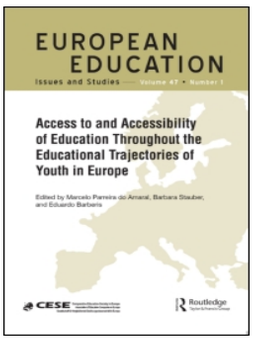

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Music Education at Hospital Schools in Spain and Sweden: Paths Between Governing and Knowledge

Guillermo Ruiz and Antonio García Álvarez

University of Buenos Aires

This paper focuses on some debates regarding music education within hospital schooling, an educational track that has developed in the course of the 20th century within Western education systems. Analysis and proposals are made with respect to the music education curriculum content in primary education, within hospital education tracks, in Spain and Sweden. In order to critically approach the changing definition of what is considered significant knowledge, we discuss how music education curriculum content is included in hospital schools located in the capitals Madrid and Stockholm.

INTRODUCTION

Historically education has revealed connections between governing and knowledge. At the current time, the measurement and comparison of statistical data have become powerful tools for the governance of formal education around the globe. Insofar as education is concerned about the processes of cultural production and reproduction, the global–local nexus represents a cultural field within which educational policy is clearly located. Thus, we can assert that standardized patterns are disseminated by international organizations, governments, and leaders in order to achieve learning outcomes, which have to be harmonized globally. We agree with the idea that the role of state in the regulation of educational systems has changed from government to governance.[1]

According to this conceptualization, this change does not mean a reduction in authority but rather a shift in the balance or mix between different elements of government bureaucracies, markets, and networks (Ball, 2011; Rhodes, 1997). National governments are not the only source of policy authority. A whole range of policy actors (national and international) have become enmeshed in policy processes. The bureaucratic administrative state has also been replaced by polycentric arrangements involving both public and private interests (Rizvi & Lingard, 2010).

Address correspondence to Guillermo Ruiz, University of Buenos Aires, Av. Figueroa Alcorta 2263 (C1425CKB), Buenos Aires, Argentina. E-mail: gruiz@derecho.uba.ar

[1]The concept of governance comes from the political science literature and it indicates a change in the structures and modus operandi of government in contemporary societies (Rosenau, 1997). According to this conceptualization, government is taken to the States practices and political party system. It is a function inside the Nation-State and with bureaucratic structures for public sector. Governance, on the other hand, implies several changes derived from globalization. Those changes are related to new managerial across the public sector and to the incorporation of market and private-sector relation inside State structures.

This change involves the treatment of seemingly intractable public policy issues through forms of managerial and organizational response conceived in terms of partnership and networking (Williams, 2002).

Public services, then, such as formal education, are increasingly delivered through a mix of strategic alliances, joint working arrangements, partnerships, and diverse collaborations between institutions, all of which imply mutual interdependence. This new way of making public policies is opposed to typical bureaucratic hierarchy. In the case of links between governing and knowledge it is possible to identify a particular type of collaboration between two substantial public institutions in modern societies: the school and the hospital. The case of hospital education constitutes an example of an innovative form of collaboration in which both institutions (hospital and school) maintain a significant degree of autonomy from each other and also from the state, since their educational projects are tailored to the health needs of their students.

The position of music education is rendered complex by the ideal of *universal schooling*. This means ensuring that each and every child has a basic and general formal education. "As the industrialization of modernism proceeded, schools became more factory-like in serving this ideal. In the early twentieth century in the USA, so-called *scientific management* techniques for improving efficiency and productivity in factories were widely applied to schools, with important and enduring consequences" (deMarrias & LeCompte, 1998, p. 74). These include serving as models for other countries. Thus, one result was uniform patterns for curriculum design and teacher certification and national standards for educational achievements. In this historical process, music and music teachers have acquired a subsidiary role within the national curriculum for elementary and secondary schooling (although they were granted a greater degree of autonomy than the teachers of other subjects).[2]

The educational paradigm traditionally applied in music education and music teacher education usually focuses on musical content, sometimes as a process leading to the development of musical skills; the level of complexity of the Western musical language and the emphasis placed on the content of technical curricula have been given as arguments to support this approach.[3] The role of music as part of compulsory education is ultimately the conceptual underpinning of every approach. It is also possible to find a greater focus on the social and cultural circumstances influencing the teaching process.[4]

[2]In order to become qualified to teach, music teachers are expected to become musicians and musical studies consume the preponderance of their teacher education (Pellegrino et al., 2014; Regelski, 2005).

[3]The most common teacher in music found in these countries for Grades 1–6 is a generalist teacher with specialization in music, so-called music generalist. Generalist studies means that one has to study many different subjects in parallel and as a teacher in music one has to teach other subject as well. A generalist teacher education program is 3–4 years long and music could have as much as 30% of the curriculum. In Sweden, generalist teachers are taught at teacher training programs where the scope of the program in music differs widely between them from 6 hours to 90 credits (ECTS), three full time semesters. In Spain, the teacher in music in the lower grades, according to the State Decree, has to be a specialist. However, in the practice this teacher is not a specialist but a music generalist since specialist means that teachers have to take an extended course in music. Music specialist programs imply 4–5 years long and are concentrated on the subjects of music and how these should be taught. In schools, these music specialist teachers only teach music which means they have many classes at different age levels.

