of hospital schooling in order to either substantiate or challenge the available evidence and progress policy and practice within the field. Emphasis on inclusive education has been firmly prioritised internationally in recent years, particularly following the publication of the 'Education 2030 Framework for Action' (UNESCO, 2015) which highlighted the need to address exclusion, marginalisation, gaps, and inequalities in access, participation, learning and outcomes for all students. At present, there is a notable lack of national legislative policies and literature on HSs both in Ireland and internationally (Keehan, 2021; Steinke et al., 2016). The findings of this qualitative literature review align with, and add support to, the priority to further address the gaps and needs within this area of research.
	Limited Participant Representation
Limitation	At a glance, over the twenty-year period in which the included studies took place (2002-2022), it would appear that there was strong

representation of voices of interest; HS students (n = 67), HS teachers (n = 786), and parents of HS students (n = 30). However, while samples sizes noted within the published articles account for these figures, a number of studies did not clearly present subgroup voices within their result sections (Crossland, 2002; Searle et al., 2003; Steinke et al., 2016). For example, while Searle and colleagues noted that in addition to hospital school students, parents and teachers were also recruited, no data from these two subgroups were evident in the findings (2003). Overall, such issues negatively impacted on studies' WoE A and WoE C ratings. Secondly, when considering the student findings that emerged from two observation studies (Äärelä et al., 2016; Äärelä et al., 2018) were based on observations from the HS teacher and not an independent researcher, this may call into question the true validity of these findings. Particularly, given that some of the themes that emerged as important to students within these studies were not found within others (e.g., importance of individual positive feedback), this therefore raises the question of whether the teacher's own feelings impacted on the findings. These studies could have been strengthened through further inclusion of students as participants either through interviews or other measures that capture participant voice. Finally, only two studies out of thirteen included at least two participant subgroups clearly and effectively (Perry et al., 2013; Yenel

	et al., 2021), while only one included the voices of all three subgroups of interest (Yenel et al., 2021).
Recommendation	Literature highlights the general need for further research to be conducted on, and within HSs (Äärelä et al., 2016; Crossland, 2002; Keehan, 2021; Kennerk, 2019; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). Three of the included studies state the specific need for future research to include the voices of students and caregivers (Crossland, 2002; Rouse, 2022; Steinke et al., 2016). Inclusion of the student perspective is supported within edcuational research (Fielding, 2011; Thomson, 2010). However, there are some indications that this inclusion may not be fully integrated (Fielding, 2011). Hospital education research suggests that hospital schooling is most effective when hospital teachers, students, familes and other stakeholders work together (Hopkins et al, 2014) with teachers and students sharing responsibility (Webb, 2010). Further, there has been a recent national call to include the voice of service-users, along with their caregivers, in health and social research (HRB, 2022). Therefore, it is recommended that future research be conducted on HSs and include student, teacher and caregiver voices in order to gain a comprehesive understanding of the experiences associated with these schools and to accurately guide appropriate support and policy development.
Lack of Irish Research	

Limitation	The current review highlighted the dearth of available, peer-reviewed research on the experiences associated with HSs conducted in Ireland. Only one recent Irish study met the inclusion criteria and focused on individual and collaborative practices and challenges experienced by HS teachers (Keehan, 2021).
Recommendation	There is a significant need for further research in this area within the Irish context. In particular, should future research include HS students and their caregivers, this would represent the first time the voices of these groups would be captured within Irish literature.
	Absence of the Psychological Perspective and Impact
Limitation	Review findings across all three subgroups highlighted factors associated with wellbeing. Student voice indicated impacted psychological functioning with reports of lower self-image and high levels of anxiety (Crossland, 2002), and grief (Mombaers & Donche, 2020). Parents reported that their children presented with high levels of isolation (Perry et al., 2013), and the need for general psychological support (Yenel et al., 2021). Finally, teachers indicated that a significant part of their role as educators in hospitals was providing psychological support to their students, including teaching coping skills and working to reduce anxiety and stress (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Yenel et al., 2021) while also indicating their own need for psychological support as a result of their profession (Małkowska-Szkutnik et al., 2021). However,

	across all studies, there was a distinct lack of a psychological perspective and/or recommendations specifically for professionals who may work in this capacity to support past and present HS students, their families, and HS teachers.
Recommendation	Some studies propose the need for research to focus on HS teacher stress (Benigno & Fante, 2020), and hospital students' psychological functioning (Hen & Gilan-Shochat, 2022; Yenel et al., 2021). NEPS work with schools across Ireland to support teachers and the personal, social, and educational development of students with "particular regard for children with special educational needs" (National Council for Special Education, 2023b, p. 1). Within Ireland, HSs are classified as special schools for persons with physical disabilities under the DE (Government of Ireland, 2004). In September 2023, during a Dáil Éireann Debate, the Minister for Education, Norma Foley, highlighted that as of the beginning of the current school year, NEPS are covering all special schools (Houses of Oireachtas, 2023). Therefore it is reasonable to expect that in the coming months and years, psychological services such as NEPS, and others, may be more involved with HSs and supporting those within these settings. Therefore, Irish research is needed to better understand the experiences of those involved in HSs so that deeper understanding can be achieved in order to effectively support HSs, their students and families, and their staff.

	Lack of Phenomenological Studies
Limitation	None of the included studies utilised phenomenology within their methodological designs. Steinke and colleagues recognised the heterogenous nature of HS students alone in terms of their medical conditions, family backgrounds, age ranges, and educational levels and abilities (2016). It is reasonable therefore to also expect some variance within caregivers and HS teachers in terms of their personal experiences.
Recommendation	Due to the heterogenous nature of the HS, and those associated with these settings, every person who comes in contact with the HS may have significantly different experiences. Thus, experiences surrounding the HS are individual and subjective. A phenomenological approach may be most appropriate to capture individual experiences within HSs given its accepted utility for exploring the lived experience (Wilding & Whiteford, 2005). Therefore, it would be beneficial for future research to adopt a phenomenological lens within research on HSs to provide a more holistic appreciation of these settings.

2.4.4.3 Emerging Research Questions. As a result of the findings of the qualitative review, and the identified gaps in the literature, the aims of this study were decided upon to further explore as part of the current thesis. As such the research questions to emerge include:

- How do students experience school in hospital in Ireland?

- What are caregivers' experiences of having a child attend a hospital school in Ireland?
- What are teachers' personal and professional experiences of working in a hospital school in Ireland?

3 Empirical Paper

This chapter describes the current study and adheres to the traditional format of a research article. It includes sections for the introduction, methodology, results and discussion. The chapter concludes with a brief overview of the strengths and limitations of the study, along with the implications for practice, policy and future research.

3.1 Introduction

3.1.1 Hospitalisation of CYP and the Wellbeing and Educational Impacts

Increasing numbers of CYP are dealing with serious health conditions during their school years (Eaton, 2012). Such CYP frequently deal with medical treatment and periods of hospitalisation (Karande & Kulkarni, 2005). While healthcare organisations are progressively striving to deliver outpatient care where possible, a number of medical needs still require inpatient care (Sibbald et al., 2007). It is well documented that a child's hospitalisation can result in negative impacts to their mental wellbeing (Coyne & Conlon, 2007; Durualp & Altay, 2012; Loureiro et al., 2021; Roder & Boekaerts, 1999), as well as their parents' (Franck et al., 2015; Zdun-Ryżewska et al., 2021). Additionally, CYP with serious and/or sustained medical needs can also experience various negative impacts on their education (Babikian et al., 2015; Champaloux & Young, 2015; Forrest et al., 2011; Hokkanen et al., 2004; Joyce & Early, 2014; Mitchell et al., 2021; Pini et al., 2012; Thies, 1999; Wickersham et al., 2021).

3.1.2 The Hospital School

One suggested means of supporting hospitalised CYP is the HS. HSs are schools located within healthcare settings, such as hospitals, which provide educational services to CYP who are unable to attend their regular school due to medical needs and/or periods of hospitalisation

(Uggeri et al., 2015). These schools are considered well placed to support not only the educational, but the social, and emotional development of CYP when they cannot attend their regular school (American Academy of Pediatrics, 2000). Within developed countries, HSs are well established in most paediatric medical centres (Benigno & Fante, 2020). There are currently eleven HSs operating in Ireland; seven are linked to tertiary care centres (DE, 2021), and four are linked to CAMHS in-patient units (DES, 2020b). Despite the DE acknowledging the critical part in which the HS plays in a child's recovery during their time in hospital (DE, 2021), Ireland is one of only a few countries in Europe in which HSs remain unlegislated. Most European countries have legislative policies in place to oversee the governance of HSs (LeHo, 2015a). Without such legislation, Irish HSs remain vulnerable, and must deal with specific issues (e.g., staffing and funding) at an individual school level.

3.1.3 Rationale for the Current Study

The rationale for the current study was based on various gaps within the literature that were identified by the previously completed systematic review. The review highlighted a lack of methodologically sound research on the topic of HSs within the international and Irish context. Out of thirteen included studies who met the criteria, only one study was conducted in Ireland (Keehan, 2021) and focused solely on HS teachers. There was limited representation from different stakeholder voices associated with HSs seen within the research, particularly in relation to students and caregivers. There were no studies in which the psychological perspective was included despite the multiple studies indicating that both HS students and teachers require increased psychological support. Finally, no previous study was seen to employ a phenomenological approach which given the recognised heterogeneity of HS students (Steinke et al., 2016), may be advantageous to explore participants' unique experiences.

Thus, the current research aims to address the above gaps by providing a rich and idiographic account of the experiences associated with an Irish HS. The study aims to capture a multiperspectival account of the experiences of HS by including HS students, their caregivers, and HS teachers. Three focused research questions were subsequently devised in relation to key stakeholders within hospital education to give purpose to the overarching topic of interest:

- How do students experience being schooled in hospital in Ireland?
- What are caregivers' experiences of having a child attend a hospital school in Ireland?
- What are teachers' personal and professional experiences of working in a hospital school in Ireland?

3.2 Methodology

3.2.1 Paradigm

The current study is situated within the interpretivist paradigm. Interpretivism is concerned with how people make sense of their worlds (Schwartz-Shea & Yanow, 2012). Given that the current research is interested in gaining insight into the lived experiences of HS stakeholders, it does not lend itself to a hypothesis-driven methodology which would fall under the positivist paradigm (Alharahsheh & Pius, 2020). Instead the interpretivist paradigm suggests that there are multiple realities which are subjective and can be experienced differently by individuals (Schwartz-Shea & Yanow, 2012). It also supports the view that having multiple perspectives can result in a more holistic understanding of the phenomena of interest (Morehouse, 2012). Therefore, it appeared that this paradigm best aligned with the aims of the current study.

3.2.2 Research Design

This research adopted an exploratory qualitative design underpinned by Multiperspectival Interpretative Phenomenological Analysis ([IPA]; Larkin, 2019). IPA is a qualitative methodological approach, and is concerned with an in-depth exploration and an attempt to understand the lived experience of individuals, namely what people have done, think, and feel about an experience (Smith & Nizza, 2022). IPA is committed to understanding how people make sense of their own life experiences (Reid et al., 2005), and is informed by three theoretical disciplines: phenomenology, hermeneutics, and idiography (Smith et al., 2022). These are briefly described in Table 3.1.

Table 3.1

Philosophical Disciplines which Underpin IPA

Disciplines	Explanation
Phenomenology	Phenomenology refers to the study of personal human experience (Smith et al., 2022). Phenomenology is broad and has been influenced by a number of important figures in the field including Husserl, Hedieggar, Merleau-Ponty, and Sartre (Smith et al. 2022). While discussion of each philosopher's key contributions are beyond the scope of this thesis, modern-day phenomenology within IPA is believed to centre around exploring one's thoughts, emotions, and conscious awareness (Larkin et al., 2006). Individual experiences are central to IPA research and participants are viewed as experts in their own life experiences (Smith & Nizza, 2022).
Hermeneutics	Hermeneutics refers to the theory of interpretation, and in qualitative research, researchers try to make sense of people's experiences (Smith et al.,

	2022). Within IPA research however, this process is believed to be a double hermeneutic or dual interpretative endeavour as the participant themselves are trying to make sense of their experience while the researcher simultaneously works to make sense of the participant's sense-making (Pietkiewicz & Smith, 2014; Smith & Osborne, 2008). Therefore, IPA places importance in both the person's experience as described by them, but also in how the researcher interprets this.
Idiography	Idiography refers to the in-depth exploration of perspectives of each individual participant, or case, in its own context (Smith & Nizza, 2022). This means that it is not the aim of this type of research to produce generalizable data (Pietkiewicz & Smith, 2014). This type of investigation differs from the nomothetic approaches more typically used in psychological research where literature make predictions and claims at the population level (Breakwell et al., 2020). IPA by contrast is committed to the detailed examinations of particular cases or participants (Reid et al., 2005). Therefore analysis is typically done at an individual level first before exploring comparisons between cases (Smith et al., 2022).

3.2.2.1 Multiperspectival IPA Design. In contrast to traditional IPA research which typically involves a homogenous participant sample (Reid et al., 2005), a multiperspectival design was adopted within this study. Multiperspectival approaches in IPA allow researchers to explore multiple groups' perspectives on a phenomenon by accepting that the phenomenon can be experienced differently by different groups of people (Larkin et al., 2019). This method of IPA is increasingly adopted where topics of interest involve a relational or systemic dimension

(Larkin et al., 2019). Aligning with this objective, the interest of the current study is the experience of the HS through the perspectives of its key stakeholders. In order to answer the research questions a directly related group design type was employed (Larkin et al., 2019) in which participants were grouped according to their roles, namely student, teacher, parent. This grouping method is in line with other diverse multiperspectival IPA research (Holland & Fitzgerald, 2023; Rostill -Brookes et al., 2011).

3.2.3 Sampling and Recruitment

IPA literature is typically characterised by small homogenous samples (Alase, 2017), with sample sizes typically varying from one to twelve participants (Noon, 2018). Smith and colleagues (2022) however, recommend a sample size of between six and ten participants in doctoral research, with the current research study aligning with this. Participants were recruited from one HS located within a paediatric hospital under Children's Health Ireland (CHI) using a purposive convenience sampling method (Mertens, 2015). The inclusion criteria for participants are outlined in Table 3.2 below.

Table 3.2

Inclusion Criteria for Student, Parent and Teacher Participants

	Inclusion Criteria
Student	- Parent/caregiver has given consent for the student (under 18) to take part in the study; - Currently attending the hospital school onsite; - Is aged ≥ 6 years; - Has attended the hospital school for at least 1 week;

	- Is willing to participate in the study and has capacity to assent or give consent (if ≥ 18) to participate.
Parent	- Is aged ≥ 18 years; - Has a child currently attending the hospital school onsite; - Is willing to participate in the study.
Teacher	- Currently a member of teaching staff in the hospital school of at least two months duration; - Is aged ≥ 18 years; - Is willing to participate in the study.

Inclusion criteria were developed in consultation with the HS principal and following a review of previous IPA research. Criteria 'has attended the HS for at least 1 week' and 'currently a member of teaching staff in the HS of at least two months duration' were determined by the principal in order to ensure that participants could provide an appropriate level of detail regarding their experiences of the HS. IPA literature was explored in order to identify at what age children can appropriately reflect on their experiences to guide this inclusion criterion, with such research advocating for children aged six or more (Akhtar et al., 2012; Kanagasabai, et al., 2018; Manookian et al., 2014). Therefore, the inclusion criterion regarding students' age was determined in line with this literature and only students aged six years or over were deemed eligible to take part.

3.2.3.1 Recruitment of Participants. Recruitment was facilitated by the HS principal who acted as gatekeeper by approaching prospective participants whom they deemed to meet inclusion criteria. The researcher was not involved in this stage of the recruitment and did not

view any healthcare or professional records. The principal then shared study information with eligible students, parents/caregivers, and teachers within the school (see Appendix H for student, parent/caregiver, and teacher information sheets). Potential participants were then given a period of over forty-eight hours to consider whether they would like to take part. Following this the principal confirmed intention of participation through verbal consent and subsequently liaised with the researcher to schedule a meeting/phone call to talk with prospective participants about participation.

3.2.3.2 Consent and Assent. During individual consent meetings with parents and teachers the aims, methods, anticipated benefits and potential risks were explained. Participants' right to refuse to participate in the study and their right to withdraw from the study at any stage were highlighted. Informed written consent was then obtained from parents and teachers (see Appendix I for parent/caregiver and teacher consent forms).

In relation to student participants under the age of eighteen (as both recruited student participants were), both parental consent and child assent were sought in order for students to participate in the research study. This process was completed in line with section five of the National Policy for Gaining Consent in Health and Social Care Research (HSE, 2023). A meeting was held with the student and their parent where the aims, methods, anticipated benefits and potential risks of the study were explained to them in age-appropriate language (Government of Ireland, 2012). Participants' right to refuse to participate in the study, their right to withdraw from the study at any stage, and the option to skip any questions they did not want to answer were emphasised. Following this informed written permission was obtained from the parent to allow their child to partake in the study, along with informed written assent from the student (see

Appendix J for student assent forms and parental permission forms). The student's parent was present at all stages of the assent process.

3.2.4 Participants

Participants recruited included two HS students, two parents, and three HS teachers. Pseudonyms were allocated to all participants to protect anonymity. A summary of participant information is presented below in Tables 3.3, 3.4, and 3.5. While recruitment was open to both mothers and fathers, the two parent participants were male and were the fathers of the two student participants. In terms of terminology used throughout the empirical paper it was decided to proceed with the term 'parents' rather than 'fathers'.

Table 3.3

Student Demographics

Pseudonym	Gender	Age	Reason for Hospitalisation	Length of hospital stay to-date	Length of time attending HS to-date	Class/year
Sean	Male	8	Cancer	2 months	6 weeks	3rd class in primary school
Lucy	Female	14	Gastrointestinal condition	2 months	6 weeks	3rd year in post-primary school

Table 3.4

Parent Demographics

Pseudonym	Relation to Student
David	Father

Michael	Father

Table 3.5

Teacher Demographics

Pseudonym	Gender	Professional qualification	Years of teaching experience	Additional training undertaken	Current role in HS
Sarah	Female	Trained abroad: qualification covers from senior end of primary to junior end of post-primary	23 years	Postgraduate course and Master's in Special Education	Primary teacher
Emma	Female	Professional Masters of Primary Education	<1 year	None at present	Special educational teacher for post-primary
Anne	Female	Bachelor of Education in Primary Teaching	31 years	Postgraduate course in Special Education and Master's in Family Therapy	Primary teacher and managerial position

3.2.5 Measures

3.2.5.1 Semi-structured interviews. Individual semi-structured interviews (SSIs) were utilised to collect data from all participants. SSIs were chosen as an appropriate method in order to elicit "rich, detailed, person-first" narratives of their experiences (Smith et al., 2022, p. 69). Separate interview guides for student, parent, and teacher participants (see Appendix K) were developed in light of questions used in previous research, as well as giving consideration to

Bronfenbrenner's Bio-ecological Systems Theory (2005) which guided this research (see Appendix L for the development of interview questions). Interview schedules focused on physical and affective school experiences, interaction with others, and challenges and supports. Open-ended questions were utilised to encourage deeper discussion of experiences (Smith & Osborn, 2009).

All interviews were facilitated in-person and took place within the hospital. All parent and teacher interviews were conducted on the HS premises. The duration of these interviews ranged from thirty minutes to over an hour. One student interview also took place within the HS while the other was facilitated in the student's hospital room due to the student's medical needs. A parent was present either in the same room or in an adjacent room during both student interviews. These interviews ranged from fourteen minutes to over half an hour in duration. Table 3.6 provides a brief overview of how interviews unfolded with participants in the study.

Table 3.6

Supplementary Interview Information

Participant	Location	Duration	Additional Qualitative Information
Sean	Hospital Room (with parent present)	14 minutes	Sean's interview was completed by his bedside in his hospital room. Initially, he appeared shy, answering interview questions in one or two words. However, as time progressed he appeared to become more comfortable with sharing his thoughts on what he liked about the HS, his family, and his overall hospital experience. The interview was completed in three parts due to medical staff intermittently coming into his hospital room. Please see section 4.1.4 in the Critical Review chapter for a further discussion on interviewing Sean.
Lucy	Hospital School (with parent in adjacent room)	30 minutes	Lucy presented as a bubbly and friendly girl during the interview. The interview took place in a small classroom used for junior and senior infant students, while her father waited in the adjacent post-primary room. During the interview, the primary school session (for classes 1-6) was being taught in the primary classroom. Lucy was forthcoming about her medical experience which had impacted several aspects of her daily life including: school, family, and friends. She clearly articulated her thoughts on

			the importance of the HS for young people in hospital (e.g. mixing with similar-aged peers). Please see section 4.1.4 in the Critical Review chapter for a further discussion on interviewing Lucy.
David	Hospital School	32 minutes	On the morning in which the researcher had arrived to interview Sean, he had been taken to theatre for a minor procedure. Due to this, David stepped in to be interviewed, with Sean rescheduled for a later time. David's interview took place in an office of the HS, and he noted how he was unfamiliar with it given that Sean was taught either by his bedside or in a small satellite classroom on his ward. David was eager to discuss several aspects of the HS, together with both his and Sean's experience of it. He emphasised that from their experience, he felt that HSs are of great importance for both children and their parents.
Micheal	Hospital School	25 minutes	Michael was interviewed on the same morning as Lucy. They arrived at the HS together, and took turns completing the interview in a small classroom used for junior and senior infant students. Micheal was interviewed after Lucy, while she completed some work in the post-primary classroom. He too appeared happy to discuss the HS, and his family's experience of it. He, at times, reported that he felt somewhat

			unknowledgeable on the area overall, and at several points was noted to contemplate hospital schooling more broadly within Ireland (e.g., I don't know how that works / would it be possible).
Sarah	Hospital School	78 minutes	Sarah was the first teacher to be interviewed for this study and the beginning section was used to clarify the set-up, duties, and day-day running of the HS (e.g. teachers are given two wards to cover each year. Every morning, they then go to these wards to invite students down who are cleared by the clinical nurse manager, and to also note down those who are for bedside teaching that day). Sarah's interview was completed over two parts to fit in with her teaching timetable, in an office in the HS.
Emma	Hospital School	37 minutes	Emma was the least experienced hospital teacher recruited in this study. Her interview was completed in a HS classroom. She documented her personal experience of the steep learning curve going from her professional training course to working in a busy HS. She also emphasised the importance of HS colleague support to her both in terms of furthering her teaching practice and in order to assist her in maintaining her wellbeing.

Anne	Hospital School	58 minutes	Anne was the most experienced HS teacher recruited for the study. Her interview was completed in an office in the HS. Discussions within her interview spanned the progress of hospital schooling in Ireland and that specific HS during her time teaching, challenges the HS experiences, along with the benefits of the HS and the supports it provides. Anne was working both as a teacher and in a managerial capacity and she highlighted what these roles entail, and how she balances the two. Finally, the interview focused on the broader context of hospital education in Ireland.

3.2.5.2 Kinetic School Drawings. In addition to SSIs, a drawing activity was completed with student participants. This activity was completed with students before beginning the SSI, and their parent was either present in the room or in adjacent room for the duration of this task. A drawing activity was included for two reasons. Given the limited available data from hospitalised students, it was uncertain as to whether student participants would be able to effectively verbalise their answers in response to interview questions due to their medical conditions. Therefore, the current study sought to add a measure that was more accessible and universal among CYP (Mitchell, 2006). Secondly, drawings have been used previously in IPA research to add more depth to interview data (Kirkham et al., 2015) and are suggested to help individuals' express experiential feelings and thoughts that may be difficult to express verbally (Edwards, 2014). As such the Kinetic School Drawing ([KSD]; Prout & Phillips, 1974) was adapted and administered to student participants. Information on how this technique was adapted for the current research is provided below.

The KSD is a projective drawing technique in which students complete a drawing of themselves, their teacher, and peer(s) situated in the school environment (Prout & Phillips, 1974). It has been used in clinical settings to explore young people's internal feelings towards their teachers, peers and school (Ahmed, 2019). Students in the current study were provided with a blank sheet of white paper, a pencil, and some colouring pencils. Verbal instructions were given as follows: "I'd like you to draw a school picture. Put yourself, your teacher, and a friend or two in the picture. Make everyone doing something. Try to draw whole people and make the best drawing you can. Remember, draw yourself, your teacher, and a friend or two, and make everyone doing something" (Prout & Phillips, 1974, p. 303). There was no time limit set to complete the drawings. Following completion of the drawings students were asked to identify

each person in the drawing and to describe any actions. The KSD was adapted by giving student participants the option to use colour within their drawings. This decision was two-fold: research has previously looked at the use of colour in children's drawing in medical settings as a means of aiding the understanding of children's experiences (Pelander, 2007; Ślusarska et al., 2004), and secondly more recent research employing KSDs have included colour as a feature to be explored (Ahmed, 2019). While some dispute that colour can accurately tap into children's emotions and experiences (Crawford, 2012), this research sought to understand whether the inclusion of this adaptation to the original KSD may amass additional understanding of HS student experiences.

3.2.6 Validation Procedure

While piloting a study is considered best practice in order to explore the feasibility of research instruments (Malmqvist et al., 2019), an attempt at completing a pilot study was unsuccessful due to recruitment challenges within the HS. Two main recruitment challenges were noted: 1) potential participants (who were scheduled along with a parent to complete a consent/assent meeting with the researcher) being unexpectedly discharged from hospital, and 2) an increase of highly transitory students being admitted and discharged from the hospital (who did not meet the attendance inclusion criterion) due to respiratory illnesses given that data collection took place during winter months. To overcome this, the researcher held a meeting with HS staff including the principal, deputy principal, and three teachers where the interview schedules were discussed. Staff suggested including a question on teacher training within the interview schedule and also ensured clarity within questions for students and parents.

3.2.7 Data Collection

Data were collected between November and December 2023. Interviews were audio recorded using a Dictaphone. Audio recordings were then transferred onto a MIC encrypted

laptop and stored in a password-protected folder. All interviews were transcribed verbatim using Microsoft Word and recordings were deleted from the Dictaphone. Each participant was given a pseudonym to protect anonymity. All recordings and transcriptions were stored under the relevant participant pseudonym. For KSDs, drawings were first uploaded on to the encrypted MIC laptop where they were stored under the students' pseudonyms, and the physical drawings were kept in a locked filing cabinet that only the researcher and supervisor had access to. All consent and assent forms were kept in a locked filing cabinet in the supervisor's office within MIC. In line with MIC's Records Retention Schedule (2024), following completion of the research project in October 2024, all data will be destroyed in a verifiable manner.

3.2.8 Ethical Considerations

The current study was guided by the PSI's Code of Professional Ethics (2019) and Children's First National Guidelines for the Protection and Welfare of Children (The Child and Family Agency [TUSLA], 2017). Ethical approval was obtained from Children's Health Ireland (CHI) Ethics committee in March 2023, and approval from the Mary Immaculate College Research Ethics Committee (MIREC) was obtained in June 2023 (see Appendix M for approval letters). Additionally, a Data Protection Impact Assessment (DPIA) was carried out with the researcher together with the Data Protection Officer in MIC following completion of a risk assessment (see Appendix N for the conclusion letter).

In respect of hospitalised students representing a vulnerable group of CYP, during assent meetings and before commencing interviews it was stated clearly that students did not have to answer any question with which they were uncomfortable answering. All participants were informed that any identifying information would not be included in the write up of findings. While the study was deemed low risk by CHI and MIREC, the researcher endeavoured to

provide information on appropriate pathways participants could take should they require support. All of these were reiterated in the information sheets given to participants (see Appendix H). Finally, in accordance with MIC's Safeguarding Children Policy and Procedures and Safeguarding Statement (2019), the researcher conducted student interviews and facilitation of the drawing activity with the student's parent present either in the same room or in an adjacent room at all times.

3.2.9 Data Analysis

3.2.9.1 Semi-structured Interviews. Interview data were analysed predominantly following Smith and colleagues seven-step IPA process (2022). In respect of the multiperspectival design within the current research an eight step was added by following the recommendations by Larkin and colleagues (2019) and Rostill-Brookes and colleagues (2011). A summative table of the individual analytic stages is outlined below in Table 3.7. A worked-out example of the completed process is provided in Appendix O.

Table 3.7

Stages of Data Analysis (Larkin et al., 2019; Rostill-Brookes et al., 2011; Smith et al., 2022)

Stage 1	Reading and re-reading	Analysis began with a close examination of each transcript
Stage 2	Exploratory commenting	Exploratory notes were made in the right margin of transcripts relating to any elements that appeared significant. Notes were divided up and colour-coded into 3 distinct codes: descriptive, linguistic, and conceptual).

Stage 3	Developing experiential statements	Exploratory notes were then used to develop experiential statements, with these presenting as sentences that appeared important for the participant.
Stage 4	Searching for connections across experiential statements	Connections were made between experiential statements by grouping them by shared commonalities.
Stage 5	Naming the personal experiential themes (PETS) and organising them in a table	From groupings of common experiential statements, personal experiential themes were developed and sorted into a table (please see Appendix P).
Stage 6	Continuing the individual analysis of other cases (i.e. repeat stages 1 to 5 for each participant interview)	Central to IPA's idiographic nature, the above steps were repeated for each individual participant interview.
Stage 7	Working with personal experiential themes to develop group experiential themes across cases	In this stage participants PETs were grouped and refined with other participant's PETs to form Group Experiential Themes (e.g., [GETs] of HS teachers). These were then organised into a table (please see Appendix Q).
Stage 8	Cross-case synthesis of student, parent, and teacher groups to develop superordinate and	GETs were grouped and refined with other GETs (e.g., HS students and HS teachers) in order to form superordinate and subthemes across entire data set. These were then organised into a final table.

subthemes across the
entire data set

3.2.9.2 Kinetic School Drawings. In order to analyse students' KSDs, a qualitative analytic frame was employed by adapting Andrews and Janzen's (1988) scoring guidelines. The original scoring guidelines were quantitative in nature and resulted in an overall positive or negative school score. Scoring was removed and all items were analysed qualitatively. Items from the original scoring guide which were used specifically to interpret students' mental state were also removed given that KSDs were not being used within a clinical setting for the current research. An example of such an item was: "drawing suggests pathology" (Andrews & Janzen, 1988, p. 220). The KSDs were not intended to be diagnostic in nature, rather they were employed as a tool to capture the experiences of CYP attending the HS via a visual representation. In addition, two novel items related to colour were included in the analytic frame: whether the student chose to incorporate colour into their drawing, and if so, what colours were used by the student and why (see Appendix R for the analytic frame).

3.2.10 Researcher Reflexivity

Researchers play a fundamental role within IPA in which they engage in a continuous process of sense-making of the participants own attempts at making sense of their experiences (Smith et al., 2022). As such, researchers must engage in a reflexive process. Reflexivity refers to a set of practices in which the researcher continually reflects, appraises, and evaluates how their subjectivity and personal and professional contexts may influence the research process (Engward & Goldspink, 2020). A reflexive journal was kept by the researcher and utilised throughout the duration of the project, i.e., following each interview, during the analysis, and

write up of the results (Ortlipp, 2008). The researcher also made use of research supervision where meetings were collaborative in discussing methodological processes and interpretations during analysis.

3.3 Results

The aim of this research was to answer the following research questions:

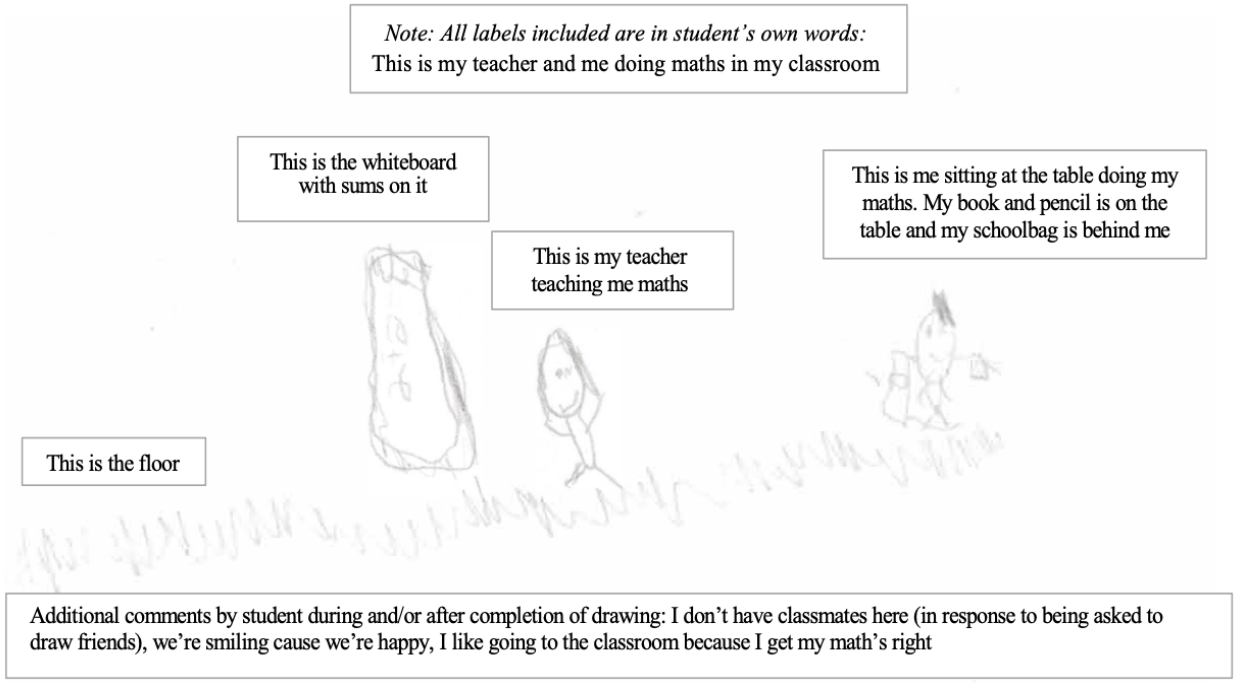
- How do students experience being schooled in hospital in Ireland?
- What are caregivers' experiences of having a child attend a hospital school in Ireland?
- What are teachers' personal and professional experiences of working in a hospital school in Ireland?

3.3.1 Kinetic School Drawings (KSDs)

In order to answer the research question, 'How do students experience being schooled in a hospital in Ireland?', students' KSDs were utilised as a springboard for understanding participating students' experiences given the limited literature available on this population. KSDs were analysed using the qualitative analytic framework adapted from Andrews and Janzen's (1988) scoring guide. See Figures 3.1 and 3.2 below for students' KSDs. See Appendix S for completed analytic frameworks for each KSD.

Figure 3.1

Sean's Kinetic School Drawing

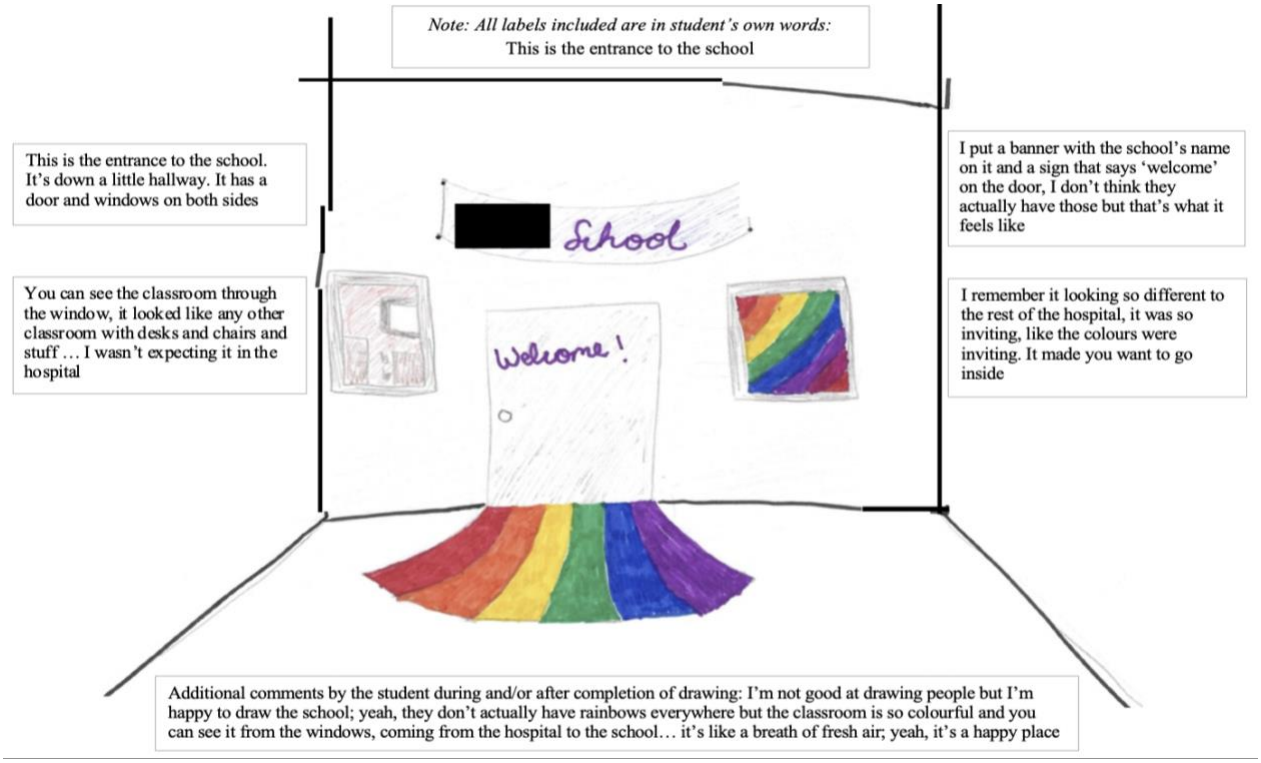


Sean was an 8-year-old boy who drew himself and his HS teacher in the classroom completing mathematics. He did not include peers in his drawing as he did not have any classmates within the HS. Sean attended the HS on a 1:1 basis with his HS teacher as he was in isolation as a result of his medical treatment and attended the HS either through bedside teaching or by attending a small satellite classroom on his ward (which he depicted in his drawing). Overall, Sean's drawing indicated a positive HS experience: he depicted and described a positive relationship with his teacher: "we're smiling cause we're happy", and a positive academic experience: "I like going to the classroom because I get my math's right". Of note, early in Sean's hospital stay he suffered a medical complication which resulted in partial paralysis on one side of his body. While given the choice to refrain from the drawing activity in light of this, Sean chose to complete a KSD and did so using his non-dominant hand. Sean chose not to include colour within his drawing; however, it was unclear whether this was because he felt that colours

would not have added to his drawing or because colouring may have been additionally laborious given his physical limitations.

Figure 3.2

Lucy's Kinetic School Drawing



Lucy was a 14-year-old girl who drew the entrance of the HS. Lucy attended the HS by attending the main classroom with other post-primary students. She chose not to include people in her drawing and therefore it was not possible to use her drawing to interpret and understand her social relationships within the HS setting (with teachers or peers). However, Lucy's drawing did indicate some evidence of a positive HS experience including her liking the look and feel of the HS: "I put a banner with the school's name on it and a sign that says welcome .. I don't think they actually have those but that's what it feels like", and being positively surprised that the HS classroom was similar to those in her regular school, "it looked like any other classroom … I

wasn't expecting it in the hospital". Lucy also chose to include colour in her drawing. She highlighted that the "rainbow" colours represented how colourful and welcoming the HS felt in comparison to the hospital and that this encourages students to attend the HS: "the classroom is so colourful … coming from the hospital to the school… it's like a breath of fresh air".

3.3.2 Multiperspectival IPA of Participant Interviews

Given the central position of the HS students within this study, two vignettes are provided below to offer a brief overview of Sean and Lucy, and their personal experiences as revealed during their interviews. These vignettes complement the multiperspectival analysis that follows.

Sean is a boy who loves sports, with Gaelic, rugby, hurling and soccer being his favourites. He is very close to his family including his parents, two siblings, and grandparents. He is the eldest child in his family. Sean loves school, and enjoys getting things 'right'. He feels that his strongest subject is maths or anything to do with numbers.

Although Sean spends the majority of his time in his hospital room, which can be a bit 'boring', he thinks that staff in the hospital and HS make the experience 'a bit fun' because they take him out of his room when they can to do physiotherapy or science experiments.

When in HS Sean gets to do his regular subjects including English, Irish, maths, and science. He would recommend the HS for any child in hospital because it's fun and you can learn as much as you want. His teachers allow him to spend time on maths and reading, which he enjoys. He has two HS teachers: one who helps with Irish and the other who he thinks prefers science, as they often do that together. His favourite experiment was diluting Skittles in water and watching the colours mix.

Compared to his regular school, the HS is smaller, with Sean attending classes 1:1 with a teacher in a small classroom on his ward. There is no yard, which he misses. He doesn't have classmates in HS, which is very different to his regular school. One of his siblings is in his class in regular school. Sean is taking part in a programme called 'Monkey in My Chair', where hospitalised children with cancer receive teddies who attend their schools in their place for the duration of their time in hospital. Sean noted that his sibling is minding his teddy in class and is 'being the boss of it'. He enjoys getting photos, videos, and updates of his teddy, because it helps him feel connected to his sibling and the rest of his classmates.

Lucy is a girl who describes herself as someone who likes to keep busy. She has many interests, some of which include: crochet, knitting, Karate, basketball, CrossFit, and baking. Being around others is important to her and she enjoys spending her downtime with friends and family. She is the eldest child in her family, and has one younger sibling.

This is Lucy's second hospitalisation due to her illness, and it's the longest one yet. She is currently awaiting gastrointestinal surgery. She is looking forward to eating food again as she has been on IV administered nutrition since being hospitalised two months ago.

Lucy has made several friends since being hospitalised, some of whom are on her ward. However, she only gets to see them in the HS due to hospital polices on cross-contamination. She believes that this is one of the reasons why the HS is so important for young people; it gives them a chance to socialise, talk with peers their own age, and the opportunity to spend time out of their hospital rooms. Lucy also greatly enjoys talking to others in the HS because they can relate to each other's experiences. She recalled a time her sibling visited her in hospital but became distressed at seeing her with several medical tubes and wires attached.

Lucy attends the main HS classroom with other post-primary students for an hour and a half each afternoon, allowing her to catch up on her regular schoolwork in the morning without becoming too tired. The number of students who attend the HS varies daily. She has several teachers here, and classes cover a mix of standard subjects like English and maths, as well as elective topics such as cashbooks for Business and knitting for Art. She particularly enjoyed learning about different universities and college courses, which inspired her to consider how she could use her personal experience to help others.

Given the serious medical issues students face in hospital, Lucy appreciates that the HS emphasizes more than just academics. The staff are supportive, encouraging students' hobbies and even allowing them to take books and materials to their rooms.

Currently in an exam year, Lucy feels it's important to work on schoolwork outside of HS time. However, she feels frustrated by the lack of communication from her regular teachers, who, despite being informed of her situation, have not contacted her since she was hospitalised. While she has access to Google Classroom, many teachers do not use this platform, making it difficult for her to navigate. To stay on top of her studies, Lucy feels she relies heavily on friends to send her work, which she worries is an annoyance. Lucy would like more communication with her teachers.

In order to answer the three research questions within the study, SSI data were analysed according to IPA guidance from Smith and colleagues (2022), with multiperspectival guidance from Larkin and colleagues (2019) and Rostill-Brookes and colleagues (2011). Each subsample (i.e., students, teachers and parents), produced a set of GETS and all three sets were synthesised together to produce a rich multiperspectival account of stakeholder experiences of an Irish HS.

Two superordinate themes arose from analysis of the data: the role of the HS is to promote student wellbeing, and the systemic landscape of paediatric education in Ireland. Three subthemes arose within the first theme, and four arose within the second. See Table 3.8 for the superordinate themes and subthemes within the data and the prevalence of themes across the study's multiperspectival accounts. Throughout the analysis and write-up of results, the research endeavoured to retain nuances from individual participant's experiences.

