

PEDAGOGICAL CARE IN HOSPITAL ENVIRONMENT: THE RIGHT OF HOSPITALIZED CHILDREN IN BRAZIL

Laynara Soares Vilagra

Mestranda em Saúde e Desenvolvimento na Região Centro-Oeste/PPGSD/UFMS. Psicóloga.

E-mail: laynarav@gmail.com

Milene Bartolomei Silva

Universidade Federal de Mato Grosso do Sul/UFMS

Valdir Aragão Nascimento

Centro Universitário Anhanguera de Campo Grande MS

Abstract

Pedagogical assistance in a hospital environment aims to continue the schooling of children who are hospitalized. In addition, it aims to develop activities that help in training and that help with school tasks during hospitalization. This article aims to publicize the hospital class as an inclusive teaching modality aimed at assisting children and adolescents while they are undergoing health treatment during the period of hospitalization. The bibliographical research presents a scenario about the hospital educational service in Brazil and in the state of Mato Grosso do Sul, showing a growing percentage, however, insufficient of hospital classes to guarantee the right to education of sick children and adolescents.

Keywords: Hospital Class, Special Education, Hospitalized Child and Adolescent.

1. Introduction

This article addresses the right to continue schooling for children and adolescents who often face a hospital routine. The objective of this work is to spread the modality of special education that covers children and adolescents in the hospital environment, which is carried out through pedagogical care in a hospital environment, seeking to analyze its implementation in Brazil and point out the growth of hospital classes in the country, thus as the realization of this service in the state of Mato Grosso do Sul.

1.1 Methods

Based on the bibliographic studies on the subject and the observation of hospitalizations of children and adolescents at the Child Onco Hematological Treatment Center (CETOHI), of the Regional Hospital of Mato Grosso do Sul, in the city of Campo Grande, concern was expressed in relation to the schooling of these young people and hence the interest in studying the subject.

Given the above, the paper is divided into two parts, the first elucidates the emergence of the Hospital Class

in Brazil, an important theme for understanding the subject, preparing a concise investigation of data on the country's reality; the second part proposes to investigate the purpose and use of legislation and rights for the implementation of the hospital class service in Brazilian hospitals, that is, the perspective of school inclusion

1.1.2 Pedagogical service in hospital environment in Brazil

The Hospital Class is a care model adapted for children and adolescents admitted to hospitals, support homes or home care due to health care. This service happens as a result of the observation that the disease takes these individuals away from the school routine, depriving them of living in the community and exposing them to adversity – which can lead to the development of learning difficulties. For this reason, the hospital class seeks to make up for the losses, enabling conditions for the teaching-learning process in these environments.

In Brazil, the first educational event within the hospital took place on August 14, 1950, at the Hospital Municipal Jesus, in Rio de Janeiro, which had a capacity of 200 beds and attended to an average of 80 hospitalized children in a school environment. In 1960, the Hospital Class constituted in this hospital had three teachers and the Hospital Barata Ribeiro in Rio de Janeiro, had a teacher for this type of work (RITTMAYER; SILVA; IMBRÓSIO, 2001). As a result of these actions, which served as an incentive to expand this service, satisfactory results were found in the hospital environment. Thus, in 1960, Hospital Barata Ribeiro, in the city of Rio de Janeiro, founded its Hospital Class. As a result of the situation in 1960, it was already possible to notice the growth of the Hospital Class; however, this educational activity was not recognized and had no link with the Department of Education.

In 1993, the Brazilian Multiprofessional Association for the Child's and Adolescent's protection, based on the Child and Adolescent Statute (1990), and the Declaration of the Rights of Children and Adolescents (1991), launched the Guidance Guide for Educators and Companions of Hospitalized Children and Adolescents. Therefore, in 1994, the Ministry of Education and Culture (MEC) was responsible for the rights to schooling of hospitalized children and adolescents, through the service of the Hospital Class.

The Hospital Class aims to continue the schooling of children who require constant hospitalization, in addition, it aims to develop activities that assist in training and help with school tasks during hospitalization. Likewise, its activity is to overcome the impediments presented to the hospitalized child, offering all the support to understand and help to overcome the illnesses, in addition to serving as support for socio-affective promotion, since:

According to Fonseca (1999), hospital classes aim – in the daily exercise of their pedagogical-educational practices – to continue to observe the transmission of school contents in which children and/or adolescents have been educated. For that, the professionals operationalize the contents taught by the educational institutions from which these hospitalized children and adolescents originate, respecting the age group and the syllabus. This pedagogical strategy helps to solve problems related to learning, as well as providing opportunities for obtaining new cognitive knowledge.