[4]This diversity of the role music might play into the curriculum of compulsory education is likewise on the institution dedicated to music teacher education: conservatories, normal schools (non-university institutions), universities schools of music and arts, fine arts faculties, among others (Nethsinghe, 2012).

Moreover, at present, the competence-based curriculum does not take into account art and music education. This view of the curriculum attempts to certify student progress on the basis of demonstrated performance in some measurable aspects of modern society. This conception was reinforced by the Organisation for Economic Co-operation and Development (OECD) policy reforms and the Programme for International Student Assessment (PISA) evaluation processes. These standards assess very specific knowledge; the arts and music (and their support of expression and emotional abilities, for example) do not fit into what is supported by the OECD perspective.

On the other hand, as part of the contemporary debate regarding music and education, the idea that musical ability is not necessarily innate has been discussed by specialists and educators. Current investigations have shown that it is possible to develop even high-level musical ability through teaching (McPhee, Stollery, & McMillan, 2005). The findings indicate that there is a range of factors that are universal for musical development: good teaching and significant opportunities for development with other musicians. There are factors that are culture-specific and are related to the social environments in which musical learning takes place (such as family and peer encouragement, as well as opportunities provided by schools).

This paper focuses on some debates regarding music education within hospital schooling, an educational track that has developed in the 20th Century within Western education systems. Analysis and proposals are made with respect to the music education curriculum content in primary education, within hospital education tracks, in both Spain and Sweden. In these countries, for our investigation the oldest hospital schools, located in the capital cities, were chosen. In order to critically approach the changing definition of what counts as significant knowledge, we discuss how music education curriculum content is included in hospital schools located in the capitals Madrid and Stockholm.

Data for this research has been collected during academic research stays and has included interviews (with 20 teachers, 4 supervisors, and 20 students and their families), eight class observations (in each country) and document analyses (legislation and curriculum designs). To analyze interviews, we used a combination of deductive and inductive coding, beginning with codes describing themes in which we were interested, such as "hospital school" and "hospitalized students," and adding new codes that emerged from our data, such as "music" or "teaching strategies." We combed through excerpts and arranged them to examine agreement and disagreement among interviewees in both countries. In our citations, we usually include only the position of school personnel to protect confidentiality. Yin explains that the case study could be conducted because the descriptive information alone will be revelatory. Indeed, we consider the cases of hospital schools in both capital cities to be "revelatory" because of the qualitative information they provide. While we recognize that one shortcoming of this sampling strategy is that it does not allow us to make any claims about how typical or representative these cases are, it is unlikely that any number of in-depth case studies on hospital education would satisfy this critique (Yin, 2003). To analyze the data, we first create "interim case summaries" (Miles & Huberman, 1994, p. 78), documenting the case of each hospital school by drawing upon excerpts from our interviews transcripts, class observations, and field notes. These memos were mainly descriptive, documenting the events inside the classes and the perspectives of the actors involved. After writing these memos, we returned to the literature on music education and applied theoretical codes to the interviews and field notes. Also, we took into account the

normative situation for each country regarding education.[5] On the other hand, we think that the case-oriented method (Landman, 2008; Przeworski & Teune, 1970) applies to this study on Sweden and Spain, because this method is an effort to uncover key features behind the variance of hospital schooling. This method seeks to explain where a particular outcome varies across similar countries by identifying variables that account for this. The inclusion of two cases has limited capacity to develop a generalized explanation, but the variables (educational normative and curriculum designs) presented in this article can serve as a basis for future applications on further sets of cases to advance the explanatory power of music education for hospital pedagogy.

HOSPITAL EDUCATION: HOSPITAL CLASSROOMS AND HOSPITAL SCHOOLS

When we talk about hospital education we refer to centers offering formal education to hospitalized children and adolescents inside hospitals. Such centers are a response to the need to maintain the school process for those students who cannot attend lessons in their common schools. This type of formal education can be for both, long or short periods. In Spain, the term "hospital classroom" is used for those schools created and regulated by the Ministry of Education, Culture, and Sport in order to provide formal education for sick children at different hospitals (Guillén & Mejia, 2002). Thus, the hospital classroom takes the same form as the rest of Spanish schools; students come from diverse educational frames: preschool education, basic education (primary and lower secondary education) and secondary education (upper secondary education).

Some authors interpret the term "hospital classroom" to mean a classroom established in the hospital to enable hospitalized children to maintain their access to educational or recreational spaces. It is relevant to mention that it is not a typical school space but is, rather, a stage in students' development goals facilitating the improvement of their quality of life.