Table 3.8

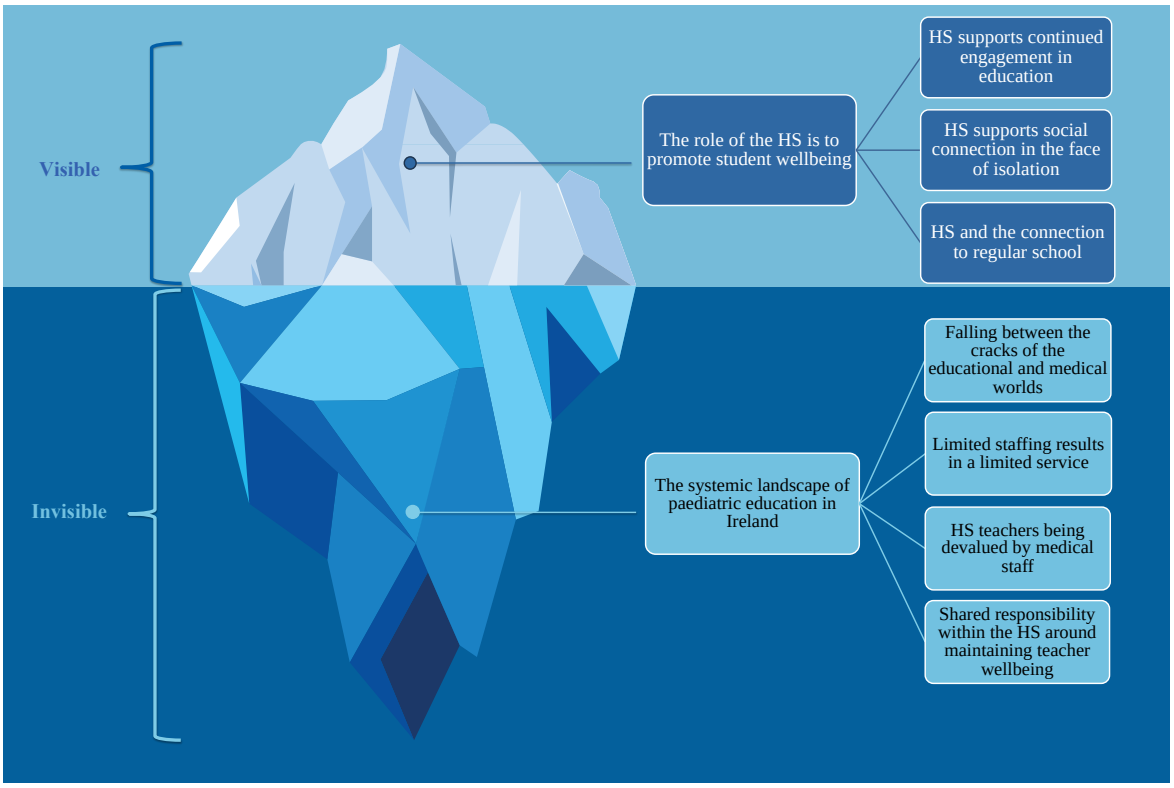
Prevalence of Superordinate Themes and Subthemes across the Data-set

Superordinate Theme	Subtheme	Group
1. The role of the hospital school is to promote student wellbeing	- HS supports continued engagement in education;	teacher, student, parent
	- HS supports social connection in the face of isolation;	teacher, student, parent
	- HS and the connection to regular school	teacher, student, parent
2. The systemic landscape of paediatric education in Ireland	- Falling between the cracks of the educational and medical worlds;	teacher, parent
	- Limited staffing results in a limited service;	teacher, parent
	- Being devalued by medical staff;	teacher, parent
	- Shared responsibility around maintaining teacher wellbeing	teacher, parent

During the analytic process it became evident that while some themes were seen across all stakeholder groups, others were experienced by fewer subgroups but were central thoughts and experiences for these individuals and thus important to capture. Themes and subthemes were included in the final write-up once they were experienced by at least two subgroups in order to align with the multiperspectival aim of the study, and in respect of Smith and colleagues' recommendations to only incorporate themes evident in over 50 per cent of accounts (2022). In order to situate the results, Figure 3.3 presents the themes utilising the iceberg metaphor. Accordingly, the first superordinate theme and its subthemes were more visible and experienced by all participant subgroups (teachers, students, and parents), while the second superordinate theme and its subthemes were less visible and experienced by the HS teachers and parents.

Figure 3.3

Visibility of Superordinate and Subthemes across the Data-set



3.3.2.1 Superordinate Theme 1: The Role of the Hospital School is to Promote Student Wellbeing.

Participants across subgroups described promoting and maintaining students' wellbeing as being fundamental to the role of the HS. This was felt to be encapsulated by the following from Anne (teacher):

> It is important for the child to remember that this is not the sum total of who they are … if we're unconsciously producing work, somewhere the message goes across … 'I must be getting out of here, I'm going to go back home at some point'. And I think it's really, really important we continue to deliver that message (lines 218-220).

3.3.2.1.1 Subtheme 1: HS Supports Continued Engagement in Education.

The HS appeared to represent a safe space for students to continue their education while hospitalised. Teacher Sarah highlighted that: "the school aren't solely focused on academics but trying to keep children engaged in school and to keep their wellbeing in a positive light" (line 463), while teacher Anne looked further ahead on the importance of this: "so the return to school doesn't become another mountain in their lives to climb" (line 182). Students appeared to differ in how they perceived the role of the HS. Sean felt it important that he was able to continue with his subjects despite being in hospital, and experienced a sense of accomplishment from doing his regular schoolwork: "I do English, I do Gaeilge [Irish language], I do Maths, I do reading" (line 45), while Lucy reported that the HS is less "strict", more "relaxed" (lines 302-303), and allows students to get involved in their interests: "They have crochet stuff … They have sewing machines as well. I love sewing" (lines 342-344). One parent highlighted that HS is important as it keeps students connected to the normality of going to school: "he mightn't remember some of it but it's just the feeling of going to school" (David, lines 236).

For parents, HS also represented consistency for their children in the midst of other hospital experiences. This corresponded with teachers' focus on engagement rather than academics. David described that even when Sean could not attend the HS, teachers followed up with him: "today: he's in theatre, and he was due to have class and he couldn't … but they, they gave him work" (lines 104-106). Similarly, Michael (parent), recounted that an important aspect for him was that HS teachers checked daily to see whether Lucy could and would like to attend: "anyone I've met from the school have … made an effort to come up and … check … that she was signed out and could attend each day" (lines 61-63). Parents also reported how the HS's efforts to ensure students' engagement impacted on the students and their families: "they do a really good job in like, making him feel happy going to school. I think that's important" (David, lines 382-383); "it is a great support, great support for Lucy, a great support for us, great support for kids" (Michael, line 182).

3.3.2.1.2 Subtheme 2: HS Supports Social Connection in the Face of Isolation. Given the various ways in which students could attend the HS, including lessons in the main classroom with peers, 1:1 bedside teaching, or 1:1 teaching within a small classroom on the ward, experiences of social connection in this setting could be disparate. This was true for the two students in this study. Lucy, who was well enough to attend the main HS classroom, attended each afternoon with other post-primary students. For students who can attend the main classroom, teachers considered this an important opportunity to engage in social interaction, experience relatedness, and to be a normal student: "They're not on their own ... They're like, 'you get what it's like to be in hospital for two months, three months' … So they've that person to talk to that … gets it" (Emma, teacher, lines 328-333); "It's the only part of their day, which is normal. There's no medical intervention down here allowed. They get to be with their peers.

They get to have fun" (Anne, teacher, lines 590-595). For Lucy social connection was one of the most significant parts of her HS experience:

> Here's a chance to socialise with people because you can't do it any other way ... Which is really good because it's important here … like in normal school, like you'd be socialising with people anyway … then you'd go home and you have more people … Whereas here … you see like maybe your mam or your dad and then you go there [HS] and you've got people your age (lines 305-315).

Lucy continued that HS was also an important chance for students to spend some time out of their individual hospital rooms: "it's to get you out of your room as well. Because it's so claustrophobic" (lines 81-82). For her parent, one of the main things that he felt the HS gave Lucy was the chance to socialise and feel involved: "being able to mix with people and talk to people and stuff and feel that you're not isolated" (Michael, line 101).

In contrast, Sean's experience of social connection in HS differed considerably. Due to his medical needs he had remained in isolation for the duration of his time in hospital. He could not mix with other children or attend main classroom lessons. For his parent, this represented the sole negative of the HS: "I would love to see him mixed. But his condition probably won't allow it, for a while anyway" (David, lines 307-308). In an effort to alleviate this for Sean, his regular school teacher had suggested that he join his class by Zoom, however this was too difficult for Sean, who was coming to terms with his medically-altered appearance: "he does have a tube in his nose, and the hair is pretty much gone ... he was worried about how his friends are going to react" (David, parent, lines 163-165). During conversation with Sean, it emerged that in the space of peers in HS, he had developed closer connections with his teachers which were important to him: "I like it [the HS]. And they ask 'do I want to do stuff?' that I like" (student,

lines 122-123). On multiple occasions Sean appeared to understand the role of the HS teachers as doing things that he enjoyed and conversely sharing things with him that they enjoyed: “I like maths, science and English. So they do that with me” (lines, 124-125); “Well, [other HS teacher] likes Irish and Sarah likes science” (line, 134).

3.3.2.1.3 Subtheme 3: HS and the Connection to Regular School. Similar to the above, students experienced HS efforts to maintain connection to their regular schools differently. Generally HS teachers reported that if they have students attending HS for more than a few days they endeavoured to link in with regular schools to support connection between the two settings: “we follow their school plan … a lot of the time, [students are] quite happy to do that, you know, yeah, 'I'm not there, but I'm still doing what my class is doing'” (Sarah, lines 263-266). For primary-level student Sean, this appeared to be the case; HS teachers aligned his HS work with his regular teacher’s classwork. Additionally, Sean was taking part in an American project the HS was involved in called ‘Monkey in My Chair’ which links students with cancer to their classmates (Love, Chloe Foundation, 2024). Within this programme, students in HS are given a monkey mascot which goes to join their regular school peers while the student remains in hospital. Teacher Sarah reported the significance of this project for Sean: “it's a way for his classmates to keep his name, and his identify, and his space” (line 450). When asked about his monkey, Sean emphasised why he liked it: “because it’s like being in school, like you’re there with them” (line 152). His parent David recalled that the first day the monkey joined Sean’s regular class stood out to parents because of the impact it had on Sean: “through the [] app, the teacher put videos up about what they were doing. So Sean could see … what was happening in the classroom. The monkey was in the middle ... He loved it” (lines 268-271). It can be seen that

efforts were made both by the HS and Sean's regular school to ensure a strong connection which resulted in both Sean and his parents having a positive experience in this regard.

In contrast, Lucy, a post-primary student had a different experience. Lucy highlighted the importance of maintaining a connection to her regular school: "you definitely need to keep up with your own work … so you're not too far behind" (student, lines 394-397). It appeared from various stakeholder accounts however, that there may have been more onus on post-primary students to maintain this connection. Teacher Emma reported that she was unsure around the level of connection between Lucy and her regular school: "school has been sending everything that they'd send to us, to Lucy, I believe" (line 212). Her parent Michael felt that it had fallen on parents to ask for increased communication from her regular school: "her mom has been trying to email them just to see could she get a little bit more.. support from them" (line 78). Lucy, a third year student was undertaking her Junior Cycle examinations this summer (state examinations covering a cumulative curriculum held at the end of the third year of post-primary education in Ireland). Both Lucy and her parent highlighted difficulties in keeping connected to her regular school around this: "They only sent me five [mock examinations] and we asked for all of them. And they're like, 'oh, yeah, we'll send you the other three' and then, never happened. And they were gonna correct them and never happened either" (student, lines 376-278); "they didn't send- … She missed out on a few" (Michael, lines 76-77).

Lucy also reported feeling uncertain about whether her regular teachers were even aware of her situation: "I wouldn't be 100% sure if they know ... My mam said it to my Year Head. And he was like, 'alright, I'll send out an email to everyone' … I don't know if he did" (lines 384-387). She was also frustrated at the lack of communication from her regular school teachers on the school's online platform which hindered her efforts at keeping up with her school work: "some

teachers don't post anything on Google Classroom ... So I have no idea what's going on" (lines 378-380). Overall, it can be seen that increased efforts to ensure connection between HS and post-primary schools may be of benefit.

3.3.2.2 Superordinate Theme 2: The Systemic Landscape of Paediatric Education in Ireland.

Parent and teacher accounts revealed thoughts and experiences regarding specific challenges HSs and HS teachers in Ireland are currently facing. The core of this was felt to be adequately captured by the following from one teacher: "my role at the moment is: I'm plugging the holes. And there's quite a few of them" (Anne, lines 139-140).

3.3.2.2.1 Subtheme 1: Falling Between the Cracks of the Educational and Medical Worlds.

The first issue revealed by parents was the lack of knowledge and awareness that currently exists around Irish HSs. Both parents highlighted that prior to their children being hospitalised, they had little to no awareness regarding the existence of these schools: "I didn't know" (Michael, line 109); "I knew there was something kind of going on ... but I suppose none of the [family] had been in hospital. I wasn't in the hospital when I was younger. So I suppose, you just don't know" (David, lines 211-214). This was perhaps more striking considering that one of the parents was a teacher who had worked in education all of their professional lives. Parent, David pointed out a potential reason for this being the emotional cost awareness would entail for individuals, particularly parents: "no one really wants to think that you're going to need it … Maybe, there's a certain side of your brain that just shuts it down that like, I don't need to know that" (lines 389-391). One parent considered the current set-up of Irish HSs and what this means for the sector: "It's purely voluntary … I don't know how it sits in relation to Department of Education" (Michael, lines 133-136). Teacher, Anne, felt that the lack of regulation around engagement with HS is a significant issue, and depreciates the service HSs provide: "it's always

a choice to engage or not. It's not mandated. Which is another piece that's missing in the greater scheme of things. You can't refuse physio but you can refuse school!" (lines 625-628).

In line with this, the two more experienced HS teachers believed that a critical barrier in their work was the lack of HS policy in Ireland. The absence of governmental regulation results in HSs remaining invisible: "we're not recognised by the special education section of the department. We don't exist" (Anne, lines 313-314); "we don't fit in any.. we don't fit with their special schools, we don't fit with the mainstream. We should be our own little separate entity. But yeah, we are kind of just falling between the cracks" (Sarah, lines 675-677). As a result, teachers reported feeling alone with no means of support for HS-specific issues. One particular area of challenge was the inherent emotional toll within the HS teacher role: "it's a very emotionally charged environment ... sometimes you could have students pass away" (Emma, lines 287-290). Anne noted the contrast between them and regular teachers in this regard:

> Out in the ordinary world, if there's a loss of a child in a school, NEPS are in and offering services. We, while we don't deal with it on a daily basis, we nearly deal with it on a monthly basis and … you know, NEPS don't come in running to us (lines 70-71).

In relation to getting support, teacher Sarah felt that HSs in Ireland were on their own and noted: "we don't seem to have anybody that we can go to here" (lines 691). Notably, while HS teachers felt that they did not have DE support, equally they could not turn to the hospital: "the hospital are not going to fight something like that because they've greater issues to fight" (Anne, line 323), which results in HSs remaining "stuck in the middle" (Anne, line 324) between the medical and educational worlds.

3.3.2.2.2 Subtheme 2: Limited Staffing Results in a Limited Service. A second significant issue facing the HS and HS staff at present is insufficient staffing levels which results in a limited service for students. Anne, being on the HS managerial team, was aware of HSs in neighbouring countries and was dismayed at the difference in staffing between them and those in Ireland: "[Specific UK HS] has a similar bed in-take. And they have something like 30 teachers. We've seven. It's hard to argue numbers like that" (lines 329-331). HS teachers felt let down by the DE regarding staffing: "the department are ignoring our pupil teacher ratio of 10:1" (Anne, line 317). All teachers were in agreement and emphasised the educational impact these constraints have on HS students, particularly for those requiring 1:1 teaching. Sarah recounted the following:

> Today … I may have six great sessions where I feel like okay, we've gotten somewhere in maths, we've done a little bit on … narrative writing, etc. But then the other six, I just don't have time for and then I have to prioritise them tomorrow, which means that the ones today may not get a session (lines 704-705).

Emma noted that she and other HS teachers struggle daily to decide which students to prioritise, and that despite significant effort from staff, it is common for some students to go without a HS service on busy days:

> We make, like a big effort to try and get to everybody. But yeah, there would be … definitely some days when you're just so busy, and you don't get to see everybody. And then on other days … you might only get to drop in for 10 minutes. And you know, that's, for me, that's nearly not a service (lines 363-366).

While parents did not express that their children's educational service had been impacted in this manner, both reported that the amount of HS-input students receive is less than optimal. For Sean who received 1:1 teaching, his parent David noted that "if there was content that he was struggling with … you are perhaps a bit isolated, I would say outside of that 30 minutes" (lines 334-335). Even for Lucy who attended the main classroom sessions, her parent Michael appeared less than confident that current HS input was sufficient on its own: "I mean it's an hour and a half. You know … what can you achieve in an hour and a half?" (lines 105-106). One parent indicated that sometimes HS teachers invoke a unintentional feeling of responsibility within parents to be both a parent and a teacher to their child, as the HS gives parents work to complete with their child outside of HS time: "A little bit, yeah. Now … they're not checking up on you. They're only trying to give you, they're only giving you stuff to do with him" (David, lines 331-338). Both parents reported that they would appreciate increased communication and feedback around the work that is completed in the HS. David reported the following:

> I think parents always like to know what's going on. Like, we're very much up to date in the medical side of things … I think with school, especially a child who's in there for a long time. I think it's important that they know that they're on track with their schoolwork, as well as they can be … we have so much to worry about, it would be nice just to know that school is okay. (parent, lines 348-354).

However, one parent felt that due to current systemic constraints there is unlikely to be scope to provide feedback on student performance: "There probably isn't … because as I said they only see them for an hour and a half a day" (Michael, line 170). While the other parent tried to suggest means of providing better communication that wouldn't increase burden on HS staff in

light of service challenges: “maybe … you can just see an email or see a plan, that would be great” (David, line 355).

It could be seen that not only did the limited staffing impact on the HS students and their parents, but it also had an emotional impact on the HS teachers. Teacher accounts revealed the effort and enthusiasm these educators had for their students, but in light of systemic constraints they faced the possibility of experiencing burnout: “to give [the students] a quality service, with staffing of seven people … is soul destroying” (Anne, lines 373-374); “it's heart-breaking and frustrating … we don't have the manpower or human power to give the educational experience we expect each child to be provided. We just can't provide it” (Sarah, lines 662-664).

3.3.2.2.3 Subtheme 3: HS Staff Being Devalued by Medical Staff. A significant finding emerged related to the feeling that medical professionals consider HS staff to be of less importance within the hospital. Interestingly, the extent of experiences as described by teachers appeared to increase in line with role experience. Accordingly, Emma, who had less than one year of post-graduate HS teaching experience spoke most positively about her medical professional colleagues and did not report any negative treatment and/or feelings from these staff. She highlighted that she greatly valued that some medical professionals link in with her regarding her students : “they might just say, you know, 'how are they getting on? Are they okay in school?” (line 225). This appeared to align somewhat with reports from other HS teachers about individual medical professionals: “we do have good working relationships with individual medical staff. But, unfortunately, we don't with the greater hospital” (Anne, lines 246-247).

The two more experienced HS teachers stressed more negative experiences with their medical professional colleagues. Both felt that in the social standing within the hospital, they were seen as less important: “once you walk into our school, you're in the Department of

Education. Anywhere else in the building you're in HSE. So we wouldn't have the same … say around the place" (Sarah, lines 571-574); "one of my big frustrations is, in the pecking order, we can often be shoved down … by staff" (Anne, line 502). Both teachers could recount various incidents that contributed towards their feelings of being less valued than their medical colleagues, with just some examples being: "I was door-stopped by a psychologist who had no session planned, hadn't booked in and just took my time … with a student … I was quite annoyed … but I was overwritten" (Anne, lines 503-507); "there is this joke of like 'look at the teachers, they leave at half two, you know, so you get the negative vibes too" (Sarah, lines 599-603); "I know the consultant … he knows my face for years going up and down the corridor. But he eventually asked me three weeks ago, what did I do? … I was so deflated!" (Anne, lines 276-280).

Importantly, while teacher accounts provided evidence for HS staff feeling diminished by their professional medical colleagues, it emerged from one parent's account that a discrepancy between medical professionals' standing and HS staff standing was also apparent to them. David highlighted that sometimes in the hospital it appeared as though the HS and its staff were put down, and that among hospital staff there was a sense that: "kids are going through so much … what [the HS are] doing with the kids is not important. Like it's- it doesn't measure up to what the doctors and physios are doing" (parent, lines 418-419). However, David highlighted that from his family's perspective, this was not how they felt, and that to them, the work that the HS do was paramount: "I think they should value what they do. I think it's so important because kids mental wellbeing is equal, almost equal to their physical wellbeing. I think [HS teachers] should kind of put themselves forward a little bit more" (parent lines 420-422).

It was also seen that the feelings of being less than their medical counterparts in the hospital was emotionally taxing for HS teachers and served to invalidate them and minimise their work with students: “it is soul destroying. Because you're up there, you're advocating for their students, you're fighting for them, you're, you're teaching them and.. they're just tunnel visioned” (Anne, lines 583-584). Overall, it can be seen from both teacher and parent accounts that there is likely a significant difference in how HS staff and medical staff are currently seen and valued in Irish hospitals.

3.3.2.2.4 Subtheme 4: Shared Responsibility Around Maintaining Teacher Wellbeing.

The final finding related to the significant need to maintain teacher wellbeing in the HS setting, but also the responsibility and burden this currently places on HS staff. As was previously highlighted, a significant aim of the HS is to support students’ wellbeing while they are in hospital. Both parents noted that their children had access to some mental health support in the hospital through psychologists working within medical teams: “Lucy has met with a psychologist…” (Michael, line 158); “Sean has a psychologist that comes to him” (David, line 424). Parent David however, emphasised that Sean’s mental wellbeing was supported “more effectively” (line 440) by the HS teachers in comparison to the mental health workers within the general hospital. He reported that the different approaches between the psychologists and the HS teachers were striking: “the psychologists are very rigid” (David, line 427);

> A psychologist comes in, they have a 30-minute schedule, and they're like, 'Okay, I have to find out this', and they're ticking boxes, and they're circling things. But like a teacher could sit there for 30 minutes and find out 10 times more from just being around the child (David, lines 434-436).

From parental account, supporting students' wellbeing was one of the key roles of the HS and by extension the HS teachers. Therefore, it could be argued that there is a significant need to also support HS teachers' wellbeing, which coincided with teachers' own feelings. All teachers emphasised the importance of maintaining their own wellbeing in order to successfully carry out their roles: "it can affect you mentally and emotionally. And you need to be 100% here. You can't go into a child sad" (Sarah, lines 49-52); "you really need to look after yourself and be in the right mindset, I think before you walk into a student's hospital room" (Emma, line 299); "There are days when it's tough here, there are days when it's wonderful. It's been able to manage those pieces because they can wear you down if you don't mind them, and … don't know how to look out for them" (Anne, lines 72-74).

Anne, who along with other staff on the managerial team, stressed the necessity of promoting staff wellbeing: "we are very mindful there needs to be something in place" (line 394); however, this is made more difficult by the uniqueness of their area: "we're so bespoke … there's very little bespoke stuff out there for us. So we rely on each other" (lines 428-429). Therefore, HS staff must rely on each other as a means of support, however, recently-qualified teacher Emma reported some positives to this in that she benefited from the emotional support of her HS colleagues: "there's always somebody willing to lend a listening ear if there's something that's bothering you … getting feedback from others who are teaching in the similar situation to you. And knowing that … what you're feeling is valid" (lines 260-262).

Managerial efforts to support staff wellbeing have had mixed results. Supervision, similar to that in healthcare professions, was trialled with HS staff, however Anne recalled: "that did not go well … it was a boundary piece that wasn't set properly from my point of view. It just backfired badly. And the staff lost trust in it" (teacher, lines 86-89). Following this, the

managerial team endeavoured to put in a number of supports for their staff, with the following just a few that Anne reported: “we've employed an artist to come in … to just do art. For the sake of art, for enjoyment” (lines 97-98); “We prioritise wellbeing for our staff as one of our posts” (line 113); “we have wellbeing Wednesdays” (line 112). Overall, while it can be seen that HS teachers must depend on their HS colleagues in order to support their wellbeing, management within this HS were striving to support their staff to the best of their ability and despite the challenges: “We don't know what we're doing yet … It's to the forefront of our minds, because you want to retain the staff you have. And you're only going to do that if you look after them” (Anne, lines 118-120).

3.4 Discussion

The current study explored the experiences of HS stakeholders from the perspectives of students, their parents, and teachers. KSDs were used with students as a springboard to gain a general understanding of their HS experience prior to them engaging in a SSI, and can be seen in the results above. From the SSIs, two overall superordinate themes were identified as central to understanding the experiences associated with hospital schooling in Ireland: The role of the hospital school is to promote student wellbeing, and the systemic landscape of paediatric education in Ireland. The findings of the study are discussed below in relation to the existing literature with emphasis on possible implications for practice in HSs.

3.4.1 Key Findings

3.4.1.1 The Role of the Hospital School is to Promote Student Wellbeing. Participants highlighted the significant role in which the HS plays in supporting students’ wellbeing. Students’ lives and normal day-to-day functioning are significantly impacted while in hospital, with research advocating the need for wellbeing support during these times (Coyne, 2011).

3.4.1.1.1 Students. Students spoke about how the HS supported their engagement in their education in a manner that was important and tailored to them. The systematic review that was undertaken prior to the completion of this study also identified continuity and individualisation in hospital education as some of its findings, with students in the current study echoing previous research (Äärela et al., 2016; Äärela et al., 2018; Mombaers & Donche, 2020; Yenel et al., 2021).

Also touching upon previous literature was social connection. Lucy, who attended classroom sessions with other students, highlighted that this chance to socialise with peers was important given the lack of opportunities to interact with others outside of the HS. HS students in existing research also reported that socialising with peers in HS was crucial (Äärela et al., 2016; Äärela et al., 2018; Mombaers & Donche, 2020; Perry et al., 2013; Searle et al., 2003). Interestingly, when talking about social connections, Lucy spoke only of her peers, with this being in direct contrast to medically-isolated student, Sean, who spoke about his relationships with teachers. Previous research saw that relationships with HS teachers were important to students (Äärela et al., 2016; Äärela et al., 2018; Crossland, 2002; Mombaers & Donche, 2020). However, only one other study echoed Sean's critical need to develop strong relationships with his HS teachers given that he did not have the opportunity to develop peer relationships in HS (Mombaers & Donche, 2020). Therefore, taken together, these findings indicate that for some students, peer/teacher relationships will be of more importance in HS and efforts should be made to support these relationships for students.

One difference between students in previous research and this study was around connection and communication between the HS and regular schools. From the Irish perspective, the DE and NEPS (along with other departmental organisations) identified several protective

factors considered to be important for the maintenance of primary and post-primary level students' wellbeing, with two examples being maintenance of students' connectedness with school and positive student-teacher relationships (2013, 2015). Primary-level student Sean discussed the positive elements he had experienced due to the communication that took place between his regular school and HS, with one example being that it allowed him to take part in the programme 'Monkey in My Chair' (Love, Chloe Foundation 2024). Sean also highlighted that he enjoyed working on his regular schoolwork while in HS which aligned with HS teacher opinions in previous research (Äärela et al., 2016; Äärela et al., 2018).

In contrast to Sean's positive experiences, Lucy's account suggested an area of difficulty in maintaining connection to her post-primary school teachers. Perhaps this is somewhat unsurprising given that in secondary-level education, students have multiple subject teachers, with research indicating that student-teacher relationships vary in these settings (Roorda et al., 2019). Lucy saw the connection between her and her regular school teachers as essential for her continued education while hospitalised, which aligns with the views of chronically ill students (Wilkie, 2012). Research also indicates that hospitalisation is highly stressful for CYP (Cammarata et al., 2020). Therefore, it is important that efforts focus on reducing burden on hospitalised CYP where possible. When considering the disparate experiences of the two HS students within the current study it can be seen that increased efforts should be made to ensure a stable connection between HS and regular school for older students to reduce stress and ensure ease of education continuity.

3.4.1.1.2 Parents. Parents within the current study emphasised that a positive aspect of HS for them was the continuous support it provided their children. David described times when Sean was unable to attend the HS, the HS teachers would link in to provide work that Sean could

do independently, while Michael appreciated that teachers would check in with Lucy daily regarding whether she was well enough and wished to attend the HS. Notably, at the time in which the systemic review of the literature was undertaken, studies presenting parental voices were scarce, with only three returning clear parental perspectives (Crossland, 2002; Perry et al., 2013; Yenel et al., 2021). Findings around educational continuity was seen in the limited research (Yenel et al., 2021).

A novel finding of the study related to parental views on socialisation within the HS. While, Lucy's parent, Michael emphasised that HS gave Lucy a chance to socialise and be included by peers, David, Sean's parent struggled with Sean's medical need for isolation which meant that he could not mix with other children. In considering the perspectives of parents with children with chronic illnesses, social opportunities are believed to be a critical part of CYP's school experiences (Janin et al., 2018). As was seen from this study, opportunities for socialisation can be significantly different in HS. Therefore, in keeping with parental wishes, increased consideration should be given to opportunities for peer socialisation within HS, particularly for students being taught 1:1.

Parents also expressed contrasting views on their experiences of communication and collaboration between the HS and their children's regular schools. David reported that he believed that the HS and Sean's regular school had made significant efforts to ensure a connection between the two settings. Michael, in contrast, articulated that he felt that it had fallen to parents to try to obtain increased support for Lucy from her regular school teachers, with limited results. Similar parental feelings were previously seen (Perry et al., 2013). Although limited information exists exploring parental perspectives in HSs, broader research conducted with parents of students with cancer indicated that they too felt that collaboration and

communication between school staff, medical professionals and families were essential for effective services for students (Thompson et al., 2015). Therefore, similar to student views discussed above, based on parental perspectives it will also be important for HSs to ensure ongoing collaboration between them and regular schools in order to provide an effective and equitable service for all HS students and their families.

3.4.1.1.3 Teachers. As was evident from the systematic review, HS teacher perspectives represented the most prevalent voices within existing HS literature. HS teachers in the current study strongly aligned with their colleagues from previous research when they spoke of their role as supporting students to achieve educational continuity when hospitalised (Hen & Gilan-Shochat, 2022; Keehan, 2021; Yenel et al., 2021). Similar to the lone available Irish study conducted on hospital schooling (Keehan, 2021), HS teachers in this study also highlighted that HS assists students in returning to their regular school following hospitalisation.

Teachers in this study spoke about the role in which the HS plays in allowing students the opportunity to socialise with peers and be 'normal'. While the idea of HSs providing normality to students was well-established in research (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Rouse, 2022; Steinke et al., 2016), discussion around promoting socialisation was not. Across participating teachers, only two spoke of the importance of socialisation for their students and all discussions focused on socialisation within the main classroom and did not consider the topic for students who are taught 1:1, like Sean. Given that the DE and colleagues point out that peer interaction and peer relationships are important protective factors for student wellbeing (2013; 2015), which is the overall aim of the HS, it will be important to consider means of facilitating opportunities for social interaction in students who do not have peers in HS.

A common topic among HS teachers within the literature related to the necessity of collaborating with regular schools to support students (Benigno & Fante, 2020; Małkowska-Szkutnik et al., 2021; Perry et al, 2013; Yenel et al., 2021). While teachers within this study appeared to agree, a novel finding emerged around disparities in how this was carried out between the primary-level and post-primary-level students. For primary-student Sean, his teacher detailed the efforts that she had been involved with to ensure collaboration between the HS and his regular school including: emails, following his regular class work-plan, and collaborating in the programme 'Monkey in My Chair' (Love, Chloe Foundation, 2024). In contrast, Lucy's HS teacher appeared unsure around the level of communication that had taken place between the HS and Lucy's regular school. While it was unclear as to what the difficulty was in collaborating with the post-primary school in question, HS teachers in the literature have also expressed challenges in collaborating with some schools (Małkowska-Szkutnik et al., 2021; Perry et al, 2013; Yenel et al., 2021). Previous research and current findings indicate that this issue may be prevalent and requires increased consideration on how to improve communication practices.

3.4.1.2 The Systemic Landscape of Paediatric Education in Ireland. Parents and teachers revealed thoughts and experiences that related to specific challenges Irish HSs and HS teachers are currently facing.

3.4.1.2.1 Parents. Parents highlighted that a potential systemic barrier to Irish HSs is the current lack of knowledge and awareness of these schools. Coincidently, awareness of hospital education within parents or any other group was not seen within the literature, perhaps strengthening the argument for HS education being effectively unrecognised within the general population. One parent postulated that a potential reason for this relates to the idea of self-protection, with parents in particular not wanting to imagine CYP requiring HSs. This could be

thought of in terms of psychological teachings on Threat Systems whereby consideration of the need for HSs induces a flight response in individuals, and as a means of keeping safe from emotional distress, the topic is avoided (Gilbert, 2015). While it was not within the remit of the current study to ascertain why general awareness of HSs may be low in Ireland, it will be important to consider means of increasing it in order to support these schools systemically.

The limited time which the HS can dedicate to individual students was an issue that arose from parents. Notably, the two participating students had different HS inputs, with Sean receiving 30-minutes a day and Lucy receiving an hour-and-a-half per day. Specific details regarding the daily level and duration of HS input was not seen within the literature, and therefore it was not possible to compare Irish HS input with that of international HSs. However, one study which examined parental perspectives did indicate that for older students, the educational quality received in HS was considered to be less than regular schooling (Yenel et al., 2021). One parent in the current study indicated that because of the limited time students have with teachers in HS, they can unwittingly become both a parent and teacher to their child. The idea of parents becoming co-teachers was seen in the literature (Małkowska-Szkutnik et al., 2021; Rouse, 2022). While current HS teachers may want to promote increased input for their students due to HS constraints, and consider parents best placed for this task, from the parent's account, this appeared not to have been communicated with them. It may be prudent for HS teachers to ensure clarity of communication with parents around expectations and families' preferences. Coincidently this aligns with parental wishes for increased communication from HS, with a top priority being feedback on students' performance. Parental unhappiness around a lack of feedback from HS has previously been seen (Crossland, 2002). Notably, however, parents in the current study felt that systemic constraints hinder the chance of increased communication and

feedback, indicating that this may be where efforts should focus to improve Irish HSs for families.

One parent reported that there was a sense from some medical professionals within the hospital that the HS and its staff are less important in this setting. It was noteworthy that a parent, who is likely experiencing high levels of stress due to their child's medical situation (Wray et al., 2011), would perceive differences in social standing within the hospital. This may suggest that differing attitudes and status of various professionals within Irish hospitals are apparent. Literature on professional hierarchies in hospitals suggest that they are significantly entrenched within these settings and difficult to change (Essex et al., 2023). This would indicate a significant need for training within hospital staff in order to mitigate status disparities in hospitals. As is acknowledged within the literature, HSs represent a vital service for hospitalised students (American Academy of Pediatrics, 2000), however if medical staff are unintentionally disparaging the HS, this may have negative impacts on student engagement and families' views of hospital education.

The final finding from parents related to their perception of the HS's predominant aim being to support students' wellbeing. Literature suggests the hospitals should provide psychosocial support to CYP as part of their overall treatment (Thompson et al., 2015; Wiener et al., 2015). While parents acknowledged that their children receive some mental health support within the hospital by psychologists, one parent believed that their child's wellbeing is better supported by the HS. The topic of psychological support in HSs has been seen in research, with parents advocating for this type of support to be provided (Yenel et al., 2021). David reported that, in his estimation, psychological approaches being used by psychologists in the hospital are

unsuccessful due to rigidity and being overly agenda-led. This has important implications for any professionals supporting children in hospital including mental health professionals and HS staff.

3.4.1.2.2 Teachers. According to participating HS teachers the most significant systemic issue that Irish HSs are currently facing is the absence of HS-specific regulation and policy. As per findings of the systematic review, Ireland remains one of the only countries in Europe in which HSs remains unlegislated, with most European countries having legislative policies in place (LeHo, 2015a). There have been calls for standardised regulation relating to HSs both nationally and internationally (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021). Without standard legislation, HSs in Ireland remain vulnerable to issues that were raised in the current study including student engagement, HS visibility, and staff response to HS-specific issues. A key issue teachers highlighted was that they feel alone in dealing with challenges that arise, with one example being the death of students. Anne noted that regular schools are assisted in dealing with such incidents through NEPS support (2016). In light of the recent announcement that NEPS are now covering HSs (Houses of Oireachtas, 2023), it will be important for EPs to consider how they will support these schools in this regard.

Insufficient staffing was noted by HS teachers as a significant barrier in providing an equitable and effective service. Teachers highlighted that on busier days, some students may not get a HS service. While HS-specific legislation does not yet exist in Ireland, students not being able to access a suitable educational service goes against the current educational legislation that is in place, including the UNCRC (1989), the UNCRPD (2006), and the EPSEN Act (2004). HSs under CHI are designated special schools for students with physical disability (Higgins, 2022; McCarron, 2019). As per Circular SP.ED 08/02, special schools for individuals with physical disability are required to have a student-teacher ratio of 10:1 (DES, 2002). The participating HS

in this study has a staff of seven, meaning that even from the limited legislation that exists on Irish HSs, the DE are in violation of their staffing legislation within this school. While special educational reforms are occurring in Ireland (Kenny et al., 2020), there has been no mention of education provided in hospital settings. Secondly, considering the national movement towards a general allocation model to support students with additional needs (DE, 2024), it will be important that specific consideration is given to HSs in order to account for their unique needs. Considering the emotional burden staffing constraints are currently placing on HS teachers, this is an area of significant need.

HS teachers highlighted feeling less important than their medical professional colleagues in the hospital. Within HS literature, working with medical professionals is considered an important aspect of HS teachers' role (Benigno & Fante, 2020; Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016; Yenel et al., 2021). However, HS teachers have reported that liaising with medical staff can result in negative experiences (Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021; Steinke et al., 2016). Some stressed their desire for increased recognition from, and better collaboration with, medical staff (Hen & Gilan-Shochat, 2022; Małkowska-Szkutnik et al., 2021). This was the first time within the Irish context that negative experiences of working with medical staff was seen for HS teachers. Given that care in hospital has become increasingly multidisciplinary in nature over recent decades (Epstein, 2014), it is striking that social disparities remain prevalent across professional disciplines in these settings (Essex et al., 2023). In order to support HS teachers it will be important to improve collaboration and inter-discipline relations in hospitals to reduce disparities between staff.

The final topic that emerged from teachers was around the need to support HS teacher wellbeing and the responsibility this currently places on staff. HS teachers described maintaining their own wellbeing in response to exposure of student suffering challenging. The DE, NEPS and colleagues, report that it is essential that teachers receive personal support and professional development (2013; 2015). This aligns with the literature, where HS teachers suggest that in order to maintain their wellbeing they require access to unique training and emotional support (Hen & Gilan-Shochat, 2022), and possibly, supervision similar to that of psychological professionals (Małkowska-Szkutnik et al., 2021). Notably, the lone Irish study reported that HS teachers did have access to supervision which they found helpful (Keehan, 2021), however, teachers in this study emphasised that while they attempted to implement staff supervision, it was unsuccessful due to lack of clarity around set-up and boundaries. Importantly, managerial staff member Anne noted that while she and her colleagues recognise the importance of emotional support for staff, currently they must rely on themselves due to the uniqueness of their setting, and the lack of bespoke training and support that exists. Again, considering that Irish HSs will now be supported by NEPS (Houses of Oireachtas, 2023), it may be important for EPs to consider how they may best support HS teachers in this regard.

3.4.2 Strengths and Limitations

Strengths of the current research are the inclusion of student and parent voices as these are notably sparse within the existing literature, this study being the first to explore the experiences associated with hospital schooling from multiple perspectives (including these two subgroups) within the Irish context, and the exploration of Irish hospital schooling from a psychological perspective. The strengths of this study will give additional substantiation to implications for practice and suggestions for future research in Ireland. Limitations of this study

include a potential sampling bias, a small sample size, a limited validation procedure and the methodological suitability. A fuller discussion of the strengths and limitations of the current study are outlined in the Critical Review chapter of this thesis.

3.4.3 Implications for Practice

The findings highlight the need for changes to clinical practice. Implications for such practices are displayed in Table 3.9 utilising Bronfenbrenner's Bio-ecological Systems Theory (2005) as a structure. Further information and explanation of the implications are provided in the Critical Review chapter.

Table 3.9

Implications for Practice based on Bronfenbrenner's Bio-ecological Systems Theory (2005)

System Level	Implications for Practice
Microsystem	- Person-centred care should be provided to all HS students by teachers in both HSs and regular schools in order to take into account their individual needs and wishes. - HS and community school staff should endeavour to involve students in planning supports (e.g., an agreed communication pathway for HS and post-primary schools) - Increased consideration by HSs should be given around supporting medically isolated students to engage with peers - In the future, NEPS EPs may be well placed to provide intervention inputs to support HS student wellbeing

Mesosystem	- Consideration is needed to increase and improve communication and collaboration between HS and regular schools (particularly post-primary schools) - Consideration is needed to improve communication, collaboration, and transparency between HS and parents - NEPS EP consultation and training would be beneficial in order to assist HS teachers in supporting students' wellbeing - NEPS EP consultation and training would be beneficial to support HS teacher wellbeing (e.g., implementing supervision for staff) - NEPS EP consultation and training is required to support HSs around critical incidents
Exosystem	- It is essential that the DE, NEPS, and other relevant agencies (e.g., Department of Health) prioritise the establishment of HS-specific legislation in Ireland, inclusive of NEPS policy and guidance - It is recommended that the DE review student-teacher ratios in Irish HSs in order to ensure that HS staffing levels are compliant
Macrosystem	- Increased awareness of HSs is required to bridge the gap between differing groups in society (e.g., hospital, DE and NEPS, and general population), with the DE and NEPs potentially well placed to support this - Consideration by hospitals is required to improve inter-disciplinary staff relationships within these settings (particularly around attitudes and values held about HSs and HS teachers)

3.4.4 Implications for Future Research

In order to add to the findings of the current study, future research could explore the topic of Irish HSs on a larger scale, and incorporate the perspectives of mainstream teachers who either teach or have taught a student attending a HS. Given that the current study represented the first step in gaining a multiperspectival account of experiences related to Irish HSs, going forward it would be beneficial to explore stakeholder experiences in HSs operating under CAMHS (DES, 2020b). This would add an important element in comprehensively identifying the needs within these unique, but overlooked, schools in the Irish educational system (Kennerk, 2019). Finally, given that NEPS psychologists have recently undertaken to support all special schools, including HSs, future research on what the role of NEPS should be in these settings would be valuable in the coming years.

3.5 Conclusion

In exploring the lived experiences of HS stakeholders in Ireland, an understanding emerged of their various experiences. Student KSDs provided a preliminary understanding of their HS experiences, with students commenting on their feelings towards various aspects of HS education such as teachers, peers, and the physical HS setting. Analysis of SSIs completed with HS students, parents and HS teachers revealed two overall themes which reflected participant experiences of an Irish HS: the role of the HS being to promote student wellbeing, and the systemic landscape of paediatric education in Ireland. Findings touch upon topics seen in previous, but limited, HS literature, but also highlight the nuanced and idiographic accounts from an Irish perspective. In particular, divergences apparent within students' experiences around socialisation in the HS and keeping connected to their regular school elucidate areas for future practice to better support HS students and their families. At the systemic level, lack of HS-

specific legislation, limited staffing, HS staff being devalued by medical professionals, and the necessity of maintaining HS teacher wellbeing all shed light on the challenges and areas of need within HS practice. This research has provided a number of avenues for further research and clinical practice in the area.

4 Critical Review

This chapter presents a critical reflection on the research process and the study undertaken. First, a reflection on the research paradigm is put forward, along with reflections on the methodological approaches adopted, including study design, recruitment, measures and data analysis. This is followed by a critical evaluation of the study in the context of good-quality within qualitative research. The strengths and limitations of the study are discussed. Implications for practice, policy and future research are outlined. This chapter culminates with an impact statement.

4.1 Critical Reflections on the Research Process

4.1.1 Research Paradigm

A research paradigm is a framework which provides the researcher with a way of understanding and navigating the world during the research study, and also informs the interpretation of the data obtained during this process (Mertens, 2015). Literature stipulates that because the paradigm represents the conceptual framework of the research, which in turn gives direction to the research methods being used, it is essential for the paradigm to be chosen early in the research process (Braun & Clarke, 2013). The interpretivist paradigm was adopted for the present study. Interpretivism's central focus is exploring and understanding a phenomenon, with the belief that the phenomenon is best understood from the perspectives of those who are part of the phenomenon (Krauss, 2005). Interpretivism relates to the idea that truth and knowledge are subjective, impacted by culture and history, and are based on individuals' experiences and understandings of them (Ryan, 2018). However, it also acknowledges that researchers have their own values and beliefs, which inevitably inform the collection, interpretation, and analysis of data (Pervin & Mokhtar, 2022). Given that the current study sought to explore the lived

experiences of key stakeholders within an Irish HS through adopting a multiperspectival IPA design, the interpretivist paradigm was well suited to this endeavour.

