



The educational management of the learning center initiative for children in hospitals of the Special Education Center, Office of Special Education Administration

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Abstract

Background and Aim: Quality of life depends on education, the most important social variable. Equity and inclusion are essential to reducing educational inequities. This has led to educational systems that attempt to give everyone equal access to learning. The Thai Constitution requires the state to provide every child with twelve years of free, high-quality education from early life to compulsory school. This led to the Hospital-Based Learning Center Project, which provides an alternate and accessible type of education for school-aged children with health issues to ensure fair educational opportunities.

Materials and Methods: The Thai Constitution mandates hospital-based learning facilities, which follow special education concepts. These centers offer health-specific learning activities for children. This project is part of the Special Education Centers' mandate under the Bureau of Special Education Administration, Ministry of Education, under Announcement on Additional Responsibilities of Special Education Centers B.E. 2553 (2010). In 2008, the Cabinet approved the Learning Center Project Phase 1 (2009–2013), which was followed by Phases 2 (2014–2018) and 3 (2019–2023). In fiscal 2024, the Cabinet authorized the Ministry of Education to annually implement the project.

Results: The Learning Center Project for hospitalized children follows the Basic Education Core Curriculum. The program includes living skills and health care academics. Instructional management adapts to student needs. Individualized learning, small group learning, and inclusive group activities are the three teaching methods of the Office of the Special Education Administration.

Conclusion: Hospital-based education helps children with health issues stay in school. This article explains the educational management model of the Learning Center Project for Children in Hospitals to help agencies, organizations, scholars, educators, and stakeholders understand hospital-based learning center education. The Thai Constitution must be followed while creating education policy for all children to promote educational equity.

Keywords: Learning Center, Children with Chronic Illness, Educational Management Model, Special Education, Special Education Center

Introduction

Children with chronic illnesses who need to be hospitalized are a particularly vulnerable group in Thai culture in terms of their education, since long-term hospitalization constantly interferes with their academic growth and learning. One could argue that a lack of educational possibilities has an impact on prospects, social interactions, self-confidence, and knowledge and abilities. Stress and concern about one's own condition are caused by psychological repercussions resulting from weakness, dread, sadness, despondency, disorientation, agitation, and boredom brought on by extended hospitalization (Suannan and Piyatamwarakul, 2019). Creative solutions are necessary to address the problems in Thai society. They are a vital tool for delivering ongoing education to hospitalized children

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with chronic illnesses, fostering equity, and allowing these children to reach their full potential despite health-related barriers. In a similar vein, the most significant social factor that determines the level of well-being among a country's population is education, which is the foundation of quality of life. Equality and non-discrimination are essential for addressing educational inequality. As a result, numerous nations prioritize and allocate resources to the advancement of education systems that guarantee equitable and inclusive access for all. Nonetheless, certain demographics continue to lack equitable access to education. Consequently, it is the government's obligation to facilitate and advance educational opportunities to guarantee that disadvantaged individuals can access education equitably with others (Bureau of Special Education Administration, 2016).