In Sweden, the term is "hospital school" is more frequently used. It reinforces its meaning with respect to a vision of this area as another context of developing formal education, since hospitalized children have a right to education at least until they reach the age of noncompulsory education. The implication is that hospital education should be provided in accordance with the needs of hospitalized children. We would like to underline the potential that hospital *pedagogy* has to contribute to the development of a hospital *education*, since pedagogy relates to teaching in its fullest theoretical and practical sense.

FINDINGS IN SPAIN: MUSIC EDUCATION AT HOSPITAL CLASSROOMS IN MADRID

A Perspective from the Education Acts

In Spain, the 1990 Education Act (*Ley Orgánica General del Sistema Educativo*, LOGSE) introduced the most significant academic transformation there in the 20th Century. This law,

[5]In parallel, we developed a set of codes to identify the strategies identified in the interviews of the ways that school personnel and the curriculum might thicken music education. From these codes we identified the key findings of this study. Following Maxwell (2013), we approach this research as "interpretivists" and in doing so we highlight that our findings here are our interpretations and that no theory can capture the full complexity of hospital school reality.

however, cannot be understood without also considering the 1970 Education General Act, which introduced comprehensive education and common education. LOGSE precisely honed comprehensive education, spreading it over two more years, between the ages of 6 to 16 rather than the previous 6 to 14, and introducing innovative changes, one of these being an open curriculum from preschool education. LOGSE also established two major cycles for children up to age 6; the first cycle for ages up to 5 and the second cycle for ages 3 to 6.

LOGSE has established an open curriculum from preschool to university. The central authority establishes curriculum bases (through the basic curricular document) and then the autonomous communities develop its contents to meet the specific needs of their territorial communities. Each school specifies that document according to its own needs and also develops both the School Educational Project and the School Curricular Project. Finally, teachers (in the classroom) adapt this design to the specific context and circumstances of their students.

LOGSE also organizes the academic structure for the nonuniversity frames of the educational system. It has established 12 years of compulsory schooling, comprising a second cycle for preschool education, primary education, and compulsory or lower secondary education. This secondary education provides a noncompulsory cycle with different tracks: baccalaureate level and low-level vocational education, which lasts two years, usually undertaken between the ages of 16 and 18. The higher-level vocational education and university education tracks are governed by the University Reform Act. Education is understood as lifelong learning. In this regard, LOGSE established that "basic education," which is compulsory and with free tuition for all, comprises primary education and lower secondary education. Basic education lasts 10 years, between the ages of 6 and 16.

Preschool education, until the age of 6, is not compulsory. It is composed of two cycles, one up to the age of 3 and the other between the ages of 3 and 6. The educational content of preschool education is organized in areas corresponding to student experiences and child development and will be approached from a globalized frame through activities with interest and meaning for children. Educational authorities are obliged to ensure a sufficient supply of places in public schools; in order to comply they are permitted to make agreements with private centers as part of their educational planning.

Primary education comprises six academic years, between the ages of 6 and 12, organized in three cycles of two years, and includes areas of global and inclusive contents. Those areas are: contents with respect to the natural, social, and cultural environment; artistic education; physical education; Spanish language and literature and, if any, co-official language and literature; foreign language(s); and mathematics.

Compulsory secondary education (*Educación secundaria obligatoria*, ESO) comprises four years between the ages of 12 and 16. Curricular specifications are as follows. The contents for the courses from 1st to 3rd grades would be: natural sciences, physical education, social sciences, geography and history, Spanish language and Literature, and, if any, a co-official language and literature, foreign language, mathematics, visual arts education, music, and technology. Furthermore, at some of those levels, students study education for citizenship and human rights, with special attention to equality between men and women. In addition to the three set courses, students choose an elective subject. Subject offered in this area must include a second foreign language and classical culture. The educational authorities may include a second foreign language.

The Secondary Education Certificate provides access to the baccalaureate, or to low-level vocational education, low-level vocational arts design, or low-level sports education and employment. The 2006 Educational Act (*Ley Orgánica de Educación*, LOE), moreover, establishes the existence of special education procedures through diverse tracks (always as part of Secondary Education): Artistic, Language and Sports.

The Baccalaureate is organized into three tracks: Arts; Humanities and Social Sciences; Sciences and Technology. The Arts track is divided into two areas: (1) Visual Arts, Image and Design and (2) Performing Arts, Music and Dance. The structure of Baccalaureate includes both core subjects and subjects which are specific to each track. The government first establishes the core curriculum of these areas, and then each region of the country develops its own curriculum. The schools, in turn, adapt the curriculum to their socioeconomic and cultural context, establishing methodological and evaluation criteria, and elective subjects according to their realities.

We have to highlight that in Spain, that national state has still not established a law with respect to Hospital Classrooms. Hospital Education is governed by regional laws. The Instructions of the Education Authorities from Madrid Community regulate the Madrid Hospital Classrooms, and they do not govern in a specific way what the teachers should or should not teach regarding Music Education.