Lincoln and Guba (2005) suggest that a paradigm is comprised of four beliefs systems: axiology, ontology, epistemology and methodology. The interpretivist paradigm will be discussed in relation to the four systems, by using Mertens' (2015) philosophical questions.

4.1.1.1 Axiology. According to Mertens (2015), the axiology question asks: "what is the nature of value and ethics?" (p. 58). The axiological philosophy underpinning interpretivism acknowledges that the researcher cannot be separated from what is being researched, and therefore the research will be subjective rather than objective (Okesina, 2020). However, literature would describe research aligning with a true interpretivist paradigm as "value-laden" (Fard, 2012, p. 66) and "balanced" (Kivunja & Kuyini, 2017, p. 33), whereby researchers undertaking the research acknowledge their biases and those of the participants, and strive to present a balanced account of findings. In aiming to uphold the interpretivist axiology, and operating under the tenet of reflexivity within IPA (Smith et al., 2022), the researcher of the current study completed a number of tasks aiming to reduce biases. Some efforts included: keeping a reflective journal, making use of supervision, and having the research supervisor check analysis and interpretation of the data.

4.1.1.2 Ontology. According to Mertens (2015), the ontological question asks: "what is the nature of reality?" (p. 58). The ontological position of the interpretivist paradigm embraces a relativist approach, and proposes that reality is socially constructed and can be understood in different ways (Lincoln & Guba, 2005). Therefore, in order to align with this philosophical position, the current research sought perspectives on Irish hospital schooling from multiple stakeholder groups, i.e., HS students, their parents, and HS teachers. Additionally, as Guba

(1990) stated, relativism proposes that there are multiple realities rather than one single truth. Also aligning with this, IPA seeks to examine individual accounts or cases in their own right (Reid et al., 2005), with less focus on obtaining generalizable data (Pietkiewicz & Smith, 2014). Therefore, while stakeholder accounts in this study underwent cross-case analysis as a final analytic step and produced subordinate themes and subthemes, the researcher endeavoured to retain individual nuances within these. Further, while it is acknowledged that findings of the current study may highlight direction for future research, policy, and practice, findings do not represent all HS student, parent, and HS teacher perspectives.

4.1.1.3 Epistemology. According to Mertens (2015), the epistemological question asks: "what is the nature of knowledge and the relationship between the knower and the would-be known?" (p. 58). Differing epistemological positions focus on the relationship between the researcher and the participants, with the interpretivist paradigm adopting a subjective epistemology where the researcher and participants are jointly involved in generating knowledge (Fard, 2012). The current study adopted a multiperspectival IPA design, which is underpinned by three philosophical disciplines, one of which is hermeneutics (Smith et al., 2022). Within IPA, the hermeneutic process is believed to involve a dual interpretation where the participant is trying to make sense of their experience while the researcher simultaneously works to make sense of the participant's sense-making (Pietkiewicz & Smith, 2014; Smith & Osborne, 2008). This aligns well with the epistemological position of interpretivism (Kivunja & Kuyini, 2017). The central position of the current study acknowledges the researcher's role in interpreting participants' experiences which influenced the creation of knowledge seen in the study's findings. One potential point of tension relating to the interpretivist epistemology would be that

participants in the current study were not given an opportunity to provide feedback on the researcher's interpretations (Mertens, 2015).

4.1.1.4 Methodology. According to Mertens (2015), the methodological question asks: "how can the knower go about obtaining the desired knowledge and understandings?" (p. 58). Within the interpretivist paradigm, methodology calls for phenomenological and hermeneutic approaches which aim to explore the experiences of participants (Okesina, 2020). Multiperspectival IPA (Larkin et al., 2019) was chosen as the methodology for the current study as it is underpinned by three philosophical disciplines: phenomenology, hermeneutics and idiography (Smith et al., 2022). A number of methodological approaches were considered to ensure the most suitable method to achieve the research aims, with narrative analysis being one such option. Narrative analysis has similarities to IPA in that it explores individuals' experiences (Smith et al., 2022). However, narrative analysis elicits the voice of participants through story-telling, meaning that how the story is presented and the language used is of significant importance (Riessman, 2008). Given the sparsity of literature on eliciting the voices of stakeholders within HSs, particularly HS students, who are in hospital due to a serious medical situation, it was uncertain whether they would be able to provide a clear, in-depth and sequenced account of their experiences. Rather, the current study was interested in the significance participants attributed to their experiences, and as such, multiperspectival IPA was employed.

4.1.1.4.1 IPA. Overall, IPA was considered an appropriate approach in order to achieve the aims of the current study. IPA has been noted within the literature to be of benefit when researching areas that lack previous exploration (Larkin et al., 2006). This was seen to correspond to the dearth of literature seen relating to HSs (Kennerk, 2019; Steinke et al., 2016). Secondly, literature indicates that IPA is a useful methodology in order to present the

perspectives of individuals who are underrepresented in research (Noon, 2018), with this also aligning with the limited literature which includes the voices of HS stakeholders, particularly those of students and parents. While IPA is a well-established methodology in psychological research (Eatough & Smith, 2017), it is not without its criticisms. One critique of IPA is the necessity to rely on suitability of participants and their ability to convey their experiences to the researcher (Willig, 2013). This was a concern during conceptualisation of the current study, particularly in thinking about how best to capture the voice of HS students. While participating students in this study were able to effectively communicate their experiences of HS, it must be acknowledged that one student's account was significantly richer than the other. In relation to the student who provided a more abbreviated account, it was not possible to determine definitively whether this was because of the cognitive impact relating to their medical situation or individual characteristics. However, the researcher felt it was likely to be as a result of their younger age of eight in comparison to the other student who was fourteen. Despite differences in the depth of verbal accounts between HS students, the researcher felt this methodology gave students an opportunity to speak about their HS experiences in line with their ability and individual preferences.

4.1.2 Study Design

The current study chose to adopt a multiperspectival design in order to effectively explore experiences related to the HS from key stakeholders, namely HS students, parents, and HS teachers. A multiperspectival design was chosen for several reasons. Multiperspectival designs offer a more holistic and comprehensive understanding of a phenomenon of interest (Smith et al., 2022). According to Larkin and colleagues (2019) a multiperspectival design involves exploring a phenomenon from the perspectives of at least two subgroups; and can

generate knowledge at the individual, group, and systemic levels. This was particularly helpful for the current study as it sought to align with Bronfenbrenner's Bio-ecological Systems Model (2005) and provide evidence-based direction for school practice, EP practice, policy and research at these levels. To this end, adopting this design was successful and achieved the above. However, there were also some challenges. Through analysis and the write up of the study's findings there were some threats to internal confidentiality. It is possible that participants (within a triad of student, parent and teacher) may be able to identify other participants within their triad who took part in this study, however, the potential for this was noted in consent and assent forms (see appendices I and J).

4.1.3 Recruitment

Seven participants were recruited purposively through the HS school principal who acted as a gatekeeper for the current study. While purposive sampling is frequently used within IPA research to ensure the recruitment of persons best suited to effectively answer the research questions (Smith & Osborn, 2008), the use of gatekeepers can introduce bias to the research (Groger et al., 1999). It is possible that the HS principal may have inadvertently identified students and parents that may be more positively inclined to partake in research and express a positive account of the HS. Therefore some voices may potentially be missing. However, when reflecting about the recruitment process and the area of interest (hospital schooling), it was necessary and prudent to have a gatekeeper involved. It was necessary due to the researcher, as principal investigator, not working within the area of interest, which meant that the researcher would not normally have access to this population in order to recruit independently. Additionally, having the HS principal act as gatekeeper was ethically advantageous (Farrimond, 2013). They are a member of HS staff who is known and trusted by families, and they, as part of

their role, have access to the medical and school records of students which helped them to identify potential participants, thereby avoiding an ethical issue of having an individual outside of the hospital and HS accessing these records for research purposes.

4.1.4 Measures

In order to explore all participant experiences, SSIs were chosen as an appropriate measure. An additional drawing activity was completed with student participants to aid communication of their experiences to the researcher.

4.1.4.1 Semi-structured Interviews. SSIs were chosen as a method for collecting data from all participants. SSIs are the most commonly used method within IPA research and allows for exploration of individual experiences and to gain in-depth understanding of participant perspectives (Smith & Osborn, 2003; Smith et al., 2022). Focus groups were also considered as a possible means of data collection; however, due to the inherent idiographic nature of IPA, it was felt that perhaps this method would hinder participants in feeling comfortable to talk freely about their experiences (Tomkins & Eatough, 2010) and would also limit recruitment of HS students to those who were medically well enough to mix with peers. Additionally, given that hospitalised CYP and their parents represent a vulnerable population, focus groups were also discounted due to the fact that anonymity may be constrained in these situations (Adler et al., 2019). Therefore, SSIs were chosen as the most suitable method of data collection for the three subgroups of interest in the current study.

While SSIs are established measures within qualitative research, there are some challenges that researchers must consider when aiming to employ these within their research. Challenges that arose within this study in relation to the development of SSIs were the potential for leading interview questions which could impact on findings (Cairns-Lee et al., 2021), and

unintentionally encouraging socially desirable responding in participants (Bouwmeester, 2023). To overcome these, prior to data collection interview schedules were reviewed by the research supervisor and a number of hospital school staff, while the researcher emphasised to participants at the outset of each interview that there were no correct or incorrect responses to questions but rather the focus was on capturing their personal views.

The setting up and carrying out of the SSIs also posed several practical and emotional challenges within the current study that are important to consider in the context of completing research within a health setting. First, the researcher needed to be flexible in terms of scheduling the SSIs. As previously noted, on the morning on which Sean was to be interviewed he had been taken down unexpectedly to theatre, and when organising interviews with the teachers, it was imperative to schedule around their classroom and individual educational sessions to ensure as little disruption as possible to the HS. As a result, the scheduling challenges in this study were twofold: it was essential to complete data collection while accommodating the schedules of both the hospital and the HS.

Given that Sean's SSI took place in his hospital room, this too raised an additional practical challenge for the researcher: medical staff intermittently came into his room which meant that his interview was completed over three parts. This undoubtedly disrupted the flow and depth of the SSI as the researcher repeatedly had to pause the recording and then work to re-establish both Sean's and their own focus on the previous question/topic. Considering that a key feature of conducting high-quality interviews is ensuring administration takes place in a quiet area with little disruptions (Flick, 2018), it was not possible to adhere to this central tenet during Sean's SSI. Therefore, those considering conducting research within a hospital setting should take into account that it may not always be possible to ensure a quiet, private and disruption-free

area for data collection, and thus they will need to plan accordingly. Nevertheless, despite this challenge, given the sparsity of research which includes the voice of HS students, and the call for their inclusion (Crossland, 2002; Davies et al., 2021; Rouse, 2022; Steinke et al., 2016), during his interview, Sean was able to provide several key insights into his personal experience of attending an Irish HS that positively contributed to this study.

An unforeseen emotional challenge that arose during interviews with student participants related to the power imbalances inherent between researchers and children that have long been discussed in the literature (Christensen & James, 2008). Both students met, and completed their SSIs, with the researcher while dressed in pyjamas. Although this is the typical attire for CYP in this hospital, this may have contributed to a sense of discomfort for the students given that it was the first time they had met the researcher, who was an unfamiliar adult. Given that the researcher had not previously worked in-person with hospitalised children prior to this experience, the researcher had not considered states of dress of hospitalised CYP and how they may impact. Therefore, in the future, should this researcher, or others, be involved with similar participants, it may be beneficial to consider meeting with children dressed casually in the hopes of mitigating some of the potential power differences and to encourage comfort for all of those involved.

Following on from the point above, in addition to being dressed in sleepwear during his SSI, Sean was, according to his parent, nervous about being seen by others due to his medically altered appearance. As noted previously, Sean initially appeared shy during the beginning stages of the interview. When considering that his interview was the shortest of all participants, this may have been due in part to the fact that Sean was conscious of his appearance, in addition to the fact that this SSI took place in his hospital room while he was in bed. Again, those considering conducting research within a health setting with vulnerable participants like Sean,

may wish to consider further how to ensure participants feel as comfortable as possible throughout their participation. It is acknowledged that due to challenges such as, but not limited to, issues around intrusion inherent in recruiting hospitalised CYP within research, children's views have historically been overlooked in favour of recruiting more accessible persons such as parents (Davies et al., 2021). Therefore, while the recruitment of CYP in health-related research is highly important to capture further in future research, it is also essential for future researchers to carefully plan how best to include them while minimising burden.

4.1.4.2 Kinetic School Drawings. The KSD (Prout & Phillips, 1974) was chosen to collect preliminary data from student participants regarding their experience of HS prior to them engaging in the SSI. Drawing activities are increasingly being seen as a means of data collection in qualitative research (Reavey, 2011). The use of drawings is also being employed within IPA studies; literature would indicate that some experiences can be hard to verbalise and drawing can be a useful means of supporting participants to explore and convey these (Boden et al., 2019). Additionally, in light of the limited literature including HS student voice, during conceptualisation of the current study the researcher was uncertain to what degree HS students would be able to engage in traditional face-to-face interviews due to their medical conditions. Therefore, the researcher wanted to include a more accessible measure for partaking students, with drawings being a well-established means of achieving this (Mitchell, 2006). KSDs were chosen over other drawing techniques such as the 'Draw-and-Write Technique" (Williams et al., 1989), the "Draw-a-Person Technique (Short et al., 2011), and the 'Draw-a-Teacher Technique (Welch et al., 1971) given that the current study was interested in exploring students' overall feelings towards their HS and also because it was not being used in a clinical setting and/or as part of a psychological assessment.

Projective drawing techniques have been historically well-used by EPs in their practice (Prout, 1983). The KSD was developed following the success of its predecessor, the Kinetic Family Drawing (KFD), which provided insights into a child's family functioning (Burns & Kaufman, 1970). Similar to the KSD, the KFD was a step forward in analysing children's drawings through the addition of a 'kinetic' aspect: by asking children to draw all persons in the picture completing an action, this was seen to reveal a deeper view of children's emotional connections, interactions with others, and overall relationship dynamics (Handler & Habenicht, 1994). Since its creation there has been very few studies to include the KSD as a measure (Knoff & Prout, 1985). To the researcher's knowledge, only two studies explored the validity of the KSD and a means of systemically scoring these drawings (Andrews & Janzen, 1988; Prout & Celmer, 1984). Given that the KSD was being employed within the current study as a springboard for HS students to relay their HS experiences to the researcher, it was acknowledged early in the research process that a scoring measure would need to be adapted for this purpose. While both scoring guides were considered, Prout and Celmer's (1984) guide was discounted due to one of the scoring items (Koppitz's emotional indicators) being unavailable to access. Therefore, Janzen and Andrews' (1988) scoring guide was adapted for this study. Given the limited empirical research on KSDs, should this measure have been used on its own, or the scoring guides used quantitatively, as they were originally designed, this may have necessitated increased consideration regarding reliability and validity.

Overall, however, the use of the KSD measure and adapted scoring guide was felt to be successful in supporting HS students to begin to talk about their HS experiences. In particular, the qualitative nature of this adapted measure facilitated significant intersubjectivity between the researcher and participants. The act of labelling the drawings following their completion offered

a valuable opportunity to discuss the students' drawings in depth, including the rationale behind their choices and the personal significance of the images depicted. Although the KSD was deemed successful within the current study, even when employed with only two students, a challenge arose. Sean had suffered a medical complication during his time in hospital which had resulted in reduced mobility on one side of his body. In light of this, he was given the option to abstain from the drawing activity; however, he opted to participate regardless, using his non-dominant hand. The drawing he produced was small and did not include colour, prompting the researcher to question whether his physical limitations may have affected his ability to fully engage in the activity. Despite this, Sean's drawing highlighted several key factors of his HS experience that were then discussed further in the SSI (e.g., not having peers, and close relationship with teachers). In conclusion, should future researchers wish to utilise the KSD or another drawing measure with hospitalised CYP, it would be prudent to consider whether such a measure is truly accessible and/or consider their inclusion/exclusion criteria in respect of this.

4.1.5 SSI Analysis

The multiperspectival SSI data were analysed according to guidelines set out by Smith et al. (2022), Larkin et al. (2019), and Rostill-Brookes et al. (2011). A central focus within IPA is the commitment to its idiographic nature (Reid et al., 2005; Smith et al., 2022). At times it was difficult for the researcher to retain some of the individual nuances seen within each participant's account when developing GETs. This processes was felt to be even more challenging considering the multiperspectival approach that was undertaken in the current study, where data were first analysed at an individual level, then at a subgroup level, to finally at an overall sample level. Several steps were taken to mitigate the potential loss of nuance. Conducting IPA research requires researchers to engage in a continuous iterative and reflexive process (Pietkiewicz &

Smith, 2014). The researcher utilised supervision as a time to discuss with their supervisor whether accounts felt balanced across the write-up of results. The researcher also strived to include individual aspects of participant's accounts in the overall set of GETs by highlighting any differences that were seen (e.g., disparities seen between Lucy and Sean's experiences of socialisation in HS and staying connected to their regular schools). In taking these steps, it is hoped that findings convey both a comprehensive overview of HS stakeholder experiences, while retaining an idiographic commitment which is central within IPA research (Smith et al., 2022).

4.2 Critical Evaluation of the Study

Yardley (2017) suggests that in order to effectively evaluate qualitative research, consideration must be given to four key areas: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. Nizza and colleagues also suggest four additional quality markers specifically for IPA research (2021). Therefore, Yardley's (2000; 2008) and Nizza and colleagues' (2021) quality indicators were used to critically evaluate the current study below.

4.2.1 Sensitivity to Context

Sensitivity to context refers to various factors within the research process including: appropriate theoretical foundations, understanding and advancing previous literature within the area, recognising the importance of the relationship between researcher and participants, and remaining cognizant of, and proactive to, ethical considerations (Yardley, 2000). Effort was made throughout the research process to ensure that the above criteria were addressed. Firstly, although IPA has a strong theoretical background, aligning with the disciplines of phenomenology, hermeneutics, and idiography (Smith et al., 2022), given the multiperspectival

approach being taken, the research also sought to situate this study within the a theoretical framework that considered implications from not only an individual-lens, but a broader systemic-lens. As such, the present study was also underpinned by Bronfenbrenner's Bio-ecological Systems Theory (2005), which assisted the research in considering the findings and implications across different systemic levels. Although the systematic review highlighted that there was a dearth of empirical HS research underpinned by theoretical thinking, there were some examples of the Bio-ecological Systems Theory being used to understand the different aspects of hospital schooling such as individual and family functioning, relationships, and sharing of knowledge (Capurso & Dennis, 2015; Rouse, 2022). Therefore, while the research found this theory beneficial in guiding systemic thinking throughout the project, more research utilising this theoretical perspective in relation to hospital education would be of benefit.

In relation to understanding and advancing previous literature within the area, this criterion was achieved by carrying out a rigorous systematic literature review on the experiences associated with hospital schooling in the early stages of this study. Through this process, it became evident that this review was the first to explore the literature on HS students, parents and HS teacher perspectives, and highlighted a number of future directions in the area, some of which will be achieved from the completion of this study. However, a number of previous findings were also seen in this study's findings which indicated that the current study is dependable (Lincoln & Guba, 1985). Owing to its epistemological hermeneutic position, IPA places great importance on the relationships between the researcher and participants (Smith et al., 2022). Establishing rapport is considered essential to the validity of self-report data (Alase, 2017). In order to support this, prior to beginning each interview, the researcher took some time to engage in general conversation with participants to build a degree of comfort. During

interviews, while the researcher remained cognisant of invoking socially desirable responses in participants, they engaged in active listening skills, portrayed open body language, and expressed empathy both verbally and non-verbally aligning with clinical interviewing skills (Miller, 2019).

Finally in relation to remaining aware of, and responsive to, ethical issues, please see section 3.2.8 in the empirical paper for a full breakdown of efforts completed in order to mitigate ethical concerns.

4.2.2 Commitment and Rigour

Commitment and rigour relates to a prolonged engagement with the research topic and the completeness of data collection and analysis (Yardley, 2000). Commitment to the research topic was achieved through the length of time the researcher engaged with the research topic, spanning the duration of the researcher's doctoral training (e.g., literature searching at various time points). Rigour was achieved in various ways. Data was gathered from multiple sources (HS students, parents, and HS teachers) and from multiple measures with student participants (SSIs and KSDs). Prolonged engagement with the topic, along with source triangulation also strengthened the study's credibility (Lincoln & Guba, 1985). Analysis of the KSDs was guided by previously validated scoring criteria (Andrews & Janzen, 1988). SSI analysis was guided by steps proposed by Smith et al. (2022), Larkin et al. (2019), and Rostill-Brookes et al. (2011), and were followed methodologically from individual transcript coding to creating overarching themes across the entire data-set. Throughout data analysis the researcher engaged with their supervisor where the analysis was checked for adherence to IPA, clarity, and balance in themes generated. Additionally, during the data analysis stage, the researcher engaged with several peer checking sessions with a fellow TEP who was also undertaking IPA within their study. Discussions with their supervisor and their peer allowed the researcher to engage in a continuous

iterative process regarding their data which led to a final set of overall GETs, which also strengthened this research's confirmability (Lincoln & Guba, 1985). Each of the final two overarching themes was supported by extracts from at least two subgroups, thereby complying with the multiperspectival approach but also retaining an idiographic focus as appropriate.

4.2.3 Transparency and Coherence

Transparency and coherence relates to clarity in aims, methods and data presentation (Yardley, 2000). To achieve these criteria the researcher endeavoured to provide a comprehensive account of each stage of the research process within the empirical paper e.g., rationale for the current study, the methodology section, and the results section. Aspects that strengthened the transparency within this section involve: inclusion of how interview schedules were developed (Appendix L), explanation of how the KSD and associated analytic guide were adapted, and a visual representation of the complete analytic process for SSIs (Appendix O). During the write-up of results, it was important to include the original KSDs completed by students in the main paper for transparency of interpretations. Additionally, transparency within the presentation of SSI data was ensured through careful selection and interpretation of extracts from participants, along with the inclusion of verbatim quotes. The research maintained a consistent and coherent thread throughout, from the initial systematic review, through the formulation of research questions, and culminating in the presentation of findings and discussion sections.

4.2.4 Impact and Importance

Impact and importance relates to whether the findings of the study are meaningful and whether new knowledge has been generated (Yardley, 2000). This is particularly pertinent for the researcher who undertook this research as part of their doctoral degree. This study addressed

a gap in the literature and in the knowledge about stakeholder experiences of HSs in the Irish context. In relation to two significantly underrepresented groups in the literature i.e., HS students and their parents, this study enabled their voices to be captured, which was also the first time in the Irish context. Implications arising from findings will be presented below along with a full impact statement of the research.

4.2.5 Four Quality Markers within IPA

Nizza and colleagues suggest four markers of IPA quality compromising: "constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analysis reading of participants' words; and attending to convergence and divergence" (2021, p. 371). The researcher strived to ensure that the study achieved each of these makers. Within each superordinate and subtheme a narrative was constructed through presentation of a description, researcher's interpretation and supporting participant quotes. Accounts adhered to exploring experiential accounts given the significant and emotive context in which HSs are located, and each SSI was developed and facilitated in order to support participants to make sense of their context (Smith et al., 2022). A close analytic reading of participants' transcripts was evident in the level of detail involved at each stage of the analytic steps (see Appendix O). Finally, convergences and divergences in accounts were also highlighted through providing verbatim quotes and interpretations, particularly around student experiences of social interaction in HS and efforts to maintain connection to their regular schools. Taken together the above makers also add to the transferability of the current study (Lincoln & Guba, 1985).

4.3 Strengths of the Study

4.3.1 Inclusion of Student and Parent Voices

A significant strength of the current study is the inclusion of both student and parent voices. To the author's knowledge, this study represents the first time these two groups have been captured in Irish literature.

As emerged from parent and teacher data in this study, the area of hospital schooling inherently falls between the medical and educational worlds. HSs, while transitory in nature, fall into the category of special schools in Ireland (Higgins, 2022; McCarron, 2019). Within special education research, student and parent voices are noted to be essential for progression within the area in terms of educational policy, planning, and intervention development. Under the UNCRPD, general comment No.4 under article 24 'Right to Inclusive Education', states that "persons with disabilities and, when appropriate, their families, must be recognised as partners and not merely recipients" (UN, 2016, p. 3). While on the medical side, inclusion of CYP and parent voices are also seen to be essential as the area is moving towards more family-centred care and inclusion of these groups supports greater research impact, policy and intervention implementation (Molloy et al., 2019). From an Irish standpoint, the Health Research Board have emphasised the need to increase the voices of service-users, along with their caregivers, in health and social research (2022). Therefore, given the limited empirical research which has presented the perspectives of HS students and their parents, this study sought to include both of these groups to not only strengthen the findings, but to align with national and international best practice.

4.3.2 Multiple Perspectives

A second strength of the study related to the multiperspectival approach that was undertaken which resulted in a synthesis of different perspectives. This was a methodological strength in that source triangulation was achieved, thereby strengthening the credibility of

findings (Patton, 1999). From the systematic literature review that was carried out as part of this thesis, it was evident that only one previous international study clearly included the perspectives of HS students, parents and HS teachers (Yenel et al., 2021). In light of this, along with the overall paucity of HS research, exploring all three key stakeholder accounts led to an in-depth and comprehensive view of paediatric education in Ireland.

4.3.3 Exploring the HS within the Irish Context

An additional strength relates to the undertaking of this research within the Irish context. As was noted in the systematic review, there are currently eleven HSs operating across Ireland (DE, 2021). Unlike most other European countries (LeHo, 2015a), Irish HSs remain unlegislated, leaving them open to ongoing challenges. Secondly, there is markedly little published research on Irish hospital education, with only one being included in the systematic review, which focused only on HS provision and challenges experience by HS teachers (Keehan, 2021). According to the sole review that exists regarding the educational provision for CYP attending Irish HSs, on the 30th of September 2020, there were two-hundred-and-twenty students enrolled in seven of the eleven HSs. However, this review did not include the enrolment figures of CYP attending the four HSs linked to CAMHS in-patient units. Therefore, this is a significant underestimation of day-to-day enrolment figures in Irish HSs. Nonetheless, it can be inferred from the daily enrolment numbers presented in this review that a substantial number of students in Ireland access these unique school settings every day. Therefore, it is imperative that greater attention is given to these schools so that they, and the families who access them, can be appropriately supported. In keeping with this necessity, findings of the current study highlight several important implications which will be discussed below.

4.3.4 Exploring the HS from a psychological perspective

The current study was undertaken by the researcher as part of their professional doctoral degree in Educational and Child Psychology. As such, this study presents the experiences of individuals associated with the HS from a distinctly psychological perspective, which is a unique strength of this research, particularly when considering the current context in Ireland. From the systematic review, studies indicated that there is a high need for psychological support in the area. Studies suggests that students require support surrounding issues such as anxiety (Crossland, 2002), distress (Mombaers & Donche, 2020), isolation (Perry et al., 2013) and general psychological support (Yenel et al., 2021), while HS teachers require their own psychological support given that a substantial part of their role involves supporting student wellbeing (Hen & Gilan-Shochat, 2022; Keehan, 2021; Małkowska-Szkutnik et al., 2021; Yenel et al., 2021). Importantly, none of the studies included in the systematic review proffered suggestions for psychologists or other mental health professionals working with HS students, parents, or HS teachers. This is significant for two reasons: 1) the findings of this research also emphasise the need for psychological support for HS students and HS teachers and 2) in recent months NEPS has undertaken to support all special schools (Houses of Oireachtas, 2023), inclusive of HSs. The findings of this study will provide key insight into the current functioning of Irish HSs from relevant stakeholder perspectives, while the discussion and implication sections will highlight pivotal guidance for future practice and research directions for mental health professionals, such as NEPS psychologists, who will be supporting HSs in the coming months and years.

4.4 Limitations of the Study

4.4.1 Potential Sampling Bias

As was previously discussed, the HS principal acted as a gatekeeper in the current study. This may have unintentionally introduced a sampling bias to the research where the principal approached potential participants who may have been more positively inclined to partake in research and express a positive account of the HS. However, it was necessary to have a gatekeeper involved and recruit in this manner. See section 4.13 Recruitment for further discussion around this.

4.4.2 Small Sample Size

Seven participants were recruited as part of this study. When compared with some other qualitative research designs such as grounded theory (Thompson, 2010), the sample size of the current study is relatively small. Typically, when using interviews for data collection, qualitative research would suggest to continue to recruit participants until data reaches the point of saturation where no new themes emerge (Guest et al., 2006; Fusch et al., 2015). Therefore, when considering the current study's findings, it is likely that these would not be generalisable to all HS stakeholders. However, generalisability is not the goal of IPA research, rather the epistemological position values idiography (Pietkiewicz & Smith, 2014). When compared with other IPA research, sample sizes typically range from one to twelve participants (Noon, 2018). Within doctoral research however, the recommended sample size is between six and ten participants (Smith et al., 2022), and the current study's sample falls within this accepted range.

4.4.3 Limited Validation Procedure

A significant limitation in this study was the limited validation procedure that was completed prior to data collection. It was hoped that a pilot study would be completed, in which all interviews guides and the KSD measure would be appropriately trialled. However, the study experienced several recruitment challenges, with these involving potential participants being

unexpectedly discharged from the hospital prior to meeting the researcher, and the HS experiencing an increase in highly transitory students who did not meet the inclusion criteria. In an effort to overcome these challenges, a meeting with the HS principal and three HS teachers was arranged where interview schedules were evaluated and discussed to ensure clarity and appropriateness of questions.

4.4.4 Methodological Suitability

This study utilised Multiperspectival IPA to analyse participant interviews (Larkin et al., 2019). While this approach resulted in several strengths as detailed earlier, a case study design may have facilitated a more in-depth analysis for each participant (Yin, 2009). IPA emphasises the importance of homogeneous participant groups in order to ensure depth of analysis and to accurately identify true convergences and divergences within, and across, individual's experiences (Alase, 2017). However, HS students represent a heterogenous group of CYP (Steinke et al., 2016), further evidenced by the diversity seen among the two students recruited as part of this study (e.g., gender, age, class level, medical condition etc). Consequently, it is worth questioning whether IPA is the most appropriate methodology to employ with this group of CYP, unless strict inclusion/exclusion criteria are implemented.

4.5 Implications for Practice, Policy and Future Research

4.5.1 Implications for HS and Community School Practice

4.5.1.1 Providing Person-Centred Care. As was highlighted earlier in this chapter, Article 12 of the UNCRC emphasises the need for children's views to be listened to regarding decisions that are made about them (UN, 1989). Healthcare organisations are increasingly working towards implementing a person-centred model of care for service users (Santana et al., 2018). Person-centred care moves away from the medical-model and recognises service users as

both partners and individuals, with strengths, wants, and rights that should be taken into account (Leplege et al., 2007). Given that HSs are located within healthcare systems, it may be beneficial for them to adopt this model of care for their students. Findings from this study in relation to Lucy and her parent's experiences of striving to improve communication with her regular school, while HS teacher Emma was unaware of this challenge, highlights the necessity of working individually to establish each student's wishes and needs. Where is possible and appropriate, HS students should be recognised as partners in this setting and be involved in decisions that relate to them.

4.5.1.2 Communication and Collaboration between HSs and Regular Schools.

Following from the previous point, Lucy appeared to have a markedly different experience in terms of the communication and collaboration that occurred between her HS and her regular school when compared to that of Sean. As mentioned in the previous chapter, this may have been due to the inherent differences between primary and post-primary schools, making communication with multiple secondary school teachers challenging. Lucy also reported striving to continue to work on her regular school work while in hospital through communication technologies such as Google Classroom. Research exploring these technologies indicated that for the students who are accessing them outside of the school they are perceived as positive and helpful, but from teachers' perspectives there is significant uncertainty on whether they should or should not be giving these students work, and how best to offer support (Wilkie & Jones, 2010). Given that this is an area of need noted both in this study and previous research, it will be important for HSs and community schools (especially post-primary) to consider how they may improve current communication practices between these settings.

4.5.1.3 Communication, Collaboration, and Transparency between HS and Parents.

Parents in the current study highlighted that they would value increased communication regarding student progress and educational plans in HS, but were hesitant to ask for this because they did not want to place additional burden on HS teachers. Interestingly, and conversely, teachers at times did not communicate fully with parents as they did not want to place undue burden on parents. One parent also felt some pressure to complete work with their child outside of HS time. Therefore, going forward it will be important for both HS teachers and parents to communicate early on in the HS journey to establish the level of communication that will take place while a student attends HS. Returning again to the first point on providing a person-centred service (Leplege et al., 2007), this early conversation may also highlight individual family wishes/needs, e.g., a family may only be able to focus on the medical situation of their child initially so HS teachers may reduce communication and endeavour to check-in with the family after some time to determine what their ongoing communication wishes are in relation to the HS.

4.5.1.4 Supporting Medically Isolated HS Students to Socialise with Peers. A significant finding related to medically vulnerable student Sean remaining isolated from peers while attending HS, with literature also highlighting HS student isolation as a concern. It will be imperative that HSs consider means of supporting such students to connect with peers while they attend HS. The use of technology systems for educational and social purposes have been suggested for CYP experiencing long-term illness who are unable to attend their regular school (Wilkie & Jones, 2010; Zhu & Van Winkel, 2015). Notably, online teaching and socialisation attempts were utilised globally for students in recent years during school closures as a result of the Covid-19 pandemic. Student views indicated that while socialisation and learning in-person was preferred, in the absence of these, online schooling allowed them some degree of interaction

and learning with peers (Larivière-Bastien et al., 2022). Around this time, psychologists also recognised the importance of finding ways for students to continue to learn and socialise with peers during school disruptions, and they too advocated for online channels (Cameron & Tenenbaum, 2021). Therefore, HSs may wish to consider implementing an online learning and communication system to mitigate some of the social isolation HS students face.

4.5.2 Implications for Educational Psychology Practice

In light of the fact that NEPS are now supporting all special schools (Houses of Oireachtas, 2023), Table 4.1 below outlines some of the challenges EPs may face when supporting a HS. It also suggests key resources they may access in order to enhance their knowledge and practice in the field. Subsequently, Table 4.2 details various ways in which EPs working in NEPS may support HSs arising from the findings of this study.

Table 4.1

Challenges EPs May Encounter in HS and Supportive Resources Available to Them

Challenges	Supportive Resources
Scheduling appointments with students may be challenging for EPs. While students attending main classroom sessions in the HS generally follow a set daily schedule, those who receive bedside teaching are seen at varying times. Additionally, hospital schedules and	- Although such challenges are likely unavoidable in a hospital setting, maintaining close communication with the HS principal and other relevant HS staff may help to mitigate them. EPs will likely need to remain flexible when scheduling appointments in HSs.

treatments can further complicate appointment planning.	
EPs in Ireland are well-versed in the Irish educational system. However, due to the limited information and public awareness about HSs, EPs working in these settings may feel underprepared or inexperienced.	- A key resource for EPs would be the HS principal, who is well placed to provide guidance and support within these settings. - Most Irish HSs have a school website where EPs can access important documents e.g., admission policies (Higgins, 2022; McCarron, 2019). - EPs can access relevant, albeit limited, literature on Irish HSs such as the Review of Educational Provision for Attending Hospital Schools (DE, 2021) and the Review of Education Provision in Schools Attached to CAMHS Units (DES, 2020b).
Few EPs have extensive medical knowledge relevant to paediatric health contexts, which may make it challenging for them to meet the expectations of supporting hospitalised students.	- One of the participating teachers noted that their hospital hosts annual events where medical specialists present to HS staff on various paediatric medical conditions and their impacts on CYP. Once assigned to a HS, EPs should inquire about the availability of such events and consider attending them. - HS staff, who interact with hospitalised students daily, are a great source of knowledge. EPs would benefit from liaising with these staff members to

	gain insights into common conditions affecting students. This understanding will help EPs support such students more effectively.
A key finding from the study highlighted the critical importance of supporting both student and teacher wellbeing within the HS. This emphasis on wellbeing within an emotionally difficult context may present an additional challenge for EPS, who must also manage their own wellbeing in response.	- EPs would benefit from exploring strategies to support the wellbeing of those within a hospital, especially considering the heightened emotional challenges faced by the both students and teachers in this environment. - A Special Interest Group for EPs working with HSs has recently been established in NEPS. EPs working in HSs may find it valuable to join this group, where they can exchange knowledge on relevant topics and also benefit from a supportive space for reflection.

Table 4.2

Areas in which NEPS EPs may support HSs

Area of Support	Explanation
Supporting student wellbeing through direct work	- A major theme that arose from participant accounts was that a key role of HS is supporting student wellbeing. Parents also indicated limited input from psychologists working in the hospital, and the HS school being the best place to support students in this regard. A possible role of EPs may be to provide therapeutic support to

	students in relation to their wellbeing. There is emergent evidence that EPs are well placed to offer therapeutic support in schools both internationally (Dunsmuir & Hardy, 2016; Simpson & Atkinson, 2021) and in Ireland (Hoyne & Cunningham, 2019). EPs are reported to engage in a range of brief therapeutic approaches such as Solution Focused Brief Therapy, Motivational Interviewing and Personal Construct Psychology (Atkinson et al., 2012) which may be of benefit for long-term HS students. While NEPS' current model of service does not highlight therapeutic support as one of its services (DES, 2020a), the DE and NEPS are currently undertaking a counselling pilot in primary schools in some areas of the country (2023). Depending on the pilot's outcome, in the future there may be scope for similar supports to be trialled in other educational settings such as HSs. - Additionally, one parent highlighted that current practices employed by psychologists working with their child in the hospital was ineffective due to their rigid nature. This will also be important for EPs (and other support staff) to consider when supporting HS students. Research again proposes that person-centred care is becoming a central focus within EP practice, with this believed to improve outcomes (Smillie & Newton, 2020).
Supporting student wellbeing though	- A prominent role within EP practice in NEPS is to provide teacher consultation and trainings in order to support students indirectly

consultation and training with HS teachers	(O'Farrell & Kinsella, 2018). Teachers in the current study highlighted that there were little to no bespoke trainings available to them that are applicable to the paediatric educational context. This may be an area that EPs in NEPS could endeavour to support HS staff in the coming months and years, particularly considering the recent establishment of a NEPS Special Interest Group for Psychologists working within HSs.
Supporting around Critical Incidents	- One teacher in the study highlighted that community schools receive NEPS support in the case of a student's passing, while Irish HSs do not, despite the fact that such events happen more frequently in their area of work. A student's passing may fall under a critical incident in NEPS, which is described as "any incident or sequence of events which overwhelms the normal coping mechanisms of the school" (DES, 2016, p. 12). Therefore, it may be beneficial for NEPS EPs to establish guidance on how to respond and support around critical incidents in HSs. It will also be important to liaise with HS staff when devising such guidance in order to establish what supports would be helpful in these contexts.
Supporting HS teacher wellbeing	- Teachers in this study highlighted the essential need to maintain their personal wellbeing in order to effectively carry out their role. A managerial staff member in the current HS noted the importance of caring for their staff in this manner but admitted uncertainty on how to approach this. One previous attempt was around

	implementing staff supervision. There may be scope for NEPS EPs to assist HS staff in devising ways to support teacher wellbeing with one example being to provide guidance on organising supervision for staff. Supervision is an essential component within EP practice in Ireland (PSI, 2017) and as such EPs may be well placed to offer support in this regard.

4.5.3 Implications for Government Policy and Systemic Landscape in Ireland

4.5.3.1 HS-specific legislation is required in Ireland. Teachers in the study emphasised that a predominant barrier in current HS practice is the absence of HS-specific legislation in Ireland. As previously mentioned, Ireland is one of only a few European countries in which HS-specific regulations do not yet exist (LeHo, 2015a). This lapse in the Irish educational system leaves these schools vulnerable to several challenges such as staffing (see below), funding, and practices employed. At present, without standard guidance, Irish HSs deal with such issues at an individual school level. It is vital that the DE prioritise establishing set-legislation and regulation regarding these educational settings. As NEPS become more familiar with working with HSs, it will be essential that they too develop their own guidance for supporting these schools. Once completed, regulations from the DE and NEPS will ensure standard practice for Irish HSs nationally. See below for three examples of where guidance and regulation would assist HS practice.

4.5.3.1.1 Review of HS Student-Teacher Ratios. Teachers in this study identified limited staffing levels as a significant challenge to their practice. HS-specific circulars are required. Circulars, which provide guidance on laws and procedures, would outline staff allocations in

these settings, similar to that of Circular 03/2024 which advises on the Special Education Teacher (SET) allowance model (DE, 2024). According to the intake policy of the current HS school, they ought to have a student-teacher ratio of 10:1; however, they currently have a staff of seven, and the DE are not permitting them, at present, to recruit more teachers. Teachers in this study also question whether HS student-teacher ratios should be reassessed given increased daily enrolment figures and the significant heterogeneity within the HS student population. Therefore, departmental investigation regarding the suitability of current HS staff allowances is required. Following this, it will be essential to review staffing levels within the eleven HSs across Ireland to investigate whether these are in compliance with departmental mandates.

4.5.3.1.2 DE Guidance for Regular Schools. In relation to the previously discussed issue regarding improving communication and collaboration between HSs and regular schools, this may be an area in which the DE can also be of assistance. The DE is involved in developing education policy, quality assurance, supporting schools, and supporting teachers amongst others (Government of Ireland, 2023). Therefore, departmental guidance would be of assistance for both HSs and community schools, where should a student begin attending a HS, their regular school teachers could consult a guidance document which would outline the level of communication and collaboration with HS that it expected. Following on from the previous point of person-centred care, this document would also encourage communication with students and their families where possible, so that they too can communicate their own wants and needs in this regard.

4.5.3.1.3 Increased Awareness of HS. As both parents and teachers highlighted in this study, there remains little general awareness around hospital schooling in Ireland. Once HS-specific legislation and guidance are established, knowledge and awareness of HSs will be

improved within community schools. In order to expand upon general knowledge and awareness of HSs in society, the DE and NEPS may also contribute to this endeavour. It will be important for these organisations to consider different means of supporting societal awareness, however one possibility may be through an awareness campaign, such as the recent DE campaign to promote school attendance that was rolled-out nationally across the country (DE, 2023).

4.5.3.2 Promoting Positive Interprofessional Staff Relationships in Paediatric Centres.

The final area of need that arose from this study, that was also noted in the literature, is the social disparity seen between HS staff and other medical staff in the hospital. It will be vital for hospitals to promote positive interprofessional staff relationships, with particular focus on HSs and their staff, to ensure equal treatment for all staff located within hospitals. Teachers in the study highlighted that relationships with medical professionals were worse within teams which favoured the medical-model (Engel, 1977). As most healthcare organisations are moving towards biopsychosocial models of care (Farre & Rapley, 2017), hospitals could implement training in working inter-professionally which research indicates is helpful in supporting patients in a more comprehensive and holistic manner (Petri, 2010).

4.5.4 Potential Benefits in Service Delivery for Relevant Stakeholders

This study offers several findings and implications. For a summary of how these insights may be of benefit for relevant stakeholders, please see Table 4.3.

Table 4.3

Prospective Benefits for Stakeholders

Students	- Increased general awareness of the key aspects important to students in HS (e.g., socialisation and connectedness, continuing their education) to ensure their needs are effectively met. - Improved communication practices between students and their community school, between students and their HS, and between their HS and community school. These developments are expected to reduce stress and burden for students. - Greater opportunity for students to have a voice and autonomy in decisions affecting their care in HS, allowing them to be actively involved in choices where appropriate.
Parents	- Enhanced communication practices between parents and their child's HS, between parents and their child's community school, and between the HS and the community school. These improvements are expected to reduce burden on parents and provide them with greater peace of mind regarding their child's ongoing education while they attend the HS.
HS Teachers	- Enhanced understanding of what is important to students in HS settings to ensure the continued delivery of an effective service. - Greater awareness of the specific needs of students and parents, leading to more effective support. - Increased and tailored support from relevant organisations, including the DE and NEPS.