The teacher's job is not only to produce knowledge, but it should have as its main purpose, to assist in the recovery of the student's health, as evidenced by Fontes (2005), when he states that it is necessary to know the present and active intersubjective situation in everyday reality of the hospital, in which knowledge from

the fields of education and health converge and interpenetrate. It is in this convergence and interpenetration that innovative perspectives of education emerge that are capable of promoting life in its fullness, given that the will to learn and to know fosters, in human beings, the desire to live.

In the state of Mato Grosso do Sul, the State Department of Education (SED) maintains classrooms inside five hospitals in the capital Campo Grande, and one in Dourados. The hospital class of these hospitals serves all school-age patients who are hospitalized, enabling the programmatic content of the school year to be used even if the child is away from school for a short time.

This project to care for hospitalized children in the state of Mato Grosso do Sul, intends to bring education to hospitalized children and adolescents, enabling the constitutional right, also helping in the recovery of children and/or adolescents hospitalized for various reasons in the city's hospitals. The Hospital Class is a nucleus of the Special and Inclusive Education Center (Ceespi) of the Department of Education and, according to the pedagogical manager, has 15 teachers and professionals in the field of pedagogy who work in all existing teaching areas, from education children through high school, all with specialization in special education as a criterion for exercise.

According to the pedagogical manager working at Ceespi, in 2021 the pedagogical team is made up of professionals who are able to meet any type of need, whether in the sciences, sciences and humanities, with some professionals specializing in arts, counting stories and others specializing in learning disabilities. *“With this specialization in special education, teachers are already aware of all types of disabilities and are prepared to meet various types of students, including those who have some hearing and vision impairment”*, diz a gerente pedagógica [interview conducted in 2021]. EESP provides continuing education for teachers, including training on toy libraries, special assistance and work organization.

The pedagogical manager in 2018 implemented the individualized educational plan for the hospitalized student. This plan aims to meet each student and educational needs. The family, together with the school, provides information for these professionals to work within the hospital class. This organization in relation to the specific care plan was carried out in order to really know the needs of each hospitalized child, that is, what were the strengths and difficulties of this student, and then propose a methodology that is suitable for each individual.

“We structure the best way for the hospitalized student to be able to develop, whether through playful material or the use of assistive technology, this technology is very important because many students who are hospitalized without being able to write, unable to speak, unable to walk will be able to study and follow what the school is teaching.” [Pedagogical Manager - Ceespi, interview conducted in 2021.]

The teachers carry out a case study with the family right after the patient's hospitalization, to find out information about the child, the year this child is enrolled and which school, then contact the schools to verify that part of the curriculum content is being developed to, thus, continue the entire process within the hospital where the child or adolescents is hospitalized.

[...] in the schooling of these children and adolescents. When the school sends an activity through the family or through the hospital class email, it makes this adjustment to propose an activity to the student. Because it may be

that this hospitalized student is unable to speak, and then the class teacher adapts this activity so that this student can do it and not be so out of step with what other colleagues are learning at school. [Pedagogical Manager - Ceespi, interview conducted in 2021]

Another important point is to make this feedback to the school so that it can verify that the student is progressing in learning despite being hospitalized. According to the pedagogical manager *“learning is not just about reading and writing, sometimes the hospitalized child is playing a game, listening to music or making a report, so the child is learning”* [Pedagogical Manager - Ceespi, interview conducted in 2021]

The playful space created to receive children in the hospital is adapted to the needs of each student. In the case of a child who has difficulty getting out of bed, this professional goes to the child with an authorization from the responsible physician and the time allowed to carry out this work, because the child has a time to sleep, has time to take medicine and some other procedures specific to the hospital itself. Teaching assistance is never provided without the authorization of the health team. *“So the hours of service for the student is relative, it is not always allowed to stay in the hospital for thirty minutes, forty minutes, which is why the specific and individualized plan for this hospitalized student is important, you have to first understand and pay attention to medical care for later insert these pedagogical questions.”* (pedagogical manager - Ceespi, interview conducted in 2021).

Hospital Class appointments usually take place in the afternoon. According to the pedagogical manager, in the morning there is a time when they take medicine, take a shower and sometimes wake up later, then there is time for food; in short, they are based on medical care. Hospitals have their own classrooms, but also, in cases where students are unable to get out of bed, teachers go to the patient to teach. The main objective is that there is no loss of learning in the school process.