Section 54 of the Constitution of the Kingdom of Thailand B.E. 2560 (2017) mandates that the State shall furnish all children with twelve years of quality education, encompassing early infancy through the conclusion of compulsory school, at no cost. (Constitution of the Kingdom of Thailand, 2017). The National Education Act B.E. 2542 (1999), Section 10, Chapter 2: Rights and Duties in Education, stipulates that all individuals are entitled to equal rights and opportunities for a minimum of twelve years of basic education, which the State is obligated to provide at no cost, ensuring quality and complete accessibility (National Education Act, 1999). The provision of education for individuals with physical, mental, intellectual, emotional, social, communication, and learning disabilities—or those with physical impairments, incapacities, inability to care for themselves, lack of caregivers, or who are underprivileged—must guarantee that these individuals have the right and opportunity to receive special basic education. Furthermore, the third paragraph mandates that education for individuals with disabilities be provided at no cost from the moment of their birth or the moment they are diagnosed with a disability. In addition, these individuals are entitled to educational facilities, instructional media, services, or other forms of assistance in accordance with the criteria and procedures established by ministerial regulations. Consequently, it may be asserted that children with chronic illnesses in hospitals constitute a demographic impacted by educational interruption and insufficient ongoing development. They are categorized as children with physical, mobility, or health disabilities in accordance with the Ministry of Education's Notification on the Categories and Criteria of Persons with Educational Disabilities B.E. 2552 (Ministry of Education, 2009). These children necessitate specialized support, notably in the realm of schooling. Prolonged hospitalization inhibits children in this cohort from participating in conventional schooling. Moreover, illness may impede their general growth, resulting in a slower progression than normal. Common difficulties identified in pediatric patients undergoing hospital treatment—classified as youngsters with physical, mobility, or health impairments per the Ministry of Education's ministerial regulation—encompass the following conditions: Cancer, leukemia, nephropathy or nephrotic syndrome, cardiovascular illness, diabetes, allergies, myasthenia gravis (MG-ALS), cerebral palsy, respiratory diseases, and malnutrition (Boonrit, 2020). The government policy that led to the establishment of the Learning Center for Children in Hospitals initiative. Specifically, the Bureau of Special Education Administration, under the Office of the Basic Education Commission, acknowledged the significance of educating all school-aged target groups, with a particular emphasis on children with disabilities and those from underprivileged backgrounds. Consequently, the Special Education Centers are state-run educational establishments that provide non-formal or informal education for individuals with disabilities. They are essential in planning and promoting early intervention (EI) services for educational support and in preparing individuals with disabilities for admission to kindergartens, child development centers, inclusive schools, specialized schools for disabilities, and related organizations with collaborating with hospitals or medical institutions to execute the Learning Center for Children in Hospitals initiative. This initiative is in accordance with the "Notification of the Ministry of Education on Additional Duties of Special Education Centers, B.E. 2553 (2010)," which mandates that Special Education Centers execute supplementary responsibilities. Clause 4(1) is a critical provision that is pertinent to hospital-based learning centers. It mandates that the centers shall advocate for and facilitate the provision of education to individuals with health-related disabilities who are hospitalized or confined to their homes for extended periods and are subsequently unable to attend traditional basic education institutions. Establishing the Learning Center for Children in Hospitals initiative has the following objectives: 1) To facilitate the establishment of a minimum of





one learning center for children with chronic illnesses in each province, allowing Special Education Centers at the regional or provincial level to collaborate with institutions, resulting in a total of 76 centers nationwide. 2) To ensure that children with chronic ailments who are unable to attend traditional basic education institutions and require ongoing treatment have access to education through hospital-based learning centers. 3) To guarantee that children with chronic illnesses in institutions receive continuous instruction and learning opportunities, thereby enabling them to return to school and maintain their eligibility to advance to the next grade level. 4) To facilitate the rehabilitation of physical abilities and foster learning and developmental progress in a variety of domains, including self-care in daily activities. and 5) To encourage mental health recovery by engaging in recreational activities that provide enjoyment, relaxation, and a meaningful use of leisure time, thereby broadening the children's perspectives. As previously mentioned, the Learning Center for Children in Hospitals initiative, which was implemented by the Special Education Centers under the Bureau of Special Education Administration, is an alternative educational approach that is beneficial to school-aged children with chronic illnesses. This educational approach functions as an inclusive option by providing access to education for children who are facing health challenges. It offers educational opportunities in the form of hospital-based learning centers that are customized to the individual medical conditions of each child. As outlined in the Notification of the Ministry of Education on Additional Duties of Special Education Centers B.E. 2553 (2010), the Special Education Centers are responsible for this mission. Consequently, the purpose of this article is to introduce the educational paradigm of the Learning Center for Children in Hospitals, which was established by the Special Education Centers under the Bureau of Special Education Administration. The objective is to increase awareness and promote comprehension among academics, educators, stakeholders, agencies, and organizations regarding the hospital-based education model. This initiative is a critical mechanism for advancing educational equity and is essential in the support of the development of inclusive educational policies for all students, in accordance with the Constitution of the Kingdom of Thailand.

Principles and Concepts of Special Education

The concept of special education is the application of the principles of knowledge and truth in the provision of education for learners with special needs, which is founded on the principle of human diversity. Education is essential in revealing the potential of children, allowing them to adapt to the changing world and keep pace with others. Present-day society comprises both ordinarily developing youngsters and those with unique needs. Consequently, educational administration must incorporate strategies and techniques distinct from those applied to the general student population to facilitate the comprehensive development of each child's potential (Uttiya, 2023). Special education is an educational approach that prioritizes the modification of instruction to accommodate the distinctive requirements of children with disabilities, regardless of whether they are intellectual, physical, cognitive, or behavioral. Full development of each child's individual potential is a fundamental principle of special education. According to Gardner (1983), each infant possesses unique potentials and abilities. As a result, special education must consider the unique qualities of each child and adjust its teaching methods to accommodate those abilities. In the International Standard Classification of Education ISCED 2011, special education is defined by UNESCO (United Nations Educational, Scientific and Cultural Organization) (UNESCO Institute for Statistics, 2012) as an educational approach that is intended to facilitate the learning of individuals with special needs by providing them with additional support and adaptive teaching methods, thereby allowing them to learn alongside others and achieve educational objectives. This aligns with the viewpoint of special education scholar Wansaed (2014), who asserted that the objective of special education is to provide a quality education that is customized to the unique needs of all individuals, without separating individuals with disabilities from the general population. It promotes positive attitudes toward the development of the potential of individuals with disabilities and emphasizes inclusive participation from all sectors of society and communities, rooted in a rights-based social approach. The emphasis is on experiential learning and firsthand experiences that enable individuals with disabilities to coexist independently with their peers. Special education refers to the provision of educational services to students with special needs to ensure that each learner can develop