	- Strengthened relationships with medical staff to enhance interdisciplinary collaboration and improve the working environment.
Community Teachers	- Enhanced understanding of hospital schooling and standard practices. - Awareness that HS students and their parents value communication and connection with their regular school.
EPs	- Enhanced knowledge and insight into the role and functions of an Irish HS. - Greater understanding of the needs and expectations of HS students and teachers. - Identification of areas for development to further practices in supporting HSs in Ireland.
Medical Staff	- Increased knowledge and understanding of HSs and their staff, and their critical role in the care of hospitalised CYP. - Strengthened collaboration with HS staff to foster more effective interdisciplinary working environments, leading to improved standards of care for CYP and their families. - Given the crucial role the HS plays in supporting the wellbeing of CYP, better integration between medical and HS staff could lead to improvements in the health outcomes for CYP.

4.5.5 Implications for Future Research

The findings of the study highlight three main areas for future HS research within the Irish context. See Table 4.4 for a full explanation.

Table 4.4

Avenues for Future Irish HS Research

Research Need	Explanation
1. Further HS research	It is well recognised that there is a dearth of available literature on HSs both nationally and internationally (Kennerk, 2019; Steinke et al., 2016). Results of the systematic review undertaken as part of this thesis highlighted a lack of methodological rigour in the limited research that does exist. Further, only one study has been published from Ireland (Keehan, 2021), and this study focused solely on HS teachers. Therefore, in order to gain generalisable information regarding hospital schooling in Ireland, it is crucial that further research is undertaken within this area, and that such research includes the voices of all relevant HS stakeholders. It would be of benefit to explore these unique schools on a larger scale, and to also incorporate the perspectives of community teachers who teach or have taught a student attending a HS.
2. Exploration of Stakeholder experiences in HSs under CAMHS	HS students make up a significantly heterogenous group (Steinke et al., 2016). This is reflected through the various settings in which HSs are located in Ireland, such as paediatric centres, mental health in-patient units, and a rehabilitation hospital (DES, 2020b; DE 2021). This study represents the first step towards better understanding of Irish HS

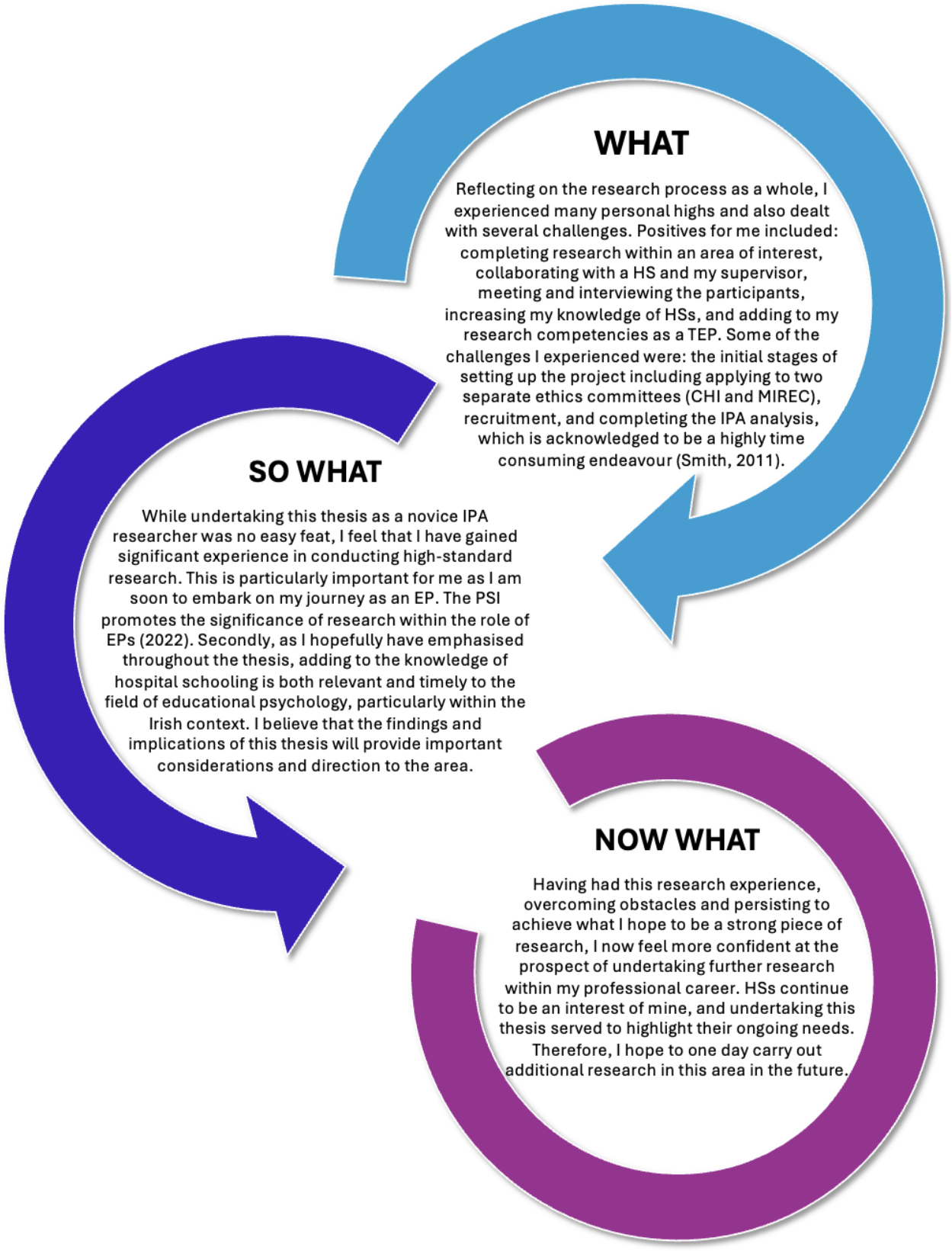
		stakeholder experiences within a paediatric hospital, however it would be beneficial to explore such experiences in HSs operating in different settings e.g., CAMHS and the rehabilitation hospital. This would add to the findings of the current study and identify the needs of these settings more comprehensively so that they may be better supported.
3.	Investigation of NEPS role in HSs	NEPS, from the 2023-2024 academic year, are now supporting Irish HSs (Houses of Oireachtas, 2023). However, this will be a significant change for EPs within the service given the complexity and distinctiveness of these schools. Therefore, it would be of great benefit for future research to explore the role of NEPS in relation to their work with HSs over the coming years to highlight wants, needs, and examples of good practice.

4.6 Personal Reflection

In reflecting on the thesis as whole, Figure 4.1 provides the researcher's personal reflection which is structured using Driscoll's Reflective Cycle (2006).

Figure 4.1

Researcher's Personal Reflection


WHAT
Reflecting on the research process as a whole, I experienced many personal highs and also dealt with several challenges. Positives for me included: completing research within an area of interest, collaborating with a HS and my supervisor, meeting and interviewing the participants, increasing my knowledge of HSs, and adding to my research competencies as a TEP. Some of the challenges I experienced were: the initial stages of setting up the project including applying to two separate ethics committees (CHI and MIREC), recruitment, and completing the IPA analysis, which is acknowledged to be a highly time consuming endeavour (Smith, 2011).
SO WHAT
While undertaking this thesis as a novice IPA researcher was no easy feat, I feel that I have gained significant experience in conducting high-standard research. This is particularly important for me as I am soon to embark on my journey as an EP. The PSI promotes the significance of research within the role of EPs (2022). Secondly, as I hopefully have emphasised throughout the thesis, adding to the knowledge of hospital schooling is both relevant and timely to the field of educational psychology, particularly within the Irish context. I believe that the findings and implications of this thesis will provide important considerations and direction to the area.
NOW WHAT
Having had this research experience, overcoming obstacles and persisting to achieve what I hope to be a strong piece of research, I now feel more confident at the prospect of undertaking further research within my professional career. HSs continue to be an interest of mine, and undertaking this thesis served to highlight their ongoing needs. Therefore, I hope to one day carry out additional research in this area in the future.

4.7 Impact Statement

This section considers the potential impact of this research study. Considering previous knowledge within the area, there is limited research available on HSs both internationally (Steinke et al., 2016), and nationally (Kennerk, 2019). This study aimed to provide an in-depth understanding of the lived experiences of HS stakeholders in Ireland. It represents the first study to explore three HS stakeholder groups (students, parents, and teachers) through a phenomenological lens. It is also the first study to include the voices of HS students and parents in Irish research. By employing a multiperspectival IPA design, this study generated new knowledge by identifying good practice within the HS, but also several stakeholder needs which have important implications for EP and school practice, policy development, and future research.

This study was completed as part of the researcher's professional doctorate in Educational and Child Psychology. The undertaking of this study was timely given the recent announcement that NEPS EPs are now supporting HSs (Houses of Oireachtas, 2023). Findings of this research point to three specific areas in which EPs may support HSs, including: supporting student wellbeing through therapeutic input, supporting student wellbeing through consultation and teacher training, and supporting teacher wellbeing through HS-specific guidance and supports. It is expected that these implications will provide preliminary guidance for EPs within NEPS.

In terms of educational practice, findings highlighted key areas for consideration. For HS students these include the necessity of recognising the student, where appropriate, as an equal agent in decisions that are made about them, and considering means of supporting medically-isolated HS students to socialise with peers, such as technology systems (Wilkie & Jones, 2010). For parents and HS teachers, findings indicate the need to communicate early in the HS journey

to establish the level of communication that will take place while a student attends HS, and to take into account individual preferences and needs. Finally, for HSs and regular schools, findings highlight the need to improve communication between these settings but also to develop some guidance which regular schools can refer to.

The findings of this study have clear implications for policy development. The systematic review that was undertaken within this thesis highlighted that HSs in Ireland remain unlegislated. Findings from teachers emphasised the challenges this places on them as educators but also the overall HS. It is envisaged that these findings may lend support to policy development within the DE, and NEPS. This study, along with such policy, may bring awareness of HSs to schools around Ireland.

A final potential impact of this study is to guide further research in this area, particularly within a national context. The study has identified specific areas for future research including exploration of HS stakeholder experiences from different HS contexts (e.g., within CAMHS units) and investigation around NEPS role within HSs.

The researcher hopes to disseminate the study's findings through publication in a peer-reviewed academic journal and through professional conferences. The researcher will also disseminate the study findings to the HS and HS teachers who took part in this research, along with providing a brief report to NEPS.

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Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, *15*(2), 215-228. https://doi.org/https://doi.org/10.1080/08870440008400302

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative Psychology* (2nd ed., pp. 235-251). SAGE Publications.

Yardley, L. (2017). Demonstrating the validity of qualitative research *Journal of Positive Psychology*, *12*(3), 295-296. https://doi.org/10.1080/17439760.2016.1262624

Yates, L., Bond, L., Dixon, M., Drew, S., Ferguson, P., Hay, T., Moss, J., St Leger, P., Walker, H., & White, J. (2010). *Keeping connected: identity, social connection and education for young people living with chronic illness*. Melbourne Graduate School of Education. https://dro.deakin.edu.au/view/DU:30034032

Yenel, K., Sönmez, E., Ayaz, E., & Şahin, F. (2021). Education at Hospital with the Understanding of "Education for All": A Case Study. *Egitim ve Bilim*, *46*(207). https://doi.org/10.15390/EB.2021.9503

Yin, R. (2009). *Case study research: Design and methods* (fourth ed.). SAGE.

Zaid, A., & Bennoudi, H. (2023). AI vs. Human Translators: Navigating the Complex World of Religious Texts and Cultural Sensitivity. *International Journal of Linguistics, Literature*

and Translation, *6*(11), 173-182. https://doi.org/https://doi.org/10.32996/ijllt.2023.6.11.21

Zhu, C., & Van Winkel, L. (2015). Using an ICT tool as a solution for the educational and social needs of long-term sick adolescents. *Technology, Pedagogy and Education*, *24*(2), 231-245. https://doi.org/10.1080/1475939X.2013.856339

Appendix A

Enhancing Transparency in Reporting the Synthesis of Qualitative Research (ENTREQ) Statement (Tong et al., 2012)

Table A.1

Full ENTREQ Statement

No.	Item	Guide and Description
1	Aim	State the research question the synthesis addresses.
2	Synthesis Methodology	Identify the synthesis methodology or theoretical framework which underpins the synthesis, and describe the rationale for choice of Methodology(e.g., meta-ethnography, thematic synthesis, critical interpretive synthesis, grounded theory synthesis, realist synthesis, meta-aggregation, metastudy, framework synthesis).
3	Approach to Searching	Indicate whether the search was pre-planned (comprehensive search strategies to seek all available studies) or iterative (to seek all available concepts until they theoretical saturation is achieved).
4	Inclusion Criteria	Specify the inclusion/exclusion criteria (e.g., in terms of population language, year limits, type of publication, study type).
5	Data Sources	Describe the information sources used e.g., electronic databases (MEDLINE, EMBASE, CINAHL, psycINFO, Econlit), grey literature Databases (digital thesis, policy reports), relevant organisational websites, experts, information specialists, generic web searches (google scholar) hand searching, reference lists) and when the searches conducted; provide the rationale for using the data sources.
6	Electronic Search Strategy	Describe the literature search (e.g., provide electronic search strategies with population terms, clinical or health topic terms, experiential or social phenomena related terms, filters for qualitative research, and search limits).
7	Data Screening Methods	Describe the process of study screening and sifting (e.g., title, abstract and full text review, number of independent reviewers who screened studies).
8	Study Characteristics	Present the characteristics of the included studies (e.g., year of publication, country population, number of participants, methodology, data collection, analysis, research questions).
9	Study Selection Results	Identify the number of studies screened and provide reasons for study exclusion (e.g., for comprehensive searching, provide numbers of studies screened and reasons for exclusion indicated in a figure/ flowchart; for iterative searching

		describe reasons for study exclusion and inclusion based on modifications the research question and/or contribution to theory development).
10	Rationale for Appraisal	Describe the rationale and approach used to appraise the included studies or selected findings (e.g., assessment of conduct (validity and robustness), assessment of reporting (transparency) and utility of the findings).
11	Appraisal Items	State the tools, frameworks and criteria used to appraise the studies or selected findings (e.g., existing tools; reviewer developed tools; describe the domains assessed; research team, study design, data analysis and interpretations, reporting).
12	Appraisal Process	Indicate whether the appraisal was conducted independently by more than one reviewer and if consensus was required.
13	Appraisal Results	Present results of the quality assessment and indicate which articles, if any, were weighted/excluded based on the assessment and give the rationale.
14	Data Extraction	Indicate which sections of the primary studies were analysed and how were the data extracted from the primary studies? (e.g., all text under the headings "results/conclusions" were extracted electronically and entered into a computer software).
15	Software	State the computer software used, if any.
16	Number of Reviewers	Identify who was involved in coding and analysis.
17	Coding	Describe the process for coding of data (e.g., line by line to search for concepts).
18	Study Comparison	Describe how were comparisons made within and across studies(e.g., subsequent studies were coded into pre-existing concepts, and new concepts were created when deemed necessary).
19	Derivation of Themes	Explain whether the process of deriving the themes or constructs was inductive and deductive.
20	Quotations	Provide quotations from the primary studies to illustrate themes/ constructs, and identify whether the quotations were participant quotations of the author's interpretation.
21	Synthesis Output	Present rich, compelling and useful results that go beyond a summary of the primary studies (e.g., new interpretation, models of evidence, conceptual models, analytical framework, development of a new theory or construct).

Appendix B

Excluded Articles with Rationales and Full References

Table B.1

List of Excluded Studies: excluded following abstract and full-text screening

Excluded Study	Rationale for Exclusion
1. Äärelä, T. L. M., Määttä, K., & Uusiautti, S. (2018b). The challenges of parent-teacher collaboration in the light of hospital school pedagogy *Early Child Development & Care*, *188*(6), 709-722. https://doi.org/10.1080/03004430.2016.1230108	Exclusion criteria 3 – This article is focused on issues around the collaboration between a hospital school teacher and parents who have a child attending hospital school due solely to mental health conditions.
2. Andreatta, F., Robol, C., Bolognani, C., Dodman, M. (2015). Sustainable education for children who are ill: Promoting wellbeing in hospital learning environments. *Visions for Sustainability* 4: 43-54. https://doi.org/10.7401/visions.04.05	Exclusion criteria 5 – This is a non-empirical research article focusing on issues surrounding education for children who are ill.
3. Ávalos, L., & Fernández, M. B.. (2021). Teachers of Hospital Pedagogy: A Systematic Review. *Paidéia (ribeirão Preto)*, *31*, e3139. https://doi.org/10.1590/1982-4327e3139	Exclusion criteria 5 – This study is a systematic review on hospital school teachers
4. Benigno, V., et al. (2020). Exploring the Impact of the COVID-19 Pandemic on Italy's School-in-Hospital (SiHo) Services: The Teachers' Perspective. *Continuity in Education, 1*(1), pp. 136–149. DOI: https://doi.org/10.5334/cie.26	Exclusion criteria 3 – This study focuses on the impact of the COVID-19 pandemic on hospital school teacher's
5. Bethell, C., Newacheck, P., Fine, A., Strickland, B., Antonelli, R., Wilhelm, C., Honberg, L., & Wells, N. (2014). Optimizing Health and Health Care Systems for Children with Special Health Care Needs Using the Life Course	Exclusion criteria 5 – This is a theoretical paper focusing on life course theory for children with special health care needs.

	Perspective. *Maternal & Child Health Journal*, *18*(2), 467–477. https://doi.org/10.1007/s10995-013-1371-1	
6.	Bryan, G., Kelly, P., Chesters, H., Franklin, J., Griffiths, H., Langton, L., Langton, L., Wakefield, C. E., & Gibson, F. (2021). Access to and experience of education for children and adolescents with cancer: a scoping review protocol. *Systematic Reviews*, *10*(1), 167. https://doi.org/10.1186/s13643-021-01723-4	Exclusion criteria 5 – This is a scoping review protocol
7.	Buerke, P. (1966). Out of the Classroom. *Exceptional Children*, *32*(8), 559–563. https://doi.org/10.1177/001440296603200807	Exclusion criteria 5 – This is a non-empirical research article focusing on the need for, and implementation of, a hospital school service for hospitalised children.
8.	Bülow, P. H., & Hydén, L.-C. (2003). Patient school as a way of creating meaning in a contested illness: the case of CFS. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness & Medicine*, *7*(2), 227. https://doi.org/10.1177/1363459303007002876	Exclusion criteria 3 – This study is focused on the creation of a Chronic Fatigue Syndrome school within a hospital clinic.
9.	Caggiano, G., Brunetti, L. I. G., Ho, K., Piovani, A., & Quaranta, A. (2021). Hospital School Program: The Right to Education for Long-Term Care Children. *International journal of environmental research and public health*, *18*(21), 11435. https://doi.org/10.3390/ijerph182111435	Exclusion criteria 5 – This is a non-empirical research article focusing on aspects of hospital schooling; the need for this special education, the role of teachers within these settings, and the challenges resulting from the COVID-19 pandemic.
10.	Capurso, M. and Dennis, J.L. (2017), Key Educational Factors in the education of students with a medical condition. *Support for Learning*, *32*: 158-179. https://doi.org/10.1111/1467-9604.12156	Exclusion criteria 3 – This is a non-empirical research article focusing on the development of key educational factors within the education of students with medical conditions.

11.	Chen, D. F., Tsai, T. C., Su, Y. T., & Lin, C. W. (2015). Hospital-based school for children with chronic illness in Taiwan. *Journal of the Formosan Medical Association = Taiwan yi zhi, 114*(10), 995–999. https://doi.org/10.1016/j.jfma.2013.12.006	Exclusion criteria 3 – This study focuses on investigating the prevalence of hospital schools or education programmes within hospitals in Taiwan.
12.	Csinády. R. V. (2015). Hospital pedagogy, a bridge between hospital and school. *Hungarian Educational Research Journal, 5*(2), 49-65. https://doi.org/10.14413/herj.2015.02.04.	Exclusion criteria 5 – This is a non-empirical article focusing on the history and current state of hospital pedagogy in Hungary.
13.	Delloso, S., Gannoni, A., & Roberts, R. M. (2021). Maintaining Schooling for Children With Cancer During and Post Treatment: Parents' Perspectives of a Theory-Based Program. *Continuity in Education*, *2*(1), 26–41. https://doi.org/10.5334/cie.24	Exclusion criteria 3 – This study focuses on the implementation of a hospital-based schooling intervention for hospitalised children with cancer.
14.	Dixon, M. (2014). Learning between schools and hospitals – young people and a curriculum of (dis)connection. *International Journal of Inclusive Education, 18*(3), 270-282. https://doi.org/10.1080/13603116.2012.676084	Exclusion criteria 4 – This study explores what is important for the education of young people who attended a hospital school from the perspectives of staff in the hospital school, educational staff in the community, and medical professionals in the hospital.
15.	Frank, J. L. (1977). A weekly group meeting for children on a pediatric ward: Therapeutic and practical functions. *International Journal of Psychiatry in Medicine, 8*(3), 267–283. https://doi.org/10.2190/REA2-Y8Y6-G2L1-NMMV	Exclusion criteria 3 – This study focuses on the implementation of a weekly therapeutic group meeting for school-aged hospitalised children.
16.	Freund, M. (1954). The Long Term Patient in a Hospital School. *Exceptional Children, 21*(1), 13–32. https://doi.org/10.1177/001440295402100105	Exclusion criteria 5 – This article is a non-empirical report on the considerations needed for the hospital school student.
17.	Gajda, M., Berkowska, A., & Małkowska-Szkutnik, A. (2022). Hospital schools during COVID-19: Teachers'	Exclusion criteria 3 – This study focuses on the experiences of

	perspective. *Journal of Mother and Child*, *25*(3), 202–208. https://doi.org/10.34763/jmotherandchild.20212503SI.d-21-00016	hospital school teachers of working during the COVID-19 pandemic.
18.	Gfroerer, S. D., Wade, S. L., & Wu, M. (2008). Parent perceptions of school-based support for students with traumatic brain injuries. *Brain Injury*, *22*(9), 649–656. https://doi.org/10.1080/02699050802227162	Exclusion criteria 3 – This study focuses on parents perceptions of the support received from their child's mainstream school following them sustaining a traumatic brain injury
19.	Goldfarb, P. (1992). The psychiatric hospital adolescent experience: Toward greater school/hospital understanding and.. *Preventing School Failure*, *36*(3), 37. https://doi.org/10.1080/1045988X.1992.9944276	Exclusion criteria 3 – This article is focused on issues around educating mentally ill adolescents in psychiatric hospitals.
20.	Goodman S. (1988). Hospital teachers: medical interpreters or raffia mafia?. *Archives of disease in childhood*, *63*(3), 333–338. https://doi.org/10.1136/adc.63.3.333	Exclusion criteria 5 – This is a non-empirical research article focusing on challenges within schooling in a hospital.
21.	Higuchi, K., Nakazawa, Y., Sakata, N., Takizawa, M., Ohso, K., Tanaka, M., Yanagisawa, R., & Koike, K. (2011). Telecommunication system for children undergoing stem cell transplantation. *Pediatrics International : Official Journal of the Japan Pediatric Society*, *53*(6), 1002–1009. https://doi.org/10.1111/j.1442-200X.2011.03481.x	Exclusion criteria 3 – This study focuses on the implementation of a telecommunication system for paediatric patients in an isolation unit.
22.	Hill, S., Hill, A., & Hampton, D. (2004). Videoconferencing in a hospital school: removing barriers. *Journal of Audiovisual Media in Medicine*, *27*(2), 58–61. https://doi.org/10.1080/01405110410001710220	Exclusion criteria 3 – This study focuses on the use of videoconferencing in a hospital school
23.	Hollett, T., & Ehret, C. (2015). "Bean's World": (Mine) Crafting affective atmospheres of gameplay, learning, and care in a children's hospital. *New Media & Society*, *17*(11), 1849–1866. https://doi.org/10.1177/1461444814535192	Exclusion criteria 3 – This study focuses on the felt-experience of playing video games experienced by a child while hospitalised.
24.	Hopkins L. J. (2016). Hospital-based education support for students with chronic health conditions. *Australian health*	Exclusion criteria 3 – This study focuses on factors contributing to

	review: a publication of the Australian Hospital Association, *40*(2), 213–218. https://doi.org/10.1071/AH15032	best practice within hospital schools in Australia.
25.	Isiktekiner, F. S., & Altun, S. A. (2011). Being a Teacher at Hospital Schools: Problems and Issues. *Egitim Ve Bilim*, *36*(161), 318. http://libraryproxy.mic.ul.ie/login?url=https://www.proquest.com/scholarly-journals/being-teacher-at-hospital-schools-problems-issues/docview/1009842026/se-2	Exclusion criteria 2 – This study is written in Turkish.
26.	Karppinen, S. (2022). Outdoor Education in a Finnish Hospital School: Let's Open the Doors and Take a Forest Walk. *Journal of Outdoor and Environmental Education*, *25*(1), 47–60. https://doi.org/10.1007/s42322-021-00093-8	Exclusion criteria 3 – This study focuses on the impact of incorporating forest walks with hospital school students.
27.	Kashani, J. H., Hodges, K. K., Simonds, J. F., & Hilderbrand, E. (1981). Life events and hospitalization in children: A comparison with a general population. *The British Journal of Psychiatry*, *139*, 221–225. https://doi.org/10.1192/bjp.139.3.221	Exclusion criteria 5 – This is a quantitative study focusing on the examination of life events in hospitalised children and non-hospitalised children.
28.	Kouzoupis, A. B., Paparrigopoulos, T., Soldatos, M., & Papadimitriou, G. N. (2010). The family of the multiple sclerosis patient: A psychosocial perspective. *International Review of Psychiatry*, *22*(1), 83–89. https://doi.org/10.3109/09540261003589588	Exclusion criteria 3 – This study focuses on challenges of the family of a person with multiple sclerosis.
29.	Kruger, de Wet, T., & Vally, S. (2012). Education for hospitalised children: Lessons from Philo Impilo. *Education as Change = Onderwys as Verandering.*, *16*(2), 269–282. https://doi.org/10.1080/16823206.2012.745755	Exclusion criteria 3 – This study, conducted in a hospital school programme, focuses on student experiences of their home and school, their medical care and treatment, and socio-economic status to aid policy development in South Africa.

30.	Larcombe, I. J., Walker, J., Charlton, A., Meller, S., Morris Jones, P., & Mott, M. G. (1990). Impact of childhood cancer on return to normal schooling. *BMJ (Clinical Research Ed.)*, *301*(6744), 169–171. https://doi.org/10.1136/bmj.301.6744.169	Exclusion criteria 3 – This study focuses on the return to regular schooling after a period of hospitalisation due to paediatric cancer.
31.	Lash, M., & Scarpino, C. (1993). School Reintegration for Children with Traumatic Brain InjuriesConflicts between Medical and Educational Systems. *NeuroRehabilitation*, *3*(3), 13–25. https://doi.org/10.3233/NRE-1993-3304	Exclusion criteria 3 – This study focuses on the development of a school-based traumatic brain injury model to aid with school reintegration.
32.	Lazari, E. C., Mylonas, C. C., Thomopoulou, G. E., Manou, E., Nastos, C., Kavantzas, N., Pikoulis, E., & Lazaris, A. C. (2023). Experiential student study groups: perspectives on medical education in the post-COVID-19 period. *BMC Medical Education*, *23*(1), 42. https://doi.org/10.1186/s12909-023-04006-9	Exclusion criteria 3 – This study focuses on undergraduate medical curriculum for third level students during the post-COVID-19 pandemic.
33.	Lewis, H., & Price-Howard, K. (2021). Worlds collide: Traditional classroom meets online learning. *Journal of Hospitality & Tourism Research*, *45*(5), 924–926. https://doi.org/10.1177/10963480211011542	Exclusion criteria 3 – This article focuses on the move to classroom-based instruction to online-based instruction as the result of the COVID-19 pandemic.
34.	Lian, M. J., & Chan, H. N. H. (2003). Major concerns of hospitalized school-age children and their parents in Hong Kong. *Physical Disabilities: Education and Related Services*, *22*(1), 37.	Exclusion criteria 4 – This study recruited hospitalised children and their parents and did not state whether they were attending the hospital school.
35.	MacDougall, J., & Drummond, M. J. (2005). The development of medical teachers: an enquiry into the learning histories of 10 experienced medical teachers. *Medical Education*, *39*(12), 1213–1220. https://doi.org/10.1111/j.1365-2929.2005.02335.x	Exclusion criteria 3 – This study focuses on the means in which doctors have learned to teach and train other doctors.

36.	Magalhães, P., Mourão, R., Pereira, R., Azevedo, R., Pereira, A., Lopes, M., & Rosário, P. (2018). Experiences During a Psychoeducational Intervention Program Run in a Pediatric Ward: A Qualitative Study. *Frontiers in Pediatrics*, *6*, 124. https://doi.org/10.3389/fped.2018.00124	Exclusion criteria 3 – This study focuses on the implementation of a psychoeducational intervention programme for hospitalised children located in a regional hospital without a hospital school.
37.	Maor, D., & Mitchem, K. (2020). Hospitalized Adolescents' Use of Mobile Technologies for Learning, Communication, and Well-Being. *Journal of Adolescent Research*, *35*(2), 225–247. https://doi.org/10.1177/0743558417753953	Exclusion criteria 3 – This study focuses on technology use for hospitalised adolescents.
38.	Marraccini, M. E., & Pittleman, C. (2022). Returning to School Following Hospitalization for Suicide-Related Behaviors: Recognizing Student Voices for Improving Practice. *School Psychology Review*, *51*(3), 370–385. https://doi.org/10.1080/2372966X.2020.1862628	Exclusion criteria 3 – This study focuses on reintegration of adolescents to their regular school following hospitalisation for suicide-related behaviour.
39.	Maurer, M. H., & Menzel, M. (2016). Comment on "Mental health problems in a school setting in children and adolescents:" Cooperation between schools and hospitals. *Deutsches Ärzteblatt International*, *113*(33–34), 560.	Exclusion criteria 5 – This is a non-empirical research article is a commentary in response to a review article.
40.	McCarthy, A., Maor, D., & McConney, A. (2019). Transforming Mobile Learning and Digital Pedagogies: An Investigation of a Customized Professional Development Program for Teachers in a Hospital School. *Contemporary Issues in Technology and Teacher Education (CITE Journal)*, *19*(3).	Exclusion criteria 3 – This study focuses on the implementation of a digital strategy in a hospital school.
41.	Morgan, E. (2021). 'Now the letters are all back to front and upside down': Teaching and learning in the context of life-threatening illness. *British Journal of Psychotherapy*, 1. https://doi.org/10.1111/bjp.12656	Exclusion criteria 4 – Participant at the time of writing was a child and adolescent psychotherapist in training, working as a teaching mentor in a hospital school.
42.	Moser, A., Wirt, S. Z., & Niedzwecki, C. (2022). Determining school reintegration needs of acquired brain	Exclusion criteria 3 – This study focuses on a hospital school

	injury patient through the use of a novel school simulation rubric. *Journal of Pediatric Rehabilitation Medicine, 15*(3), 523–527. https://doi.org/10.3233/PRM-210052	simulation in order to determine readiness for reintegration of students into their regular school.
43.	Navarra, P. (2018). Shared Journeys: Breaking through the barriers of hospitalisation for individuals with learning difficulties. *SLD Experience, 78*, 3–7.	Exclusion criteria 3 – This study focuses on a teacher's transition from a special school setting to a hospital setting to continue working with children with learning difficulties.
44.	Neill, C., Corder, D., Wikitera, K.-A., & Cox, S. (2017). Embracing the muddle: learning from the experiences from interdisciplinary teaching and learning collaboration. *New Zealand Journal of Teachers' Work*, *14*(2), 136–154. https://doi.org/10.24135/teacherswork.v14i2.235	Exclusion criteria 3 – This study focuses on trialling an interdisciplinary undergraduate culture and society course for third level students.
45.	Nind, M., & Hewett, D. (1988). Interaction as Curriculum. *British Journal of Special Education*, *15*(2), 55–57. https://doi.org/10.1111/j.1467-8578.1988.tb00314.x	Exclusion criteria 5 – This is a non-empirical research article focusing on the use of interaction as part of the teaching curriculum for students with severe learning difficulties.
46.	Ortiz MCA, & Lima RAG. (2007). Experiences of families with children and adolescents after completing a cancer treatment: support for the nursing care. *Revista Latino-Americana de Enfermagem (RLAE)*, *15*(3), 411–417. https://doi.org/10.1590/s0104-11692007000300008	Exclusion criteria 3 – This study which was conducted in a hospital school focuses on how parents of, and, children with cancer experience the period following cancer treatment.
47.	Pearce, S. J. (2004). 'I wish they had this at my school!': the hospital and widening access. *Clinical Teacher*, *1*(1), 10–13. https://doi.org/10.1111/j.1743-498X.2004.00009.x	Exclusion criteria 5 – This is a non-empirical research report on the need and feasibility of continuing hospital schools under the National Health Service (NHS) in Britain.

48.	Pini, S., Gardner, P., & Hugh-Jones, S. (2013). The impact of a cancer diagnosis on the education engagement of teenagers – Patient and staff perspective. *European Journal of Oncology Nursing*, *17*(3), 317–323. https://doi.org/10.1016/j.ejon.2012.08.005	Exclusion criteria 3 – This study focuses on the broad impact of childhood cancer on education.
49.	Poursanidou, K., Garner, P., Stephenson, R., & Watson, A. (2003). Educational Difficulties and Support Needs of Children Following Renal Transplantation: Student, Parent and Teacher Perspectives. *International Journal of Adolescence and Youth*, *11*(2), 157–180. https://doi.org/10.1080/02673843.2003.9747925	Exclusion criteria 3 – This study focuses on the educational difficulties and support needs of children who received renal transplants in the past through student, parent and mainstream school teacher perspectives.
50.	Poursanidou K, Garner P, & Watson A. (2008). Hospital--school liaison: perspectives of health and education professionals supporting children with renal transplants. *Journal of Child Health Care*, *12*(4), 253–267. https://doi.org/10.1177/1367493508096201	Exclusion criteria 4 - Participants in the study sample consisted of healthcare professionals and teachers in mainstream schools.
51.	Preyde, M., Parekh, S., Warne, A., & Heintzman, J. (2017). School Reintegration and Perceived Needs: The Perspectives of Child and Adolescent Patients During Psychiatric Hospitalization. *Child & Adolescent Social Work Journal*, *34*(6), 517–526. https://doi.org/10.1007/s10560-017-0490-8	Exclusion criteria 3 – This study focuses on school reintegration of students following psychiatric hospitalisation.
52.	Rendell, R. (1986). An analysis of the role of the principal in psychiatric hospital schools. *Child Psychiatry and Human Development*, *16*(4), 285–293. https://doi.org/10.1007/BF00706484	Exclusion criteria 3 – This study focuses on examining the role of the principal in a psychiatric hospital school.
53.	Reyhani, T.; Aemmi, S. Z.; Zeydi, A. The effect of teacher's presence at children's bedside on the anxiety of mothers with hospitalized children: A randomized clinical trial. *Iranian Journal of Nursing & Midwifery Research*, v. 21, n. 4, p. 436–440, 2016. DOI 10.4103/1735-9066.185610.	Exclusion criteria 5 – This study employs a quantitative design in order to investigate whether the presence of a hospital school teacher can reduce the anxiety of

	mothers with hospitalised children.
54. Robbins J. (1973). Students' attitudes toward evening experience (Pittsburgh, PA. Shadyside Hospital School of Nursing). *Nursing Outlook, 21*, 169–170.	Exclusion criteria 6 – This study's abstract and full article could not be located in the reviewer's college database and other repositories.
55. Sextou, P. (2022). Theatre in paediatrics: can participatory performance mitigate educational, emotional and social consequences of missing out school during hospitalisation? *Research in Drama Education*, *27*(1), 88–105. https://doi.org/10.1080/13569783.2021.1940914	Exclusion criteria 3 – This study focuses on an evaluation of a theatre project for hospitalised children.
56. Sikes. P., & Platt, M. (2022). Discovering ethnography and passing on the baton: Exploring life in a hospital school. *Qualitative Research Journal, 22*(3), 354-363. https://doi.org/10.1108/QRJ-02-2022-0017	Exclusion criteria 4 – This study explored the hospital school through an ethnographic approach. The perspectives gained were the researcher's own experiences, who at the time of writing, was a trainee teacher volunteering once a week in a hospital school.
57. Taniguchi, A. (2005). Teachers' Practices at a Hospital School: A Qualitative Approach to Analyzing the Education of Children Who Are Hospitalized. *Japanese Journal of Educational Psychology*, *53*(3), 427-438. https://doi.org/10.5926/jjep1953.53.3_427	Exclusion criteria 2 – This study is written in Japanese.
58. Tishelman, A. C., & Geffner, R. (2011). Child and Adolescent Trauma across the Spectrum of Experience: Research and Clinical Interventions. *Journal of Child & Adolescent Trauma*, *4*(1), 1–7. https://doi.org/10.1080/19361521.2011.545982	Exclusion criteria 3 – this article focuses on research around childhood trauma and interventions within the area.
59. Torres, B., Harris, R. F., Lockwood, D., Johnson, J., Mirabal, R., Wells, D. T., Pacheco, M., Soussou, H., Robb, F.,	Exclusion criteria 3 – This study focuses on a science mentor

	Weissman, G. K., & Gwosdow, A. R. (1997). A hospital/school science fair mentoring program for middle school students. *The American Journal of Physiology*, *273*(6 Pt 3), S47–S54. https://doi.org/10.1152/advances.1997.273.6.S47	programme collaboration between a hospital and a mainstream middle school.
60.	Turcotte, P., Shea, L. L., & Mandell, D. (2018). School Discipline, Hospitalization, and Police Contact Overlap Among Individuals with Autism Spectrum Disorder. *Journal of Autism & Developmental Disorders*, *48*(3), 883–891. https://doi.org/10.1007/s10803-017-3359-y	Exclusion criteria 3 – This study focuses on correlations between discipline practices, psychiatric hospitalisations and police contact among young people with Autism.
61.	Van Heerden, J., Lisa Christine, I., Downing, J., Davidson, A., Hessissen, L., Schoeman, J., Ladas, E. J., Abdelhafeez, H., Georgia Odongo Arao, S., Fentie, A. M., Kamal, S., Parkes, J., Naiker, T., Ludick, A., Balagadde-Kambugu, J., & Geel, J. (2023). Current status of African pediatric oncology education efforts aligned with the Global Initiative for Childhood Cancer. *Pediatric Hematology & Oncology*, *40*(3), 224–241. https://doi.org/10.1080/08880018.2022.2117882	Exclusion criteria 3 – This study focuses on the professional education efforts and policies around paediatric cancer.
62.	Vargas Rivas, M. M., Olivares Aising, D., & Fernández Droguett, R. (2016). Autoethnography: theater as a therapeutic tool for hospital School Children. *Cadernos de Terapia Ocupacional Da UFSCar*, *24*(3), 639–650. https://doi.org/10.4322/0104-4931.ctoEN0678	Exclusion criteria 3 – This study focuses on a theatre workshop that was employed in a hospital school as a therapeutic tool.
63.	Von Hahn, L., Linse, C., & Hafler, J. (2002). Hospital assessments of children with learning problems: perspectives from special education administrators and hospital evaluators. *Ambulatory Pediatrics : The Official Journal of the Ambulatory Pediatric Association*, *2*(1), 11–16. https://doi.org/10.1367/1539-4409(2002)002<0011:haocwl>2.0.co;2	Exclusion criteria 3 – This study focuses on the perspectives of special school administers and hospital evaluators on hospital assessments of children with learning difficulties.
64.	Wall, O., & O'Sullivan, E. (2021). Teaching acute hospital staff and students about patient flow. *British*	Exclusion criteria 3 – This study focuses on how the concept of

	Journal of Nursing, *30*(13), 812–819. https://doi.org/10.12968/bjon.2021.30.13.812	optimal patient flow is taught within a hospital group.
65.	Weiss, M., & Burke, A. (1970). A 5- to 10-year followup of hospitalized school phobic children and adolescents. *American Journal of Orthopsychiatry*, *40*(4), 672–676. https://doi.org/10.1111/j.1939-0025.1970.tb00724.x	Exclusion criteria 3 – This is a follow-up study focusing on young people previously hospitalised due to school phobia.
66.	Xiong, H.-Y., Zhang, G., Wang, L., Li, Z., Shen, Q., Li, Y., Zhu, H., Du, Y., Sun, L., Zhao, B., Zhao, L., Fu, H., Li, X., Gao, X., Hao, S., Ding, J., Chen, Z., Xu, Z., Liu, X., … Wang, M. (2022). Psychological research of the children with chronic kidney disease and their guardians during the COVID-19 pandemic. *Frontiers in Public Health*, *10*, 922678. https://doi.org/10.3389/fpubh.2022.922678	Exclusion criteria 3 – This study focuses the psychological pressure faced by children with chronic kidney disease and their caregivers during the COVID-19 pandemic.
67.	Yang, B. H., Chung, C. Y., & Li, Y.-S. (2018). Partnership between families of children with muscular dystrophy and healthcare professionals: From parents' perspective. *Asian Nursing Research*. https://doi.org/10.1016/j.anr.2018.05.002	Exclusion criteria 3 – This study focuses on the exploration of partnerships between families and healthcare professionals from the perspective of parents of children with muscular dystrophy.
68.	Yates, L., L. Bond, M. Dixon, S. Drew, P. Ferguson, T. Hay, J. Moss, P. St Leger, H. Walker, & J. White. (2010). *Keeping connected: Identity, social connection and education for young people living with chronic illness.* Melbourne: Melbourne Graduate School of Education, University of Melbourne.	Exclusion criteria 1 – This report explores the issues around identity, social connection, and general education in young people with chronic illness.
69.	Young, M., Simpson, V., McComb, S. A., Kirkpatrick, J. M., La Lopa, J. M., & Bullard, K. S. (2014). Toward Creating an Optimal Acute Care Clinical Learning Environment: Insights From Staff, Faculty, and Students. *Journal of Nursing Education*, *53*(3S), S42–S45. https://doi.org/10.3928/01484834-20140211-06	Exclusion criteria 3 – This study focuses on perceptions of student nurses, their teachers, and other staff on how clinical sites impact student learning.

Appendix C

Weight of Evidence A Criteria

WoE A appraises the methodological quality of a study (Gough, 2007). Given that this review is interested in exploring the available qualitative literature focusing on experiences linked with hospital schooling, Brantlinger and colleagues' (2005) framework of quality indicators was utilised to code and calculate the WoE A for each included study. This framework was adapted for this review by the reviewer in order to account for the qualitative elements of included studies which employed a mixed-methods methodology. The WoE A was calculated for each included study by averaging the credibility measures and quality indicators. Table C.1 provides an outline of each credibility and quality criterion and a rubric for scoring the included studies. Table C.2, highlights the scores assigned to each criteria and an overall WoE for each included study in the current review.