The core of the Hospital Class in the state, through interaction with the hospitalized student, promotes the use of technology in pedagogical practice as an instrument to facilitate learning; Playful actions between students/patients and their companions in the Toy Library, accompanied by the teacher from the Hospital Class; Classes taught in beds with care and affection, always considering the health situation of each student; the team of teachers carries out weekly planning and uses the pedagogical framework of schools in the state network to develop activities and offer continuity of education.

Sendo assim, o exercício de ser professor exige um olhar primoroso sobre a criança. Interar-se sobre a doença e seus efeitos, faz parte do seu compromisso como professor consciente do dever a ser realizado. Porém, não compete a ele canalizar seu trabalho nas limitações apresentadas pela enfermidade, mas sim nas competências da criança, estimulando-a na busca de aprendizagens e numa postura diferente durante o tempo de internação.

In this sense, according to Libâneo (2009), it is necessary to learn to master mental processes in order to master and manipulate the theoretical-symbolic learning necessary for the instrumentalization of methodologies related to scientific exercise. For Libâneo (2009), the exercise of teaching today demands both the acquisition of content and the articulation between different cognitive-methodological processes, which involve categories such as teaching, learning, critical thinking and the ability to interpret reality – it is not pure and simply reviewing plastered and often anachronistic content; but, rather, to teach students to think for themselves in the exercise of chosen knowledge.

All the sensitivity and quality of the teacher in listening to hospitalized students will produce and better conduct their humanized action in relation to the student. Of course, this is not just the hospital environment. In all areas where the teacher is needed, interest as a whole is essential when it comes to the patient, especially for what is not expressed, but observed. Therefore, it is in the hospital environment that it is necessary to listen to the hospitalized child, as it is characteristic for the child to acquire other behaviors due to hospitalization.

In the attributions of Fontes (2005), pedagogical listening aims to deal with the patient's anxiety and possible questions, enabling a reflection on the length of stay and providing changes in attitudes that lead to improvements in their health condition. It then refers to a pedagogy centered on the child, which respects the difficult times the child goes through during the hospitalization period.

According to Caligare (2003), discussing humanization in health implies admitting the value of human life, taking into account social, educational, ethical and psychological issues that are expressed in the relationships between people. On this basis, education is finally defined as a fundamental component in the health promotion process. Hospital educational care must be introduced in the context of humanization of care provided in hospitals, as the child patient, thought of as just a sick body, has losses in learning. In this new conception, he must be seen as an integral being. The child or adolescent, according to Bartolomei (2015), within this new vision cannot have their right to education denied, as well as the development of their cognitive, social and affective aspects cannot be ignored.

1.1.3 Legislation and rights of hospitalized children and adolescents

The Ministry of Education and Culture (MEC) in 1994 established commitments regarding the application of the right of hospitalized children and adolescents to education through the Special Education Policies, in which recognized this service model. Through the National Guidelines for Special Education in Brazil (BRASIL, 2001) in 2001, and the document Hospital Class and Pedagogical Home Care of 2002 (BRASIL, 2002), the reappearance of concern with schooling in hospitals is evident. Such documents sought to show the strategies and guidelines for planning educational care at home and in hospital classes (CARDOSO, 2007).

In relation to the rights of hospitalized children, there is a legal provision in Brazilian legislation that safeguards the right to education for children and adolescents, which also emphasizes the wording of the Federal Constitution of 1988, for those who are hospitalized (BRASIL, 1988). Based on this constitutional principle, Brazil drafted different laws that somehow govern the rights of hospitalized children and adolescents; and that reproduce its importance to Brazilian citizenship.

The establishment of pedagogical care in hospitals is a consequence of the irrefutable recognition that hospitalized children, regardless of the length of stay in the institution, have citizenship rights and educational needs, which include schooling. Children's rights emerge after the system of redemocratization and established by a set of laws, national and international declarations that seek to introduce a comprehensive policy for the inclusion of children, considering children as individuals with rights.

Brazilian legislation characterizes this right through the Federal Constitution of 1988, Law n. 1.044/69, of Law n. 6.202/75, of Law n. 8.069/90 - Child and Adolescent Statute, of Resolution n. 41/95 of the National Council for the Defense of the Rights of Children and Adolescents, of Law n. 9.394/96 - Law of Guidelines

and Bases of National Education, of Resolution n. 1/2 of the National Education Council. This type of educational service is identified as Hospital Class, which, according to the National Policy on Special Education published in 1994 by the Ministry of Education and Culture (MEC), in Brasília, intends to provide educational services to children and adolescents who, due to special health conditions, they remain hospitalized.