to their fullest potential, taking into account their individual differences. It functions as a supplementary system that offers a diverse array of services tailored to meet the unique requirements of each student. The following are the modalities of special education provision (OECD, 2019).

1) Inclusive Education: This approach integrates students with special educational needs into the regular education system. It allows them to learn and participate in activities alongside their peers without disabilities. In this model, general education teachers and special education teachers work collaboratively and share responsibility for the students' learning and development.

2) Specialized Educational Institutions for Distinct Disabilities: This kind of educational offering is tailored exclusively for individuals with specific disabilities. It is available at all educational stages, from early childhood preparation to secondary education, encompassing both general and vocational pathways. The curriculum is tailored to each category of impairment to address the distinct requirements of various groups. Individualized Education Plans (IEPs) are created for each student using a multidisciplinary team approach. Moreover, adequate and superior facilities, educational resources, assistive technologies, and support services are supplied to guarantee effective instruction.

3) Home-Based Education: This model allows learners and their families to independently administer and deliver their education. It provides a viable alternative for families who desire to tailor education to the learner's unique requirements, as well as to their values, attitudes, and socio-economic circumstances.

4) Community-Based Education: This model authorizes private organizations, social institutions, or communities to administer educational services. It is founded on democratic or liberal educational philosophies, which enable communities to participate in the planning, implementation, evaluation, and sharing of educational benefits. Community-managed or disability-related organizations may collaborate with non-formal education agencies to provide fundamental education to persons with disabilities or establish learning centers for them. Through support groups or small learner centers, they may also provide early intervention and readiness programs for children with disabilities in the community. This model entails the collaboration with pertinent agencies, including special education centers (regional/provincial), special education schools, disability-specific institutions, and related organizations.

5) Hospital-Based Education is an educational arrangement that is offered to students who have health impairments or chronic ailments and necessitate medical care and treatment in a hospital for a specific duration. Education may be administered concurrently with medical rehabilitation in the hospital environment. The following methods can be employed to implement hospital-based education: 1) Education is administered to patients who are incapable of rising from their cots using individual bedside instruction. 2) Small group or one-on-one instruction – Instruction is delivered in small groups of two to three students or individually. 3) Classroom-based instruction – Education is conducted in a hospital classroom, where a group of 5–10 pupils collaborate to acquire knowledge. The lessons are conducted by a special education teacher who collaborates with the student's educational institution before hospitalization. and 4) Parental counseling – Parents are provided with guidance on how to effectively support their child's learning and rehabilitation upon their return home for convalescence.

6) Education in Special Education Centers: This model offers early intervention services to families of children with disabilities. It is designed to prepare children with disabilities for the transition to inclusive education settings, whether they acquire disabilities later in life or before entering preschool. Additionally, the center provides instructional materials, technology, services, assistive devices, and other forms of educational support.

7) Non-Formal and Informal Education: This educational provision provides the flexibility to establish learning objectives, instructional methods, duration of study, and assessment and evaluation criteria, which serve as the foundation for graduation. We customize it to meet the unique requirements of learners with special needs, which differ from those of general learners. The curriculum and content must be tailored to the unique needs and type of disability of each learner while also taking into account their abilities.

In conclusion, the Hospital Learning Center Project, which is administered by the Special Education Bureau under the Office of Special Education Administration, is a type of special education



provision. Its goal is to offer education to children with chronic disorders who require ongoing medical care in a hospital environment. Hospital-based learning centers offer educational possibilities for school-aged children with health conditions. The acknowledgment of individual differences is the cornerstone of the concept and concepts of special education. This model employs many instructional strategies and formats to deliver learning experiences customized to the distinct capabilities of children with exceptional needs. The aim is to enhance the learning of children with special educational needs alongside their peers and to achieve educational goals.

It is possible to assert that hospital-based learning centers are an additional form of special education provision, with the primary objective of guaranteeing that hospitalized children have continuous and equitable access to education. The development of learning activities tailored to each child's unique medical conditions forms the foundation of this model. The Special Education Centers, Office of the Special Education Administration, and Ministry of Education are responsible for the execution of this mission.