Table C.1

Coding Protocol

Criteria Name	Explanation from Brantlinger et al., (2005)	Coding Criteria
Triangulation	Search for convergence of, or consistency among, evidence from multiple and varied data sources (observations/interviews; one participant & another; interviews/documents) • Data triangulation- use of varied data sources in a study • Investigator triangulation- use of several researchers, evaluators, peer debriefers • Theory triangulation-use of multiple perspectives to interpret a single set of data • Methodological triangulation- use of multiple	*For each form of triangulation evidenced, the study receives one point* 0 – no evidence 1 – some evidence of triangulation 2 – promising evidence of triangulation 3 – strong evidence of triangulation 4 – exemplary evidence of triangulation

	methods to study a single problem	
Disconfirming Evidence	After establishing preliminary themes/categories, the researcher looks for evidence inconsistent with these themes (outliers); also known as negative or discrepant case analysis	0 – only presents concurring views 1 – acknowledging when not all views agreed 2 – articulating divergent views with explanation (no direct quotes) 3 – articulating divergent views with explanation and quotes to illustrate
Researcher Reflexivity	Researchers attempt to understand and self-disclose their assumptions, beliefs, values, and biases (i.e., being forthright about position/perspective).	0 – no evidence of being forthright about own beliefs and potential biases 1 – uses methods associated with reflexivity but in superficial manner e.g., team of researchers looked at the transcripts 2 – references method of reflexivity with the aim of minimising personal biases 3 – explicitly state and describe in detail reflexivity methods and how personal views/biases were minimised.
Checks	Participants review and confirm the accuracy (or inaccuracy) of interview transcriptions or observational field notes. • Level 1 - taking transcriptions to participants prior to analyses and interpretations of results. • Level 2 - taking analyses and interpretations of data to participants (prior to publication) for validation of (or support for) researchers' conclusions	0 – not referenced 1 – states checks did not happen 2 – states checks happened with minimal description 3 – states checks happened with rationale and description
Collaborative Working	Involving multiple researchers in designing a study or concurring about conclusions to ensure that analyses and interpretations are not idiosyncratic and/or biased; could involve interrater reliability checks on the observations made or the coding of data.	0 – not referenced 1 – stated that multiple researchers were involved in research 2 – stated multiple researchers were involved and roles of various researchers 3 – stated multiple researchers are involved and includes discussion about interrater reliability

External Auditors	Using outsiders (to the research) to examine if, and confirm that, a researcher's inferences are logical and grounded in findings.	0 – not referenced 1 – stated external auditors were involved 2 – stated external auditors were involved and who they were 3 – stated external auditors were involved, who they were and outcomes of their involvement
Peer Debriefing	Having a colleague or someone familiar with phenomena being studied review and provide critical feedback on descriptions, analyses, and interpretations or a study's results.	0– not referenced 1 – mention of multiple researchers 2 – stated involvement of colleague in review of analysis 3 – stated involvement of colleague in review of analysis and details outcomes of their involvement (i.e. were themes revisited?)
Audit Trail	Keeping track of interviews conducted and/or specific times and dates spent observing as well as who was observed on each occasion; used to document and substantiate that sufficient time was spent in the field to claim dependable and confirmable results.	0 – not discussed 1 – Provides details about keeping notes of the process/ summaries of key points from interviews/ length of interviews/where interviews were conducted. 2 – explicitly refers to use of an audit trail 3 – explicitly refers to use of an audit trail and rationale for same
Prolonged Field Engagement	Repeated, substantive observations; multiple, in-depth interviews; inspection of a range of relevant documents; thick description validates the study's soundness.	0 – Limited data collected at one time-point 1 – In-depth data collected at one time-point 2 – Limited data collected at multiple time points 3 – In-depth data collected at multiple time points
Detailed Descriptions (Quotes)	Sufficient quotes and field note descriptions to provide evidence for researchers' interpretations and conclusions.	0 – no quotes to illustrate themes 1 – 1 or less quote used for each theme/very short quotes 2 – full quotes used for each theme 3 – several, illustrative quotes used for each theme from a variety of participants

Particularisability	Documenting cases with thick description so that readers can determine the degree of transferability to their own situations.	0 – no description of the participants' experiences in relation to the educational setting 1 – limited details about participants' experiences in relation to the educational setting 2 – sufficient details about participants' experiences in relation to the educational setting 3 – detailed description of participants' experiences in relation to the educational setting
WoE Credibility Measures	*Average of Triangulation, Disconfirming Evidence, Researcher Reflexivity, Checks, Collaborative Work, External Auditors, Peer Debriefing, Audit Trail, Prolonged Field Engagement, Detailed Descriptions (Quotes) and Particularisability*	*Average of the scores for each category*
Interview Studies: Or Interview / Qualitative Questionnaire Components of Comprehensive Studies		
Appropriate Participants	Selected (purposefully identified, effectively recruited, adequate number, representative of population of interest).	0 – does not describe sampling or recruitment process nor adequately describes participants 1 – does not describe sampling/recruitment process and only briefly states who participants are (e.g.,10 participants, aged 7- OR describes sampling/recruitment process but does not adequately describe participants OR includes inadequate sample size for method of investigation/analysis OR participants are not representative of population of interest 2 – details of participants and recruitment process explained and adequate sample size 3 – details of participants and recruitment process well explained. Not relying on a convenience sample or opportunity sample. Good sample size.

Reasonable Questions	Interview/Questionnaire questions are reasonable (clearly worded, not leading, appropriate and sufficient for exploring domains of interest).	0 – content of interview/questionnaire not discussed 1 – explains topics covered in interview schedule/questionnaire but no examples 2 – explains topics covered in interview schedule/questionnaire and provides samples of questions 3 – explains topics covered in interview schedule/questionnaire and full interview schedule/questionnaire supplied
Mechanism to Record	Adequate mechanisms are used to record and transcribe interviews/collect and analyse qualitative data from questionnaires	0 – not discussed 1 – stated recording and transcription happened/ means of data collection 2 – methods for recording or transcription stated (e.g., digital voice recorder)/ methods for data collection 3 – comprehensively describes methods for recording and transcription (e.g., transcription protocol employed, when transcription occurred)/methods for data collection (e.g., use of online survey platform)
Representation of Participants	Participants are represented sensitively and fairly in the report	0 – voices of students/caregivers/teachers not represented or overshadowed by other stakeholders/ unclear which participants' voices are represented 1 – a few relevant participants represented in results with direct quotes and generalised collective statements 2 – around half of relevant participants represented through direct quotes 3 – majority of relevant participants represented through direct quotes
Confidentiality	Sound measures are used to ensure confidentiality	0 – measures to ensure confidentiality not discussed/ evident 1 – Participants appear to have been given anonymous labels, e.g., participant 1. School is not identifiable. 2 – Researchers explicitly describe how participants and school have been anonymised, e.g., names are pseudonyms

		3 – In detail, authors describe how participants and school have been anonymised and additionally report measures adopted to ensure confidentiality when storing data.
Observation Studies (or Observation Components of Comprehensive Studies)		
Appropriate Settings	Appropriate setting(s) and/or people are selected for observation	0 – Non hospital school setting / unrelated to hospital schooling 1 - Observation at the bedside of, or within the ward for, students with medical needs 2 - Observation of student(s) or teacher(s) in the hospital school 3 – Observation of the student(s) and teacher(s) in the hospital school
Sufficient Time	Sufficient time is spent in the field (number and duration of observations, study time span)	0 - One observational session lasting < 3 hours 1 - Two observational sessions lasting at least 5 hours within single week timeframe 2 – More than two observational sessions lasting >10 hours over single week time frame 3 – More than three observational sessions >15 hours over a multiple week time frame
Researcher Fit	Researcher fits into the site (accepted, respected, unobtrusive)	0 - No explanation as to how researcher was accepted into site 1 - Brief explanation as to how researcher was accepted into site 2- Explanation as to how researcher was accepted into site in addition to methods to ensure observation was unobtrusive (e.g., methods of seating/recording) 3- Detailed explanations as to how researcher was accepted into site and methods to ensure unobtrusive
Field Notes	Field notes systemically collected (videotaped, audiotaped, written during or soon after observations)	0- Does not state how field notes were collected 1- States mode of field note collection (i.e. written, videotaped, audiotaped)

		2- Explains in more detail how field notes were collected (i.e. narrative system utilised for written observations) 3- Detailed explanation of how field notes were collected and prepared for analysis (e.g., audio-recordings transcribed for analysis)
Confidentiality	Sound measures are used to ensure confidentiality of participants and settings	0 – measures to ensure confidentiality not discussed/ evident 1 – Participants appear to have been given anonymous labels, e.g., participant 1. School is not identifiable. 2 – Researchers explicitly describe how participants and school have been anonymised, e.g., names are pseudonyms 3 – In detail, authors describe how participants and school have been anonymised and additionally report measures adopted to ensure confidentiality when storing data
Document Analysis		
Meaningful Documents	Meaningful Documents (texts, artifacts, objects, pictures) and their relevance is established	0 – No empirical rationale provided for utilising chosen document (e.g., report card, learning journal) in literature review/methodology. 1 - Authors provide brief rationale for use of chosen document as data collection method (e.g., report card) 2 - Authors provide rationale for use of chosen document as data collection method and describe use of similar methodology in previous research in literature review. 3 - Authors provide comprehensive rationale for use of chosen document as data collection method, and extensively describe use of similar methodologies in literature review.
Carefully obtained & stored	Documents are obtained and stored in a careful manner.	0 – measures to ensure confidentiality not discussed/ evident 1 – School or participants are not identifiable in documents. Storage of documents is described. 2 – Researchers explicitly describe how participants and school have been anonymised, e.g., names are pseudonyms.

		No identifiable pictures utilised. Methods of careful storage are described. 3 – In detail, authors describe how participants and school have been anonymised. No identifiable pictures utilised. Very secure methods of careful storage of documents are described (e.g., anonymous coding of documents on encrypted hard drive)
Documents described & cited	Documents are sufficiently described and cited	0 - Minimal description of content of documents (photos, diary entries etc) in results section. Difficult to see how themes emerge from the data. No direct citing from documents. 1 - Authors provide some description of content of documents. Link evident between themes extracted and content of documents. Minimal direct citing from documents. 2 - Detailed description of content of documents, with direct citing to reinforce key content. Themes extracted are evident from the content of documents described. 3 - Extensive description of content of the documents, with frequent use of citation to reinforce salient content. Themes extracted by authors are clearly evident in content of documents described.
Confidentiality	Sound measures of used to ensure confidentiality of private documents.	0 – Measures to ensure confidentiality not discussed/ evident 1 – Participants appear to have been given anonymous labels, e.g., participant 1. School is not identifiable. 2 – Researchers explicitly describe how participants and school have been anonymised, e.g., names are pseudonyms 3 – In detail, authors describe how participants and school have been anonymised and additionally report measures adopted to ensure confidentiality when storing data.
Data Analysis		

Coding of Information	Results are sorted and coded in a systematic and meaningful way	0 – Not discussed 1 – State they are coded e.g., transcripts are coded 2 – Stated they are coded and the transcription protocol employed. 3 – Stated they are coded, the transcription protocol employed and explanation of their steps outlined. A range of sample codes are provided.
Rationale	Sufficient rationale is provided for what was (or was not) included in the report	0 – Not discussed 1 – No discussion regarding rationale for included/excluded data. It is evident that certain participants' data is not represented in report or certain participants' data is over-represented in report but this is not discussed. 2 – Brief explanation re included/excluded data. States where data from certain participants is missing, but does not provide adequate rationale for exclusion 3 – Full explanation, where themes came from. Any participants whose data is not represented in the results is either explained Or all participant data is included equally.
Trustworthiness	Documentation of methods used to establish trustworthiness and credibility are clear	0 – Methods to ensure trustworthiness and credibility not documented 1 – Limited methods used to establish trustworthiness apparent but not adequately explained and limited evidence in results, e.g., few quotes, no peer/colleagues checking 2 – Two or more steps are undertaken to establish trustworthiness and these steps are documented sufficiently e.g., worked collaboratively when coding to eliminate bias and utilising quotes to highlight salient points being made 3 – Several steps are undertaken and explicitly documented to establish a high level of trustworthiness and credibility.
Personal Perspectives	Reflection about researchers' personal position/perspectives are provided.	0 – No evidence of being forthright about own beliefs and potential biases

		1 – Uses methods associated with reflexivity but in superficial manner e.g., team of researchers looked at the transcripts 2 – References method of reflexivity with the aim of minimising personal biases 3 – Explicitly state and describe in detail reflexivity methods and how personal views/biases were minimised.
Quotes from Participants	Conclusions are substantiated by sufficient quotations from participants, field notes of observations, and evidence of documentation inspection.	0 – No quotes to illustrate themes 1 – 1 or less quote used for each theme/very short quotes 2 – Full quotes used for each theme 3 – Several illustrative quotes used for each theme from a variety of participants
Related Research	Connections are made with related research.	0 – No connections made to related research 1 – Few connections made to related research, predominantly focused on own results 2 – Several connections made to supportive related research 3 – Several connects made to both supportive and disconfirming related research findings
WoE Quality Indicators	*Average of Appropriate participants, Reasonable Questions, Mechanism to Record, Representation of Participants, Confidentiality, Appropriate Settings, Sufficient Time, Researcher Fit, Field Notes, Confidentiality, Meaningful Documents, Obtaining & Storying Documents, Describing & Citing Documents, Confidentiality of Documents, Coding of Information, Rationale, Trustworthiness, Personal Perspectives, Quotes from Participants and Related Research*	*Average of the scores for each category.*
Overall WoE A	Average of WoE Credibility Measures and WoE Quality Indicators	Average of the scores for each category.

Table C.2

Weight of Evidence (WoE A) Ratings

Woe A Coding Criteria	Äärelä et al. (2016)	Äärelä et al. (2018)	Benigno & Fante (2020)	Crossland (2002)	Hen & Gilan-Shochat (2022)	Keehan (2021)	Małkowska-Szkutnik et al. (2021)	Mombaers & Donche (2020)	Perry et al. (2013)	Rouse (2022)	Searle et al. (2003)	Steinke et al. (2016)	Yenel et al. (2021)
Credibility Indicators													
Triangulation													
Data	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Investigator	✓	✓	✓	-	✓	-	✓	✓	✓	-	✓	✓	✓
Theory	-	-	-	-	-	-	-	-	-	-	-	-	-
Methodological	-	-	✓	✓	-	✓	-	✓	-	-	-	-	✓
Overall	2	2	3	2	2	2	2	3	2	1	2	2	3
Disconfirming Evidence	0	0	0	2	1	3	1	3	1	0	0	0	3
Researcher Reflexivity	2	2	0	0	3	1	2	2	0	0	0	0	3
Member Checks	0	0	0	3	0	0	0	0	0	0	2	0	3
Collaborative Work	2	2	1	0	2	0	2	3	1	0	0	1	3
External Auditors	0	0	0	0	0	1	0	0	0	0	0	0	3
Peer Debriefing	2	2	1	0	2	0	2	2	0	0	0	0	2
Audit Trail	0	1	0	3	1	0	1	1	0	0	1	1	1
Prolonged Field Engagement	2	3	1	3	1	3	3	3	0	3	3	3	3
Detailed Description	1	1	2	1	3	2	3	2	2	3	1	2	3

Woe A Coding Criteria	Äärelä et al. (2016)	Äärelä et al. (2018)	Benigno & Fante (2020)	Crossland (2002)	Hen & Gilan-Shochat (2022)	Keehan (2021)	Małkowska-Szkutnik et al. (2021)	Mombaers & Donche (2020)	Perry et al. (2013)	Rouse (2022)	Searle et al. (2003)	Steinke et al. (2016)	Yenel et al. (2021)
Particularisability	2	2	1	2	2	3	1	2	1	1	0	1	3
WoE Credibility Indicators	1.14	1.32	0.78	1.41	1.5	1.05	1.5	1.86	0.63	0.72	0.78	0.87	2.64
Quality Indicators													
Interview Studies: Or Interview / Qualitative Questionnaire Components of Comprehensive Studies													
Appropriate Participants	-	-	2	3	1	2	2	2	1	1	1	2	1
Reasonable Interview Questions	-	-	3	1	1	3	3	1	1	0	3	1	2
Mechanisms to Record	-	-	3	2	1	1	1	2	1	0	1	2	2
Participant Representation	-	-	3	1	2	2	3	3	1	3	0	0	3
Confidentiality Measures	-	-	2	2	1	2	1	2	1	0	1	1	1
Observation Studies													
Appropriate Setting	2	2	-	2	-	-	-	-	-	-	-	-	3
Sufficient Time	3	3	-	3	-	-	-	-	-	-	-	-	3
Researcher-Fit	1	1	-	3	-	-	-	-	-	-	-	-	0
Field Notes	1	1	-	1	-	-	-	-	-	-	-	-	1
Confidentiality Measures	2	2	-	2	-	-	-	-	-	-	-	-	1
Document Analysis													

Woe A Coding Criteria	Äärelä et al. (2016)	Äärelä et al. (2018)	Benigno & Fante (2020)	Crossland (2002)	Hen & Gilan-Shochat (2022)	Keehan (2021)	Małkowska-Szkutnik et al. (2021)	Mombaers & Donche (2020)	Perry et al. (2013)	Rouse (2022)	Searle et al. (2003)	Steinke et al. (2016)	Yenel et al. (2021)
Meaningful Documents	-	-	-	1	-	0	-	-	-	-	-	-	-
Carefully Obtained & Stored	-	-	-	0	-	0	-	-	-	-	-	-	-
Document Description	-	-	-	1	-	1	-	-	-	-	-	-	-
Confidentiality Measures	-	-	-	2	-	1	-	-	-	-	-	-	-
Data Analysis													
Coding of Information	1	1	3	1	3	1	2	3	1	2	1	1	2
Rationale	1	0	1	1	1	1	3	3	1	3	1	1	3
Trustworthiness	1	1	1	3	3	2	2	3	0	0	0	0	3
Personal Perspectives	2	2	1	1	2	1	1	2	0	0	0	0	2
Quotes From Participants	1	1	2	1	3	2	3	3	1	3	1	3	3
Related Research	2	2	2	3	2	3	3	3	2	1	1	2	2
WoE Quality Indicators	1.56	1.44	2.10	1.71	1.83	1.47	2.19	2.46	0.90	1.17	0.90	1.17	2.01
WoE A Overall	1.35 (Med)	1.38 (Med)	1.44 (Med)	1.56 (Med)	1.67 (Med)	1.26 (Med)	1.84 (Med)	2.16 (High)	0.77 (Low)	0.95 (Low)	0.84 (Low)	1.02 (Med)	2.33 (High)
Note. Low = 0-1, Medium = 1.1 – 2, High = 2.1 – 3													

Appendix D

Weight of Evidence B Criteria

WoE B appraises the appropriateness of the study design in relation to the review question (Gough, 2007). While a Hierarchy of Evidence was presented by Petticrew and Roberts in 2003 with randomized control trials being viewed as 'gold standard', these authors noted that such a rigid hierarchy can be unhelpful considering the variability in research questions asked and the research most appropriate to answer them. As the current review question sought to understand experiences surrounding hospital schooling from relevant stakeholders, the criteria for WoE B weight was devised by the reviewer in respect of the quality criteria used for WoE A along with Chenail's (2011) recommendations for high quality qualitative research on patient experience.

Table D.1

WoE B Weighting Criteria

Rating	Study Design
High (3)	Employs at **least two** of the following qualitative methodologies: Interviews, focus groups, observations, document analysis, mixed-method design where qualitative data is rich and easily extrapolated
Medium (2)	Employs **one** of the following qualitative methodologies: Interviews, focus groups, observations, document analysis, mixed-method design where qualitative data is rich and easily extrapolated Or Employs quantitative methodology **and one** of the following qualitative methodologies: Interviews, focus groups, observations, document analysis, mixed-method design where qualitative data is rich and easily extrapolated
Low (1)	Employs a mixed-method design where qualitative data is limited and/or not easily/clearly extrapolated

Table D.2

Weight of Evidence B (WoE B) Ratings

Study	Methodology	WoE B Weighting
Äärelä et al. (2016)	Observation	2 (Medium)
Äärelä et al. (2018)	Observation	2 (Medium)
Benigno & Fante (2020)	Interviews and quantitative survey	2 (Medium)
Crossland (2002)	Interviews, observation, document analysis, and activity sessions	3 (High)
Hen & Gilan-Shochat (2022)	Interviews	2 (Medium)
Keehan (2021)	Interviews and document analysis	3 (High)
Małkowska-Szkutnik et al. (2021)	Interviews	2 (Medium)
Mombaers & Donche (2020)	Interviews and quantitative self-report measures	2 (Medium)
Perry et al. (2013)	Mixed-method survey	1 (Low)
Rouse (2022)	Interviews	2 (Medium)
Searle et al. (2003)	Interviews	2 (Medium)
Steinke et al. (2016)	Mixed-method survey	2 (Medium)
Yenel et al. (2021)	Interviews and observation	3 (High)

Appendix E

Weight of Evidence C Criteria

WoE C appraises the relevance of the study and its findings to the review question (Gough, 2007). The criteria were devised by the researcher for the current review with reference to the inclusion and exclusion criteria.

Table E.1

WoE C Weighting Criteria and Rationale

Criteria	High (3)	Medium (2)	Low (1)	Rationale
Focus of Study	Study results are predominantly focused on the overall experiences linked to general hospital schooling from participants' perspectives **Or** Study focuses on the experiences associated with **two** aspects of hospital schooling (e.g., stress and satisfaction	Over half of the study results are focused on the experiences of the hospital school **Or** Study focuses in-depth on the experiences associated with **one** aspect of hospital schooling (e.g., challenges around collaboration	Less than half of the study results are focused on the experiences of the general hospital school (e.g., study focused primarily on hospital schooling for psychiatric hospitalised students, half of the study focused on technology use in a hospital school)	The current review is interested in exploring the experience related to hospital schools who provide education to children who are sick or injured
Sample	Participants recruited included: • Hospital school students	Participants recruited included two of the following:	Participants recruited included one of the following: • Hospital school students	The current review is interested in exploring lived experiences of

	• Caregivers/Guardians of hospital school students • Hospital school teachers And It is clear where all or the majority of data/themes emerged from students, teachers, or caregivers)	• Hospital school students • Caregivers/Guardians of hospital school students • Hospital school teachers And It is clear where approximately half of data/themes emerged from students, teachers, or caregivers)	• Caregivers/Guardians of hospital school students • Hospital school teachers And/or It is not clear where data/themes emerged from participants And/or Data from a group of participants stated to be involved (e.g., parents) is not evident within the results	hospital school students, their caregivers, and hospital school teachers
Educational Setting	The following details are included: • How students are taught (e.g.,1:1, in small groups, in a class) • Where students are taught (e.g., at their bedside, in the ward, in a classroom)	Two of the following are included: • How students are taught (e.g.,1:1, in small groups, in a class) • Where students are taught (e.g., at their bedside, in the ward, in a classroom)	One or less of the following are included: • How students are taught (e.g.,1:1, in small groups, in a class) • Where students are taught (e.g., at their bedside, in the ward, in a classroom)	Given the limited knowledge and research around hospital schools, in order to best understand the experiences linked to these schools, comprehensive details

	• Any other relevant details (e.g., history of hospital school, subjects taught, length of lessons/school day enrolment etc)	• Any other relevant details (e.g., history of hospital school, subjects taught, length of lessons/school day, enrolment etc)	• Any other relevant details (e.g., history of hospital school, subjects taught, length of lessons/school day, enrolment etc)	of these educational settings is required

Table E.2

Weight of Evidence C (WoE C) Ratings

Study	Focus of Study	Sample	Educational Setting	Overall WoE C Weightings
Äärelä et al. (2016)	1	1	2	1.33 (Low)
Äärelä et al. (2018)	3	1	2	2 (Medium)
Benigno & Fante (2020)	3	1	1	1.67 (Low)
Crossland (2002)	2	1	1	1.33 (Low)
Hen & Gilan-Shochat (2022)	2	1	1	1.33 (Low)
Keehan (2021)	3	1	3	2.33 (High)
Małkowska-Szkutnik et al. (2021)	3	1	1	1.67 (Low)
Mombaers & Donche (2020)	3	1	2	2 (Medium)
Perry et al. (2013)	2	2	1	1.67(Low)
Rouse (2022)	2	1	2	1.67 (Low)
Searle et al. (2003)	3	1	1	1.67 (Low)
Steinke et al. (2016)	3	1	1	1.67 (Low)
Yenel et al. (2021)	3	3	3	3 (High)

Note. Low = < 1.68, Medium = 1.7 - 2.29, High = > 2.3

Appendix F

Mapping the Field: Summaries of Included Studies

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
Äärelä et al. (2016) Finland	'to describe the multidimensional nature of hospital school teachers' work by introducing student encounters as a part of everyday work' (p. 10).	1 hospital school in a central hospital 10 Students: (Medical information of students: behavioural disorder, autism, school phobia, cancer, trauma, anorexia, selective mutism, substance dependence)	NS	Teacher-as-researcher. - Observations recorded in a diary	Content Analysis	Detailed encounters with 10 students	Researchers state that there is a significant need for more research on hospital schools.
Äärelä et al. (2018) Finland	'to describe those principles that have proved functional in the hospital school teachers' work' (p. 92).	1 hospital school in a central hospital 1 Hospital School Teacher	NS	Teacher-as-researcher. - Observations recorded in a diary	Content Analysis	Detailed an account of the hospital school every day for a week.	No recommendations for future research were noted within the study.
Benigno & Fante (2020) Italy	'the present study investigated stressors and gratifying factors connected to the	Number of hospital schools not reported 602 Hospital School Teachers	NS	Mixed Method - Surveys	Descriptive statistics Thematic Analysis	Stressors: Contact with Illness Work Fragmentation Organisational problems	Researchers recommended that future research investigate impact of

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
	professional practice reported by a sample of teachers working in Italian hospital schools' (p. 38).					Intensive relationships Gratifying Factors: Work Recognition Normalisation Human Contact Interpersonal relationships	intrinsic and extrinsic factors on the relationship between stressors and hospital teacher responses.
Crossland. (2002) Canada	'to explore the influence of self-efficacy beliefs on the learning experiences of children with cancer while in the hospital setting' (p. 5)	1 hospital school Participants: Total (*n* = 14) Hospitalised students with cancer (*n* = 5) Hospital School Teachers (*n* = 3) Home Instruction Teacher (*n* = 1) Mothers of included Students (*n* = 5)	Constructivist Paradigm Social Cognitive Theory	Multiple case study - Participant observations - Interviews with students, teachers and mothers of students - Document review of student journals and report cards - Activity sessions	Thematic Analysis	Influence of Efficacy Beliefs on Student Motivation Influence of Efficacy Beliefs and Hospitalized Students' Affective Responses Influence of Efficacy Beliefs and Personal Adjustment in Adverse Conditions	Study highlighted the need to address the paucity of research conducted on and within hospital school settings. This study also recommended that future research should: explore the efficacy beliefs of health-impaired students, explore socialisation and teacher feedback in hospitalised students, and explore the role of the family in supporting hospitalised students

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
Hen & Gilan-Shochat (2022) Israel	To examine 'hospital teachers' perceptions of their professional identity based on their perceived work context, teaching practice and their overall professional lives' (p. 116).	3 hospital schools located in 3 paediatric hospitals 37 Hospital School Teachers	NS	- Semi-structured Interviews	Cross Analysis	Hospital Teachers' Perception of their Professional Identity Teaching Environment Hospital Teaching Goals Hospital Teaching Roles and Tasks Hospital Teaching Professional Skills Working in a Multi-dimensional Staff Hospital Teachers' Job Satisfaction	Study recommended that future research should endeavour to better support hospital school teachers through increasing the understanding, and promoting further development, of the area. Researchers also propose that further investigation is needed around hospitalised students' wellbeing.
Keehan. (2021) Ireland	To address two questions: 'What examples of teachers' practice, both individual and collaborative, are evident in Irish hospital schools? What are the challenges experienced by	2 hospital schools in 2 paediatric hospitals Participants: 12 Hospital School Teachers Primary Teachers (*n* = 8) Post-Primary Teachers (*n* = 4)	NS	Inductive Case Study - Semi-structured Interviews - Document Analysis	Thematic Analysis	Teacher Attitudes Towards Supporting Children in Hospital Continuing Education Providing Normality Routine of Planning for a Child's Education Organisational Routine Relational Dimension of Communication	A number of recommendations were noted: Establishment of a comprehensive system of continual professional development for hospital school staff, exploration around methods of sharing practices and resources

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
	teachers in Irish hospital schools?' (p. 45)					Sharing Knowledge Teachmeet International Collaboration Medical Education Sessions Continuous Professional Development Challenges Experienced Challenges Experienced Supports	between hospital school teachers, and a review of the criteria for whole-school evaluations specifically for hospital schools.
Małkowska-Szkutnik et al. (2021) Poland	'to analyze hospital teachers' needs. An additional aim was to define the characteristics of hospital teachers' work environment' (p. 3)	4 hospitals schools and 2 sanatorium schools from 6 hospitals Participants: 21 Hospital School Teachers	NS	- - Sociodemographic questionnaires Semi-structured group interviews (one group containing 4 teachers, the second with 7 teachers and the third with 10 teachers).	Descriptive Analysis	Material Needs and Needs for Systemic Change Needs Connected with Character of Work Psychological Needs Self-fulfilment Needs Resulting from Job Satisfaction Needs Connected with Social Relationships	Authors noted the need for future research to increase awareness of the importance of hospital schools.

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
Mombaers & Donche. (2020) Belgium	'to explore the academic motivation of students in hospital schools and the support they expect from their hospital school environment' (p. 2).	3 hospital schools within 3 hospitals Participants: 6 Hospital School Students (one student was reported to have suffered a stroke. Medical information on other students NS)	Self-determination Theory	Mixed Method - Semi-structured Interviews - 2 self-report questionnaires targeting academic motivation, and need support	Thematic Analysis	Types of Academic Motivation Preferred Support from Teachers in the Learning Environment Relation Between Academic Motivation Type and Preferred Support Other Influential Factors that Stimulate or Impede Academic Motivation	Researchers proposed that future research should explore and compare the motivation between hospital school students and mainstream students
Perry et al. (2013) Australasia	To explore 'the main issues experienced by the students enrolled in Hospital school programs regarding transition, social space of interaction and available technology' (p. 10)	3 Hospital Schools and 1 Health School Participants: Total (n = 72) Students (n = 29) Caregivers (n = 24) Teachers (n = 19)	NS	Mixed-Method, Multi-site Case Study - Questionnaires	Thematic Analysis	Family Perception of Academic Progress or Success Collaboration and Transition Issues Professional Learning Academic and Social Spaces Access to Technology	Researchers noted a number of recommendations for further research: to explore the role of technology in facilitating communication for hospitalised students, to explore communication and collaboration practices to better support hospital school

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
							teachers, to explore online spaces to reduce social isolation in hospitalised students, and to explore transition processes for students and their families.
Rouse. (2022) Australia	'to examine the connections between the teachers in the hospital and the families of the children, as they support these young people in their schooling and learning' (p. 2).	1 hospital school in a paediatric hospital Participants: Total (n = 4) 2 Primary-Level Hospital School Teachers 2 Early Years Hospital Teachers (data not included in synthesis given that the current review was focused on primary and post-primary level hospital schooling)	Interpretivist Paradigm Ecological Systems Theory	Single-site Case Study - Semi-structured Interviews	Thematic Analysis	The Relationship as a Partnership The Elements Impacting the Relationship Importance of Trust Impact of Diagnosis Recognising Family Needs Desire for Normalcy Relationship as Co-teachers	The author suggested that future research should endeavour to replicate this study on an international scale to increase knowledge. They also stated that there is a general need to include the voice of families, students and other hospital staff within future research in the area.
Searle et al. (2003) United States	'to explore the educational experiences of adolescent cancer patients undergoing treatment while enrolled in a hospital, homebound, or	Cancer treatment hospital Participants: 10 students; (7 attended a hospital school, 8 attended their mainstream	NS	Ethnographic Case-Study - Semi-structured Interviews (Students were re-interviewed within 6 months to clarify or to add	Descriptive Analysis	Homebound Education Hospital School Community School	No recommendations for future research were noted within the study

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
	community school; identify educational and psychosocial issues important to the student/ patient's success; and provide ideas for improving the educational programs and support available to students' (p. 380)	school, 6 received home-schooling) Parent of each included student Teacher of each included student		additional comments).			
Steinke et al. (2016) United States	'to gain a working knowledge of current hospital school programming nationwide by examining the organization and structure of hospital school programs, the funding sources of hospital school programs, the qualifications of hospital school teachers, the roles of hospital school teachers, and the scope of hospital school teachers and programs' (p. 31)	61 hospitals Participants: 87 Hospital School Teachers	NS	Mixed-Method - Surveys	Thematic Analysis	Hospital School Programming Organisation Structure Funding Hospital School Teachers Credentials and Experience Hospital School Instruction	Researchers highlighted the need to further examine hospital schools from the perspectives of students, families and mainstream teachers. They also recommend that future research should investigate the impact of hospital schooling on students' academic progress.
Yenel et al. (2021) Turkey	'to examine the education at hospital which is an	1 hospital school in a central hospital Participants:	NS	Single Case Study - Semi-structured Interviews	Content Analysis	Access to Education for Children at Hospital Quality of Education	Authors propose the need to explore the impact of hospital

Study & Location	Objectives	Setting and Sample	Theoretical Perspectives	Methods	Data Analysis	Themes Identified	Future Directions
	implementation supporting the approach Education for All, to determine the situation related to the quality of education and to reveal the problems experienced in hospital classes' (p. 149).	2 Hospital School Teachers 2 Hospital School Students 1 Parent 2 Medical Staff (data not included in synthesis given that the current review was focused on the perspectives of hospital school students, their caregivers, and hospital school teachers)		- Observations		Financial Support Social and Psychological Status Impact on the Child's Academic Development Communication	school on students' academic, social and psychological states to better inform policy and other stakeholders.

Note. NS = Not Stated

Appendix G

Sample of Thematic Synthesis

Step 1: Line by line coding for a section of one study

They referred to the fact that they are mostly alone with their teacher and rely on a good relationship with him or her.	Q - connection with hs teacher NB because of social isolation
"Yes, I find that important, because if I, I'll have to be here for another while. So if I have to sit here the whole time with a teacher that I don't like, then yeah, because I have to do a lot of lessons with her, so I just don't want that. That's why. Because in class you can still talk with people, you can just forget about that teacher, just focus on the lesson for a bit. But when she's sitting next to you, then it is like yeah no. . . " (Josephine)	Q - challenge of not having peers in class, connection to teacher increases in importance
All of these students want a teacher who understands them, particularly when they are not feeling well or have problems.	want understanding of their difficulties
Most students also specified that being able to go to their teacher to tell him/her how they feel is less important.	don't need to verbalise their difficulties to teacher
Sophie finds competence support more crucial than relatedness support, so she can be described as a deviant case among the students with a more controlled motivation.	
She pointed out that learning new knowledge and skills and being satisfied with the things she accomplishes are very important to her. *"Because I find it important that I learn something." (Sophie)*	Q - some students value learning above relatedness
Sophie also values feeling as though she knows the subject matter, because she finds it crucial to understand everything.	
She finds not wanting to fall behind her classmates rather important, because she does not like being the last one.	don't want to fall behind her regular classmates
Although Sophie expressed a high preference for competence support, relatedness is of moderate importance to her.	
She finds support in terms of relatedness more important than autonomy support (low importance) or structure (moderate importance).	
To her, a teacher who understands her is essential.	Need for understanding from hs teacher – relatedness
This implies that although relatedness support is not the most important to her, this kind of backup is perceived to be still more critical than structure and autonomy support.	
Most students with a more controlled motivation in this sample state that autonomy support is of less importance to them.	
All of these students find working independently and solving their own problems not or less vital.	
They reported that they want their teacher to help them solve their problems.	Q - Don't want to be independent. Already have to deal with their own challenges so want teacher to help them
"But now, I don't have to be independent. I just let my, if I have a problem, I just let someone solve it, because I already have a lot of problems. If I have to think about that as well. Ah, I don't understand that exercise, so I have to quickly ask that. I don't want that." (Josephine)	
Moreover, they all agreed that getting an explanation from their hospital school teacher about the value of a certain assignment is less important, since they can figure this out themselves.	
Being able to make their own choices about learning content or learning activities is valued by most students as less important.	Don't value topic choice in hs

Step 2 & 3: Development of Descriptive and Analytical Themes

Structure - Organisation	Physical Space - Setting	Relationship with teachers	Peers (Good)
A16: Teachers first meet students before attending, told students in advance of new student, Hs gets school records, Students study different subjects, Different subjects – do all students do the same?, Students choose topics within subjects?, Support – nurse, How students become linked to hs, Waiting list for this hs, Transition A18: How hs is structured, Some students go home at the weekends, plan for academic progress, Set schedule – subjects, Flexible, have a school assistant present M&D: Want clarity from hs teacher, structure is important P: Importance of hs providing sufficient learning material, Students not sure whether hs has an online social communication portal S: homebound vs hs vs community school (and reasonings), Extras offered in hs: writing, music and art Y: teachers visit hs students and invite them to class, low student numbers – class not progressing, few teachers, new students = class repeated, Challenge - No subject teachers for secondary students,	A16: Lessons happen in a classroom, Differing levels of ability in one classroom, Second classroom - classes broken up by ages?, Additional quiet room, Different means of teaching in hs – home-based, In hs studied in a small group – setting, Sometimes students are educated with older/younger children – challenge? A18: Quiet room – support Y: low student numbers – class not progressing, few teachers, new students = class repeated, Q- Challenge: physical space, Q- Challenge: physical space, Q- Challenge: same education for all levels not individualised, Observation: challenge – primary and secondary students taught all together, Challenge - No subject teachers for secondary students,	A16: Happy – relationship with teacher, Relationship / comfort with teacher – support, Building personal relationship – support, A18: Positive feedback – support x3, Relationship, Relationship – comfort C: Social interactions between students and teachers important, Importance of mothers and hs teachers for learning, Teacher feedback = important for motivation – support, Contact and relationship with teacher = important for motivation- support M&D: Want support from hs teachers, Q - Relationship with teacher important because of limited connections, relationship with hs teacher – acknowledgement of feelings – support, Q - connection with hs teacher NB because of social isolation, Q - challenge of not having peers in class, connection to teacher increases in importance, want understanding of their difficulties, don't need to verbalise their difficulties to teacher , Need for understanding from hs teacher x2 – relatedness, don't want independence and want teacher to help them, talking about interests, Being able to go to teacher to tell them how they feel, Duality of hs teacher understanding feelings	A16: Closeness in hs, Contact with other students A18: Connection between peers – support, Relatedness between peers – support? M&D: Relatedness important -support, Wanting to be the same as peers, Q - Importance of contact with friends P: Social contact with friends through online S: Students could correspond with friends outside, Concern about acceptance by old friends but fear unfounded, Actually increased support from teachers and friends following illness
Individual Needs and Supports - response/meeting needs	Challenges associated with illness	Communication	Peers (Bad)
A16: Individual supports in respect of needs – shorter days, nurse accompanies, Individual goals, others are removed to give student space, Additional quiet room, Flexibility and adaptability by teacher – support, Q - Student wants to do it himself - want for independence, ways of engaging student, offers telephone call – support,	A16: Treatment/medical factors pervade into hs x2, Mood impacted, Students mood/behaviour determines if they attend hs A18: Change – new student , Familiar and unfamiliar setting vs students, Other factors impacting on student mood C: No transition = hs less important., Those who had not previously experienced	A16: Collaboration with parent x2, Collaboration with student/support – trying to involve them in decisions, Collaboration between hs teachers and regular school teacher x2, Collaboration with parents x2, Planning – individualised, Review and collaboration between stakeholders, Collaboration and communication between	A16: Tension ahead of new student arrival, told students in advance, Emotions Challenges to recovery – lack of understanding from peers?, Cautious with her peers, A18: Relationships and tensions between peers, Relationships and tensions between peers

Appendix H

Student, Parent/Caregiver and Teacher Information Sheets

Information Sheet for Students aged 13 and over

Information Leaflet For Students

Aged 13 and over

The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Dear Students,

My name is Shauna McGillen and I am a Trainee Educational and Child Psychologist attending Mary Immaculate College (MIC), Limerick. I am currently completing a doctoral thesis under the supervision of Dr Lydia Mannion. As part of this thesis, I am carrying out research that aims to better understand the lived experience of the Hospital School. The Hospital School you are attending has agreed to partake in this study. I would now like to invite you to participate.

This information sheet explains what taking part would involve. Please read it carefully and ask me if anything is unclear or you would like more details.

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Part 1 – The Study

Why is this study being done?

We are doing this study to better understand the experiences of the Hospital School by interviewing individuals who attend, work in, or have a child attending a hospital school. To do this, this study will include hospital school students, their caregivers, and hospital school teachers. Findings from this study will be used to inform future research in the area, health and educational practice, and current policy.

There has been very little research done on hospital schools. As such, it is not known whether hospital schools are meeting your, and other students', needs. Therefore, this study aims to improve this by including the voices of students, teachers, caregivers and enabling their unique views on hospital schooling to be heard.

Why have I been invited to take part?

You have been invited because you are a student who is currently attending Solas Hospital School in CHI at Crumlin. Our understanding of how best to support other students like you along with your parents/caregivers, and hospital school teachers is limited and we are hoping to improve this. We will be inviting you, your caregiver, and your hospital school teacher to take part in this study.

We are hoping to invite 2-3 'triads' to take part in this study, each triad will be made up of one hospital school student, their caregiver, and their hospital school teacher. If you take part, you will have one, 1:1 interview with the principal researcher (Shauna), noted at the top of this information leaflet. Your caregiver and your hospital school teacher will also take part in a 1:1 interview with Shauna, should they wish to be a part of this study, too.

Can I choose whether or not to take part?

Yes, taking part is voluntary: you can decide whether or not you want to take part.

You are free to withdraw from the study at any time without giving a reason. Choosing not to take part or withdrawing from the study will have no negative consequences for you. If you wish to opt out of the study you can tell the researcher, Shauna, either verbally or through email at (**21129002@micstudent.mic.ul.ie**)

What will I be required to do?

Students under 18 who wish to take part will be required to get a parent/guardian's permission to participate through a signed a consent form on the student's behalf. Students will then need to sign an assent form (a form stating that you are willing to take part in the study).

If you are a student who is 18 or over and wish to take part, you will be able to sign your own consent form to participate in the study.

Students who participate will complete an interview with Shauna on the research topic.

It is important to know that these interviews will be voice recorded for the study. These interviews will be conducted within the hospital and at a time and location previously agreed upon by you the student and the researcher.

During your interview you might also be asked to complete some structured drawing activities related to the research topic.

What are the benefits?

Taking part in this study will not directly benefit you. However, it is hoped that findings of this study will help to support those linked with Hospital Schools e.g., students, their caregivers, and teachers, by increasing awareness and understanding of these schools. It is hoped that findings may also inform health and educational practice and policy.

What are the risks?

You will be fully informed of the research, its purpose and anticipated benefits. Consent or assent forms will be sought for all students.

During the interview, there is a small chance that you might be asked a question that is hard or uncomfortable for you to answer. Shauna will remind you before beginning your interview that "if there is a question which you do not feel comfortable answering, please feel free to let the researcher know and we will move on". You will also be reminded of your right to withdraw from the study at any stage of the interview without providing a reason.

In addition, in the unlikely event that you should become upset or uncomfortable at any time during the interview you can tell Shauna and ask to take a break or stop the interview completely. Shauna will also direct you to a list of the main support organisations and their contact details that you can avail of at any time (these are also included at the end of this information sheet). If you do become upset during the interview Shauna will feed this back to your parent(s) and notify your hospital school principal to make sure you have supports around you.

Part 2 – Data Protection

As the principal investigator, I will make every effort to protect your privacy on this study and will do so in accordance with Irish and EU data protection law. The following sections will explain how your data is being used on this study, so that you can give informed consent/assent for it to be used.

What information about me (personal data) will be used as part of this study?

Only questions that have been granted ethical clearance from both CHI and MIC ethics committees will be presented to participants during the interview.

As part of the interview process, all participants will be asked their gender and age.

Personal data that will be asked of you as a student include;

- Why you are currently in hospital
- How long you have been in hospital
- How long you have been attending the hospital school

What happens to my data?

All interviews will be audio recorded on an encrypted digital device to allow data analysis. Following the interview, audio recordings will be transcribed into text by me using Microsoft Word and any drawings completed will be uploaded and stored on a password-protected file on a Mary Immaculate College encrypted laptop computer. An additional back-up of the password-protected file will be stored on an encrypted external hard drive. Your transcribed interview and drawings will then be 'pseudonymised' meaning that all identifiable information will be removed (e.g., names) and be given an ID code to protect your identity. In accordance with the MIC Records Retention Schedule, this pseudonymised interview transcript may be retained indefinitely in a password-protected Microsoft Word file on an encrypted laptop computer and external hard drive, as required.

The pseudonymised data, along with your original audio recording and any physical drawings you do, will be destroyed in a verifiable manner in October 2024 by Mary Immaculate College. Once this happens, the consent/assent forms will also be destroyed. These are kept as evidence of consent in accordance with Article 7 GDPR requirements. All consent/assent forms will be kept in a secure, locked filing cabinet in my academic supervisor's locked office on Mary Immaculate College campus. All physical drawings will be stored in a locked cabinet that only I have access to.

Pseudonymised data will be used to examine findings in the overall research. A report on the overall findings of the study and possible implications for Hospital Schools and those associated with these schools will be disseminated to Solas Hospital School in CHI at

Crumlin following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report and may be included in verbal and/or poster presentations at professional conferences and publications in peer reviewed journals. It is important for you to know that once the thesis/report is in print, it will not be possible to remove your data.

I am very aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be strictly adhered to during this research project.

How will my privacy be protected?

I, as the Principal Investigator (PI), will have access to your participant data (including some personal data mentioned above) as part of this study. My supervisor Dr Mannion may also access this data as required during the study.

Your data, gathered as part of this study, will at no point leave Ireland.

How will my data be kept safe?

Your audio, text data, and uploaded drawings will be kept safe on a password-protected file on a Mary Immaculate College encrypted laptop, which the PI will retain for duration of the research project, in addition to an encrypted, password-protected external hard drive. Any physical drawings you complete will be stored in a locked filing cabinet in the PI's personal residence for the duration of the project. Your consent/assent form will be safely stored in a secure, locked filing cabinet in the research supervisor's office in Mary Immaculate College. Upon completion of the project in October 2024, the PI will return the laptop containing your data to Mary Immaculate College whereby the laptop will be wiped and all data will be destroyed.