Music Education Inside Hospital Classrooms

The *Niño Jesús* Hospital was created in 1876 as the first health care institution for children in Spain. During the academic year 2009–2010, the Hospital had 11 hospital teachers. At the present, it is the institution with highest number of paediatric beds in Madrid and the number of teachers working there is decided in accordance with the criterion of the number of beds. Only eight teachers take care of education for hospitalized children, while the other three teachers their work with sick children by visiting them at home. These three teachers can also help in the classroom when a teacher becomes ill or there is some difficult situation. The teachers are organized as follows:

1. Six teachers for Primary Education:
   School Manager – Teacher in the Oncology Department
   School Secretary – Teacher in the Oncology Department
   Teacher in the Paediatric Department – Support teacher in the Oncology Department
   Teacher in the Paediatric Department and the Oncology Department
   Teacher in the Departments of Traumatology and Surgery
   Teacher in the Departments of Psychiatry and Outpatient Surgery for Psychiatry
2. Two teachers for Secondary Education and Baccalaureate:
   Teacher for scientific-technological area in the departments of Psychiatry and Outpatient Surgery for Psychiatry
   Teacher for the sociolinguistic area in the departments of Psychiatry and Outpatient Surgery for Psychiatry
3. One teacher for children convalescent at home: Primary
4. Two teachers for children convalescent at home: Secondary (one for every area)

The Hospital Classroom of *Niño Jesús* Hospital, as in other Hospital Classrooms in Madrid, lacks teachers with specialization in core subjects except got the Primary Education Teachers and Special Education Teachers. The objective has been for teachers to assume the work of the main subjects (such core curriculum subjects: Spanish language and Mathematics). Positions for specialized teachers (in core courses such as English, Music or Physical Education) have not been created yet at hospital schools by contrast with the common schools:

> They tell you, when you get a job, that you have to go through all the subjects, not only from Primary Education but also from lower Secondary Education, and those teachers belonging to Secondary Education have to go through all subjects considered to be part of their fields (personal communication, School Management, November 20, 2009)

> There are no specialist teachers, so we try to manage by doing our best (personal communication, School Management, December 13, 2009)

As a result, the activities usually performed in hospital classrooms are limited to the verbal, numeric or visual. The existence of general teachers in the classroom is necessary, as many teachers say in the interviews, especially in areas such as English, which are related to activities prioritized by the authorities of the Madrid Community Government:

> I think we would need each classroom to have a specialist teacher in English and a specialist teacher in another language, for example. But they must be specialists, not teachers who know the language but who lack specific training. It took a few years to realize that foreign language teaching in Spain is a disaster, that after finishing secondary education students still do not know English … likewise, when the child misses lessons, he or she will have a language gap, so I think it is essential to have a specialist teacher in English and another foreign language (personal communication, Government authority, January 15, 2010)

Before 1970 in Spain, Normal Schools (for teacher education) served as university colleges which taught basic teacher education programs for Preschool Education and General Basic Education (EGB). To work in Teaching, through diverse educational levels, it was necessary to have a Bachelor's Degree (*Diplomado, Ingeniero Técnico* or *Arquitecto Técnico*) after three years of university enrolment. In 1965, the Primary Education Teaching Magisterium Reform Act was implemented by the government and the entrance requirements increased: a Baccalaureate degree became necessary for entry into teacher education programs (Puelles Benítez, 2006). Subsequently, the General Education Act of 1970 created university colleges for teacher education program for General Basic Education, establishing the main subjects within the Sciences, Human Sciences, Physical Education, Pre-School Education, Special Education (Therapeutic Pedagogy or Audition and Language), Music Education and Spanish Language and modern languages (English or French). When the Hospital Classrooms were visited for this investigation, the main subjects taught within Teacher Training studies were: Primary Education, Pre-School Education, Music Education, Physical Education, Language Education (English or French), Special Education and Audition and Language.

Although the core subject plans within teacher education were created and the Spanish curriculum stipulates that the development of all subjects is necessary, in practical terms this has not been translated into reality through the integration of specialized teachers into the Hospital Classrooms. However, as there is so much flexibility for teachers to develop

curriculum contents in practice, they can also work on music if they consider it relevant for hospitalized students. Although they are not specialized in Music Education and they will lack sufficient time to work on those specific contents with every student, informally, they include music within their pedagogical strategies. We have also to consider that Music Education is not a core area, unlike Languages or Mathematics. Thus, Music Education contents are often left to the last moment or even for a break between other compulsory educational subjects.

