

THE 'FILM IN HOSPITAL' PROJECT

"Cinema has the potential to improve children's well-being"

There are few projects that reflect the core of ECFA's ambitions as well as the **FILM IN HOSPITAL** project: a fruitful international collaboration between several ECFA members to promote film education and audience engagement among a specific target group. It involves six international organisations jointly running an online platform aimed at children in hospitals and revalidation centres or recovering in their home environment. Recently, two new partners joined the project, the publication of a 'toolbox' could attract even more interested parties, and a participant satisfaction survey was conducted last year. There could not be a better moment to speak with two key pioneers in this project.

Can you do a quick pitch, explaining what the 'Film in Hospital' project is about?

Živa Jurančič (Kinodvor, Slovenia): In the international Hospital Project six partners - soon to be eight - share ways to bring the magic of cinema into hospitals for children staying there. Each country has a similarly organised

platform on which we offer films of any kind - short or feature, documentary, animation, live-action, etc. - covering all age groups, from 3-15 years. And we offer an added value to the films through extra activities. That's the core of the project.

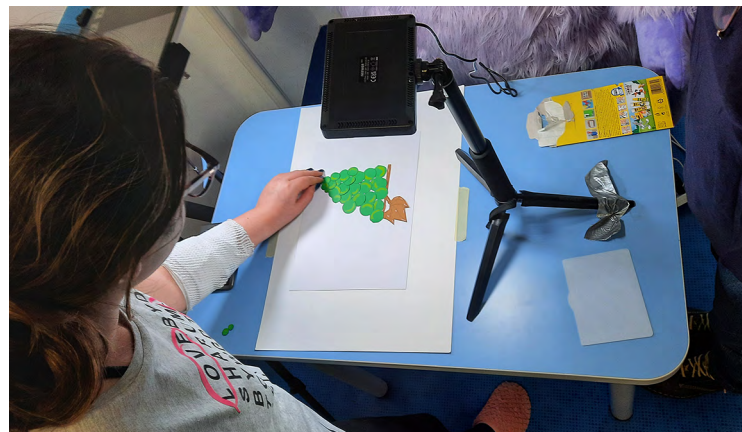
Rosa Ferro (il Nuovo Fantarca, Italy): It's a way to pay attention to children who are facing physical barriers, respecting each child's right to have equal access to culture and education.

Perfect pitch!

Jurančič: Cinema has the potential to improve children's well-being. Films can help them in learning how to deal with stress and anxiety, through talking about emotions and feelings.

Ferro: In Italy the socio-medical aspect is considered as a part of children's healing process. One part of the cure comes through medication and treatment, the other part is in the well-being of kids, to which the arts can contribute so much.

There's at least two arguments to justify this interview. One is



called 'evaluation', the other one is 'growth'. First, let's evaluate what you have. Therefore you had sent out a survey.

Ferro: We gave a research assignment to the Università Cattolica in Milan who has a research tradition in the socio-medical field connected to media education. We wanted to find out how users value the project, and the platform. Therefore we collected approx. 400 questionnaires. For reasons of privacy, we didn't question the children directly, but through our educa-

tors who brought the project to the hospitals.

Why the educators?

Ferro: They observe the children's response to the films, and the dynamics with the parents and medical staff. The evaluation made clear that each child, parent, or member of the medical staff, appreciated our project. Being focused on traditional health care, at first doctors didn't believe much in what we were doing; nowadays they come to assist us.



Can you share some specific findings from that survey?

Ferro: In general, kids prefer to watch films not individually but together with others, although not with their parents. Parents often consider cinema as an escape from daily reality, a way to be entertained, while these children want to get emotionally involved.

It's the kids that want to dig in deeper?

Ferro: After the screening, kids like to stay around to share emotions aroused by the film. In the creative activities we're organising, they're longing so much to play... because they are kids! It's not only about the films. It's about acting together as a collective. Using the platform together with others creates a bridge with the school system. Their stay in the hospital thus doesn't create a void in their education, it creates a continuity.

The research was focussed on the Italian context?

Jurančič: We don't have the resources to simultaneously analyse the situation in all participating countries. The nature of the six partnering organisations is totally different, they all work under different circumstances

and with different national health systems. What Italy and Slovenia have in common is that we both have teachers as main points of contact. But while Rosa can visit the hospital and do the field work, we in Slovenia only work through the teachers. We think together about activities that could provide an added value to the films, but it is the teachers who conduct these activities. Only once per year, we have the opportunity to visit the hospital and organise a 'Cinema Day'. That is the only moment for us to meet our audience.