Functions of Special Education Centers and Associated Agencies

Special Education Centers, governed by the Special Education Bureau of the Office of the Basic Education Commission within the Ministry of Education, are public educational institutions that offer non-formal and informal education for individuals with disabilities. They possess the subsequent functions and responsibilities: 1) Organize, promote, and support educational services, including Early Intervention (EI) and school readiness programs, for individuals with disabilities, facilitating their transition into child development centers, kindergartens, inclusive schools, specialized schools, and relevant agencies. 2) Enhance the development and training of caregivers for individuals with disabilities and staff engaged in special education. 3) Develop and implement systems for the creation of Individualized Education Programs (IEPs), and ensure the provision of assistive devices, educational media, services, and additional educational supports for individuals with disabilities. 4) Facilitate transitional services to assist individuals with disabilities during critical transitions. 5) Deliver rehabilitation services for individuals with disabilities via educational initiatives facilitated by families and communities. 6) Function as an information hub and oversee educational information systems for individuals with disabilities. 7) Support the development of inclusive education systems and the coordination of special education services at the provincial level, and 8) Execute additional responsibilities as mandated by law or as designated. In other words, additional responsibilities mandated by law are outlined in the Ministry of Education's Announcement on Additional Duties of Special Education Centers B.E. 2553 (2010). This regulation designates additional responsibilities to Special Education Centers, specifically detailed in Clause 4(1), which mandates that centers shall facilitate and advocate for the education of individuals with disabilities who are hospitalized or homebound for prolonged durations, thereby hindering their attendance at conventional basic education institutions. Consequently, it may be inferred that the creation of Learning Centers for Children in Hospitals is an obligatory duty of Special Education Centers, to be executed in conjunction with hospitals and other pertinent organizations. To optimize operations and enhance advantages for learners, especially for children hospitalized for prolonged durations, this cohort is classified as having physical, mobility, or health problems. The creation of learning centers for children in hospitals seeks to grant these children educational access, avert their exclusion from the education system, and facilitate their reintegration into mainstream schools upon recovery (Office of the Basic Education Commission, 2010).

The Special Education Center serves as the principal coordinating agency, collaborating with hospitals, physicians, nurses, psychologists, special education teachers, and parents. Its duty is to design personalized learning programs tailored to each learner's physical and emotional state, employing a flexible teaching methodology. Moreover, the Special Education Center and affiliated agencies must deliver training for educators and staff to augment their comprehension of instruction in the hospital setting. They are tasked with creating a monitoring and evaluation system that accurately represents the situations of each child. This guarantees that children undergoing medical treatment in hospitals are afforded equitable and high-quality educational rights, are not marginalized from the learning



community, and receive holistic assistance in physical, emotional, and educational domains. (Ministry of Education, 2018)

Consequently, the creation of hospital-based learning centers signifies a crucial initiative that embodies the Special Education Center's dedication to broadening educational access for all categories of children with disabilities, particularly those who are ill and unable to participate in traditional schooling. This project functions as a tool that authentically supports the ideas of universal education. Because this educational approach prioritizes flexibility, honors human dignity, and considers the health context of each learner, aligning with the objectives of the National Education Act B.E. 2542 (1999) and its amendments, which assert the right to inclusive and equitable education for all, free from discrimination. The expansion of educational services to the most vulnerable groups in the system, namely children with disabilities and long-term ailments, is a reflection of this mission. Additionally, the integration of healthcare and education is effectively demonstrated by the collaboration between special education centers, hospitals, families, and relevant agencies. The objective of this collaboration is to create a comprehensive support system that simultaneously addresses the educational development of children and the rehabilitation of their health. This method is in accordance with the fundamental human rights principles that have been endorsed by the United Nations Educational, Scientific, and Cultural Organization (UNESCO). In 2009, UNESCO (2009) declared that "education is a fundamental human right for every person, regardless of physical condition, ability, or social status" (UNESCO). Consequently, the state's initiative to establish hospital-based learning centers is not solely academic or policy-driven. Rather, it is a mission that embodies human rights principles and ethical values, guaranteeing that every child has an improved quality of life and equitable access to learning opportunities in the long term.