Decree-Law no. 1.044 / 69, which provides exceptional treatment for students with illnesses, considers that health conditions do not always favor school attendance by children and adolescents, even if they expose them to learning conditions. According to article 1 [...], students of any level of education, with congenital or acquired diseases, infections, traumas or other morbid conditions, determinants of acute disorders, are considered deserving of exceptional treatment.

According to this decree, students who fall into the situation of those who are entitled to special treatment are entitled, according to article 3, to be cared for at their homes, always accompanied by the school, respecting the limits imposed by their health condition and the possibilities of educational establishment (BRASIL, 1969, p.1). It is noticed that this article covers the feasibility of pedagogical practice for children and adolescents only at home, with no differentiation for necessary measures when there is hospitalization. Law no. 8069/90 - Statute of the Child and Adolescent - in its article 4 it confirms the constitutional right to education, conferring on the family, the community, society in general and the Public Power the duty to ensure and safeguard - with maximum priority - the rights to life, health, education, dignity and respect, among others (BRASIL, 1990). Complementing, article 5 states that children and/or adolescents are prohibited from receiving any treatment, regardless of the form of negligence, discrimination, exploitation, violence, cruelty and oppression. Acts contrary to what is set out in article 5 will be punished in accordance with the law, including those whose action and omission neglect the fundamental rights of children and adolescents (BRASIL, 1990). At this juncture, education is a right regardless of whether the educational setting is the hospital.

Considering the right of hospitalized children and adolescents to pedagogical-educational care, the National Policy for Special Education is mentioned. It is appreciated then, the Hospital Class as a kind of assistance since 1994, through the publication of the National Policy for Special Education (MEC/SEESP, 1994). The nomenclature "Hospital class" has been used by this Ministry and Secretariat to qualify the educational pedagogical service, with the objective of continuing the acquisition of curricular content within the hospital.

This legal publication recommends that teaching in hospitals be carried out through the formation of hospital classes, with the need to ensure educational provision, not only for patients with developmental disorders considered simple, but for children and adolescents whose socioeconomic or health conditions place them in situations of potential or imminent risk, such as hospitalization (FONSECA, 1999).

According to Brazilian legislation, hospitalized children are seen as individuals with special needs due to their health status, which prevents them from participating in their routine. It is noteworthy that the Ministry of Education uses the terminology Hospital Class in its statements, however, new recent studies present the expression Hospital Pedagogical Care in a more adequate way to its pedagogical characteristics.

As specified in LDBEN and Decree n. 3.298/99, special education is understood as a type of school education, whose educational process is defined in a pedagogical proposal that guarantees a set of artifices

and special educational services. All being institutionally structured to support, complement, supplement and, in some cases, replace common educational services, in order to ensure school education and promote the development of the potential of students who have special educational needs, at all levels, stages and modalities of education

According to OPINION n. 17/2001 (p. 11), the specialized educational service provided in special classes, hospital classes and home care has only covered students with mental, visual, hearing, physical, motor and multiple disabilities; as well as typical behaviors of syndromes and psychological, neurological or psychiatric conditions; high abilities or giftedness (BRASIL, 2001b, p.20). To date, educational assistance also covers students with special educational needs, who show cognitive, psychomotor and behavioral difficulties, students who are unable to attend classes due to health treatment that requires hospitalization or outpatient care.

The most characteristic edited document on the hospital class is entitled Hospital Class and Pedagogical Home Care: strategies and guidelines (BRASIL, 2002). The purpose of this document is to help combat the frequent school failure of children/adolescents with long hospital stays, and also to encourage assistance to sick elementary and high school students who are unable to attend school regularly. Thus, this document aims to direct the departments of Education and Health, as well as simplify the proposal for providing school services to students with specific insufficiencies that result from hospitalization and health treatments (BRASIL, 2002).

In Mato Grosso do Sul, educational assistance began at the University Hospital in 1994, and from 1996 onwards, this assistance module was started at Santa Casa de Campo Grande, being implemented only in 1997 in the wards of burn patients. However, only in 2002 it was inserted in the other scopes of that same institution, and according to Montanari, Silva and Maciel (2019), this action started in the state because of a project of the Special Education Center. In 1999, the service of the Hospital Class was granted at the AACCC/MS, and in 2001, the hospital classes were constituted at the Hospital Regional and at the Hospital São Julião, where until 2018 attendances were only provided when the hospital requested the the Hospital Class service center, today the classrooms at Hospital São Julião are inactive. In the city of Dourados at the Evangelical Hospital, the Hospital Class service has been taking place since 2004. On the other hand, it started in 2008 at another time for a University Hospital (GRANEMANN, 2015).