Ferro: In my city, Bari, we visit the hospital once per week, every Monday.

What more did this research tell you about the dynamics of watching films?

Ferro: That parents would love to get more involved; they need our support too. In Italy it's mainly the mothers that want to talk with us about their feelings of fear and isolation. They would love to participate in our workshops. This is clear: you can't work with children without involving the parents.

Do you see a pattern in their preferences for films?

Ferro: In Italy the film that was most liked was CEROTTINO, a short film



made by children in four different hospitals. Probably this film gave them the impression: what these kids have done, I could do it myself, even now that I'm hospitalised. And in general, I've noticed how teenagers have a preference for films on sports and music.

Jurančič: We see a clear preference for short films. Those kids can be tired, they easily lose their focus and sometimes they have little time in between medical treatments.

Did you watch the ECFA Short Award winner TO BE SISTERS?

Jurančič: This film might work in the project, but not because it concerns health issues. It's all about finding emotions that they can relate to. Like

the short film MATILDA (by Eduard Puertas Anfruns & Irene Iborra), about a girl who's afraid of the dark in her room. Being in this new environment, I presume this is a fear they can easily relate to and that we can use as a starting point for discussing their own lives. You also need some fun titles to release the tension, like ELEVATOR ALONE (by Anastasia Papadopoulou). Ferro: Also LOS BANDO (by Christian Lo) and MISS IMPOSSIBLE (by Emilie Deleuze) were among our successful titles.

So far about the evaluation. Now let's talk about growth.

Jurančič: We just published a ['toolbox of good practices'](#), in which we share our methods and practical recommen-



dations. Maybe this could attract new partners, new hospitals, or inspire other organisations working in similar fields. [This publication](#) is available online in several languages.

Which countries are currently involved?

Jurančič: Belgium, Italy, Slovenia, Croatia, Sweden and Spain. And now Greece and Germany are joining too.

Can you handle more partners?

Jurančič: Expansion requires a strong network. It's not about including more partners, but about safeguarding our sustainability.

In what sense?

Jurančič: Each time when we enlarge our network, we have to redefine how we work together. Initially there were only three partners - JEF in Belgium, BUFF in Sweden and Kids meet Art in Croatia - sharing everything. Nowadays all partners work in different ways and different realities. For instance, to acquire film rights for screenings, Rosa is working with international sales while we have a strong network of local distributors. Each partner clears the rights for making 10 shorts accessible for everybody. That's quite easy. But for features, everyone has to do it on its own.



Ferro: The idea of screening films for hospitalised children has outgrown the project. Nowadays several festivals contact me, asking for temporary visibility on our platform. People have grown a sensitivity, due to our project. This is a true enrichment for the platform and for media literacy in general.

Where does the money come from?

Ferro: 70% comes from Creative Europe; 30% is on each partner's resources.

How do you balance quality and quantity in the project?

Jurančič: We are working towards a joint catalogue of titles that we consider 'top quality' for children in hos-

pitals, and each partner can choose from that catalogue. Personally, in this situation I would go for a 'less is more' approach. We need a certain number of films, as prescribed by the European funding, but I prefer to work with fewer titles but being 100% convinced about every single film. Especially the quality of the extra activities is important, because this is what will make the audience decide to watch the film. It's not just about giving children access to a platform; we also need to motivate and engage them on that platform.

Rosa meets her audience almost weekly, Živa meets her audience once per year. Is meeting your users not the strongest motivation when

organising a project like this?

Ferro: We're not distributors, we're educators. Education can't exist without a relationship.

Jurančič: But we need to keep in mind that we're working with a vulnerable target group. Sometimes it's just not possible to meet them directly because of health issues. Teachers are the ones representing us; They report to us about the children's satisfaction and needs. Sometimes the obstructions are surprisingly banal. For one activity we were planning to work with play dough. One teacher warned me: they can do watercolours but they can't do play dough, because they can't get dirty, due to the risk of infections.

What would be your ultimate dream for the future of this project?

Ferro: To see the largest possible number of hospitals and children getting involved. If it can run in one hospital, it could run in every hospital in the country. We work with hospitals in Bari, Foggia, Taranto, Lecce, Rome, Milan, Trieste, Catania... But there are many more, and we wish we could serve them all.

-
Gert Hermans