Operational Framework of Pediatric Learning Center within Healthcare Facility

A hospital-based learning center is an alternative educational framework designed to provide educational access for children with chronic conditions necessitating prolonged hospitalization. It allows individuals to persist in their education without being marginalized from the formal education system while simultaneously aiding emotional rehabilitation and enhancing motivation during the therapy process (Phonphlang, 2024). This method is consistent with Section 10 of the National Education Act B.E. 2542 (1999), which mandates that all individuals shall have equal rights and opportunities to receive a minimum of twelve years of basic education, which is provided by the state at no cost, with equitable access and quality assurance. The Act particularly underscores, in its second paragraph, the necessity of educational provisions for individuals with physical, mental, intellectual, emotional, social, communication, and learning disabilities; those who are physically impaired or incapacitated; as well as individuals who are unable to self-care, lack guardianship, or are disadvantaged. It stipulates that these individuals be afforded exceptional rights and opportunities to get a fundamental education. This legal framework has facilitated the creation of the Hospital-Based Learning Center Project for children with chronic illnesses. The project commenced following the Cabinet's approval of Phase 1 of the Hospital-Based Learning Center Project (2009–2013) in 2008. Subsequently, Phase 2 (2014–2018) and Phase 3 (2019–2023) ensued, with the primary objective of broadening educational possibilities across the nation. The project also sought to improve operational standards by guaranteeing the fair distribution of teaching staff to educational facilities in hospitals nationwide and In the fiscal year 2024, the Cabinet sanctioned a resolution for the Ministry of Education to execute the project on a continuous annual basis, eliminating the need for re-approval every five years. This decision seeks to safeguard the program's sustainability and secure consistent financial assistance (Phonphlang, 2024).

The educational service approach of the Hospital-Based Learning Center Project entails delivering instruction within medical institutions for individuals with health disabilities and chronic conditions. These learners are classified as those with physical, mobility, or health impairments. The initiative seeks to guarantee that hospitalized children or those receiving prolonged medical treatment maintain access to suitable schooling and developmental assistance, in alignment with their rights to equitable educational opportunities and inclusive learning settings. These students require medical care

within healthcare facilities for a certain period and receive educational services concurrently with medical rehabilitation during their hospitalization. The educational offerings under the Hospital-Based Learning Center Project encompass curriculum administration and learning activities aligned with the Basic Education Core Curriculum. The curriculum encompasses life skills development activities that incorporate academic content pertinent to health care, connecting education to everyday experiences in the hospital environment. It encompasses the cultivation of emotional, social, and adaptive competencies, with activities designed to enhance psychological resilience through the utilization of real-life scenarios as the foundation for learning. The instructional method is adaptable and customized to meet the unique needs of each learner. Moreover, the Special Education Administration Office has developed three instructional models as outlined below: (Ministry of Education, 2018)

1) Individualized Learning Management refers to the provision of instruction for children with chronic illnesses in hospitals, tailored according to the specific condition of each child's illness. Learners possess varying abilities and readiness for learning, and their class attendance times differ due to medical examinations or treatments received at different schedules. Consequently, personalized training is very appropriate for students, particularly in academic disciplines. Children with chronic illnesses in hospitals have diverse basic skills and past knowledge. Thus, instruction occurs both in the classroom and at the patient's bedside when the youngster is unable to ambulate.

2) Small Group Learning Management is the organization of educational activities for instances where numerous children within the same grade exhibit comparable ability. Instruction is delivered collaboratively in groups, especially for disciplines having interrelated content that can be synthesized. This method has advantages for learners by enhancing peer contact, cultivating teamwork abilities, and facilitating mutual assistance in the learning process.

3) Inclusive Engagement Management pertains to the coordination of activities that unite pupils across all grade levels. These educational activities seek to facilitate the inclusion of children with chronic illnesses, allowing them to engage with their classmates within the educational framework without segregation. The activities are tailored to suit the physical condition, psychological state, and health constraints of the children, offering them opportunities for learning, promoting social contact, and ensuring age-appropriate development. Furthermore, these activities contribute to the improvement of morale and mitigate feelings of loneliness during hospitalization.

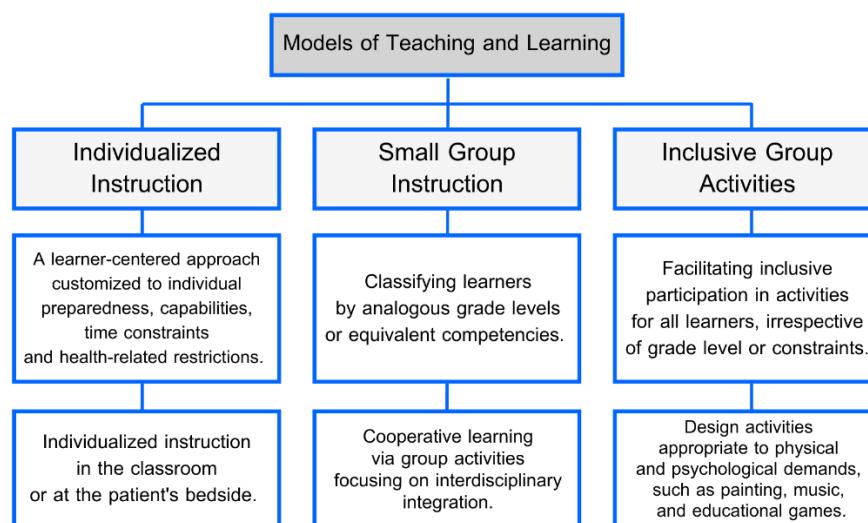


Figure 1: Teaching and Learning Models in the Children's Hospital-Based Learning Center