FINDINGS IN SWEDEN: MUSIC EDUCATION AT HOSPITAL SCHOOLS IN STOCKHOLM

A Perspective from the Education Acts

In Sweden educational legislation comes from (1) the Organic Act, which was passed in 1985 (*Skollagen*, SFS 1985: 1100) and came into force in 1991 and from (2) the 2010 Education Act (Govt. Bill 2009/10:165), applied since 2011. The first has enabled the decentralization of administrative and curricular policies. This has meant that the local councils have become major education authorities in Sweden. Thus, although the Ministry of Education and the national legislature established the basic guidelines for Swedish education, local governments have begun to assume greater powers of regulation and evaluation of school educational projects, as well as those for teachers and institutional management at all levels, except higher education (Green, Leney, & Wolf, 2001). According to the Education Act, each municipality has to establish a local plan for the school (*skolplan*), describing the financing, organization, development, and evaluation of activities within each school.

The Swedish education system provides a spectrum of primary education (*Förskola*), which comprises establishments responsible for education up to age of 6 and which belong to different types, depending on the age group and track. Compulsory education (*Grundskola*) covers ages 7 to 16 and includes primary education (7 to 13) and lower secondary education, 13 to 16. Moreover, there is a noncompulsory upper secondary education (*Gymnasieskola*) of 3 years, between 16 and 19.

The current curriculum for compulsory education was implemented by the government in 2011. From 1st to 9th grade the curriculum, including that of preschool education, is common. The schedule establishes the total number of hours (6.665 hours) for the nine years of compulsory schooling. The schools themselves decide how to allocate instructional time and areas over those nine years. Students can choose 382 hours in which to learn; 600 hours can be used by the schools as they decide to develop their specific profile. The areas of Swedish language, English, and mathematics are core subjects in compulsory education. National assessments focus on this contents, and are made compulsorily in 5th and 9th grades. Swedish language and mathematics tests are given in the third academic year.

In the 9th year of compulsory education, pupils choose which program they will follow in upper secondary education. Municipalities offer a wide-ranging educational supply, distributed among students according to the choices they have made. If the number of students is higher than the capacity of the program, selection is made according to their academic achievement during previous courses (compulsory education), since there is no exam after finishing the former education level. The students of a municipality may enroll in another municipality only

when there are vacancies in the chosen program. Priority is given when that preferred program is not available in their own municipalities, but students may still be accepted even if their own municipality offers the program. If accepted, the town in which they live will be responsible for the costs of their schooling.

Upper secondary education is composed of 17 national programs; eight subjects are common to all (the national language, English, civics, religion, mathematics, science, health and physical education, and art). General education and vocational training take place in the same institutions. Municipal schools are free and are required to provide education to all children who have completed compulsory education. To be admitted into a national or special program, as required by the reform currently under way, students must have passed certain specific areas of compulsory education, although these areas differ according to which program they choose.

Music Education Inside Hospital Schools

The Karolinska Hospital was planned in 1931 and opened in 1940. Having evolved differently, the three pediatric hospitals founded from the mid-19th Century in Stockholm, Danderyd, Karolinska, and St. Göran were unified to form the Astrid Lindgrens Pediatric Hospital (Astrid Lindgrens Barnsjukhus), established in 1998, with a link to the huge Karolinska Hospital. In Sweden, there are two types of hospital schools: Somatic Hospital Schools (SOMA-skola) and Psychiatric Hospital Schools (BUP-skola). The capital city has three somatic hospital schools and one psychiatric hospital school (three hospitals for children, one of which has both types of schools). They share human, financial, and pedagogical resources.

In 1962 hospital education became regulated by the state and began to be considered a formal educational track. In that year, legal recognition of compulsory education (*Sjukhusskolan*) was introduced. Also in 1962, the first official hospital school was founded at Karolinska Hospital. Hospitalized children usually learned through music in technology workshops with a very simple design and basic resources: hammer, wood, and other materials. These workshops lasted for only a short period of time since they were not the main objective. The point was not to distract the child from the usual curriculum they would have been learning at common school. Some older teachers remember how musical instruction (through informal projects) was also helped by the music therapist:

> During all this time I have seen, even with psychiatric patients, that music helped them, and I believe in the effects of music to help psychological motivation. But we never had a teacher who was a musician. However, there was a music therapist here in recent years and I carried out some projects with him. (personal communication, teacher, August 27, 2010)

When the hospital schools first opened, specialists were lacking in areas such as special education, music, and gymnastics. It was mandatory by law that schools had to work on mathematics and languages. Thus, doing other tasks involved additional work. Sometimes other people assisted with these tasks:

> Our nursing supervisor was a man who knew about music and was very good … and if the children did not come to breakfast at 9 a.m. as was laid down, he went to their rooms and sang and acted as if he was very sick, and so everyone went … sometimes there was someone else in the hospital who took the kids to the gym because the doctors thought it might be good.… (personal communication, teacher, September 23, 2010)

The Psychiatric Hospital School in Sachsska Hospital has more space and resources than those Somatic Hospital Schools that do not treat children with psychiatric illnesses. It has a large lounge room, an administrative space, a technology room with electronic appliances, two rooms with a little furniture, a round room with a long sofa, two bathrooms, a music room with instruments (bass, drums, guitars, xylophones, and keyboards), a library, and a theater room with a drama teacher. The hospital has a sports hall that the school can use.