(By the study commencement date, the following will have been achieved). A comprehensive risk assessment for this research has been completed and a thorough Child Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What is the lawful basis to use my personal data?

Your data is being used in this study for the purpose of scientific research in the public interest, (this is the lawful basis under GDPR, Articles 6(1, e) and 9(2, j)).

What are my rights to data?

Under GDPR, you have the following rights;

- To access and receive a copy of your data
- To restrict or object to the use of the your data
- To object to any further processing of the information we hold about you (except where it is de-identified)
- To have inaccurate information about you corrected or deleted
- To receive your data in a portable format and to have it transferred to another data controller
- To request deletion of your data

By law you can exercise the following rights in relation to your personal data, unless the request would make it impossible or very difficult to conduct the research. You can exercise these rights by contacting your myself at [21129002@micstudent.mic.ul.ie] or the Children's Health Ireland at Crumlin, Data Protection Officer at https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/ , Crumlin, Dublin D12 N512 Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Part 3 – Costs, Funding and Approval

Has this study been approved by a research ethics committee?

Yes, this study has received Ethics approval from Children's Health Ireland (CHI) at Crumlin. Approval was granted on the 8th of March 2023.

This research study also has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (A23-012, 1st of June 2023). If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick

Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Is there any payment for taking part?

No, we are not paying participants to take part in this study.

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Part 4 – Further Information

Who should I contact for information or if I have concerns?

If you have any questions or concerns, you can contact:

- Principal Investigator: Shauna McGillen, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie
- Research Supervisor: Dr Lydia Mannion, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. Telephone: 061-774701 E-mail: lydia.mannion@mic.ul.ie
- Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie
- Data Protection Officer of CHI at Crumlin: Data Protection Officer, Children's Health Ireland at Crumlin, Crumlin, Dublin D12 N512, Ireland. E-mail: dataprotection@occhc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to lodge a complaint with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Thank you very much for taking the time to read this information letter. I would be extremely grateful if you would consider participating in this study. If you have any questions, please feel free to contact me at the email address below.

Shauna McGillen

E-mail: 21129002@micstudent.mic.ul.ie

Part 5 – Useful Information and Contact Details

This is a list of main support organisations which can help with a range of issues. We are giving you this information in case you would like to talk about any of the issues raised during the interview

Childline is a free 24hour national listening service for young people up to and including the age of 18. It is private, confidential and non-judgemental.

- Freephone 1800 66 66 66
- Freetext 50101
- LiveChat online at Childline.ie

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day. A member of the team can tell you about:

- the mental health supports and services available to you

- how to access different services provided by the HSE and our funded partners

- Freephone 1800 111 888

The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

- Freephone 116 123
- jo@samaritans.ie
- www.samaritans.org/ireland/samaritans-ireland

Text 50808 is a free 24/7 text service, where you connect with a trained Crisis Volunteer.

- Text HELLO to 50808.

Pieta House is a suicide prevention service. They offer counselling in centres around Ireland and have a 24/7 crisis helpline.

- Freephone 1800 247 247
- Text help to 51444

Information Sheet for Students aged 8-12

Information Leaflet For Students

Aged 8-12

The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Dear Students,

My name is Shauna and I am a student in Mary Immaculate College (MIC), Limerick. I am doing a research project about the Hospital School. The Hospital School you are attending has agreed to partake in this study. I would like to invite you to take part.

This information sheet explains what taking part would mean for you. Please read it carefully and feel free to ask me any questions.

Children's Health Ireland

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Part 1 – The Study

Why is this study being done?

We are doing this project to understand more about the Hospital School by interviewing children, their parents/guardians, and hospital school teachers.

Very little research has been done about hospital schools and we would like to know what you think about it.

Why have I been invited to take part?

You have been invited because you are a student who is attending Solas Hospital School in CHI at Crumlin.

We will be inviting you, your parent/guardian, and your hospital school teacher to take part in this study.

Can I choose whether or not to take part?

Yes, you can decide whether or not you want to take part. You are free to stop taking part at any time. If you want to stop taking part of the study you can tell Shauna, or your parent/guardian can email her at (**21129002@micstudent.mic.ul.ie**).

What will I need to do?

If you want to take part you will need a parent/guardian's permission. You will have to sign your name on something called an assent form (a form saying that you want to take part in the study).

Shauna will then speak to your parent/guardian and arrange a time to come and visit you in the hospital where you will have a talk (interview) with her. Some questions she will ask you are about what you think about your hospital school (there is no wrong answer!).

It is important to know that this talk with Shauna will be recorded to help remember your answers.

During your talk you might also be asked to do some drawing activities with Shauna.

Are there any risks?

During the interview, there is a small chance that you might be asked a question that is hard or uncomfortable for you to answer. Shauna will remind you before the interview that "if there is a question which you do not feel comfortable answering, let the researcher know and we will move on".

If you do feel upset or uncomfortable you can tell Shauna and you can take a break or stop the interview completely. Shauna can also talk to you about some places that you can contact at any time if you want to talk (these are at the end of this information sheet).

What will happen after my interview?

After your interview all the information you give to Shauna will be kept on a password-protected laptop.

Shauna will use what you and other children, parents, and teachers tell her to write up a report for her college course. Nothing you tell Shauna in your interview will be linked back to you or your name.

Thank you for reading this information letter. I would be grateful if you would consider taking part in this study. If you have any questions, please feel free to contact me at the email address below.

Shauna McGillen

E-mail: 21129002@micstudent.mic.ul.ie

Part 2 – Useful Information and Contact Details

This is a list of support organisations which can contact at any time. We are giving you this information in case you feel like you would like to talk to someone.

Childline is a free 24hour national listening service for young people up to and including the age of 18. It is private, confidential and non-judgemental.

- Freephone 1800 66 66 66
- Freetext 50101
- LiveChat online at Childline.ie

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day. A member of the team can tell you about:

- the mental health supports and services available to you

- how to access different services provided by the HSE and our funded partners

- Freephone 1800 111 888

Information Sheet for Students aged 6-7

Information Leaflet For Students

Aged 6-7

The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Hello,

My name is Shauna. I go to College in Mary Immaculate College in Limerick. I am doing a project about Hospital Schools. Your Hospital School is taking part. I would like to invite you to take part too.

This letter will tell you about the project. You and your parent can read it and ask me any questions you have.

Children's Health Ireland

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Part 1 – The Study

Why is this project being done?

We want to know more about Hospital Schools by talking to children, their parents/guardians, and hospital school teachers.

We would like to know what you think about your hospital school.

Why have I been invited to take part?

You have been invited because you are a student of Solas Hospital School.

Can I choose whether or not to take part?

Yes, you can decide if you want to take part. You can stop taking part at any time.

If you want to stop taking part you can tell Shauna, or your parent/guardian can email her at (21129002@micstudent.mic.ul.ie).

What will I need to do?

If you want to take part you will need your parent's permission. You will write your name on a special piece of paper saying that you want to take part.

Shauna will talk to your parent and then visit you in the hospital and you will have a talk with her. Shauna will ask you about your hospital school (there is no wrong answer).

Your talk with Shauna will be recorded to help remember your answers.

You might be asked to do some drawing with Shauna.

Are there any risks?

When you are talking to Shauna, you might be asked a question that you don't want/know how to answer. That is okay.

You can tell Shauna if you need take a break or want to stop the interview.

What will happen after my talk with Shauna?

Anything you tell Shauna will be kept safe on her laptop.

Shauna will talk to you and other children, parents, and teachers and then write a report for her college. No one will ever know what you tell Shauna.

Thank you for reading this letter. If you have any questions, your parent/guardian can email me and I will do my best to answer you.

Shauna McGillen

E-mail: 21129002@micstudent.mic.ul.ie

Part 2 – Useful Information and Contact Details

This is a place that can contact at any time if you would like to talk to someone.

Childline is a free 24hour national listening service for young people up to and including the age of 18. You can talk about anything you want. You don't need a problem to call.

- Freephone 1800 66 66 66
- Freetext 50101
- LiveChat online at Childline.ie

Information Sheet for Parents

Information Leaflet For Parent(s)/Guardian(s)

The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Dear Parent(s)/Guardian(s),

My name is Shauna McGillen and I am a Trainee Educational and Child Psychologist attending Mary Immaculate College (MIC), Limerick. I am currently completing a doctoral thesis under the supervision of Dr Lydia Mannion. As part of this thesis, I am carrying out research that aims to explore the lived experience of the Hospital School. Your child's hospital school has agreed to partake in this study. I now wish to invite you and/or your child to participate in the study.

This information sheet explains what taking part would involve. Please read it carefully and ask me if anything is unclear or you would like more details.

Part 1 – The Study

Why is this study being done?

We are doing this study to explore the experiences of the Hospital School by interviewing individuals who attend, work in, or have a child attending a hospital school. To do this, this study will include hospital school students, their caregivers, and hospital school teachers. Findings from this study will be used to inform future research in the area, health and educational practice, and current policy.

Going to school and accessing an appropriate education that meets student need is a fundamental right of all children, including those with special education needs, under the 1998 Education Act and 2004 EPSEN Act. Under these, the importance of partnership between schools, students, parents, and teachers are recognised, and respect for individual values, beliefs and needs highlighted. To date, no study has adequately explored the experiences related to hospital schooling from student, teacher, and caregiver perspectives. As such it is unknown at present whether hospital schools are meeting the needs of these individuals. Literature on hospital schools represents a significantly under researched area. Therefore, this study aims to bridge this gap by including the voices of students, teachers, caregivers and enabling their unique views on hospital schooling to be heard.

Why have I been invited to take part?

You have been invited because you are 18 years or older, and are a parent or guardian of a student currently attending Solas Hospital School in CHI at Crumlin. Our understanding of how best to support other parents like you along with the students and teachers in hospital schools is limited and we are seeking to improve this. We will be inviting you, your child, and their hospital school teacher to take part in this study.

All together we are hoping to invite 2-3 'triads' to take part in this study, each triad will be made up of one hospital school student, their caregiver, and their hospital school teacher. If you take part, you will have one, 1:1 interview with the principal researcher (Shauna), noted at the top of this information leaflet. Your child and your child's hospital school teacher will also take part in a 1:1 interview with Shauna, should they wish to be a part of this study, too.

Can I choose whether or not to take part?

Yes, taking part is voluntary: you can decide whether or not you want to take part.

You and/or your child are free to withdraw from the study without giving a reason. Choosing not to take part or withdrawing from the study will not affect any care your child currently

receives or will receive in the future. You and/or your child can change your minds about taking part at any point in the study. If you wish to opt out of the study you can tell Shauna, either verbally or through email at (21129002@micstudent.mic.ul.ie) and no more information will be collected and recorded about you, and any previous information will be destroyed.

What will I be required to do?

Parents/guardians who consent to participate in the study will engage in a 1:1 interview with me on the research topic.

Students who receive consent from their parent/guardian to participate in the study, and who wish to participate (give assent) will also engage in a 1:1 interview with me on the topic. Students may also be asked to engage in some structured drawing activities related to the research topic during this time.

It is important to know that these interviews will be voice recorded for analysis. These interviews will be conducted within the hospital and at a time and location previously agreed upon by the parent, student, and researcher.

What are the benefits?

Taking part in this study will not directly benefit you. However, it is hoped that findings of this study will help to support those linked with Hospital Schools e.g., students, their caregivers, and teachers, by increasing awareness and understanding of these schools. It is hoped that findings may also inform health and educational practice and policy.

What are the risks?

In terms of informed consent, all participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from parents/guardians and students over 18, and assent forms will be sought from students under the age of 18 years.

For some participants, aspects of the interviews may ask them to focus on something which they may find challenging. In the interest of participant sensitivity, participants will be notified before engaging in the interviews that “if there is a question which you do not feel comfortable answering, please feel free to let the researcher know and we will move on”. Participants will also be reminded of their right to withdraw their participation in the study at any stage of the interview without providing any reason.

In addition, in the unlikely event that a participant should experience psychological distress at any time during the interview they will be directed to a list of the main support organisations and their contact details that they can avail of at any time (these are also included at the end of this information sheet).

Children's Health Ireland

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Part 2 – Data Protection

As the principal investigator, I will make every effort to protect your privacy on this study and will do so in accordance with Irish and EU data protection law. The following sections will explain how your data is being used on this study, so that you can give informed consent for it to be used.

What information about me (personal data) will be used as part of this study?

Only questions that have been granted ethical clearance from both CHI and MIC ethics committees will be presented to participants during the interview. No unnecessary or additional data will be sought. Your child's medical records will not be accessed as part of this study.

As part of the interview process, all participants will be asked their gender and age.

Personal data that will be asked of you as a parent/guardian include;

- How many children you have
- Brief information about your hospitalised child and their illness
- How long your child has been hospitalised and attending the hospital school.

If your child wishes to take part, personal data that will be asked of them as a student include;

- Why they are currently in hospital
- How long they have been in hospital
- How long they have been attending the hospital school

What happens to my data?

All interviews will be audio recorded on an encrypted digital device to facilitate data analysis. Following the interview, audio recordings will be first transcribed into text by me using Microsoft Word and stored on a password-protected file on a Mary Immaculate College encrypted laptop computer. An additional back-up of this password-protected file will be stored on an encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this pseudonymised interview transcript may be retained indefinitely in a password-protected Microsoft Word file on an encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

These texts will be 'pseudonymised', meaning that each interview text will have all identifiable information removed (e.g., names) and will be assigned a code or pseudonym which will ensure that the data will be in no way identifiable to any participant in the reporting

of results. This information, which will contain names of participants and their codes/pseudonyms, will be stored in a password-protected Excel file on the encrypted internal hard drive of the laptop. An additional back-up of this password protected file will be stored on an encrypted external hard drive. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project. Upon completion of the research project in October 2024, all data held on the encrypted laptop will be destroyed in a verifiable manner by Mary Immaculate College. Under no circumstances will these files ever be stored on unencrypted or easily lost devices.

Once the pseudonymised data is destroyed in October 2024, the consent and assent forms (identifiable data) be too destroyed. These are retained as evidence of consent in accordance with Article 7 GDPR requirements. All consent and assent forms will be kept in a secure, locked filing cabinet in my academic supervisor's locked office on Mary Immaculate College campus.

For student participants who complete drawing activities as part of the interview process, these too will first be uploaded on to data analysis software and 'pseudonymised' by removing any potential identifying information. In accordance with the MIC Records Retention Schedule, all anonymised data may be retained indefinitely in password-protected files on an encrypted laptop computer, as required. The physical copy of each drawing will be kept in a secure, locked filing cabinet that only myself (and my research supervisors upon request) will have access to. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project, and will be destroyed in a verifiable way in October 2024.

Pseudonymised data will be used to examine findings in the overall research. A report on the overall findings of the study and possible implications for Hospital Schools and those associated with these schools will be disseminated to Solas Hospital School in CHI Crumlin following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report and may be included in verbal and/or poster presentations at professional conferences and publications in peer reviewed journals. It is important to note that once the thesis/report is in print, it will not be possible to remove individual participants' data.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will my privacy be protected?

I will only collect the minimum information required for this study.

I, as the Principal Investigator (PI), will have access to your participant data (including some personal data mentioned above) as part of this study. My supervisor Dr Mannion may also access this data as required during the study.

Your data, gathered as part of this study, will at no point leave Ireland.

How will my data be kept safe?

Your audio and text data will be kept safe on a password-protected file on a Mary Immaculate College encrypted laptop, which the PI will retain for the duration of the research project, in addition to an encrypted, password-protected external hard drive. Your consent form, and where relevant your child's consent/assent form, will be safely stored in a secure, locked filing cabinet in the research supervisor's office in Mary Immaculate College. Should your child complete any drawing activities as part of their interview, these will be stored in a locked filing cabinet in the PI's personal residence for the duration of the project. Upon completion of the project in October 2024, the PI will return the laptop containing your data to Mary Immaculate College whereby the laptop will be wiped and all data will be destroyed.

(By the study commencement date, the following will have been achieved). A comprehensive risk assessment for this research has been completed and a thorough Child Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What is the lawful basis to use my personal data?

Your data is being used in this study for the purpose of scientific research in the public interest, (this is the lawful basis under GDPR, Articles 6(1, e) and 9(2,j)).

What are my rights to data?

Under GDPR, you have the following rights;

- To access and receive a copy of your data
- To restrict or object to the use of the your data
- To object to any further processing of the information we hold about you (except where it is de-identified)
- To have inaccurate information about you corrected or deleted
- To receive your data in a portable format and to have it transferred to another data controller
- To request deletion of your data

By law you can exercise the following rights in relation to your personal data, unless the request would make it impossible or very difficult to conduct the research. You can exercise these rights by contacting your myself at [21129002@micstudent.mic.ul.ie] or the Children's Health Ireland at Crumlin, Data Protection Officer at https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/ , Crumlin, Dublin D12 N512 Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Part 3 – Costs, Funding and Approval

Has this study been approved by a research ethics committee?

Yes, this study has received Ethics approval from Children's Health Ireland (CHI) at Crumlin. Approval was granted on the 8th of March 2023.

This research study also has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (A23-012, 1st of June 2023). If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick

Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Is there any payment for taking part?

No, we are not paying participants to take part in this study.

Children's Health Ireland

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

Part 4 – Further Information

Who should I contact for information or if I have concerns?

If you have any questions or concerns, you can contact:

- Principal Investigator: Shauna McGillen, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie
- Research Supervisor: Dr Lydia Mannion, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. Telephone: 061-774701 E-mail: lydia.mannion@mic.ul.ie
- Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie
- Data Protection Officer of CHI at Crumlin: Data Protection Officer, Children's Health Ireland at Crumlin, Crumlin, Dublin D12 N512, Ireland. E-mail: dataprotection@occhc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to lodge a complaint with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Thank you most sincerely for taking the time to read this information letter. I would be extremely grateful if you would discuss this with your child and consider participating in this study. If you have any queries, please feel free to contact me at the email address below.

Shauna McGillen

E-mail: 21129002@micstudent.mic.ul.ie

Part 5 – Useful Information and Contact Details

This is a list of main support organisations which can help with a range of issues. We are giving you this information in case you would like to talk about any of the issues raised during the interview

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day. A member of the team can tell you about:

- the mental health supports and services available to you

- how to access different services provided by the HSE and our funded partners

- Freephone 1800 111 888

The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

- Freephone 116 123
- jo@samaritans.ie
- www.samaritans.org/ireland/samaritans-ireland

Text 50808 is a free 24/7 text service, where you connect with a trained Crisis Volunteer.

- Text HELLO to 50808.

Pieta House is a suicide prevention service. They offer counselling in centres around Ireland and have a 24/7 crisis helpline.

- Freephone 1800 247 247
- Text help to 51444

Information Sheet for Teachers

Information Leaflet For Teachers

The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Dear Teachers,

My name is Shauna McGillen and I am a Trainee Educational and Child Psychologist attending Mary Immaculate College (MIC), Limerick. I am currently completing a doctoral thesis under the supervision of Dr Lydia Mannion. As part of this thesis, I am carrying out research that aims to explore the lived experience of the Hospital School. The Hospital School you work at has agreed to partake in this study. I now wish to invite you to participate in the study.

This information sheet explains what taking part would involve. Please read it carefully and ask me if anything is unclear or you would like more details.

Part 1 – The Study

Why is this study being done?

We are doing this study to explore the experiences of the Hospital School by interviewing individuals who attend, work in, or have a child attending a hospital school. To do this, this study will include hospital school students, their caregivers, and hospital school teachers. Findings from this study will be used to inform future research in the area, health and educational practice, and current policy.

Going to school and accessing an appropriate education that meets student need is a fundamental right of all children, including those with special education needs, under the 1998 Education Act and 2004 EPSEN Act. Under these, the importance of partnership between schools, students, parents, and teachers are recognised, and respect for individual values, beliefs and needs highlighted. To date, no study has adequately explored the experiences related to hospital schooling from student, teacher, and caregiver perspectives. As such it is unknown at present whether hospital schools are meeting the needs of these individuals. Literature on hospital schools represents a significantly under researched area. Therefore, this study aims to bridge this gap by including the voices of students, teachers, caregivers and enabling their unique views on hospital schooling to be heard.

Why have I been invited to take part?

You have been invited because you are currently working as a teacher in Solas Hospital School in CHI at Crumlin. Our understanding of how best to support other teachers like you along with the students attending hospital schools and their parents/caregivers is limited and we are seeking to improve this. We will be inviting you, one of your students, and their caregiver to take part in this study.

All together we are hoping to invite 2-3 'triads' to take part in this study, each triad will be made up of one hospital school student, their caregiver, and their hospital school teacher. If you take part, you will have one, 1:1 interview with the principal researcher (Shauna), noted at the top of this information leaflet. Your student and their caregiver will also take part in a 1:1 interview with Shauna, should they wish to be a part of this study, too.

Can I choose whether or not to take part?

Yes, taking part is voluntary: you can decide whether or not you want to take part.

You are free to withdraw from the study without giving a reason. Choosing not to take part or withdrawing from the study will have no impact on your employment. You can change your

mind about taking part at any point in the study. If you wish to opt out of the study you can tell the researcher, Shauna, either verbally or through email at (21129002@micstudent.mic.ul.ie) and no more information will be collected and recorded about you, and any previous information will be destroyed.

What will I be required to do?

Teachers who consent to participate in the study will engage in a 1:1 interview with me on the research topic.

It is important to know that these interviews will be voice recorded for analysis. These interviews will be conducted within the hospital and at a time and location previously agreed upon by the teacher and researcher.

What are the benefits?

Taking part in this study will not directly benefit you. However, it is hoped that findings of this study will help to support those linked with Hospital Schools e.g., students, their caregivers, and teachers, by increasing awareness and understanding of these schools. It is hoped that findings may also inform health and educational practice and policy.

What are the risks?

In terms of informed consent, all participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from teachers.

For some participants, aspects of the interviews may ask them to focus on something which they may find challenging. In the interest of participant sensitivity, participants will be notified before engaging in the interviews that "if there is a question which you do not feel comfortable answering, please feel free to let the researcher know and we will move on". Participants will also be reminded of their right to withdraw their participation in the study at any stage of the interview without providing any reason.

In addition, in the unlikely event that a participant should experience psychological distress at any time during the interview they will be directed to a list of the main support organisations and their contact details that they can avail of at any time (these are also included at the end of this information sheet).

Part 2 – Data Protection

As the principal investigator, I will make every effort to protect your privacy on this study and will do so in accordance with Irish and EU data protection law. The following sections will explain how your data is being used on this study, so that you can give informed consent for it to be used.

What information about me (personal data) will be used as part of this study?

Only questions that have been granted ethical clearance from both CHI and MIC ethics committees will be presented to participants during the interview. No unnecessary or additional data will be sought.

As part of the interview process, all participants will be asked their gender and age.

Personal data that will be asked of you as a teacher include;

- Years of teaching experience
- How long you have been working in hospital schools
- How long you have been working in this hospital school
- What ages, subjects do you teach

What happens to my data?

All interviews will be audio recorded on an encrypted digital device to facilitate data analysis. Following the interview, audio recordings will be first transcribed into text by me using Microsoft Word and stored in a password-protect file on a Mary Immaculate College encrypted laptop computer. An additional back-up of this password-protected file will be stored on an encrypted external hard drive. In accordance with the MIC Records Retention Schedule, this pseudonymised interview transcript may be retained indefinitely in a password-protected Microsoft Word file on an encrypted laptop computer and external hard drive, as required. The original audio recording will thereafter be destroyed in a verifiable manner.

These texts will be 'pseudonymised', meaning that each interview text will have all identifiable information removed (e.g., names) and will be assigned a code or pseudonym which will ensure that the data will be in no way identifiable to any participant in the reporting of results. This information, which will contain names of participants and their codes/pseudonyms, will be stored in a password-protected Excel file on the encrypted internal hard drive of the laptop. An additional back-up of this password protected file will be stored on an encrypted external hard drive. In accordance with the MIC Records Retention Schedule, these files will be retained for the duration of the research project. Upon completion of the research project in October 2024, all data held on the encrypted laptop will be destroyed in a verifiable manner by Mary Immaculate College. Under no circumstances

will these files ever be stored on unencrypted or easily lost devices.

Once the pseudonymised data is destroyed in October 2024, the consent forms (identifiable data) will also be destroyed. These are retained as evidence of consent in accordance with Article 7 GDPR requirements. All consent forms will be kept in a secure, locked filing cabinet in my academic supervisor's locked office on Mary Immaculate College campus.

Pseudonymised data will be used to examine findings in the overall research. A report on the overall findings of the study and possible implications for Hospital Schools and those associated with these schools will be disseminated to Solas Hospital School in CHI at Crumlin following completion of the research project. At the end of the study, the information will be used to present results. Information gathered will be written in a thesis/report and may be included in verbal and/or poster presentations at professional conferences and publications in peer reviewed journals. It is important to note that once the thesis/report is in print, it will not be possible to remove individual participants' data.

I am acutely aware of the General Data Protection Regulation (GDPR) legislation and am fully committed to adhering to the data protection requirements of GDPR throughout this research project. In addition, MIC has rigorous and robust standards in relation to data protection and the safeguarding of information, in the MIC Data Protection Policy and Personal Data Handling Guidelines, which will also be stringently adhered to during this research project.

How will my privacy be protected?

I will only collect the minimum information required for this study.

I, as the Principal Investigator (PI), will have access to your participant data (including some personal data mentioned above) as part of this study. My supervisor Dr Mannion may also access this data as required during the study.

Your data, gathered as part of this study, will at no point leave Ireland.

How will my data be kept safe?

Your audio and text data will be kept safe on a password-protected file on a Mary Immaculate College encrypted laptop, which the PI will retain for the duration of the research project, in addition to an encrypted, password-protected external hard drive. Your consent form will be safely stored in a secure, locked filing cabinet in the research supervisor's office in Mary Immaculate College. Upon completion of the project in October 2024, the PI will return the laptop containing your data to Mary Immaculate College whereby the laptop will be wiped and all data will be destroyed.

(By the study commencement date, the following will have been achieved). A comprehensive risk assessment for this research has been completed and a thorough Child

Safeguarding Statement has been drawn up, in consultation with the Mary Immaculate College (MIC) Research Ethics Committee and with reference to the Children's First Act, MIC Safeguarding Children Policy and Procedures and Safeguarding Statement. The components of the Child Safeguarding Statement for this research project will be strictly adhered to throughout all aspects of the research process.

In addition, I have been Garda vetted and have completed a rigorous training process in relation to research integrity and ethics in human subject research engagement.

What is the lawful basis to use my personal data?

Your data is being used in this study for the purpose of scientific research in the public interest, (this is the lawful basis under GDPR, Articles 6(1, e) and 9(2, j)).

What are my rights to data?

Under GDPR, you have the following rights;

- To access and receive a copy of your data
- To restrict or object to the use of the your data
- To object to any further processing of the information we hold about you (except where it is de-identified)
- To have inaccurate information about you corrected or deleted
- To receive your data in a portable format and to have it transferred to another data controller
- To request deletion of your data

By law you can exercise the following rights in relation to your personal data, unless the request would make it impossible or very difficult to conduct the research. You can exercise these rights by contacting your myself at [21129002@micstudent.mic.ul.ie] or the Children's Health Ireland at Crumlin, Data Protection Officer at https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/ , Crumlin, Dublin D12 N512 Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Part 3 – Costs, Funding and Approval

Has this study been approved by a research ethics committee?

Yes, this study has received Ethics approval from Children's Health Ireland (CHI) at Crumlin. Approval was granted on the 8th of March 2023.

This research study also has received Ethics approval from the Mary Immaculate College Research Ethics Committee (MIREC) (A23-012, 1st of June 2023). If you have any concerns about this study and wish to contact an independent authority, you may contact:

Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick

Telephone: 061-204980 E-mail: mirec@mic.ul.ie

Is there any payment for taking part?

No, we are not paying participants to take part in this study.

Part 4 – Further Information

Who should I contact for information or if I have concerns?

If you have any questions or concerns, you can contact:

- Principal Investigator: Shauna McGillen, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie
- Research Supervisor: Dr Lydia Mannion, Mary Immaculate College, S Circular Rd, Limerick, V94 VN26. Telephone: 061-774701 E-mail: lydia.mannion@mic.ul.ie
- Mary Collins, MIREC Administrator, Mary Immaculate College, Limerick. Telephone: 061-204980 E-mail: mirec@mic.ul.ie
- Data Protection Officer of CHI at Crumlin: Data Protection Officer, Children's Health Ireland at Crumlin, Crumlin, Dublin D12 N512, Ireland. E-mail: dataprotection@occhc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Under GDPR, if you are not satisfied with how your data is being processed, you have the right to lodge a complaint with the Office of the Data Protection Commission, 21 Fitzwilliam Square South, Dublin 2, Ireland. Email: dataprotection@olchc.ie. Website: https://www.olchc.ie/About-Us/Privacy-Statement-GDPR/

Thank you most sincerely for taking the time to read this information letter. I would be extremely grateful if you would consider participating in this study. If you have any queries, please feel free to contact me at the email address below.

Shauna McGillen

E-mail: 21129002@micstudent.mic.ul.ie

Part 5 – Useful Information and Contact Details

This is a list of main support organisations which can help with a range of issues. We are giving you this information in case you would like to talk about any of the issues raised during the interview

Your Mental Health Information Line is a phone service you can call anytime – 24hours a day. A member of the team can tell you about:

- the mental health supports and services available to you

- how to access different services provided by the HSE and our funded partners

- Freephone 1800 111 888

The Samaritans is a 24-hours a day, 365 days a year support service for anyone who is experiencing feelings of distress or despair, including those who have thoughts of suicide, and want someone to talk to. Their website lists the addresses and opening hours of their nationwide branches. They also provide a free-phone number that can be called from anywhere in the Republic of Ireland.

- Freephone 116 123
- jo@samaritans.ie
- www.samaritans.org/ireland/samaritans-ireland

Text 50808 is a free 24/7 text service, where you connect with a trained Crisis Volunteer.

- Text HELLO to 50808.

Pieta House is a suicide prevention service. They offer counselling in centres around Ireland and have a 24/7 crisis helpline.

- Freephone 1800 247 247
- Text help to 51444

Appendix I

Parent/Caregiver and Teacher Consent Forms

Parent/Caregiver Consent Form

Informed Consent Form for Parent(s)/Guardian(s)

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie

If you would like further information on any aspect of the study, please contact the study team directly using the details provided.

Please tick/initial the box next to each statement if you understand and agree	Agree
Participation	
1. I have had time to consider my participation in this study.	
2. I have received and understand the study Participant Information Leaflet for Parents/Guardians and any questions have been answered satisfactorily.	
3. I understand that my participation is voluntary and that I am free to withdraw at any time without my child's current or future medical care being affected.	
4. I agree to my interview being audio recorded using a digital device.	
5. I agree to the collection, storage and use of my research data for the current study on Hospital Schools.	
6. I understand that if my I withdraw from the study, I have the right to ask for my pseudonymised research data to be destroyed.	
Data safety and utilisation	
1. I understand that my research data will pseudonymised (coded). This means my identity will be hidden using a code which only the research team will have access to. The data will be stored in a secured password-protected file on the Principal Investigator's encrypted laptop computer in addition to an encrypted, password-protected external hard drive.	
2. I understand that there is no direct benefit to me in participating in the research study.	

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

3. I understand that the research data collected as part of this study will be used for qualitative purposes and may also be used in scientific publications. I understand that I will not be identifiable in those reports or publications.	
4. I understand that should direct quotes from my interview be used in reports or other research outputs, I along with my child and their hospital school teacher may be able to recognise my identity based on my responses but nobody else will be able to link my responses to me.	
5. I understand that once the thesis is in print, it will not be possible for my pseudonymised research data to be removed.	
6. I give the research team permission to store my data for 3 years following the study completion date, at which point they will be destroyed in a verifiable manner as per MIC's Records Retention Schedule in October 2027.	
7. I have read and understood this form completely and consent to participating in this study.	

_____ _____/_____/_____ _____

Participant's name (BLOCK LETTERS) **Date** **Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

_____ _____/_____/_____ _____

Researcher's name **Date** **Signature**

_____ _____/_____/_____ _____

Impartial Witness* **Date** **Signature**

*Impartial witness is only required if consent is being obtained remotely

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

Teacher Consent Form

Informed Consent Form for Teachers

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie

If you would like further information on any aspect of the study, please contact the study team directly using the details provided.

Please tick/initial the box next to each statement if you understand and agree	Agree
Participation	
1. I have had time to consider my participation in this study.	
2. I have received and understand the study Participant Information Leaflet for Teachers and any questions have been answered satisfactorily.	
3. I understand that my participation is voluntary and that I am free to withdraw at any time without my employment being affected.	
4. I agree to my interview being audio recorded using a digital device.	
5. I agree to the collection, storage and use of my research data for the current study on Hospital Schools.	
6. I understand that if my I withdraw from the study, I have the right to ask for my pseudonymised research data to be destroyed.	
Data safety and utilisation	
1. I understand that my research data will pseudonymised (coded). This means my identity will be hidden using a code which only the research team will have access to. The data will be stored in a secured password-protected file on the Principal Investigator's encrypted laptop computer in addition to an encrypted, password-protected external hard drive.	
2. I understand that there is no direct benefit to me in participating in the research study.	

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

3. I understand that the research data collected as part of this study will be used for qualitative purposes and may also be used in scientific publications. I understand that I will not be identifiable in those reports or publications.	
4. I understand that should direct quotes from my interview be used in reports or other research outputs, I along with my student and their caregiver may be able to recognise my identity based on my responses but nobody else will be able to link my responses to me.	
5. I understand that once the thesis is in print, it will not be possible for my pseudonymised research data to be removed.	
6. I give the research team permission to store my data for 3 years following the study completion date, at which point they will be destroyed in a verifiable manner as per MIC's Records Retention Schedule in October 2027.	
7. I have read and understood this form completely and consent to participating in this study.	

_____ _____/_____/_____ _____

Participant's name (BLOCK LETTERS) **Date** **Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

_____ _____/_____/_____ _____

Researcher's name **Date** **Signature**

_____ _____/_____/_____ _____

Impartial Witness* **Date** **Signature**

*Impartial witness is only required if consent is being obtained remotely

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

Appendix J

Student Assent Forms and Parental Permission Form

Assent Form for Students aged 13-17

Informed Assent From (13-17 years)

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26.
E-mail: 21129002@micstudent.mic.ul.ie

Please tick/initial the box next to each statement if you understand and agree	Tick
1. This study and this form have been explained to me.	
2. My questions have been answered in a way I understand.	
3. I understand that the interview will be audio recorded using a digital device.	
4. I understand that it is OK to stop taking part at any time during my interview.	
5. I understand that taking part in this study involves collecting and using information about me which will be used in a college report and may be published in a research journal.	
6. I understand that any of my information used in reports, publications or presentations will never be linked back to me.	
7. I understand that direct quotes from my interview may be used in reports, I along with my caregiver and hospital school teacher may be able to recognise my identity based on my words but nobody else will be able to link them to me.	
8. I am happy for any drawing I make with Shauna to be used for her thesis/reports.	
9. I understand that my information will be kept safe on the researcher's password-protected laptop computer and a password-protected USB stick	
10. I am happy to take part in this research project.	

_____ ____/____/____ _____

Name (In BLOCK LETTERS) **Date** **Signature**

_____	_____/_____/_____	_____
Parent/Legal guardian's name (In BLOCK LETTERS)	**Date**	**Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed assent.

_____	_____/_____/_____	_____
Doctor/Researcher's name (In BLOCK LETTERS)	**Date**	**Signature**

Assent Form for Students aged 8-12

Informed Assent Form for Students 8-12

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26.
E-mail: 21129002@micstudent.mic.ul.ie

Please tick (☐) the box next to each statement if you understand and agree	Tick
1. This study and this form have been explained to me.	
2. My questions have been answered in a way I understand.	
3. I know that there is little risk for me to take part in the study and my information will be safe.	
4. I understand that my interview will be audio recorded.	
5. I understand that it is OK to stop taking part at any time during the interview.	
6. I am happy for my quotes be used for Shauna's thesis/reports.	
7. I am happy for any drawing I make with Shauna to be used in her thesis/reports.	
8. I am happy to take part in this research project.	

_____

Please sign your name here

_____ ____/____/____ _____

Parent/Legal guardian's name (In BLOCK LETTERS) **Date** **Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed assent.

_____	_____/_____/_____	_____
Doctor/Researcher's name (In BLOCK LETTERS)	**Date**	**Signature**

Assent Form for Students aged 6-7

Informed Assent Form for Students 6-7 years

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26.
E-mail: 21129002@micstudent.mic.ul.ie

Please read or listen to a grown up reading the sentences below and then put a huge tick (✓) in the box if you agree with them.

I understand the things I have been told about the study.	
I know that I can ask to stop at any time.	
I am happy for facts about me to be shared with the researcher.	
I understand that the interview will be audio recorded.	
I am happy for Shauna to use what I say when she is writing about the study.	
I am happy for any drawing I make with Shauna to be used for the study.	
I am happy to take part in this research.	

Children's Health Ireland

MARY IMMACULATE COLLEGE
COLÁISTE MHUIRE GAN SMÁL

_____

Please sign your name here

_____	_____/_____/_____	_____
Parent/Legal guardian's name (In BLOCK LETTERS)	**Date**	**Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed assent.

_____	_____/_____/_____	_____
Doctor/Researcher's name (In BLOCK LETTERS)	**Date**	**Signature**

Parental Permission Form

Informed Consent Form for Parent/Guardian for their child's participation

STUDY TITLE: The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives

Principal Investigator: Ms Shauna McGillen, Trainee Educational and Child Psychologist

Co-Investigator(s): Mr Fergal McNamara, Principal of Solas Hospital School at CHI in Crumlin

Contact Details: Principal Investigator: Shauna McGillen, S Circular Rd, Limerick, V94 VN26. E-mail: 21129002@micstudent.mic.ul.ie

If you would like further information on any aspect of the study, please contact the study team directly using the details provided.

Please tick/initial the box next to each statement if you understand and agree	Agree
Participation	
1. I have had time to consider my child's participation in this study.	
2. I have received and understand the study Participant Information Leaflets for parents and for students and any questions have been answered satisfactorily.	
3. I understand that my child's participation is voluntary and that we are free to withdraw at any time without my child's current or future medical care being affected.	
4. I agree my child's interview being audio recorded using a digital device.	
5. I agree to the collection, storage and use of my child's research data for the current study on Hospital Schools.	
6. I understand that if my child withdraws from the study, I have the right to ask for my child's pseudonymised research data to be destroyed.	
7. I understand that my child's medical charts will not be accessed for the purpose of this study.	
Data safety and utilisation	
1. I understand that my child's research data will pseudonymised (coded). This means my child's identity will be hidden using a code which only the research team will have access to. The data will be stored in a secured password-protected file on the Principal Investigator's encrypted laptop computer in addition to an encrypted, password-protected external hard drive.	
2. I understand that there is no direct benefit to my child in participating in the research study.	

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

3. I understand that the research data collected as part of this study will be used for qualitative purposes and may also be used in scientific publications. I understand that my child will not be identifiable in those reports or publications.	
4. I understand that should direct quotes from my child's interview be used in reports or other research outputs, my child along with myself and their hospital school teacher may be able to recognise their identity based on my child's responses but nobody else will be able to link my child's responses to my child.	
5. I understand that once the thesis is in print, it will not be possible for my child's pseudonymised research data to be removed.	
6. I consent to any physical drawings that my child makes as part of this study to be used for the researcher's thesis and scientific publications.	
7. I give the research team permission to store my child's data for 3 years following the study completion date, at which point they will be destroyed in a verifiable manner as per MIC's Records Retention Schedule in October 2027.	
8. I have read and understood this form completely and consent to my child participating in this study.	

_____ _____/_____/_____ _____

Parent/legal guardian's name (BLOCK LETTERS) **Date** **Signature**

STATEMENT OF INVESTIGATORS RESPONSIBILITY

I have explained the nature, purpose, procedures, benefits, risks, and alternatives to this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

_____ _____/_____/_____ _____

Researcher's name **Date** **Signature**

_____ _____/_____/_____ _____

Impartial Witness* **Date** **Signature**

*Impartial witness is only required if consent is being obtained remotely

All personal data will be collected, processed, and held in accordance with the provisions of EU Regulation 2016/679 General Data Protection Regulation (GDPR) and your rights under GDPR.

Appendix K

Interview Guides for Student, Teacher and Parent Participants

Student

1. Age, gender – *(pseudonym or ID given)*
2. Who are you, what's important for me to know?
3. If it is okay with you, can you tell me a little bit about why you are in hospital? *(to keep anonymity -> if identifiable and rare illness, group it in a category e.g.,Cancer)*
    a. How long have you been in hospital?
4. What is it like staying in the hospital?
5. How did you start going to the hospital school?
    a. How long have you been going?
6. Can you tell me about the hospital school?
    a. How do you attend – bedside, classroom, remote
    b. How many hours
    c. Teacher(s)
    d. Subjects
    e. Activities – What kind of things do you do in the hospital school?
7. Is the hospital school different to your regular school? How?
8. Can you tell me about something (or things) that you like about the hospital school?
9. Can you tell me about something (or things) that you do not like about the hospital school?
10. What/who helps you when you are in school here (hospital)?
11. Do you find anything hard about being in the hospital school?
12. Friends/family, technology, wellbeing
13. If it was up to you would you change anything about the hospital school/your experience?

Teacher

1. Gender, age *(pseudonym or ID given)*
2. Years of teaching experience, how long have you been teaching in a hospital school?
3. Why did you want to work here/ in this setting?
    a. How did you come to work in this area?
    b. Do you have specific training?
4. Can you tell me about your typical day/week working here?
    a. What ages, subjects do you teach?
    b. How do students become linked to the school?
    c. Does your teaching differ with different students? Age/diagnosis?
5. Can you tell me about your experience of teaching X (student)?
    a. What are you/have your worked on?
    b. How? Teaching methods
    c. Any specific challenges / achievements?
6. Can you tell me about the models of practice / policy / legislation within the hospital school?
    a. Consultation with medical professions
    b. Consultation with base schools
    c. Different to mainstream and other special schools?
7. What do you like about working in a hospital school?
8. Is there anything that you do not like about working in a hospital school?
9. What supports you in your work as a hospital school teacher?
    a. What about other hospital school teachers?
10. What challenges, if any, do you experience as a teacher in a hospital school?
    a. What about other hospital school teachers?
11. What supports and challenges do you feel that the students of the hospital school experience?
12. What supports and challenges, if any, do you feel the parents of the students experience in being linked to the hospital school?
13. Do you feel that there are any unmet needs that you as a hospital school teacher have?
    a. What about unmet needs of the hospital school in general?

Parent

1. Gender, age, (pseudonym or ID given)
2. How many children do you have?
3. (Hospitalised child) Can you tell me about X?
    a. If you feel comfortable doing so, can you please tell me briefly about X's illness?
4. How long have they been hospitalized?
5. How long have they been attending the hospital school?
6. What has your experience been being linked with the hospital school? How have you found it?
7. What, if any, supports do you feel you experience from being linked with the hospital school?
    a. What supports, if any, do you feel that X experiences from being linked with the hospital school?
    b. Is there/ has there been communication between the hospital school and X's regular school?
8. What, if any, challenges do you feel you experience from being linked with the hospital school?
    a. What about any challenges X experiences?
9. What specific needs, if any, do you feel that you and/or other caregivers have in relation to hospital schooling?
    a. If you could, would you change anything about the hospital school or your experience with it?
    b. Is there anything you would want people to know about hospital schooling?