Obstacles and issues in project execution

The establishment of the Learning Center for Children in Hospitals is a vital strategy for promoting the policy of universal education. The main aim is to facilitate equal educational opportunities for children with chronic illnesses or those receiving medical treatment in hospitals, who cannot participate in standard school environments (Office of the Education Council, 2019). The

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provision of education in hospitals is consistent with the principles of human rights and children's rights as articulated in the Convention on the Rights of the Child (UNICEF, 1989). This convention asserts that every child is entitled to quality education without discrimination, irrespective of health conditions or disabilities. However, the implementation of this project encounters several limitations and challenges, including issues with administrative structures, the adequacy of educational resources, the availability of personnel with relevant expertise, and the integration of collaborative efforts between medical and educational agencies. If these issues are not systematically examined and resolved, they may compromise the quality and continuity of educational management in hospitals. It is imperative to perform a comprehensive study of the developing problems and obstacles to guide the formulation of strategic approaches that will improve the project's efficacy and guarantee its long-term viability. However, although the creation of hospital-based learning centers aims to improve educational access for children who are ill and cannot attend conventional schools, the execution of these initiatives faces various challenges and constraints that affect the efficacy and sustainability of educational delivery, as detailed as follows:

1) Staffing constraints. The establishment of hospital-based learning centers necessitates educators with specialized knowledge in special education, capable of modifying their roles to align with the unique context of the hospital setting, which markedly contrasts with traditional educational institutions. Nevertheless, there is a current scarcity of educators who possess specialized knowledge in this particular area. Furthermore, the instructional management of special education centers is frequently disrupted by the necessity for teachers to manage numerous responsibilities, resulting in a lack of continuity and efficiency. This corresponds with the report from the Academic Bureau, Secretariat of the House of Representatives (2025), which emphasizes that the education of vulnerable children is still obstructed by a deficiency of specialist educators. This deficiency adversely affects the quality and inclusivity of educational services in particular environments, such as hospitals

2) Resource and budget constraints. Providing education for children in hospital environments requires a dedicated budget for the creation of educational resources, appropriate learning materials, and assistive technologies, such as portable devices and customized software. Nevertheless, government budget allocations are limited, with a substantial fraction allocated to human expenses. Thus, investment in educational materials specifically designed for unique circumstances remains insufficient. These problems highlight the imperative of allocating finances that sufficiently support alternative education models and at-risk populations, thus promoting genuine educational equity.

3) Interagency collaboration. The partnership of special education centers, hospitals, families, and local administrative bodies is essential for the efficient provision of educational services for children in hospital environments. This necessity stems from the integrated nature of the required support, which encompasses both healthcare and educational services. Nevertheless, numerous regions persist in encountering significant challenges, including the lack of a clearly defined coordination framework, insufficient comprehension of the roles and responsibilities among participating agencies, and the absence of formal communication mechanisms among pertinent stakeholders.

4) Environmental constraints and geographic limitations. Spatial and environmental constraints restrict the implementation of educational programs for children in institutions. In the majority of instances, the primary objective of hospital infrastructure is to provide medical care, which often leads to inadequate space for educational activities. The capacity to facilitate the complete development of children's education is impeded by the absence of suitable learning environments. The allocation of space for educational activities necessitates collaboration between hospital administrators and medical personnel, who may not fully acknowledge the significance of education in the rehabilitation of pediatric patients

5) The learner's physical and psychological state. Children with chronic illnesses necessitating prolonged hospitalization frequently encounter physical and psychological constraints that impede their learning. Factors such as fatigue, pain associated with treatment, and side effects of medication can diminish concentration and hinder focus on educational activities. Chronic illness significantly affects children's emotional well-being and mental health, resulting in anxiety, depression, and feelings of

isolation. Emotional challenges may lead to an unpreparedness for learning, despite the availability of bedside teaching (Detsang et al, 2025)

6) The assessment system and its connection to the original institution. The assessment process for hospital-based learning management for children with chronic illnesses or those undergoing long-term treatment continues to present challenges, as it frequently fails to correlate with the mainstream education system of their original schools. Numerous children are either not subjected to formal evaluations or are evaluated solely based on individual activities, without the results being recorded in a centralized information system. Therefore, learners may encounter curriculum discontinuity, the inability to transfer academic credits, and occasionally unnecessary repetition of specific content upon their return to their original institutions.