Also relevant is that until recently the Somatic Hospital Schools of Solna and Huddinge (both part of Astrid Lindgrens Pediatric Hospital in different locations) did not have specialists. Thus, teachers typically selected for this job have only professional education rather than pedagogy knowledge. This is probably because of the importance of mathematics, Swedish, and English as main subjects for educational services in hospitals:

> The most typical is that they lack education for patients with somatic problems. (personal communication, health professional, October 10, 2010)

In contrast, the Psychiatric Hospital School has specialist teachers for different subjects: sports, music, and languages. As a result, such schools have a higher number of teachers with very diverse backgrounds and paths. However, the priority is always given to areas considered to be core subjects by educational regulations:

> First we are teachers in English as a second language, Swedish language, and mathematics, although we can teach the other subjects as well. There are usually specialist teachers assigned to a core discipline. (personal communication, teacher, September 17, 2010)

In addition, some teachers may teach two or more subjects, the core subjects and also their own specialties. This has numerous benefits: first, it makes it possible to cover more areas of knowledge; second, it enables the development of new potential in children that would not be possible otherwise; third, it enables the children's studies and tasks to be similar to those in their former common or special schools. Therefore, the Psychiatric Hospital School in Sachsska Hospital covers extensively Swedish, English, mathematics, music, art, textiles, technology, sports, social studies, natural sciences, and sometimes other languages such as Spanish, always depending on factors such as time and number of students. The core courses are Swedish, English, and mathematics; when children enter the Gymnasieskola they have to take an entrance examination in these subjects. Moreover, since the academic year 2011–2012, the Swedish education system has changed, with the entrance examination for enrollment in the upper educational levels now covering 12 subjects instead of eight as before.

According to the majority of hospital teachers working at Stockholm, there is no specific training for hospital teachers, because there are not many of them. Both historically and in the current period, this has made possible more freedom in the selection of hospital staff, which has resulted in greater plurality and diversity; there were no unique criteria for entrance with specific training in this area:

> As an example, I don't have special education training, but in this school they needed a music teacher. And I had taught at a hospital elsewhere before, and I have a lot of experience with students who had problems and we worked like that with them too, but not at the hospital. (personal communication, teacher, August 29, 2010)

The hospital area usually needs care and improvement. There are also music therapists conducting work linked to hospital schools, but they seem to have little space within the hospitals:

> I work therapeutically with music here. But I only know one institution which uses music therapy here in Sweden, in Uppsala, and it is used for children with autism. And anthroposophy is also taken for children with autism. And they have lots of peace and patience, and work with everything, from food … (personal communication, teacher, September 8, 2010)

In other words, the lack of pedagogical programs for teachers means that they are divergent and have a multiplicity of backgrounds and profiles. This is especially true of the Psychiatric Hospital Schools, which typically offer educational services in diverse areas (e.g., music and technologies) and not just in the core or major ones (mathematics, Swedish, and English). In addition, teachers have to respond to various social problems. Sometimes there are situations where it is really necessary be close to people. This requires a deep immersion in family situations. Sometimes problems can be solved simply through shared activities involving teacher and student. Thus, one of the keys can be just to share, and music can contribute a lot to this:

> Students often feel very good when we play music together, for example, when we make real music, not because we have to do something, but because we share it. Some that grows.… It is best to play music and see in their eyes that they feel better. (personal communication, teacher, September 12, 2010)

The Psychiatric Hospital School in Stockholm has a particular relationship with the VEDA Project center. This project is an opportunity for youths with psychiatric illnesses who are almost ready to go to the outpatient clinic (ambulatory). After having been approved by the hospital, the students enter the project as the beginning of their return to the social community, and participate in activities such as painting, making music, dancing, and drama. Thus, they can enter into the system at their own pace and feel stronger and become a member of the school group. Sometimes this project works together with their school projects. The VEDA project is intended to create a working group that includes the patient and his/her family and it is linked to the outpatient clinic, at which there is a group manager who follows the path of the patient-student, both during and after hospitalization. The whole process is carried out in collaboration with outpatient clinic. There is always someone who is responsible for the patient.

First, an assessment is made of the patient's condition, and his/her state of readiness for starting to attend the school for a few hours; it is important to enter into dialogue with him/her and establish a working program together, in which the possibilities and time are precisely established. When a patient obtains particularly good results in something such as music, the Hospital School will be requested to provide more resources for music, so agreements are made with it. The goal of this project is important because it works with the healthy side of the patient and at the same time promotes the child's personal development. VEDA provides further communication with each patient's school in his or her community. Patients' working groups have a group leader who is in charge of making contact both with the school and with other relevant entities. Thus there are continuous meetings to observe how the process is developing, whether to make changes, and whether there is awareness of the patient's condition. Ongoing meetings are possible because there is no rigorous planning but rather a preplanning set. The project staff meets at the school once a week to talk about all the patients. In addition, group leaders also report to the school.