Appendix L

Development of interview questions which arose from previous research and in light of Bronfenbrenner's Bio-ecological System's Theory (2005)

No.	Question	How question was informed Informed by Bronfenbrenner's Bio-ecological Systems theory (2005) and/or findings of the qualitative systematic review undertaken as part of this research Definite / *Potential*
Students		
1.	Age, gender	Descriptive information – Person; Context: microsystem
2.	Who are you, what's important for me to know	Student's personal characteristics – Context: microsystem
3.	Can you tell me a little but about why you are in hospital	Student's health – Context: microsystem
4.	What is it like staying in hospital	Immediate environment – Context: microsystem
5.	How did you start going to the hospital school a. How long have you been attending	Exploring the time in which the student has been involved in the hospital school – Time: chronosystem
6.	Can you tell me about the hospital school a. How do you attend b. Duration c. Teacher(s) d. Subjects e. Other activities	Exploring the Irish hospital school system and set up – Context: exosystem Also arose from findings of the qualitative systematic review. Several research studies included similar information (e.g., Äärelä et al., 2016, 2018). It is hoped that this information may highlight commonalities and differences between the Irish

		Paediatric Educational system and international systems
7.	Is the hospital school different to your regular school? a. How	Comparison of school systems – Context: exosystem
8.	Can you tell me about something that you like about the hospital school	*May touch on personal and cultural values – Context: macrosystem*
9.	Can you tell me about something that you do not like about the hospital school	*May touch on personal and cultural values – Context: macrosystem*
10.	What/who helps you when you are in the hospital school	Arose from findings of the qualitative systematic review. The voices of hospital school students and their caregivers has thus far been omitted from Irish literature. Therefore this research seeks to broadly explore the experiences of these subgroups for the first time.
11.	Do you find anything hard about being in the hospital school	Arose from findings of the qualitative systematic review. The voices of hospital school students and their caregivers has thus far been omitted from Irish literature. Therefore this research seeks to broadly explore the experiences of these subgroups for the first time.
12	If it was up to you would you change anything about the hospital school experience	Arose from findings of the qualitative systematic review. The voices of hospital school students and their caregivers has thus far been omitted from Irish literature. Therefore this research seeks to broadly explore the experiences of these subgroups for the first time.

Parents		
2.	How many children do you have	family – Context: microsystem
3.	Can you tell me about X a. Can you tell me briefly about X's illness	Child's health – Person; Context: microsystem *Possible impacts on parents (interaction) – Context: mesosystem*
6.	What has your experience been being linked with the hospital school a. How have you found it	Interactions between parents, student, and hospital school (teachers) – Context: mesosystem
7.	What, if any, supports do you feel that you experience from being linked with the hospital school a. What supports do you feel X experiences b. Is there/has there been communication between the hospital school and X's regular school	*Supports may touch on personal values – Context: macrosystem* Connection between hospital school and regular school – Context: mesosystem
8.	What, if any, challenges do you feel that you experience from being linked with the hospital school a. Does X experience any challenges	Arose from findings of the qualitative systematic review. The voices of hospital school students and their caregivers has thus far been omitted from Irish literature. Therefore this research seeks to broadly explore the experiences of these subgroups for the first time.
9.	What needs do you feel that you or other caregivers have in relation to hospital schooling	Arose from findings of the qualitative systematic review. The voices of hospital school students and their caregivers has thus far been omitted from Irish literature. Therefore this research seeks to broadly

	a. Would you change anything about the hospital school b. Is there anything you would want people to know about hospital schooling	explore the experiences of these subgroups for the first time.
Hospital Teachers		
2.	Years of teaching experience a. Years of teaching in the hospital school	Exploring whether teaching experience impacts on practice with students – Context: microsystem
3.	Why did you want to work in this setting a. How did you come to work in this area b. Do you have specific training	*May touch on personal values – Context: macrosystem*
4.	Can you tell me about your typical day/week working here a. What ages and subjects do you teach b. How do students become linked to the school c. Does teaching differ with different students	How students become linked with the hospital school within the hospital – Context: mesosystem
5.	Can you tell me about your experience of teaching X a. What are you/have you worked on b. How/teaching methods	Interactions with students – Process, Context: microsystem

	c. Any challenges/ achievements	
6.	Can you tell me about the models of practice / policy / legislation within the hospital school a. Consultation with medical professions b. Consultation with regular schools c. Different to mainstream and other special schools	Exploration of relative legislation and policy within the hospital school system – macrosystem Interactions between hospital school staff and medical professionals / hospital school staff and regular schools – Process, Context: mesosystem *Consultation by medical professionals may be influenced by the healthcare system – Context: exosystem*
7.	What do you like about working in the hospital school	*Supports may touch on personal values – Context: macrosystem*
8.	Is there anything you do not like working in a hospital school	*Supports may touch on personal values – Context: macrosystem*
9.	What supports you or others in your work as hospital school teachers	*Supports may touch on personal values – Context: macrosystem*
10.	What challenges, if any, do you or others experience as hospital school teachers	Arose from the qualitative systematic review. Specifically only one Irish study explored challenges experienced by hospital school teachers (Keehan, 2021). Therefore, it was hoped that this question would either substantiate previous findings or elucidate further information on this topic.
11.	What supports and challenges do you feel that the students of the hospital school experience	Arose from findings of the qualitative systematic review. The voices of hospital school students has thus far been omitted from Irish literature. Therefore this

		research seeks to broadly explore the experiences of this subgroup for the first time. A similar question is being asked of students and their caregivers with the hope that by exploring this topic from multiple perspectives the research can achieve triangulation
12.	What supports and challenges do you feel the parents of the students experience	Interaction of parents and students relating to the hospital school – Process, Context: mesosystem Arose from findings of the qualitative systematic review. The voices of caregivers of hospital school students has thus far been omitted from Irish literature. Therefore this research seeks to broadly explore the experiences of this subgroup for the first time. A similar question is being asked of the caregivers with the hope that by exploring this topic from multiple perspectives the research can achieve triangulation
13.	Do you feel that there are any unmet needs that you or others have as hospital school teachers a. What about the hospital school in general	Arose from the qualitative systematic review. Specifically only one Irish study explored challenges experienced by hospital school teachers (Keehan, 2021). Therefore, it was hoped that this question would either substantiate previous findings or elucidate further information on this topic. Secondly, limited international research have explored hospital school teacher's needs (Małkowska-Szkutnik et al., 2021). It is hoped that exploring this topic may highlight commonalities and/or differences in the needs of Irish and international hospital school teachers

Appendix M

Ethical Approval Letters from Children's Health Ireland and Mary Immaculate Research Ethics Committee

Approval Letter From CHI

Children's Health Ireland

CHI Research Ethics Office
Email: ethics.committee2@olchc.ie
Tel: 01-409 6307 / 6243

Shauna McGillen
Faculty of Education
Mary Immaculate College
S Circular Rd, Limerick

8th March 2023

REC REF: **REC-222-23**

The Lived Experience of The Hospital School: Student, teacher and caregiver perspectives
Principal Investigator: Shauna McGillen
Co-investigators: Fergal McNamara, Dr Lydia Mannion, Dr Laura Ambrose

Dear Shauna,

Further to your email correspondence dated 22nd of February 2023, I can confirm that the submitted updated application and associated documents have successfully addressed all of the issues raised by the CHI Research Ethics Committee.

This project is **APPROVED** with the expectation that it is conducted as stated in the reviewed application. Please note that an annual report for this project should be submitted to the CHI Research Ethics Office on or before the anniversary of this approval.

I wish you every success with this study and should you require any assistance in the future please do not hesitate to contact me.

Yours sincerely,

Dr Eugene Dempsey
CHI Research Ethics Officer

Cc: Fergal McNamara, School Principal, Our Lady's Hospital School, CHI at Crumlin

Approval Letter from MIREC

MIREC-5, Created November 2021

MIREC-5

Research Ethics Committee

MIREC Final Decision Form

APPLICATION NUMBER:	A23-012

1. PROJECT TITLE

The Lived Experience of the Hospital School

2. APPLICANT

Name:	Shauna McGillen
Department / Centre / Other:	EPISE
Position:	Postgraduate Researcher (DECPsy)

3. DECISION OF MIREC CHAIR (✓)

☐	Ethical clearance through MIREC is not required and therefore the applicant need take no further action in this regard.
✓	Ethical clearance is required and is hereby granted by the Chair without need for referral to the MIREC committee.
☐	Ethical clearance for a funding application or a similar purpose is granted by the Chair ***pro tem*** without need for referral to the MIREC committee. However, the applicant must subsequently seek ethical clearance from MIREC prior to embarking on any related project work involving human participants or their data.
☐	Ethical clearance is granted following review of the application by the MIREC committee.
☐	Ethical clearance is not granted following review of the application by the MIREC committee.

4. REASON(S) FOR DECISION

I have reviewed this application and I am satisfied it meets MIREC requirements.

Safeguarding statement and risk assessment are fully fit-for-purpose.

It is, therefore, approved.

5. SIGNATURE OF MIREC CHAIR

Name (Print):	Dr Marie Griffin
Signature:	
Date:	1st June 2023

Appendix N

Data Protection Impact Assessment (DPIA) Conclusion Letter

DPIA Conclusion

Our Ref: DPIA102 Shauna McGillen

1. Introduction:

The Data Protection Officer (DPO) understands that the research will involve completing semistructured interviews with a small pool of hospital school students, their caregivers and hospital school teachers.

The DPO notes that all interviews will be audio recorded on an encrypted digital device to facilitate data analysis and following transcription of the recording, the original audio recording will be destroyed.

The DPO understands that the transcripted data will be pseudonymised and stored in a password protected file on an encrypted internal hard drive of an MIC laptop and that the pseudonymised data will be destroyed following completion of the research study in October 2024 along with the consent and assent forms.

2. Decision:

The DPO has reviewed all sections of the Privacy Engine DPIA Report which was created following the completion of a full DPIA questionnaire and approves the processing activities for the Research study " The Lived Experience of the Hospital School: Student, Teacher and Caregiver Perspectives", subject to implementing the risk mitigation measures identified in the table below and reviewing such measures periodically.

3. Risks and Mitigating Measures:

The risks and mitigating measures identified for the research project are as follows:

	Risk	Recommended mitigation measure
1.	The project proposes to pseudonymise the personal data in order to protect the privacy of the Data Subjects. The researcher will need to ensure that protocols are adopted to limit access to the 'data glossary', minimising the risk that re-identification of Data Subjects can occur.	In order to protect the integrity of the data, the researcher will need to ensure that appropriate measures are adopted to control the circumstances under which the pseudonymised data is re-identified. Access to the 're-identification key' must be strictly limited to a small number of authorised individuals.
2.	Data security, governance and storage measures should be appropriate for the format in which the personal data is processed and stored.	The researcher, in consultation with ICT, should ensure that any security measures and controls being adopted for the protection of the data are suitable for, and consistent with the format in which the personal data is stored.
3.	The researcher must ensure that the security and governance of the proposed data processing is proportionate to the volume of data	The researcher must ensure that the appropriate measures are adopted to ensure the security of the data while it is being processed, the transparency of

	being gathered, as well as to the number of data subjects being impacted by the processing.	the processing and the retention of the data in compliance with relevant legislation.

4. Next Steps:

ICRM recommends that the researcher, in consultation with the MIC supervisor of the research study:

1. **Incorporates the above identified data protection risks into the research project plan**
2. **Implements the risk mitigation measures identified and keep them under review**
3. **Liaises with ICT around the secure audio recording of interviews and the proper removal and deletion of recordings from all devices where the recording has been downloaded. As the recordings contain special categories of personal data, extra consideration and attention must be given to where and how such data is shared and what access is permitted to such data. The sharing and access to such data should be restricted/limited to those who require access to it.**
4. **Notifies the participant that the interview will be recorded at the point of interview recording and explain the purpose of recording and the retention period of the interview recording.**
5. **Provides data subjects with a Research Privacy Notice together with the researcher's Information Sheet and Consent Form. Guidance on how to complete the Research Privacy Notice can be found here.**
6. **Informs ICRM if there are any proposed changes to the data processing element of the research study.**

Signed: Elaine Mulqueen
Elaine Mulqueen
Data Protection Officer
Date:

Signed: 30 / 03 / 2023
Shauna McGillen
Project Owner
Date:
04 / 04 / 2023

Appendix O

A sample of the complete analytic process for semi-structured interviews. Based on guidelines from Smith and colleagues (2022), and Larkin and colleagues (2019).

Sample is based on Teacher Anne's individual case analysis, followed by group level analysis (teachers), and concludes at the cross-case analysis of student, parent and teacher GETs to produce a final set of themes.

Step 1 – Read and re-read the transcript

in that he is a teacher but he is a manager and he manages five different sites.

Researcher 02:35
Okay.

Teacher 3 02:36
Two of them are like CAMHS units which are Child Mental Health. But they had a fascinating site that really caught my attention, which is linking back to the piece I was talking earlier about students who are left here because there's no appropriate place for them to go education-wise. And they had a site called []. It was literally an old chapel have an army barracks that they have, what would you say repurposed and it's just for students who can't access education because of the level of needs they would have, a lot of them on the spectrum. A lot of social issues in the background.

Researcher 03:20
Yes.

Teacher 3 03:20
And this is a day school for these students, because the reality is they can't get into mainstream or they can't survive mainstream. They're not coping. You would have school refusal-type students in this. They were mainly teenagers. But here was a purpose built, well-staffed piece. They also have in their system mentors, and the mentors are the link between the teacher and the medics, the teacher and the family. They're kind of like Home School Liaison here, but with an added layer. Paid a hell of a lot less but a very vital part of that. So it was an eye opener, to kind of see the funding these places get, because there is the legislation.

Researcher 04:02

Step 2 – Exploratory Notes

[they are] fighting. So for example, for increased staffing, the department are ignoring our pupil teacher ratio of 10:1 and have said 'Wait, until you are in the new hospital school and we will review staffing'. So there is an acknowledgement hospitals- our hospital school has, is 10:1, but the Department has just decided that we're going to ignore that and [you can] suffer on. Special education will say we don't come under them so they can't allocate us staffing. So we're in limbo.

Researcher 30:08
Okay. Makes it very difficult.

Teacher 3 30:10
It makes it incredibly difficult. The hospital are not going to fight something like that because they've greater issues to fight on the greater scale. So we are stuck in the middle now to be fair [Principal] is fighting it on every angle in conjunction with [A different Hospital School]. It's a two pronged approach. But we are, we've always been understaffed. I've never known a time where we've had enough staffing. And it took a whole, a whole school inspection, god six, seven years ago, if not longer, for a recognition by the inspector to take back going, 'they're seriously understaffed' and out of that we got two staff, two full time staff. But here's a school that's been established since 1960. You go to the UK, as we did last week. [Specific UK Hospital School] has a similar bed in-take. And they have something like 30 teachers. We've seven. It's hard to argue numbers like that. [Different UK Hospital School], similar thing. Their staffing level is out the door. And.... (shrugs)

Researcher 31:30
I just wonder again from my own like research. The UK kind of has legislation in place around

So not recognized by Medical Staff and not recognized by DEP – who has their back?
Principal is fighting for departmental recognition
Department not allowing recruitment in recognition of their 10:1 ratio – telling them to wait for amalgamation to new hospital which could be another 2 years

Not recognized by Special Education department and can't get staffing from them

In limbo – stuck and can't move forward

HS are on their own and this is difficult
Hospital not going to fight for them being they are separate and have their own priorities

HS are trying to fight it together
Always been understaffed

Only after inspection 6/7 years ago did department recognize severe understaffing and allowed them to recruit two teachers – however school was established more than 60 years ago...

Vast difference in staff between UK and Irish hospital schools -> specific hospital school in UK has similar bed intake and has 30 teachers, current HS has 7 (more than quadruple??)

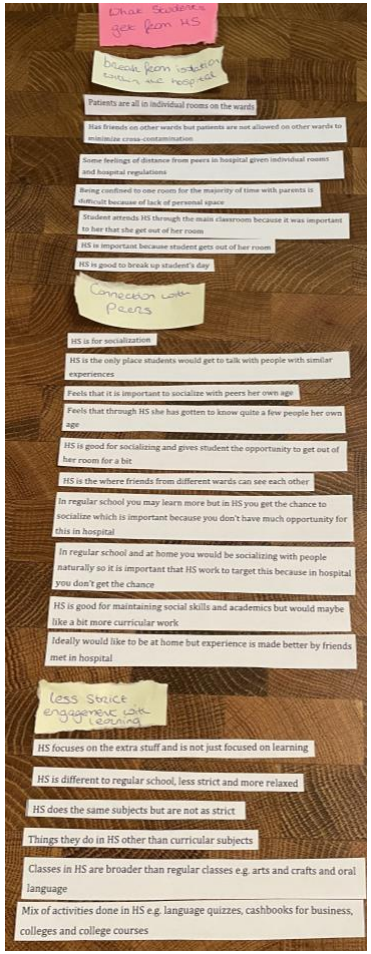
Can feel the frustration here..

Step 3 – Experiential Statements

DEP not upholding HS's 10:1 student-teacher ratio so HS cannot recruit needed staff	317	[they are] fighting. So for example, for increased staffing, the department are ignoring our pupil teacher ratio of 10:1 and have said 'Wait, until you are in the new hospital school and we will review staffing'. So there is an acknowledgement	So not recognized by Medical Staff and not recognized by DEP – who has their back? Principal is fighting for departmental recognition
	318	hospitals- our hospital school has, is 10:1, but the Department has just decided that we're going to ignore that and [you can] suffer on. Special	Department not allowing recruitment in recognition of their 10:1 ratio – telling them to wait for amalgamation to new hospital which could be another 2 years
	319	education will say we don't come under them so they can't allocate us staffing. So we're in limbo.	
Staffing issues mean that HS are stuck and it is difficult	320	**Researcher** 30:08	Not recognized by Special Education department and can't get staffing from them
	321	Okay. Makes it very difficult.	In limbo – stuck and can't move forward
Hospital will not fight re HS staffing because they have their own priorities		**Teacher 3** 30:10	
	322	It makes it incredibly difficult. The hospital are not going to fight something like that because they've	HS are on their own and this is difficult Hospital not going to fight for them being they are separate and have their own priorities
	323	greater issues to fight on the greater scale. So we	
	324	are stuck in the middle now to be fair [Principal] is fighting it on every angle in conjunction with [A different Hospital School]. It's a two pronged	HS are trying to fight it together
	325	approach. But we are, we've always been understaffed. I've never known a time where	Always been understaffed
Historically HS is understaffed – this HS is over 60 years old but it was only after an inspection report nearly a decade ago that allowed the HS to recruit two more HS teachers	326	we've had enough staffing. And it took a whole, a	Only after inspection 6/7 years ago did department recognize severe understaffing and allowed them to recruit two teachers – however school was established more than 60 years ago...
	327	whole school inspection, god six, seven years ago, if not longer, for a recognition by the inspector to take back going, 'they're seriously understaffed' and out of that we got two staff, two full time staff. But here's a school that's been	
	328	established since 1960. You go to the UK, as we	
Vast difference between staffing in a UK and Irish HS with similar in-take levels (30 vs 7 teachers)	329	did last week. [Specific UK Hospital School] has a similar bed in-take. And they have something like	Vast difference in staff between UK and Irish hospital schools -> specific hospital school in UK has similar bed intake and has 30 teachers, current HS has 7 (more than quadruple??)
	330	30 teachers. We've seven. It's hard to argue	
	331	numbers like that. [Different UK Hospital School],	
	332	similar thing. Their staffing level is out the door. And.... (shrugs)	Can feel the frustration here..
		Researcher 31:30	
		I just wonder again from my own like research. The UK kind of has legislation in place around	
	333		

Step 4 – Searching for connections

Step 5 – Experiential Personal Themes

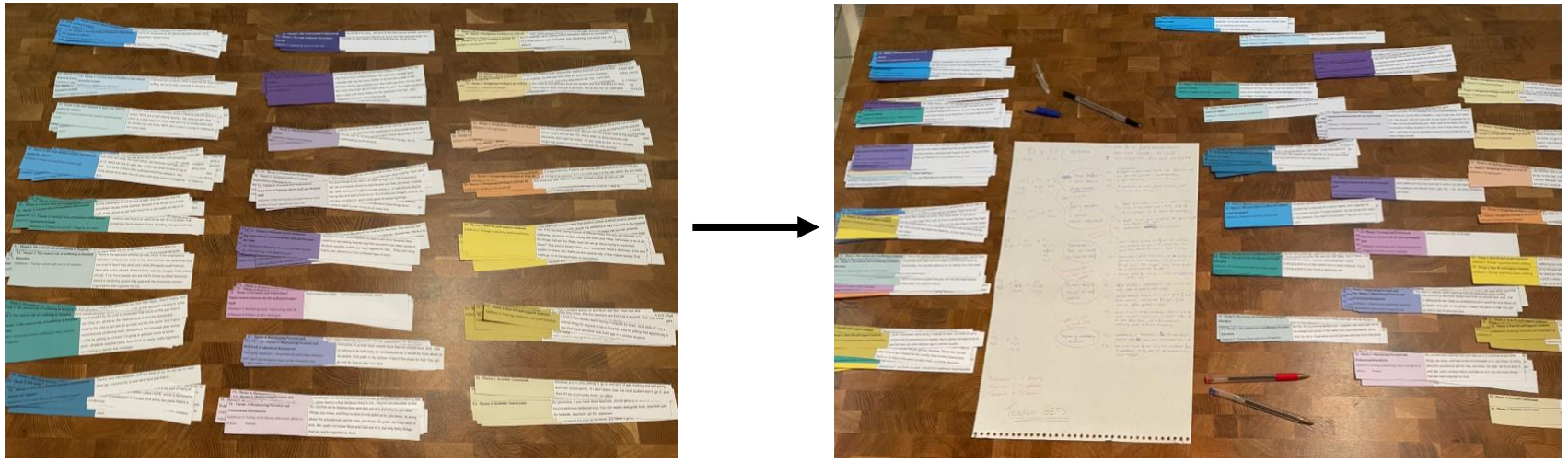


Theme 2: What students get from the HS		
Subtheme 1: Get a break from isolation with the hospital	27/67	Yeah, we are in individual rooms.
	27/72-73	I've got a couple of friends on other wards but like, it's kind of hard to stay in contact because you're not allowed go to the other wards. Because of cross-contamination and things.
	52/427-432	Like my friend is currently in isolation for some bug or something … We just kind of, we still chat but like.. (inaudible) far away or whatever. We play Minecraft at night and in the evening but like some people like you know, all around [Surgical Ward] and everyone else is on [Orthopaedic and Gastrointestinal Ward] then it's like they have no one to talk to about what's going on.
	31/124-125	It's like, you know, your parents being In the room the whole time. It's a bit weird because you're used to having your own space.
	39/230	I was always here in the classroom. (R: Okay) Because I needed to get out of the room
	28/81-82	And then it's, like you know, you learn as well and then you do things it's like it's to get you out of your room as well. Because it's so claustrophobic.
	37/211	The school's definitely really nice, just to break up the day.
	37/217	Breaks it up a bit. You get to walk around a little bit, you know?
Subtheme 2: Connection and socialization with peers	28/79	Yeah, it's still mostly for socialization.

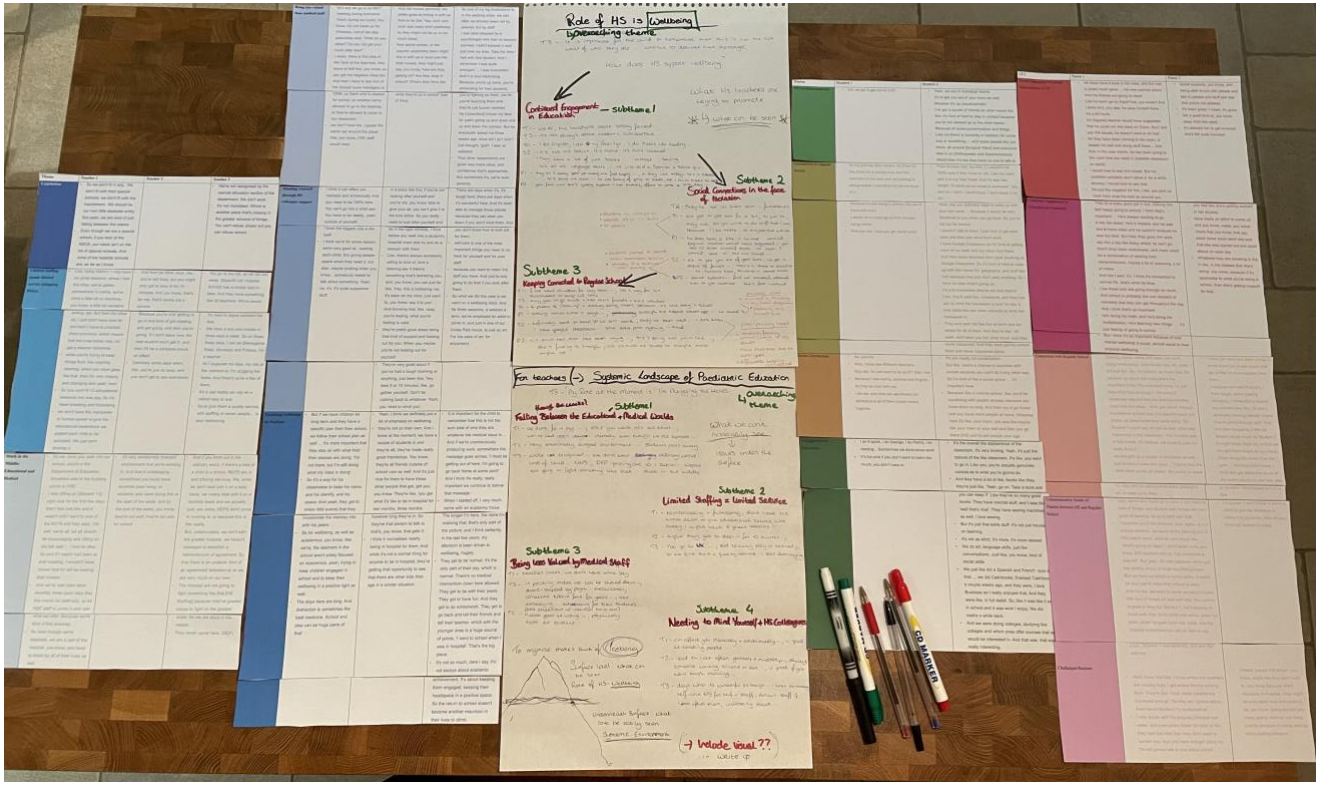
Step 6 - Individual Analysis of All Case

Repeat steps 1-5 for each interview/participant

Step 7 – Developing GETs from PETs (e.g.,Teachers)



Step 8 – Cross-case analysis of student, parent, and teacher GETs to develop final themes



Appendix P

Personal Experiential Themes

The tables below represent the PETs for each participant with relevant quotes.

Student Sean's Personal Experiential Themes

PET Name	**Quotes**
A Snapshot of HS Experience	- Em probably.... a few weeks *(how long he has attended)* - Small *(description of classroom)* - No, just me *(no peers)* - Probably half an hour *(duration of school day)* - Well, I have two different teachers
Why HS and its Supports are Meaningful	- Em, we get to get out for a bit *(from hospital room)* - It's fun and if you don't want to learn too much, you don't have to. - Because it's like being in school, like you're there with them *(referring to Monkey In My Chair)* - So my [sibling] likes Teddies. So [they're] like, [they're] in school now. And the monkey's in my chair and my [sibling] is sitting beside it and [they're] like the boss of it. - And there's a photo of my [sibling] and the monkey doing maths.
Functional and Symbiotic Relationship with Teachers	- They ask 'do you want to do stuff?' that I like. - Because I like maths, science and English. So they do that with me. - Well, [other HS teacher] likes Irish and Teacher 1 likes science stuff and all of that. They do those with me.

Student Lucy's Personal Experiential Themes

PET Name	**Quotes**
Physical and Emotional Experience of HS	- I think I started going after ... it was probably two weeks after because I was kind of out of it for a while. I was on so much stuff that you're not allowed go down to the school with a machine. - So, I got an hour. I think it was- No, it was like, two hours off my TPN *(IV-administered nutrition)* and everything else is disconnected as well so I could go down to the school. - You get enough done to feel like you've accomplished something, but like, it's not too long where then you're like, tired. Yeah, cause tired, like, it's like a big problem. It's like everyone seems to be easily exhausted. - Like for like two weeks it was just me and one other person. But like usually it can be like five, six. It depends on the, what day it is because, like, certain days are always like surgery days. - I try to go every day. But like yesterday and the day before, I just didn't feel up to it and didn't go.
HS Combats Isolation in Hospital	- We are in individual rooms. - I've got a couple of friends on other wards but like, it's kind of hard to stay in contact because you're not allowed go to the other wards. Because of cross-contamination and things. - People in isolation… some people like you know, all around [Surgical Ward] and everyone else on [Orthopaedic and Gastrointestinal Ward] then it's like they have no one to talk to about what's going on.
HS Combats Confinement in Hospital	- And then it's, like you know, you learn as well and then you do things it's like it's to get you out of your room as well. Because it's so claustrophobic. - It's like, you know, your parents being In the room the whole time. It's a bit weird because you're used to having your own space. - I was always here in the classroom. Because I needed to get out of the room. - The school's definitely really nice, just to break up the day.

	- Breaks it up a bit. You get to walk around a little bit, you know?
HS is for Connection with Peers	- I think it's mostly for socialization. - But like, here's a chance to socialise with people because you can't do it any other way. So it's kind of like a social group. Which is really good. Yeah, because it's important here. - Because like in normal school, like you'd be socialising with people anyway because you know them so long. And then you'd go home and you have more people at home. Whereas here it's like, your room, you saw like maybe like your mam or your dad and then you go there *(HS)* you've got people your age.
HS Provides a Relaxed and Broader Learning Environment	- it's the extra stuff. It's not just focused on learning. - It's not as strict. It's more, it's more relaxed. It's not like you know, '20 minutes we're doing this, 20 minutes for this'. It's like just whatever happens in the class kind of just happens. - We would do the same subjects, but maybe not in like as strict. - Like class's usually like a broad...we decorated Christmas, you know, jumpers like they're doing out there (*referring to nearby primary class currently in session*). And we did languages, like we were just looking at like synonyms and antonyms at the same time. - We were looking at languages. We just like did a Spanish and French quiz on that … we did Cashbooks, finalised Cashbooks a couple weeks ago, I love Business so I really enjoyed that. And they were like, in full detail. So, like it was like it was in school and it was work I enjoy … And we were doing colleges, studying like colleges and which ones offer courses that we would be interested in. And that was, that was really interesting.
Barriers to Developing Closer Peer Relationships and Emotional Resilience	- One thing I'd say is like, you're not allowed to talk about your medical side of yourself in the hospital. And I think it'd be kind of beneficial if we would be allowed because, you know, I was talking to a girl and she has *(Gastrointestinal Condition)* as well and we were talking about it and we realised, 'oh wait, we're not supposed to talk about this in the hospital'. But it would have been

	beneficial to hear what she'd gone through with *(Gastrointestinal Condition)*. Because *(Gastrointestinal Condition)* is just so broad. - That's the rule in the hospital school. So you can talk about it outside of the hospital- or outside of the hospital school. But then they have no one to talk to you about it. Because they have to go back to their wards and their rooms.
Lack of Communication with Regular School Impacts Educational Progress	- And then some teachers don't post anything on Google Classroom. So it's kind of hard to keep up with like Home Ec, geography, and stuff like that because they just don't post anything. So I have no idea what's going on. - It's just sometimes they're not that helpful. Like, they'll post like, homework, and then not put up what the homework is and I'm like, it only takes like two more seconds to write the homework in. - So pre mocks. They only sent me like five of them and we asked for all of them. And they're like, 'oh, yeah, we'll send you the other three' and then never happened. And they were gonna correct them and never happened either. - I have to keep texting my friends, which is probably annoying for them like every two seconds I'm like, 'What's the homework for geography from four weeks ago?'.

Parent David's Personal Experiential Themes

PET Name	**Quotes**
Family and Student Coping	- We're managing it. - Yeah, well, we, myself and my partner, we would do a few nights here each and then just- like today, we're overlapping a little bit. And grandparents are looking after siblings at home. - But we're down. Like I was, I only came up yesterday. And my partner will go down tomorrow and, Sean's siblings can come up at the weekend and stuff like that.

	- He does, he gets tired quite easily. And the concentration does go. Because you had like it was a brain injury. Like, we don't know, like to us, he's pretty much the same, but the hospital, they talk about maybe long term or short term memory can be an issue and concentration might be an issue for a while and things like that, like so we don't really know. But he does get weary. - He can write with his right hand, which is just unbelievable like, and especially doing maths you know? But he can do like, if he is signing his name there for you like, he will sign it with his right hand. Occupational therapy will say that, he should be able to get it back. - I like I couldn't even describe what he's been through in the past like two months. Or definitely say October was just something different every day between like scans and MRI scans and PET scans and, but he has found a routine again. He has a lot of physiotherapy. He has a lot of occupational therapy, he has speech and language therapy. He has school. - His wellbeing does like his worst day would have been yesterday because having his siblings up. And then them going back to normal. Then he struggles with that. And then he questions like, 'when am I getting out?'
Students' Physical Learning Environment and Experiences are Dependent on Health Condition and Status	- Yeah, sometimes he goes to the room *(referring to small satellite classroom on the ward).* - It does depend because like he picked up the chickenpox and then he's in isolation so they [*Hs teachers*] come to him and so it's been up and down. - On a day like today: he's in theatre, and he was due to have class and he couldn't because he was too tired.
Parental Struggle of Seeing Child's Social Disconnection in Response to Health Challenges	- He can't mix. And its… It's just that he's going through like heavy chemo at the moment, so he would be quite low. - I suppose because of his condition he can't come down here *(HS).* He can't mix. - It's not being mixed with other students. That's the thing, but that's his condition.

	- I would love to see him mixed. But his condition probably won't allow it, for a while anyway. I would love to see that. - It's just the negative for him. Like, you pick up more from what the kids do around you.
Emotional Impact of Health-Related Changes to Appearance for Child	- He does have a tube in his nose, and the hair is pretty much gone. So like a lot of those questions are coming up what-have-you. He was worried about how his friends are going to react. - Sometimes he can, get it into his mind that like, 'I'm looking different. How are people are gonna react to that?' - Like he won't go on FaceTime, you know? Yeah. And I think he's, you see, he sees himself there *(referring to screen).* There's not a lot of mirrors in the room or like, you know, so it's, that's where.... it's a bit much.
HS Supports Students' Educational Engagement	- They do a really good job in like, making him feel happy going to school. I think that's important. Like, he never dreads it, he's never like, 'oh god, do I have to go today'. He's always wanting to go. So I think they do a great job from that point of view. - They do a fantastic job of making the kids happy and comfortable, and, and they're so welcoming, like you see it how they get people to class. - Well say like a day like today where he can't go, they'll drop down worksheets, and there could be a combination of reading from comprehension, maybe a bit of colouring, a bit of maths.
HS Provides Connection and Normality for Students	- Like these kids are going through so much. And school is probably the one element of normality that they can get throughout the day. And I think that's so important. - He's getting work that his, his classmates are getting, and he's doing his math, and he's doing his multiplication, he's learning new things. … it's just feeling of going to school, yeah. - [Sibling] comes home and says, 'we were doing rivers today'. And he can say, 'oh, yeah, I did that too'. So, it's brilliant, he loves that. It's not even so much the rivers that's the important thing. The important thing, he just feels that 'they're doing it, I'm doing it'.

	- We brought up a couple of his books as well, just to kind of keep him busy… They're like, the math book works on weeks. So you're on week 10. And he'll be asking what week [sibling] is on, to keep up to date. - Yesterday was the first day that the monkey came into the class… And, you know, through the *[community school]* app, the teacher put videos up about what they were doing. So Sean could see all that as well, what was happening in the classroom. The monkey was in the middle. It's brilliant. He loved it. Like, he really liked it. - He was quite happy to do it *(referring to student taking part in Monkey in My Chair)…* And the teacher, as I said, is brilliant. And the classmates really took to it. And they seem to be that, it's a positive, again, it's just that feeling of being connected.
HS Supports Students' Wellbeing	- Sean has a psychologist that comes into him and I'd say a teacher would get 10 times more out of him, in that situation. - I think it's so important because of kids mental wellbeing is equal, almost equal to their physical wellbeing. - The psychologists are very rigid. And they're very much looking to get certain things out of Sean. Whereas a teacher can naturally get that out of a student I think. And, like, it's, I think they should value what they do here. I think that's really important. - And they'd *(HS teachers)* know, maybe when there's a time to probe, and when there's a time to leave it. But a psychologist comes in, they have a 30-minute schedule, and they're like, 'Okay, I have to find out this', and they're ticking boxes, and they're circling things. But like a teacher could sit there for 30 minutes and find out 10 times more from just being around the child. - For us as parents like they are very much you know, 'this is school time, we'll look after him. He's fine with us'. Like, yeah, it gives us a bit of a break as well.

	- They're, they're brilliant. And they know how much to do. Like how much you know, they'll push, but they won't push too far. Like they're great in that, like they keep us involved.
Communication Wants and Needs	- I suppose you'd like to know. Just, again, it is a unique situation, because of the [sibling] but, if that wasn't there, we'd be very much like, 'what's going on here? I don't know. Like, you know, [HS teacher] told us, I've contacted a teacher'. But yeah, it's only because we've got the double check of what his [sibling] says. - But we have so much to worry about, it would be nice just to know that school is okay. - But I think a lot of parents would appreciate it like and I think they would benefit from that kind of peace of mind that like, look, at least he's keeping on track with school a bit like, and when he goes back in September, or goes back in whenever, that he'd be fairly up to date. - And it's like, we want to know we want to have this kind of boxed off and said that, like, school is good, is okay for .. he's keeping in touch with that. And I think vice versa, when he goes, when he goes back into class, that the hospital school teacher will be able to say, Look, 'Student has done this, this and this with me'. - Even if it was just a CC, in an email, it might be something like that. Or you know, something like that. It doesn't have to be too complicated.
Barriers Between Family, HS, and Community School	- And I know that like, I know where the teachers are coming from, I get where they're coming from. They're like, 'God, these parents are burdened enough. So why am I gonna talk to them about Sean's multiplication'. - And I get it, you know? I don't want to be annoying them when they are working so hard, its just… - I only spoke with his *[community school]* principal last week, and everyone's under the kind of like, they had this idea that they 'don't want to burden you, that you have enough going on, I'm not gonna talk to you about school'. - Very little *(knowledge of HS)*

	- It's, it's well publicised here. You can see boards outside there like, they're brilliant on how they publicise themselves here. But, I don't know what else they could do outside of the hospital.. - Like, I suppose no one really wants to think that you're going to need it. That's the thing like. Maybe, there's a certain side of your brain that just shuts it down that like, I don't need to know that.

Parent Michael's Personal Experiential Themes

PET Name	**Quotes**
HS Combats Students' Isolation	- It's been great. I mean, it's given her a good time to, you know, away from the ward. It's allowed her to get involved … she's felt quite involved. - Social supports, you know, and being able to mix with people and talk to people and stuff and feel that you're not isolated. - The things that they seem to be talking about, it's not all just sort of, you know, schoolwork related. They seem to talk about different things and she's found it, she's found it interesting and stimulating and it's allowed her to get involved. - She's got good friends here.
HS Supports Students' Education	- You know, you feel like she's getting support in her studies. - Whatever they are covering in the, in the, in the classes that she's doing, you know, because if it's applicable to what you're doing in school, then she's getting support for that. - Anyone I've met from the school have been very nice. And have made an effort to come up and you know, make, you know, check that you know, that you could come down each day and that she was signed out and could attend on each day. - Getting to continue her studies … it's a great support, great support for Lucy, a great support for us, great support for kids.

HS Supports Wellbeing	- The biggest support I'd say is just for general wellbeing. - I think any, any days that she hasn't come have been more to do with, you know, she's been in here.. it's been in here a long time. So some days are not good days. But she always makes an effort to come and she feels good afterwards. - Well, I mean, there is psychology, psychological support. Lucy has met with a psychologist in the hospital… yeah. So she, she would be a clinical psychologist, so she wouldn't do educational psychology and general wellbeing support in the school is great.
Communication Challenges with Community School	- I suppose, initially it seemed to be quite good. I think she had mock exams. She's doing her Junior Cert this year … And they didn't send- I think she got about five or six of the exam papers so she was able to do them. She missed out on a few. - I think her mom has been trying to email them just to see could she get a little bit more support from them. - *(regarding level of communication)* not as much as Lucy thought there might be, or that we thought there might be, you know. - I suppose we- she was finding it, I think tough, she's missing obviously, I mean she's missed two months now like. So she's obviously missing classes where they're going through stuff. And she was struggling a little bit. - I mean, maybe the school, you know, might feel they don't want to, you know because she's obviously in hospital. They might be a bit hesit- they don't want to be, you know, going out and you know, giving much or you know, putting pressure or being seen as being putting pressure.
Means of Improving HS	- Well, I suppose, I didn't know about it… And I still feel like in the context of everything, I know very little about it. Where does it sit in relation to the Department of Education? I don't know. - Would there be a situation where you could do school remotely? You know, so, would it be a thing where, you know, you could have laptops and stuff like that where you have cameras or whatever, if

	you can join a team's meeting or a Zoom meeting? You know, okay, when you couldn't be in the class with, with the other people. But you could still, you know, get some benefit from it. - I suppose, I don't know is there a remit to provide feedback in relation to you know, how do you think the student is doing. - … is there you know, sort of psychological assessments that can be done to identify any issues that the children might have in relation to you know, dyslexia or dyspraxia or anything like that? You know, it would seem like if you have students here and somebody picks up on something that, it would be a good time if they need to do it.
Balancing School, Illness, and Hospital	- I mean it's an hour and a half. You know … what can you achieve in an hour and a half? - could she do longer, could she do an hour and a half, go for a break, come back and do a little bit more? Yeah, on good days, probably. - The other thing I suppose is that she normally spends the morning time catching up on her schoolwork, so maybe, maybe she couldn't do anymore. She probably needs that time in the morning to try catch up on her homework and stuff like that. - *(Medical Condition)* brought her in and she got discharged and then brought her back in again, and she's been in since, yeah the start of October. So it's just very back and forth. - She might of come *(to HS)* the, the, the week after, I can't remember, but no, I mean, she was very interested in coming down and you know, seeing the school and get involved in it and stuff like. Yeah, she enjoys school, so it's not you know that she didn't want to come, she was too…

Teacher Sarah's Personal Experiential Themes

PET Name	**Quotes**
HSs On Their Own	- I just personally find it frustrating. You know, I worked in a school that was 8:1, and we didn't have to fight that hard, but we had our SENO come in and see that that wasn't working and the SENO was able to go back and get more SNAs, bring down the ratio of pupils to teacher and just make it a lot more workable. We don't seem to have anybody that we can go to here. - Even though we are a special school, if you look at the NSCE, our name isn't on the list of special schools. And none of the hospital schools are, as far as I know. - So we don't fit in any.. We don't fit with their special schools, we don't fit with the mainstream. We should be our own little separate entity. But yeah, we are kind of just falling between the cracks, I think at the moment. Something that's being fought for. But it's a long and slow process. - it's a general challenge. I don't actually know if they all have a 10:1 ratio, but I'm assuming we all have the exact same. But like the likes of (Other hospital school), where it's a one-teacher school, I can't imagine, like, you know, the amount of children they're trying to see and be a principal as well. Yeah, and if they're sick, I can't imagine there's a substitute that would go in independently on their own and open up the school.
Divide Between Professional Training and HS Role	- I can teach.. eh the (Country Name) system's a little bit different or at least in (Region), I can speak for (Region), that you either train from infants to sixth class. Or you can train from fourth class to nearly like third year, or you can go completely secondary school. I went for that middle section. I've a dance background, and I was really scared of the little people. Didn't want to have to teach infants at the time. And I thought, well, if I like my primary school, I felt that flexibility, I can go into secondary school and just do the junior end of it.

	- So I was basically told (by DE) I wasn't to teach in a mainstream school. I could teach in a special school even though I didn't have Special Ed training. So it was, that for me that was more of a.. fish out of water kind of scenario. Having come from a, from mainstream, yeah. - When I got here, my principal decided I was going to teach post-primary. But here that means up to the leaving cert. So yeah, that was a huge learning curve for me … But I'd, I'd always been given a ward of primary to keep, keep as well, I just, I guess out of respect for the fact that I'm a primary teacher as well.
Constraints on Students' Education within the HS and Impact on Teachers	- They don't get enough face to face time with their teachers. They're kind of expected to work independently. And that's fine for some of the pupils but some will lack motivation and may have had negative experience in the past in school anyway, and need you there to kind of support them. - … the ones today may not get a session tomorrow. - And it's you know, when you're trying to keep things fluid, like ongoing learning, when you have gaps like that, then it's very choppy and changy. - They may not find that that.. there's consistency there when they're so used to having the same teachers every day, obviously, in school. We don't have subs really. It's very difficult. So if somebody is out there is a chance that their child will not get education for that period. - … but we just are finding there are so many children in isolation that if we only have a small number coming to the classroom, we then leave ourselves with way too many children to try and see outside of that … - If there was a satellite one *(classroom)*, they *(medical staff)* might you know, if it's on their own ward, they might go 'oh they're okay for class'. You might actually be able to clear a lot more children for the classroom if we had.. yeah, classrooms that were near to their wards. - You can't fit 12 educational sessions into one day. So it's heartbreaking and frustrating.