Additionally, hospital-based learning centers for children do not have a specific teacher assigned to coordinate with the original schools concerning learning plans and assessments. This gap leads to the failure to generate achievement reports that schools can use for subsequent academic advancement. Furthermore, standardized measures or protocols to facilitate credit transfer for learners reintegrating into the regular education system are absent (Office of the Basic Education Commission, 2023). These factors significantly contribute to educational inequity, especially for children with chronic illnesses who are required to attend school part-time.

The implementation of hospital-based learning centers for children is complex and constrained by numerous limitations. However, these challenges present valuable opportunities for the promotion of effective educational innovation within healthcare settings, process improvement, and knowledge development (Office of the Education Council, 2019). In addition, these challenges are essential for the development of sustainable programs that genuinely address the needs of children with illnesses, as they foster systems thinking, encourage integrated collaboration among multiple sectors, and support experiential learning (Kolb, 1984).

Knowledge Contribution

From the finding we have synthesized as the new concepts as followed;

1. Hospital-Based Education as Inclusive Equity

The project reconceptualizes hospital-based learning centers from auxiliary services to equity enablers. Hospital education is reframed as a mechanism that upholds children's constitutional right to continuous education without exclusion or disruption due to chronic health conditions.

2. Integration of Health and Education Systems

The hybridization of medical and educational services is a fresh perspective. The centers embody a crossroads of healthcare and schooling, showing that health recuperation and education are not siloed experiences. Instead, they can be mutually supportive, building resilience, boosting morale, and preventing isolation among hospitalized students.

3. Flexible, Multimodal Pedagogy

The three-pronged instruction (individualized bedside learning, small group teaching, and inclusive pedagogic engagement) is re-envisioned as health-responsive pedagogy. The flexible and varied approaches suggest that pedagogy within these settings is dynamic, adjusting fluidly to medical needs and emotional states.

4. Special Education Centers as Coordinating Hubs

The role of Special Education Centers is reimagined from service providers to coordination agencies. The centers serve as lynchpins between hospitals, families, psychologists, and mainstream schools, ensuring a smooth transition back to regular education and continuity of learning during and after treatment.

5. Holistic Educational Rights

Hospital-based education is reframed to highlight its holistic nature. It's seen not just in academic terms but in terms of physical rehabilitation, emotional recuperation, and social reintegration. This view underscores the multidimensional understanding of children's educational rights within the context of their overall well-being.



6. Challenges as Innovation Triggers

Operational challenges (staff shortages, limited budgets, and non-standardized credit transfer) are viewed through the lens of innovation enablers. These issues act as catalysts, fostering new methods for evaluation, inter-agency collaborations, and the creation of adaptive teaching tools for a hospital environment.

7. Hospital-Based Learning as Rights-Based Policy

The educational model within these centers is reframed as an example of human rights principles at work. These learning environments are not mere educational experiments but are implementations of the UNESCO and UNICEF frameworks on inclusive education and the rights of the child, positioning hospital education as a policy-level commitment to child rights and not an optional service.