Another musical element in the Swedish model is play therapy. For example, for the youngest children, play therapy involves a Snoozeland blue room (an idea that originally came from the Netherlands); a room for sensory stimulation using light and music, in which structured play takes place. In this blue room, therapists have placed light in optic fibers, bubbles, a disco ball, and a zone for hospital structured play in a more remote area. There is a calendar to check whether the room is occupied or can be reserved for interventions. It is important that there is only one family at time, since it is a place where the family can feel calm and comfortable and work in a relaxing environment. Snoozeland was originally used with people with mental disabilities; in Karolinska Hospital it has been used for all diagnostic and age groups.

This room can be used by someone who has been hospitalized for a long period of time, to meet parents and medical staff, and just play. A therapist can work with patients who are in pain and they can sit nearby, look at the lights and hear the music, whose vibrations can be felt in the body, if such stimulation is required. Other teachers use sensory massage with fragrant oils, often with children who can become spastic or tense; they are able to teach the practice to parents and staff, so the therapy can be continued at the child's home or in another hospital unit. Sometimes patients are distracted through mobiles with lights and sound:

> I especially remember a boy with cerebral palsy (CP) who used to come frequently to our neuropaediatric unit after he had been too many different doctors who carried out many tests on him and he was in a wheelchair… he also had a mental disability but he loved the optical fibre, so that he dedicated himself to sitting here, look and listening to music, and often came here for that reason alone and sat with his parents, and then, if no one else was in the room, I left them here, and an hour later came back and no one answered when called because they all were asleep; that was all they needed: to relax, forget, regain strength and return later to the outpatient clinic and see what they had to do according to doctors. This situation helped them all to get calm (personal communication, health professional, September 26, 2010)

In play therapy it is important to have an educational background so as to have knowledge of how young people develop. These therapists might also have knowledge of child psychology and the ability to assist health workers (since nurses do not have enough experience regarding children's reactions). They have to be able to cooperate with doctors and nurses. For this work, it is also necessary to be trained in Special Education. Though they are qualified to teach at Pre-School and kindergarten levels, play therapists do not hold teaching positions.

Most play therapists have university education (three or four years) and from five to ten years of professional experience, and two more years of special education training. Some teachers continue to study through courses in Special Education, always according to their specialization. For example, the play therapist in the pediatric neurological team at Karolinska Hospital has continued with courses in neurology. Some therapists were specialized in the education of students with Down's syndrome, and some other in music education, and their training always depended on the choice of each professional in terms of his/her interests and needs.

CONCLUSION

To sum up, we can assert that music is in decline as part of compulsory education in both of selected countries. In Spain, the National Curriculum contemplates two hours a week for artistic education, which implies, in theory, one hour for plastic art and another for music education

(MEC, 2006). Because the country is decentralized, every Autonomous Community has ample freedom to decide how to implement its curriculum. Give the lack of time assigned by the curriculum, presence of specialist teachers (with main subjects other than instrumental subjects) becomes a problem for the school managements. The final decision is made on the basis of administrative considerations and according to the importance given to music, irrespective of how this affects the music education of students. Only Mathematics, the Spanish Language and Knowledge of the Natural, Social and Cultural Environment seem to be core courses. The erase of music teacher education programs, which have become tracks inside of primary teacher education programs, with half of the number of credits and in-service music teacher training, seems to be another aspect of the same demise of music by giving priority to instrumental subject matter of curriculum (Aróstegui, 2011).

In Sweden, pupils in compulsory schooling are still guaranteed one hour of music a week for nine years. A new ambitious syllabus was implemented from 2011. At the same time, a reformed national teacher education program was introduced by the government, in which a general teacher whose main subject is music (Grades 1–6) will study very little musical content and will do so as an elective course (30 European Credit Transfer System –ECTS–). The generalist teacher whose main subject is music (Grades 7–9) must have three disciplines of which music implies 90 ECTS, which means much fewer hours than before. Thus, more ambitious educational goals are combined with a reduced level of competence in their subjects on the part of teachers. It seems that the Ministry of Education gives priority to teacher employability over subject knowledge. In addition to this, there is also a difference given to instrumental matter of curriculum from hospital schools, so Mathematics, Swedish Language and English as a Second Language are considered more relevant than any other subject.

What becomes clear is that these two cases constitute examples of how contemporary and recurrent academic reforms focus primarily on instrumental subjects (according to the orientation of international institutions such as OECD). In these educational reforms, only instrumental subjects, indeed only those subjects considered relevant for the acquisition of further knowledge, are given priority by reformers. Consequently, first, curricula are content-based rather than student-based, in contradiction to what both official discourse and laws state. Second, it also shows that creativity and arts are not considered part of the core curriculum for educating the young generations (Lines, 2005). Innovation, concentration and creativity are not understood as abilities (promoted by music and art education) to be taken into account for further learning (Coulson & Burke, 2013; White, 1998).