	- We have all the resources at our feet but we don't have the manpower or human power to give the educational experience we expect each child to be provided. We just can't provide it.
Divide between HS and Hospital While Working Together	- So we, once you walk into our school, you're in the Department of Education. Anywhere else in the building you're in HSE. - So each of, each of the disciplines has either a part or a whole ward. Okay, that's designated to them and that's where all of the specialists consultants, their clinical nurse, nurse specialists would all be in that area, yeah. - And I think through our own effort, we're really trying to make sure we are a part of the team here. And we've had open days recently, three open days this, this month for staff-only, so for HSE staff to come in and see what we offer. Because we're kind of this anomaly. - I was sitting on *[Student's]* right side for the first few days that I had met him and it wasn't until I went to one of the MDTs, off my own steam, and they said, 'Oh, well, we're all, we all should be encouraging and sitting on the left side'… I had no idea. So and if I hadn't had been at that meeting, I wouldn't have known that I'd still be making that mistake … If, yeah, we were more.. included, and aware of those kinds of plans of work, we could be more effective in our sessions. - It's not, you know, it's not necessary for us to know somebody's complete medical history, but the likes of Sean. I don't know very much about him, even though I see him every day. So you know, if I knew like his, his OT plan and his physiotherapy plan, there could be the likes of the way he should be holding his pencil in the plan. And if I knew those plans, then I could help during my education sessions to encourage him to do those things correctly.
Feelings of Separateness while Working alongside the Medical World	- Let's say we go to an MDT meeting during lunchtime. That's during our lunch. You know, it's not made up for. Whereas, one of the play specialists said, 'What do you mean? Do you not get your lunch after this?'

	- I mean, there is this joke of like 'look at the teachers, they leave at half two, you know, so you get the negative vibes too. Sometimes. I think a lot of staff aren't happy that we're closed in the summer because we follow the school calendar … It's a battle of personalities - And it's hard, you have people here working 12-hour days and they're short staffed and they may have had to come in on their days off to cover for somebody sick and you know, I get, I do ... I do, you know, empathise with them. - So even though we're separate, we are a part of the hospital, you know, and have to abide by all of their rules as well. Bear below the elbow all the you know, that kind of thing. Mask wearing still in a lot of rooms. And yeah, that part can be a little bit frustrating, - Our role really depends on them, you know? Our first job of the day, we have a ward list. So I go to (CARDIAC UNIT) unit and I would make a list of all the pupils who are school going age and their approximate class level. And then I have to ask one of the clinical nurse managers or CNM, up there who is cleared for school, so whether we're allowed to go to the bedside, or they're allowed to come to our classroom. - And then it's also really important to clear it with them because there could be a very strong hospital bug that you need to be made aware of. So there could be a particular hand hygiene for that… - So we wouldn't have the same funding. Yeah, we don't have the, I guess the same say around the place that, you know, HSE staff would have.
Developing Closer Relationships with HS Colleagues in light of Challenges	- But.. yeah, we're, I think we're for some reason, we're very good at.. reading each other. Em giving people space when they need it, but also, maybe probing when you know... somebody needs to talk about something. Yeah, no, it's, it's quite supportive stuff. - I think the biggest one is the staff. *(referring to biggest support).* - You need to… talk to somebody that you feel comfortable, and who can understand what you are going through

Maintaining Personal and Professional Boundaries: Requirements and beliefs related to psychological aspect of the HS teacher role	- I think it can affect you mentally and emotionally. And you need to be 100% here. You can't go into a child sad. You have to be nearly.. yeah, outside of yourself. - Hasn't been extremely successful *(formal supervision).* So this year we're trying to do more team building, em you know, group art sessions, ukulele lessons, those types of more uplifting sessions where you're not necessarily talking about your, your worries, your fears, but where everybody gets to just forget who they are and have a laugh. - And some of us may have shared more than we should have *(in supervision).* And.. that is nothing to do with really our professional job, it would be more about us as people. And yeah, in my opinion, it wasn't the place for that. You can go and do that on your own time. - *(how supervision made her feel)* very vulnerable. I may have felt like you had to talk even when you knew it was probably not in your best interest as a professional.
Feeling of Burdening Others and Efforts to Reduce 1 – Community teachers	- we always are conscious that teachers are so busy and we don't want to add an extra burden, you know. Like the monkey can be seen as the burden. Having to send on your weekly plan is a burden. So we, we try not to burden them too much. But it's just, you know, 'send me a quick skeleton of what, what your topics are even this week, and we will try and stay on that'. - You would find, occasionally a school that doesn't email back or, you know, you ring and leave messages and they don't ring back. That, it does happen. And there's that you try not to be overbearing with too many phone calls because then going to create burden. - I think parents are afraid to bother their own school, more to burden them.
2 – Parents	- So, not that we're leaving mom and dad out of it, but they've got other things, you know, and they've kind of entrusted us to, you know, to worry about the educational part for now, you know. So yeah, we try to work in and, like, yeah, not leave Mum and Dad out of it, but only bring things that are really important to them.

	- Yeah I think they *(community school teachers)* feel like that the family has enough going on. 'Why we burden them with this at this moment?'
3 – Students	- I think there's a fear because they're *(community teachers)* not... they're not educated on the illness. As such, you know, you just hear cancer and a lot of people can just become afraid but they, initially some of the responses might be, 'oh, well, we don't want to give him too much to do' or you know, 'is he physically to be well enough to do that?

Teacher Emma's Personal Experiential Themes

PET Name	**Quotes**
Professional Challenges of Working in a Irish HS	- Yeah, so I'm primary trained, but my role at the moment is SEN. So I'm teaching, I'm on the post-primary team, teaching children with additional needs. But with that being said, I also teach children in post-primary age who don't have additional needs. - And I know, when I first started here, last year, and even in September coming back, like going to children who might have additional needs. I was like, 'oh my god, what am I gonna do? How do I teach them, what are they able for?' you know. And it was a real kind of like worry. Because I wasn't sure that I knew how to handle it. - But it is definitely nerve racking and it's completely different to mainstream. It's a whole different style of teaching, type of teaching. Your day is very, very different.
Emotional Challenges of Working in a Irish HS	- it's very emotionally charged environment that we're working in. And that is challenging… sometimes you could have students pass away, or students who were doing fine at the start of the week, and by the end of the week, you know, they're not well, they're too sick for school, you know? And so that's, it's really hard to see.

	- I definitely think because when they're in hospital, they can get down quite quickly. And quite easily, because they're not getting to do what they used to do before they came to hospital. - Nearly every day in the hospital school setting is like the first day of school. You know, you go in and you're meeting a new student every day. Like there's, I don't think there's any day that there's not somebody new that you're meeting. - And just like building those relationships, building that trust, you kind of have to do it quickly. So that, you know, they are accessing their education, because until that's built, a lot of the time, they're like, 'No, I don't want school', you know? Because you're a stranger, they're just sometimes not comfortable with it. So, yeah, I think that can be challenging. - you could be just getting to know one student, and then thankfully for them, and luckily for them, they get to go home. And so that can be challenging.
Importance of HS Colleague Support	- Like, there's always somebody willing to kind of, lend a listening ear if there's something that's bothering you, and, you know, you can just be like, 'Hey, this is bothering me, it's been on my mind, just want to, you know, say it to you' … And knowing that, like, okay, you're feeling, what you're feeling is valid. - I still definitely need to bounce ideas off the other post primary teachers and be like, 'Is this okay, is this part of the curriculum? Like, is this something that I can do?' Because I wouldn't be that familiar with the post primary curriculum as much as I would be with the primary school one. - But there's great support here, like you can ask people, and all the teachers are so helpful and be like, 'Oh, this is what I've done previously with somebody who might be similar'. Or 'you could try this', or 'oh, I actually taught that student previously, they have this, this and this'. - But even like, this week, I was exhausted, I don't know why. So I literally was in bed by like quarter to ten last night. And today I came in, they were like, 'Ah, you're back to your old self'.

	- Everybody that I work with is really supportive. They're all really helpful anytime you need anything. They're very good about if you've had a tough morning or anything, just been like, 'hey, take 5 or 10 minutes, like, go gather yourself. Don't be rushing back to whatever. Yeah, you need to mind you'.
Importance of Self-Care	- In a place like this, if you're not looking after yourself and you're not, you know, able to give your all, you can't give it to the kids either. So you really need to look after yourself and be in the right mindset, I think before you walk into a student's hospital room and try and do a session with them, because you're gonna not be thinking about what you're teaching them. - But I think you also need to look after yourself outside of work as well.
HS Staff Support Student Wellbeing	- Yeah, I think we definitely put a lot of emphasis on wellbeing. - So for the post primary team SPHE, so kind of: English, maths, SPHE, would be nearly our three priorities. - So yeah, just trying to keep that positive outlook and that positive attitude and things like that. So yeah I would say wellbeing is very important in the hospital school setting and trying to think of different ways that you can promote wellbeing and getting the students to think about their wellbeing, rather than just the task at hand … You know, and sometimes it can be hard because they're, 'well, I don't get to do anything I want to do, or I used to like to do' and you're saying, 'well what can you do here that might be something that interests you?', you know. So yeah, I would think wellbeing's really important. - So some other children you know, their social worker, or the psycho- psychiatry team might link in with us or even just like their nurses, they might just say, you know, 'how are they getting on? Are they okay in school? What's their form like while they're up in school' type of thing. And it's generally more of a wellbeing point, rather than a medical point that they're linking in with.

HS Support Students through Fostering Connection and Understanding	- A student said to me the other day, it's the best part of the day because she gets to kind of get out of her room. And she's using her brain, she's talking to other teenagers, that kind of thing. - they're not on their own. And I know at the moment, we have a couple of students in and they're all, they've made really good friendships. You know, they're all friends outside of school now as well. And it's just nice for them to have those other people that get, get you, you know. They're like, 'you get what it's like to be in hospital for two months, three months, however long they're in. So they've that person to talk to that's, you know, that gets it. - I think it normalises nearly being in hospital for them. And while it's not a normal thing for anyone to be in hospital, they're getting that opportunity to see that there are other kids their age in a similar situation. - So I think they know, that the teachers are there as a support. And, you know, we do try and form good relationships with them. - And the nurses generally are pretty good at linking in with us then to be like, 'hey, such and such was really tired yesterday, so they might not be up to too much today'. - You know, I had a student earlier on and Mum was like, 'How was she today?' And I said, ‘really good form, no problems’. 'But how was she yesterday?', she said. 'Oh, a bit tired yesterday'. And you know, Mom was able to then be like, okay, so she hadn't had a great night the night before. So she wasn't up for as much in school. So just for them to try and gauge as well, you know, how their child's doing and how they're feeling.
Systemic Constraints	- And generally we'll say two days a week that each of us take the classroom. So it gives us a chance to also teach in the classroom, but to get to all of our bedside sessions as well, because sometimes you might not have a chance to see everybody, if you're in the classroom. Now, generally, the other post primaries will pick up whoever you haven't gotten to see. - Definitely some days when, like, you're just so busy, and you don't get to see everybody.

	- And then on other days, like, you're still busy, but you might only get to drop in for 10 minutes. And you know, that's, for me, that's nearly not a service. Because you're only getting to go in and kind of get chatting and get going, and then you're going, 'if I don't leave now, the next student won't get it', and then it'll be a complete knock on effect. - Do you know, if you have more teachers, you're getting to see more kids, they're getting a better service. You can nearly designate then, teachers just for bedside, teachers just for classroom. - Having more teachers in so if you had more students who are wheelchair bound, or using a wheelchair that they can all come in so that, you know, safety wise, if we did need to evacuate at all, we have enough people there who can do it.

Teacher Anne's Personal Experiential Themes

PET Name	**Quotes**
Irish Legislative Context for HSs	- We're not recognised by the special education section of the department. We don't exist. - I don't think any exist. Like this very- All that's there legally, is around the education of a child which is a generic piece. - We're like, we're technically designated a school for physical disabilities. You've seen what walks in and out of here. Literally walks! We are everything and anything. - For increased staffing, the department are ignoring our pupil teacher ratio of 10:1… So there is an acknowledgement hospitals- our hospital school has, is 10:1, but the Department has just decided that we're going to ignore that and [you can] suffer on. - I've never known a time where we've had enough staffing. And it took a whole, a whole school inspection, god six, seven years ago, if not longer, for a recognition by the inspector to take back

	going, 'they're seriously understaffed' and out of that we got two staff, two full time staff. But here's a school that's been established since 1960… - The thing is, it's always a choice to engage or not. It's not mandated. Which is another piece that's missing in the greater scheme of things. You can't refuse physio but you can refuse school.
Different to Neighbouring Legislative System	- You go to the UK, as we did last week. [Specific UK Hospital School] has a similar bed in-take. And they have something like 30 teachers. We've seven. It's hard to argue numbers like that. - So it was an eye opener, to kind of see the funding these places get, because there is the legislation. That's the key piece. They have legislation and you have to have these things in place. - If we could get anywhere close to what the UK have in terms of staffing, we will be able to provide an amazing service.
Staffing Issues in HS	- So when somebody rings in sick, I'm in early in the morning and I'm the one that would- the way we have it arranged is I try and pick up the slack so that the others aren't under pressure. - And we kind of work closely together to manage. So I suppose my idea, my role at the moment is: I'm plugging the holes. And there's quite a few of them. - So to give them a quality service, with staffing of seven people, as well as everybody else. Is soul destroying. - So the challenges would be lack of staff. And tied in with that the recruitment issues at the moment. So even if we did get sanctioned staff, where would we get them from? It's a sad reality we rely on a retired lady to sub.
Stuck between the Medical and Educational Spheres	- We do have good working relationships with individual medical staff. But, unfortunately, we don't with the greater hospital, we haven't managed to establish a memorandum of agreement. So that there is an underst- kind of an agreement between us so we are very much on our own. - The hospital are not going to fight something like that *[HS Staffing]* because they've greater issues to fight on the greater scale. So we are stuck in the middle.

	- But the department had sent the inspectors over there. Talked to none of us. (regarding developments in the HS area) - So *(UK Hospital School Principal)* very kindly came out to visit us and chat to us about our setting. And just getting, getting to understand how we both work because we've similar in state- intake of students, and [they] let the department know [they were] coming here. They never came here. - And if you think out in the ordinary world, if there's a loss of a child in a school, NEPS are in and offering services. We, while we don't deal with it on a daily basis, we nearly deal with it on a monthly basis and we actually just, you know, NEPS don't come in running to us because this is the reality.
HSs have to Depend on Their Own Internal System for Support	- There's very little bespoke stuff out there for us. So we rely on each other as a community to see what best practice is. - We're part of a greater organisation called HOPE, which is the hospital organisation of pedagogies in Europe. And every two years there's a conference. - *(Re HOPE conferences)* But you make links… lovely ideas come out of it or you pick up great ideas when you're there. You hear research that's been done - So for example, in early October, we all came together… we broke up into our groups like SENs, or SNA's, primary teachers, post primary and we shared good practice, kind of resource that we find really, really good, and it's a chance to share ideas. Out of that, we've come back and bought two or three different resources that are now being used.
Frustrations around Social Standing with Medical Staff	- So one of my big frustrations is, in the pecking order, we can often be shoved down not by parents, but by staff… - I was overwritten. - And it is soul destroying. Because you're up there, you're advocating for their students, you're fighting for them, you're, you're teaching them and.. they're just tunnel visioned.

	- He [consultant] knows my face for years going up and down and up and down the corridor. But he eventually asked me three weeks ago, what did I do? And I just thought, 'god!'. I was so deflated! - For certain kids who might be in isolation, but not because they have a hospital bug. It's because of a medical regime. And I suppose I've always been a bit bold. I'll always question, 'can we not get them down to the classroom, they need to be socialised. They can't be locked in a room'. But whether I am heard… - There's certain teams we've really strong relationships with … because from the time I started here, the consultants on those teams valued school and fought for it and prioritised us. So we've very strong links with those teams. There are other teams for one reason or another are incredibly medically focused. - And you know, you don't get to see the consultants face to face unless they come looking for you. Some of them do some of them have no idea who we are. - Some will just plough in ahead of you regardless, and you're standing there. - We just don't seem to have the power and the value sometimes. . So you are relying on parents to advocate for you. Sometimes. And that's quite hard, because they have enough on their plate. - Last week, the week before, we had three mornings, from 11 to 12, where we had an open day, invited staff down to have a cup of tea ... And some people have been here 20 years and never walked through the door. - Other departments are given way more value.
The Central Role of Wellbeing in Hospital Education: *Fostering wellbeing in students and families*	- When I started off, I very much came with an academic focus. The longer I'm here, the more I'm realising that, that's only part of the picture, and I think certainly, in the last few years, my attention is been driven to wellbeing, hugely. - If you lose them on the first day, that gets harder, because they get used to screen time, no expectations. They're sick, in their heads.

	- They get to be normal. It's the only part of their day, which is normal. There's no medical intervention down here allowed. They get to be with their peers. They get to have fun. And they get to do schoolwork. They get to go back and tell their friends and tell their teacher, which with the younger ones is a huge source of points, 'I went to school when I was in hospital'. That's the big piece. - It's about keeping them engaged, keeping their headspace in a positive space. So the return to school doesn't become another mountain in their lives to climb. - And sometimes you're, I suppose challenging them. You're challenging them out of their comfort zone in some instances. You're challenging them in their minds to start being well. - I think parents are, when they see their kids happy, they're happy. And if they see that, if they see this child, or this teenager wanting to come back down, they see them smiling. They see them chatting, making friends. That's normal. - Like we had a young lad, a teenager last year. And his medical story was not, it didn't have a positive outlook. But for mom and dad watching him come in, watching him banter with the staff, with other students, watching him wanting to get up in the morning, just for them was such a huge piece.
The Central Role of Wellbeing in Hospital Education: *Fostering self-care in HS teachers*	- There are days when it's, it's tough here, there are days when it's wonderful here. And it's been able to manage those pieces because they can wear you down if you don't mind them. And you don't know how to look out for them. - And some of those ideas I've brought into the workplace because self-care is one of the most important things you need to do here for yourself and for your staff. - So we stopped there about two or three years ago, and we did put in place another attempt at supervision that, that did not go well. That was, that was more, it was a boundary piece that wasn't set properly from my point of view. It just backfired badly. And the staff lost trust in it.

	- But the concept of supervision is not off the table yet, but it's just it's, it's in progre- We don't know what we're doing yet. But, it's not gone. It's still to the forefront of our minds, because you want to retain the staff you have. And you're only going to do that if you look after them. - So what we did this year is we went on a wellbeing track. And for three sessions, a session a term, we've employed an artist to come in, and just in one of our Croke Park hours, to just do art. For the sake of art, for enjoyment. - Sometimes there might be fruit brought in, and we have wellbeing Wednesdays. We prioritise wellbeing for our staff as one of our posts.

Appendix Q

Group Experiential Themes

The tables below represent the GETs for each participant group with relevant quotes.

Student GETs

Theme	**Sean**	**Lucy**
HS Combats Isolation of Hospital	- Em, we get to get out for a bit *(from hospital room)*	- Yeah, we are in individual rooms. - it's to get you out of your room as well. Because it's so claustrophobic - I've got a couple of friends on other wards but like, it's kind of hard to stay in contact because you're not allowed go to the other wards. Because of cross-contamination and things. - Like my friend is currently in isolation for some bug or something … and some people like you know, all around [Surgical Ward] and everyone else is on [Orthopaedic and Gastrointestinal Ward] then it's like they have no one to talk to.
Social Connections in HS	- No, just me *(no peers)* - Well, I have two different teachers. - they ask 'do you want to do stuff?' that I like - Because I like maths, science and English. So they do that with me.	- it's still mostly for socialization. - But like, here's a chance to socialise with people because you can't do it any other way. So it's kind of like a social group … it's important here - Because like in normal school, like you'd be socialising with people anyway because you know

	- Like we, one time like we diluted em skittles and all of their colour mixed together.	them so long. And then you'd go home and you have more people at home. Whereas here it's like, your room, you saw like maybe like your mam or your dad and then you go there [HS] you've got people your age.
HS Supports Continued Engagement in Education	- I do English, I do Gaeilge, I do Maths, I do reading… Sometimes we do science work - It's fun and if you don't want to learn too much, you don't have to.	- And they have a lot of like, books like they, they're just like, 'Yeah, go on. Take a book and you can keep it'. Like they've so many good books. They have crochet stuff, and I was like, 'well that's nice'. They have sewing machines as well. I love sewing. - But it's just that extra stuff. It's not just focused on learning - It's not as strict. It's more, it's more relaxed - We do art, language skills, just like conversations. Just like, you know, kind of social skills - We just like did a Spanish and French quiz on that … we did Cashbooks, finalised Cashbooks a couple weeks ago, and they were, I love Business so I really enjoyed that. And they were like, in full detail. So, like it was like it was in school and it was work I enjoy. - And we were doing colleges, studying like colleges and which ones offer courses that we would be interested in. And that was, that was really interesting.

Parent GETs

Theme	**David**	**Micheal**
HS Supports Students' Wellbeing	- Sean has a psychologist that comes into him and I'd say a teacher would get 10 times more out of him, in that situation. - I think it's so important because of kids mental wellbeing is equal, almost equal to their physical wellbeing. - And they'd *(HS teachers)* know, maybe when there's a time to probe, and when there's a time to leave it. But a psychologist comes in, they have a 30-minute schedule, and they're like, 'Okay, I have to find out this', and they're ticking boxes, and they're circling things. But like a teacher could sit there for 30 minutes and find out 10 times more from just being around the child. - They're, they're brilliant. And they know how much to do. Like how much you know, they'll push, but they won't push too far. Like they're great in that, like they keep us involved.	- The biggest support I'd say is just for general wellbeing. - I think any, any days that she hasn't come have been more to do with, you know, she's been in here.. it's been in here a long time. So some days are not good days. But she always makes an effort to come and she feels good afterwards. - Well, I mean, there is psychology, psychological support. Lucy has met with a psychologist in the hospital… yeah. So she, she would be a clinical psychologist, so she wouldn't do educational psychology and general wellbeing support in the school is great.
Social Connection Vs Social Disconnection in HS	- He does have a tube in his nose, and the hair is pretty much gone … He was worried about how his friends are going to react.	- Social supports, you know, and being able to mix with people and talk to people and stuff and feel that you're not isolated.

	- Like he won't go on FaceTime, you know? And I think he's, you see, he sees himself there … it's a bit much. - So they have been coming to the room, to beside his bed and doing stuff there… And then in the past month, he has been going to the room that you were in *(satellite classroom on ward).* - I would love to see him mixed. But his condition probably won't allow it, for a while anyway. I would love to see that. - It's just the negative for him. Like, you pick up more from what the kids do around you.	- It's been great. I mean, it's given her a good time to, you know, away from the ward. - it's allowed her to get involved … she's felt quite involved.
Continued Engagement in Education and Normality	- They do a really good job in like, making him feel happy going to school. I think that's important … He's always wanting to go. - Today: he's in theatre, and he was due to have class and he couldn't because he was too tired. But they, they gave him work. - Like today where he can't go, they'll drop down worksheets, and there could be a combination of reading from comprehension, maybe a bit of colouring, a bit of maths - It's, I think it's connection to normal life, that's what he likes.	- You feel like she's getting support in her studies. - *(HS teachers)* have made an effort to come up and you know, make, you know, check that you know, that you could come down each day and that she was signed out and could attend on each day - Whatever they are covering in the, in the, in the classes that she's doing, you know, because if it's applicable to what you're doing in school, then she's getting support for that.

	- Like these kids are going through so much. And school is probably the one element of normality that they can get throughout the day. And I think that's so important. - he's doing his math, and he's doing his multiplication, he's learning new things. … it's just feeling of going to school. - But I think it's so important because of kids mental wellbeing is equal, almost equal to their physical wellbeing.	
Connection Vs Disconnection with Student's Regular Schools	- [Sibling] comes home and says, 'we were doing rivers today'. And he can say, 'oh, yeah, I did that too'. So, it's brilliant, he loves that. It's not even so much the rivers that's the important thing. The important thing, he just feels that 'they're doing it, I'm doing it' - Yesterday was the first day that the monkey came into the class… And, you know, through the [regular school] app, the teacher could put videos up about what they were doing. So Student 1 could see all that as well, what was happening in the classroom. The monkey was in the middle. It's brilliant. He loved it. Like, he really liked it.	- I think her mom has been trying to email them just to see could she get a little bit more support from them. - I suppose she was finding it, I think tough, she's missing obviously, I mean she's missed two months now like. So she's obviously missing classes where they're going through stuff. And she was struggling a little bit. - Maybe not as much as Lucy thought there might be, or that we thought there might be you know. - She's doing her Junior Cert this year … And they didn't send- I think she got about five or six of the exam papers so she was able to do them. She missed out on a few

	- He was quite happy to do it *(referring to student taking part in Monkey in My Chair)…* And the teacher, as I said, is brilliant. And the classmates really took to it. And they seem to be that, it's a positive, again, it's just that feeling of being connected.	
Communication Needs/Wants between HS, Parents, and Regular School	- I suppose you'd like to know. Just, again, it is a unique situation, because of the [sibling] but, if that wasn't there, we'd be very much like, 'what's going on here? I don't know. Like, you know, [HS teacher] told us, I've contacted a teacher'. But yeah, it's only because we've got the double check of what his [sibling] says. - But we have so much to worry about, it would be nice just to know that school is okay. - And it's like, we want to know we want to have this kind of boxed off and said that, like, school is good is okay for Student 1, he's keeping in touch with that. And I think vice versa, when he goes, when he goes back into class, that the hospital school teacher will be able to say, Look, 'Student 1 has done this, this and this with me.	- I suppose, I don't know is there a remit to provide feedback in relation to you know, how do you think the student is doing.
Challenges/ Barriers:		

Interagency Communication	- And I know that like, I know where the teachers are coming from, I get where they're coming from. They're like, 'God, these parents are burdened enough. So why am I gonna talk to them about Sean's multiplication'. - I only spoke with his [regular] principal last week, and everyone's under the kind of like, they had this idea that they 'don't want to burden you, that you have enough going on, I'm not gonna talk to you about school'. - And I get it, you know? I don't want to be annoying them when they are working so hard, it's just…	- I mean, maybe the school, you know, might feel they don't want to, you know because she's obviously in hospital. They might be a bit hesit- they don't want to be, you know, going out and you know, giving much or you know, putting pressure or being seen as being putting pressure.
Broader Context of Hospital Schooling	- Very little *(knowledge of HS)* - It's, it's well publicised here. You can see boards outside there like, they're brilliant on how they publicise themselves here. But, I don't know what else they could do outside of the hospital.. - Like, I suppose no one really wants to think that you're going to need it. That's the thing like. Maybe, there's a certain side of your brain that just shuts it down that like, I don't need to know that.	- Well, I suppose, I didn't know about it… And I still feel like in the context of everything, I know very little about it. Where does it sit in relation to the Department of Education? I don't know. - I mean it's an hour and a half. You know … what can you achieve in an hour and a half?

	- Might be isolated outside of that 30 minutes	

Teacher GETs

Theme	**Sarah**	**Emma**	**Anne**
Legislative Context	- So we don't fit in any.. We don't fit with their special schools, we don't fit with the mainstream. We should be our own little separate entity. But yeah, we are kind of just falling between the cracks - Even though we are a special school, if you look at the NSCE, our name isn't on the list of special schools. And none of the hospital schools are, as far as I know		- We're not recognised by the special education section of the department. We don't exist - It's not mandated. Which is another piece that's missing in the greater scheme of things. You can't refuse physio but you can refuse school.
Limited Staffing Results in a Limited Service for Students	- Like, today there's- I may have six great sessions where I feel like okay, we've gotten somewhere in maths, we've done a little bit on fractions, you know, a little bit narrative	- And then on other days, like, you're still busy, but you might only get to drop in for 10 minutes. And you know, that's, for me, that's nearly not a service	- You go to the UK, as we did last week. [Specific UK Hospital School] has a similar bed in-take. And they have something like 30 teachers. We've seven. It's hard to argue numbers like that.

	writing, etc. But then the other six, I just don't have time for and then I have to prioritise them tomorrow, which means that the ones today may not get a session tomorrow. - when you're trying to keep things fluid, like ongoing learning, when you have gaps like that, then it's very choppy and changing and yeah, hard - So you can't fit 12 educational sessions into one day. So it's heart-breaking and frustrating. - we don't have the manpower or human power to give the educational experience we expect each child to be provided. We just can't provide it.	- Because you're only getting to go in and kind of get chatting and get going, and then you're going, 'if I don't leave now, the next student won't get it', and then it'll be a complete knock on effect - Definitely some days when, like, you're just so busy, and you don't get to see everybody.	- We have a sub who comes in three days a week. So on those three days, I can be [Managerial Role]. Mondays and Fridays, I'm a teacher - So I suppose my idea, my role at the moment is: I'm plugging the holes. And there's quite a few of them. - It's a sad reality we rely on a retired lady to sub. - So to give them a quality service, with staffing of seven people… Is soul destroying.
Stuck in the Middle between Education and Medicine	- So we, once you walk into our school, you're in the Department of Education.	- it's very emotionally charged environment that we're working in. And that is challenging… sometimes	- And if you think out in the ordinary world, if there's a loss of a child in a school, NEPS are in and offering services. We, while

	Anywhere else in the building you're in HSE. - I was sitting on [Student 1's] right side for the first few days that I had met him and it wasn't until I went to one of the MDTs and they said, 'Oh, well, we're all, we all should be encouraging and sitting on the left side'… I had no idea. So and if I hadn't had been at that meeting, I wouldn't have known that I'd still be making that mistake - And we've had open days recently, three open days this, this month for staff-only, so for HSE staff to come in and see what we offer. Because we're kind of this anomaly - So even though we're separate, we are a part of the hospital, you know, and have to abide by all of their rules as well.	you could have students pass away, or students who were doing fine at the start of the week, and by the end of the week, you know, they're not well, they're too sick for school	we don't deal with it on a daily basis, we nearly deal with it on a monthly basis and we actually just, you know, NEPS don't come in running to us because this is the reality. - But, unfortunately, we don't with the greater hospital, we haven't managed to establish a memorandum of agreement. So that there is an underst- kind of an agreement between us so we are very much on our own. - The hospital are not going to fight something like that [HS Staffing] because they've greater issues to fight on the greater scale. So we are stuck in the middle - They never came here. (DEP)

Being of less value in the medical context?	- let’s say we go to an MDT meeting during lunchtime. That's during our lunch. You know, it's not made up for. Whereas, one of the play specialists said, 'What do you mean? Do you not get your lunch after this?' - I mean, there is this joke of like 'look at the teachers, they leave at half two, you know, so you get the negative vibes too - And then I have to ask one of the clinical nurse managers or CNM, up there who is cleared for school, so whether we're allowed to go to the bedside, or they're allowed to come to our classroom. - we don't have the, I guess the same say around the place that, you know, HSE staff would have.	- And the nurses generally are pretty good at linking in with us then to be like, 'hey, such and such was really tired yesterday, so they might not be up to too much today'. - their social worker, or the psycho- psychiatry team might link in with us or even just like their nurses, they might just say, you know, 'how are they getting on? Are they okay in school? What's their form like while they're up in school' type of thing.	- So one of my big frustrations is, in the pecking order, we can often be shoved down not by parents, but by staff - I was door-stopped by a psychologist who had no session planned, hadn't booked in and just took my time. Took the time I had with that student. And I remember I was quite annoyed … I was overwritten. - And it is soul destroying. Because you're up there, you're advocating for their students, you're fighting for them, you're, you're teaching them and.. they're just tunnel visioned. - He [consultant] knows my face for years going up and down and up and down the corridor. But he eventually asked me three weeks ago, what did I do? And I just thought, 'god!'. I was so deflated!

			- That other departments are given way more value, and sometimes that's appropriate. But sometimes it's, we're level pecking.
Necessity of HS Colleague Support	- I think it can affect you mentally and emotionally. And you need to be 100% here. You can't go into a child sad. You have to be nearly.. yeah, outside of yourself. - I think the biggest one is the staff - I think we're for some reason, we're very good at.. reading each other. Em giving people space when they need it, but also, maybe probing when you know... somebody needs to talk about something. Yeah, no, it's, it's quite supportive stuff.	- in a place like this, if you're not looking after yourself and you're not, you know, able to give your all, you can't give it to the kids either. So you really need to look after yourself and be in the right mindset, I think before you walk into a student's hospital room and try and do a session with them - Like, there's always somebody willing to kind of, lend a listening ear if there's something that's bothering you, and, you know, you can just be like, 'Hey, this is bothering me, it's been on my mind, just	- There are days when it's, it's tough here, there are days when it's wonderful here. And it's been able to manage those pieces because they can wear you down if you don't mind them. And you don't know how to look out for them. - self-care is one of the most important things you need to do here for yourself and for your staff. - because you want to retain the staff you have. And you're only going to do that if you look after them - So what we did this year is we went on a wellbeing track. And for three sessions, a session a term, we've employed an artist to

		want to, you know, say it to you' … And knowing that, like, okay, you're feeling, what you're feeling is valid. - they're pretty good about being that kind of support and looking out for you. When you maybe you're not looking out for yourself. - They're very good about if you've had a tough morning or anything, just been like, 'hey, take 5 or 10 minutes, like, go gather yourself. Don't be rushing back to whatever. Yeah, you need to mind you'.	come in, and just in one of our Croke Park hours, to just do art. For the sake of art, for enjoyment.
Fostering Wellbeing in Students	- But if we have children for long term and they have a specific plan from their school, we follow their school plan as well … It's more important that they stay on with what their classes are doing, 'I'm not there, but I'm	- Yeah, I think we definitely put a lot of emphasis on wellbeing. - they're not on their own. And I know at the moment, we have a couple of students in and they're all, they've	- It is important for the child to remember that this is not the sum total of who they are, whatever the medical issue is … And if we're unconsciously producing work, somewhere the message goes across, 'I must be getting

	still doing what my class is doing'. - So it's a way for his classmates to keep his name, and his identify, and his space. And yeah, they get to share little events that they incorporate the monkey into with his peers. - So for wellbeing, as well as academics, you know, like, we're, the teachers in the school aren't solely focused on academics, yeah, trying to keep children engaged in school and to keep their wellbeing in a positive light as well. - The days here are long. And distraction is sometimes the best medicine. School and play can be huge parts of that'.	made really good friendships. You know, they're all friends outside of school now as well. And it's just nice for them to have those other people that get, get you, you know. They're like, 'you get what it's like to be in hospital for two months, three months, however long they're in. So they've that person to talk to that's, you know, that gets it. - I think it normalises nearly being in hospital for them. And while it's not a normal thing for anyone to be in hospital, they're getting that opportunity to see that there are other kids their age in a similar situation.	out of here, I'm going to go back home at some point' … And I think it's really, really important we continue to deliver that message. - When I started off, I very much came with an academic focus. The longer I'm here, the more I'm realising that, that's only part of the picture, and I think certainly, in the last few years, my attention is been driven to wellbeing, hugely. - They get to be normal. It's the only part of their day, which is normal. There's no medical intervention down here allowed. They get to be with their peers. They get to have fun. And they get to do schoolwork. They get to go back and tell their friends and tell their teacher, which with the younger ones is a huge source of points, 'I went to school when I

			was in hospital'. That's the big piece. - It's about keeping them engaged, keeping their headspace in a positive space. So the return to school doesn't become another mountain in their lives to climb.

Appendix R

Analytic framework used to analyse students' KSDs adapted from Andrews and Janzen's (1988) scoring guidelines

Items	Description	Yes / No / Not Applicable	Quote/Student explanation	Analytic Commentary
1. Placement of self within the drawing	Whether the student placed themselves within or outside the bounds of the school			
2. Engaged in a desirable behaviour	Whether the student drew themselves engaging in a desirable behaviour e.g., sitting at a desk, doing art etc.			
3. Engaged in an undesirable behaviour	Whether the student drew themselves engaging in an undesirable behaviour e.g., running and/or shouting in the classroom etc.			
4. Engaged in an academic behaviour	Whether the child drew themselves engaging in an academic behaviour e.g., reading, writing etc.			
5. Number of Peers	The number of peers included in the drawing			

6.	Positive activity of student and teacher(s)	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications
7.	Positive activity of student and peers	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications
8.	Problems in student and teacher relationship(s)	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict
9.	Problems in student and peer relationships	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict
10.	Psychological integrity	Whether the student's drawing is in line with their verbal description
11.	Presence of Colour	Whether the student chose to incorporate colour into their drawing
12.	If yes selected for No. 11: Detail of Colour	What colours were used by the student and why

Appendix S

Completed analytic frameworks for each student's KSD

Sean's KSD Analysis

KSD Analytic Framework (Adapted from Andrews and Janzen's Scoring Guide, 1988)

Items	Description	Yes / No / Not applicable	Quote/Student explanation	Commentary
1. Placement of self within the school	Whether the student placed themselves within the bounds of the school	Yes	This is my teacher and me doing maths in my classroom	• Student attends HS 1:1 either through bedside teaching or by attending a small satellite classroom on his ward due to his medical treatment requiring him to isolate • Use of word 'my' – possible sense of ownership? Could also feel that it is his classroom as only one student and teacher are allowed in the satellite classroom at any one time
2. Engaged in a desirable behaviour	Whether the student drew themselves engaging in a desirable behaviour e.g., sitting at a desk, doing art etc.	Yes	I am sitting at the table	• Student is seated at his desk and is looking towards his teacher who is standing in front of the whiteboard where there are math sums depicted

3.	Engaged in an undesirable behaviour	Whether the student drew themselves engaging in an undesirable behaviour e.g., running and/or shouting in the classroom etc.	No	I am sitting at the table doing my maths	• Student depicted himself sitting at his desk completing his work
4.	Engaged in an academic behaviour	Whether the child drew themselves engaging in an academic behaviour e.g., reading, writing etc.	Yes	I am sitting at the table doing my maths. My book is on the table and my schoolbag is behind me	• Student depicted himself and his teacher working on his favourite school subject
5.	Number of Peers	The number of peers included in the drawing	N/a	I don't have classmates here	• Student explained to the researcher that they weren't drawing 'friends' because they didn't have any peers in the HS • Use of the word 'classmates'. Perhaps student deliberately didn't say that they didn't have friends in this setting?
6.	Positive activity of student and teacher(s)	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications	Yes	We are smiling cause we're happy	• Student depicted himself and his teacher both smiling in the picture • He also stated that he enjoys going to the classroom because he got his math sums correct, potentially indicating that he feels accomplished in working with his teacher

7.	Positive activity of student and peers	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications	N/a	I don't have classmates here	• Student explained to the researcher that he attends the HS with a teacher 1:1 and therefore didn't include any peers in his drawing • While not having peers in HS could potentially be seen as a negative for Sean, he however appeared to depict attending HS in a positive light
8.	Problems in student and teacher relationship(s)	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict	No	This is my teacher teaching me maths; we're smiling cause we're happy; I like going to the classroom because I get my math's right	• Student's drawing suggests that he enjoys a positive relationship with his HS teacher • No negative indicators were present
9.	Problems in student and peer relationships	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict	N/a	I don't have classmates here	• It is not possible to analyse this item given that Sean's HS experience has not included peers and therefore he did not include any in his drawing
10.	Psychological integrity	Whether the student's drawing is in line with their verbal description	Yes	This is my teacher and me doing maths in my classroom;	• Student's drawing indicates a positive HS experience; he likes to attend the classroom, he likes doing his schoolwork, he appears to

				I don't have classmates here; we're smiling cause we're happy; I like going to the classroom because I get my maths right	enjoy a positive relationship with his teacher, all of which were reinforced by his verbal account following completion of his drawing
11.	Presence of Colour	Whether the student chose to incorporate colour into their drawing	No	-	• Student indicated that he did not wish to add colour to his drawing • While further exploration may have elucidated a deeper meaning for this choice it is important to note at this juncture that the student completed this drawing with his non-dominant hand. Early into his hospital treatment, Sean suffered a medical complication which resulted in partial paralysis on his dominant side. In light of this Sean was given the choice not to complete a drawing, however he chose to do so indicating some determination
12.	If yes selected for No. 11: Detail of Colour	What colours were used by the student and why	-		-

Lucy's KSD Analysis

KSD Analytic Framework (Adapted from Andrews and Janzen's Scoring Guide, 1988)

Items	**Description**	**Yes / No / Not Applicable**	**Quote/Student explanation**	**Analytic Commentary**
1. Placement of self within the drawing	Whether the student placed themselves within or outside the bounds of the school	N/a	I'm not good at drawing people but I'm happy to draw the school	• Lucy was not comfortable drawing people. As an older student they may have been more aware that drawings completed would be used within the research project and thus potentially viewable by others. Secondly, the original KSD (Prout & Phillips, 1974) and validity study from which this analytic framework was adapted (Andrews & Janzen, 1988), did not specify what ages this measure is most useful. Given that Lucy is a post primary student, this may call into question how frequently adolescents would engage in drawing activities and the potential that such an activity was not more accessible
2. Engaged in a desirable behaviour	Whether the student drew themselves engaging in a desirable behaviour e.g., sitting at a desk, doing art etc	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves in the drawing so this was not interpretable

3.	Engaged in an undesirable behaviour	Whether the student drew themselves engaging in an undesirable behaviour e.g., running and/or shouting in the classroom etc.	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves in the drawing so this was not interpretable
4.	Engaged in an academic behaviour	Whether the child drew themselves engaging in an academic behaviour e.g., reading, writing etc.	N/a	I'm not good at drawing people but I'm happy to draw the school; You can see the classroom through the window, it looked like any other classroom with desks and chairs and stuff … I wasn't expecting it in the hospital	• Student chose not to include themselves in the drawing so this was not interpretable • While not interpretable something that the student was struck by was the 'normality' of the school environment. Possibly felt contrary within the hospital environment
5.	Number of Peers	The number of peers included in the drawing	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include any peers in the drawing so this was not interpretable
6.	Positive activity of student and teacher(s)	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves or their teacher(s) in the drawing so this was not interpretable

7.	Positive activity of student and peers	Whether the student's drawing suggests that these relationships are: socially agreeable, pleasing, and with no negative indications	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves or their peer(s) in the drawing so this was not interpretable
8.	Problems in student and teacher relationship(s)	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves or their teacher(s) in the drawing so this was not interpretable
9.	Problems in student and peer relationships	Whether the student's drawing depicts any of the following: unacceptable behaviour, negative interactions, negative reactions, conflict	N/a	I'm not good at drawing people but I'm happy to draw the school	• Student chose not to include themselves or their peer(s) in the drawing so this was not interpretable
10.	Psychological integrity	Whether the student's drawing is in line with their verbal description	Yes	This is the entrance to the school. It's down a little hallway. It has a door and windows on both sides; I put a banner with the school's name on it and a sign that says 'welcome'	• Student's drawing indicates some evidence of a positive HS experience; she liked the look and feel of the school as it was so different to the hospital environment, she thought the school appeared and felt welcoming, it promoted the feeling of

				on the door, I don't think they actually have those but that's what it feels like; You can see the classroom through the window, it looked like any other classroom with desks and chairs and stuff … I wasn't expecting it in the hospital; I remember it looking so different to the rest of the hospital, it was so inviting, like the colours were inviting. It made you want to go inside	normality due to it resembling an ordinary classroom. • All verbal points and visual elements within the drawing were consistent with one another
11.	Presence of Colour	Whether the student chose to incorporate colour into their drawing	Yes	I remember it looking so different to the rest of the hospital, it was so inviting, like the colours were inviting. It made you want to go inside;	• Student chose to use colour within her drawing as a means of highlighting her feelings for the hospital school

			yeah, they don't actually have rainbows everywhere but the classroom is so colourful and you can see it from the windows, coming from the hospital to the school… it's like a breath of fresh air	
12.	If yes selected for No. 11: Detail of Colour	What colours were used by the student and why	*Student chose to include two instants of rainbow pattern within her drawing, explaining that:* yeah, they don't actually have rainbows everywhere but the classroom is so colourful and you can see it from the windows, coming from the hospital to the school… it's like a breath of fresh air	• Student chose to incorporate the colours of the rainbow twice within her drawing (red, orange, yellow, green, blue, purple and pink) • When questioned as to the significance of these, Lucy responded that these represent how colourful and welcoming the school feels coming from the hospital environment • She expanded that it is 'like a breath of fresh air' possibly indicating the freedom and levity that students in the school feel in comparison to when they are in the rest of the hospital