The educational service for children or adolescents who are hospitalized and unable to go to school, has recently taken place in five (5) hospitals in Mato Grosso do Sul. This service enables the continuity of the school process, reducing academic losses when they return to classes schools. Hospitalized children are not only assisted in the space accommodated for the Hospital Class, but in multiple spaces, respecting their health conditions: playroom, beds, Intensive Care Units (ICUs) and Intensive Care Centers (ICUs). Only until 2020, according to the pedagogical manager, the number of children and teenagers assisted in the state was 800 per month, which corresponds to approximately 10.000 assistances per year.

It was observed that in the state of Mato Grosso do Sul, professionals who work in Pedagogical Care in Hospital Environment, have training in Special Education, contributing positively at this time while there is no specific training in the legislation.

Rodrigues (2012) in his master's thesis in 2012 presented data that indicated an increase in educational pedagogical care through the hospital class in the country. On the other hand, Fonseca (2018) produced a

quantitative study regarding the hospital class in which he presented results that compared the findings of Rodrigues (2012) and updated the data that the previous study had exposed on hospital class numbers in the country, as shown in table 1.

Quadro 1 – Mapeamento das classes hospitalares no Brasil 2011 – 2018

FEDERATE UNITS WITH HOSPITAL CLASS (HC) - REGION		
Region	Number of Brazilian states	Number of HC in 2018
North	11	11
North East	27	30
Midwest	24	26
Southeast	53	66
South	23	29
Total	138	162

Reference: RODRIGUES, 2012, p.60-61

Fonseca (2018), in his research, discloses data that indicate an improvement in the country of hospitals with hospital class, especially in the Southeast region, the previous number being 53 (fifty-three) hospital class and recently 66 (sixty-six) hospitals with hospital class, an increase of 13 (thirteen) in 8 years. As the second region with the most hospital class, the South region in 2011 had 23 (twenty-three) hospital classes, however in 2018 it has 29 (thirty-three), which characterizes a growth of 03 (six) hospital classes in this same period. The Northeast had 3 (three) new hospital classes from 2011 to 2018. The Midwest went from 24 (twenty-four) to 26 (twenty-six) hospital classes, and the North, which in 2008 had 11 (eleven) remained in 2018 with the same total.

Thus, according to the new studies, from 2011 to 2018, Brazil now has 162 (one hundred and sixty-two) hospital class in hospitals in Brazil. This progressive increase in hospital classes demonstrated the relevance of the hospital teaching modality for those who are hospitalized. Even if it is recognized that such initiatives are the rights of these subjects, it is necessary to strengthen the defense of these rights on a daily basis, so that they can increasingly, and with greater efficiency and reach, assist children and adolescents - in a hospital situation - in the entire national territory (DA SILVA; DO PRADO, 2019).

Although this concern exists, it is essential to better structure educational policies for organizing educational assistance in these environments. The State and the civil community must fight the reasons that make it difficult for children and adolescents to access schooling. It's no use identifying the difficulties; it is necessary to have educational principles and guidelines that enable the implementation of practices.

1.2 Results

The article aimed to publicize the educational assistance service for hospitalized children and adolescents in Brazil and in the State of Mato Grosso do Sul, bringing as a fundamental point for school inclusion the importance of legislation to favor hospitalized children and adolescents. Over the years, the hospital class has shown itself to be a fundamental service for the development of sick children and adolescents, often being the only way to introduce schooling, and the health status is in fact limiting to the point of making

attendance in education impossible regular (SANTOS, 2017).

Continuing the activities they performed before the illness provides the child and adolescent with positive connections, easing the stress caused by hospitalization and medical procedures. The hospital class represents not only a space for the production of knowledge, but a hope of these hospitalized children and adolescents to return to their families, their friends and their schools that are left aside while these individuals are seeking to overcome the disease.

The hospital class is still seen as a challenge, the implementation of this teaching modality within hospitals still needs to struggle to gain space, and its achievements are still a slow and gradual process. It is still common for a part of the community not to recognize that hospital education is established as a citizen's right to continue their studies. In this regard, the importance of integrative actions that favor the consolidation of hospital education, such as of the Education Departments in the articulation between the hospital and the regular school, in the admission and training of professionals and in the provision of financial and material resources that enable educational assistance in the hospital context. In addition to improving the field of action of teachers, this measure would be relevant for hospitalized families, children and young people.

In view of the context, we emphasize the importance of new research that highlights the educational service offered to children undergoing treatment, enabling discussions and reflections that can contribute to the understanding of the various nuances that surround the pedagogical work in health spaces, understanding that the realization of the right Education is a fundamental issue for the exercise of citizenship.

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