Although similarities exist between hospital schools in Spain and Sweden, there is a major difference between them because of the play therapist in the Swedish model. This professional has to have music and music skills (De Vries, 2015). Moreover, the play therapist undertakes specific teacher education in music for hospital schools through skills attained through music education specialization and also basic teacher training in Kindergarten/Preschool Education, an important difference from the training of general teachers in both countries). This type of teacher education for play therapy has an enormous impact on what teachers can do in order to incorporate music and drama/emotion expressions into their work with hospitalized children, among other subjects and contents designed by the official curriculum (Gunnar, 2011; Pellegrino, Sweet, Derges Kastner, Russell, & Reese, 2014).

Thus, we should highlight that music plays a major role in play therapy in both somatic and psychiatric hospital schools, and also as a subject in itself at Swedish psychiatric schools, which

include musical contents within their own school projects (unlike those in mainstream classrooms and also somatic hospital schools). Beyond the precepts of curricula and the Ministry of Education, there have been occasional temporary projects connected with music at hospital schools and classrooms, something else which shows the lower prestige of music in comparison to other kinds of education in these schools. In this latter case, music education has a formal place within temporary school projects but is not integrated as a formal or compulsory content to be taught. Despite that major specific feature of the Swedish, and given the fact that hospital education sometimes means taking care of children who are hospitalized during long periods at their schooling age, music should be given a deeper relevance inside hospital schools and hospital classrooms as a part of an integral development of patients-students.

Future research may continue to explore the compound relations between education and music. In this paper, we have analyzed these new regimes at the hospital education track, looking particularly at the case of music education. The status of music education in institutionalized settings like schools suffers from the rhetoric of performance. The questions are: What are the benefits of music education? And what use does it actually have? On the other hand, governments in several Western countries have increased school autonomy and stimulated demand sensitivity and sometimes even competition. These new governance regimes with increasingly individualized, informed and demanding populations suggest that complexity and an importance of diverse local contexts can only be expected to increase. Advocates of music education often yield to the pressure of justifying music in terms of what is seen as performance results.[6] Although the problem of efficiency remains, we can assert that arts education in general constitutes a significant factor in humanizing the student. White (1998) says that the arts deserve a place within the curriculum since they foster self-knowledge, reinforce ethical values and bring people together, feeling being part of communities (Kenny, 2014; Nethsinghe, 2012). Through studying arts, students are confronted with all kind ideas, emotions, conflicts that they would not easily experience in ordinary life. Art works give students a broader and deeper sense of what human existence is about. Then, by dwelling in art works, students both expand their knowledge of themselves and the world, and gain a new awareness of their ethical values and their place in the community. Music education in particular should fit into a different kind of discourse than performance. If music education were to be found in the discourse of play, feasting, imagination, contemplation and sharing experience, it could make a relevant contribution to the life of students. According to Elliott, "music teachers ought to make a central place for engaging students in listening for, reflecting on, interpreting, performing, and creating musical words that are expressive of emotions" (Elliott, 1995, p. 110).

Although in the two countries we have chosen for the study the right to education has been guaranteed formally, there are differences between them whose roots are in aspects like the range of hospital schools, the training of hospital teachers and teachers' coordination in hospital schools and classrooms, among others. Thus, considering all of these aspects previously highlighted, we might ask if they will have (and how) more impact on music education curriculum content as a part of education for hospitalized children. It is here that music education may play

[6]There are several kinds of positive results from music education that have been claimed by educators and researchers: improvement of mathematical insight, reading skills, concentration, social skills, creativity development, positive self-image, the channeling of emotions, among others (Koopman, 1996).

a significant role, by revealing new horizons regarding the connections between hospital schooling and hospitalized students' learning experiences.

AUTHOR BIOS

Guillermo Ruiz is a Senior Professor of Theories of Education and Politics of Education at the University of Buenos Aires and researcher at the National Scientific and Technical Research Council of Argentina. He has a Ph.D. in Education (UBA, 2007) and a Master of Arts in Education (UCLA, 2000). He was a Fulbright Scholar. Prof. Ruiz' work examines educational reforms with specific research interests in policy transfer and education, global discourses on education, right to education, and the role of State in reproducing and challenging educational and social inequality.

Antonio García Álvarez has a Ph.D. in Education (UAM, 2012), Master of Arts in Education Quality and Improvement (UAM, 2008), BA in Education (UAM, 2007) and Music Education Degree (UAM, 2004). Throughout his background, García Álvarez was a Visiting Scholar in Argentina, Australia, Germany, South Africa and Sweden. At present he is a researcher at the University of Buenos Aires. His research focuses on the global diffusion and local appropriation of hospital educational models and programs, diversity and education; the education of disadvantaged populations; as well as on issues of educational reforms, aid and development, with particular focus on music education.

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