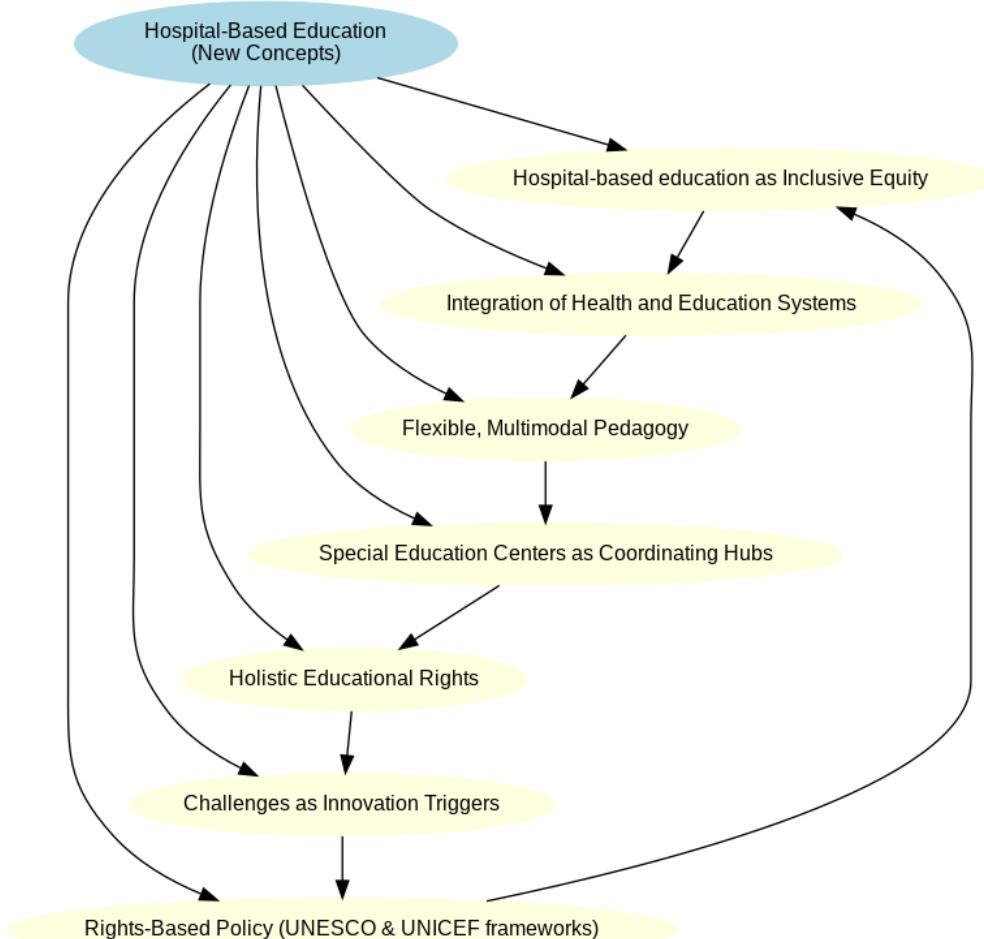


Figure 1 Hospital-Based Education Model: Emerging Concepts for Inclusive and Equitable Learning

Conclusions and Recommendations.

The Hospital-based Learning Center Project, launched by the Special Education Center within the Bureau of Special Education Administration, functions as a mechanism that embodies government policy regarding inclusive education. The focus is on creating an educational system that guarantees equitable and sustainable access for everyone. This model exemplifies a specialized educational framework designed for children in hospital environments. The program follows the principle of creating tailored learning activities that correspond to each student's medical condition. The main objectives are to provide ongoing education for children with chronic illnesses during hospitalization, to aid in their psychological recovery, and to promote emotional resilience throughout the treatment process. The construction of hospital-based learning centers is a technique that enhances educational chances for children with chronic conditions necessitating long-term hospitalization. Nonetheless, the

execution of such projects persists in encountering numerous challenges and constraints. Nevertheless, the challenges and issues faced in implementing this project are significant factors in improving educational quality. The analysis encompasses the management system structure, the preparedness of educational resources, and the capability of personnel with a comprehensive understanding of the learners' specific contexts. Analyzing these challenges and issues provides a basis for formulating strategies to enhance the educational management model of the Hospital-Based Learning Center Project within the Special Education Center, Bureau of Special Education Administration. This method seeks to improve the project's efficacy and guarantee its enduring viability.

Consequently, bolstering the educational administration of the Hospital-Based Learning Center Project within the Special Education Center, Bureau of Special Education Administration, is essential for safeguarding the educational rights of children with health constraints, guaranteeing their access to opportunities, and preventing their exclusion from the education system. Hospital-based education allows youngsters to maintain their academic progress and aids their reintegration into conventional schools upon recovery. The Office of the Basic Education Commission's fiscal year 2025–2026 policies and priorities, which center on expanding educational opportunities and equity, are addressed by this project. In order to help them develop life skills and become self-sufficient, Clause 9.3 says that "Promote and support children with special needs, children with disabilities, and underprivileged children to gain access to education, learning resources, and diverse vocational training appropriate to their potential." However, the success of such an educational strategy depends on raising awareness and gathering support from all sectors of society, including government agencies, politicians, medical experts, teachers, parents, and civil society. Public awareness plays a vital role in creating policy, allocating resources, and fostering collaboration in the implementation of relevant activities (OECD, 2019). The requirement for integrated coordination by a multidisciplinary team to guarantee the provision of standardized education is one of the difficulties in delivering education through the Hospital-Based Learning Center Project. This instructional approach encourages people to reach their full potential. Accordingly, families and communities must work together, as well as hospital medical staff and educational staff stationed at learning centers, to ensure that education for children with illnesses is continuing. Diverse learning opportunities are thus guaranteed, and instruction should be in line with the medical treatment plan to ensure that activities are suitable for the students' current state of health and physical condition. In conclusion, the educational model of the Hospital-Based Learning Center Project focuses on creating opportunities and addressing educational inequality, ensuring that each child is treated with equity, dignity, and acknowledged as a citizen with inherent human worth.

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