



The application of ICF- CY in the context of the integration of chronic ill schoolchildren in mainstream education in Flemish school health care

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Introduction and background

- Since 1980s: increase of prevalence of chronic diseases in children and young adults (van de lee *et al.,* 2007)
 - Better treatment
 - Better outcome
- Successful educational career is outmost important
 - Active participation in society through employment
 - Better health and easier access to welfare and health facilities

(Allensworth et al., 2011)

- More at risk to school delay or leaving school unqualified
 - Barriers in mainstream education
 - Need for support to overcome potential barriers

(Taras & Potts Darema, 2005; Hemmingson & Borell, 2002)

Introduction and background

- 2007: development of a strategy to optimize the participation of children with an chronic condition in education
- Guideline development as outlined by the VWVJ including
 - systematic literature review
 - clinical expert advice
 - focus sessions with parents
 - educational and pupil guidance professionals
 - medical doctors
 - written surveys with children with a specific chronic condition and their parents.

- Need for an ecologic and bio-social approach of chronic disease
 - Health, growth and development as the result of a continuous and dynamic interaction of personal features (nature) and external inhibiting or protective factors (nurture)
 - Handicap situation as a result of the interaction between personal restrictions and inhiting factors in the schoolcontext

(Fougeyrollas, 1995; Devisch et al., 2000)

- To enhance participation
 - Focus on functioning and participation
 - Need for a definition that reflects in a better way a bio- social approach of functioning and participation

Special health care needs (SHCN)

" a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."

Wide range of conditions:

- Fysical health conditions: diabetes, epilepsy, asthma
- Mental health conditions: ADHD, ASS

McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. Pediatrics. 1998;102:137-140.

SHCN:

- Wide range in severity
- Wide range in needs in different contexts

- (Hemmingson & Borell, 2002; Avramadis *et al.*, 2000; Lani 1998; Avramadis & Norwich, 2002; Mukherjee *et al.*, 1999; Mukherjee *et al.*, 2000) Lollar DJ; Simeonsson RJ. Diagnosis to function: classification of children and youths. Dev Behav Pediatr. 2005; 26:323-330.
- ErhmannLC, Aeschleman SR, Svanum S. Parental reports of community activity patterns: a comparison between young children with disabilities and their nondisabled peers. Res Dev Disabil. 1995;16:331-343

Prevalence figures vary

- Flanders health survey 2008: children and young people under 15 years: 9%
- National survey 2004 UNITED STATES: 13% of children and young people have a chronic condition that requires an intervention
- 20% of the children start at school with a development and/or health problems (Australia & USA)

On each school one or more children with a chronic condition are attending



Consideration in a school policy

US Department of Health and Human Services, Health Resources and Services Administration. The National Survey of Children with Special health Care Needs Chartbook. Rockville, MD: USDHHS; 2004

Bethell, C., Forrest, C., Stumbo, S, et al. Factors promoting or potentially impeding school success: disparities and state variations for children with special headth care needs. Maternal and Child Health Journal S169-S35 $_{11}$ S43. 7

Conclusions

- Achieve optimal integration by breaking down barriers in the schoolcontext
 - Meeting individual educational and participation needs of children

(Taras & Potts – Datema, 2005; Hemmingson & Borell, 2002)

Supporting schoolstaff and teachers

(Mukherjee et al., 2002; Lightfoot et al., 2000; Mukherjee et al., 2000)

 Need for assessment of special educational and participation needs and translation to feasible actions in the classroom

(Hemmingson & Borell, 2002; Avramadis *et al.*, 2000; Lani 1998; Avramadis & Norwich, 2002; Mukherjee *et al.*, 1999; Mukherjee *et al.*, 2000)

Strategy in Flanders

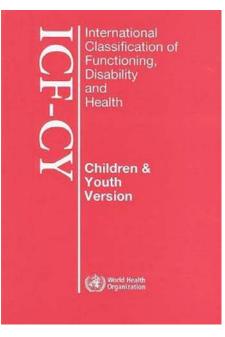
- Development of a conceptual framework for schoolhealth professionals based on the Needs Based Action Model (NBA) (Pameijer) and the Intenational Classification of Functioning (ICF-CY)
 - Assessment of educational and participation needs
 - Enabling translation of a medical diagnosis into educational and participation needs
 - Evaluation of the factors that inhibit or enhance participation
 - Pupils, parents and schoolteam are involved through the diagnostic process
 - Results:
 - hands on information for the teacher in the classroom, parents and children

Schoolhealth in Flanders

- Multidisciplinary pupil guidance centers
 - Youth health care physicians and nurses
 - Schoolpsychologists
 - Social workers
 - In coöperation with schools and parents
- Mission: to enable development, health and schoolcarreer of children
 - Prevention to intervention
 - Eg. vaccination, monitoring of growth and development, early detection of developmental issues, enable smooth schoolcarreer
 - Go between: education, health care and well fare services

ICF-CY

- International Classification of Functioning-Children and Youth Version
- Conceptual framework
- Bio- social model



ICF-CY

- Common and universal language to describe the health and functioning of <u>all</u> children and young people
- It integrates the *medical* and *social* models of disability
- It describes functioning
 - as a complex interaction between a health condition and contextual factors
 - from 3 different perspectives:
 - From the human organism = **body structures and functions** eg. anatomy of handbones, to hold attention
 - From human action = **activities**

eg. writing

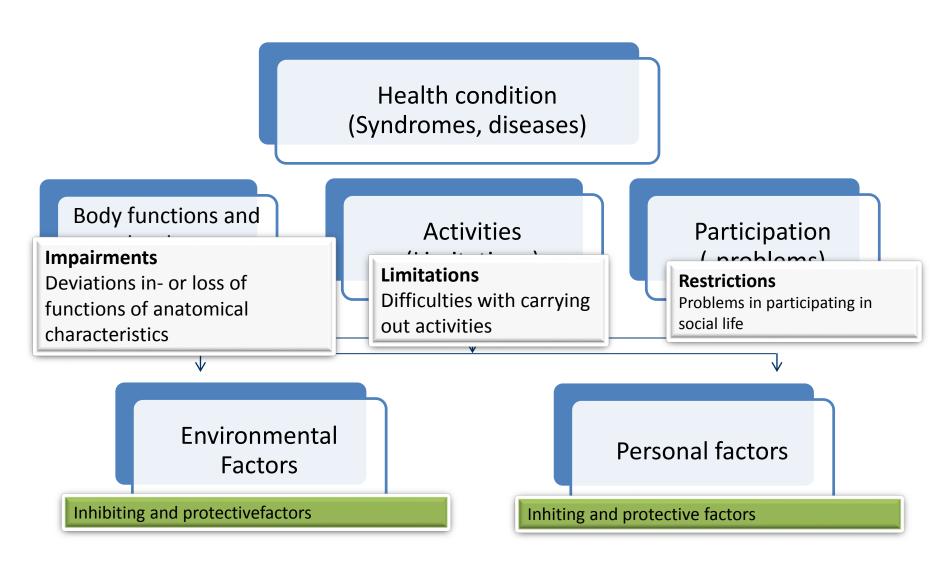
• From participation in social life = **participation**

eg. playing together

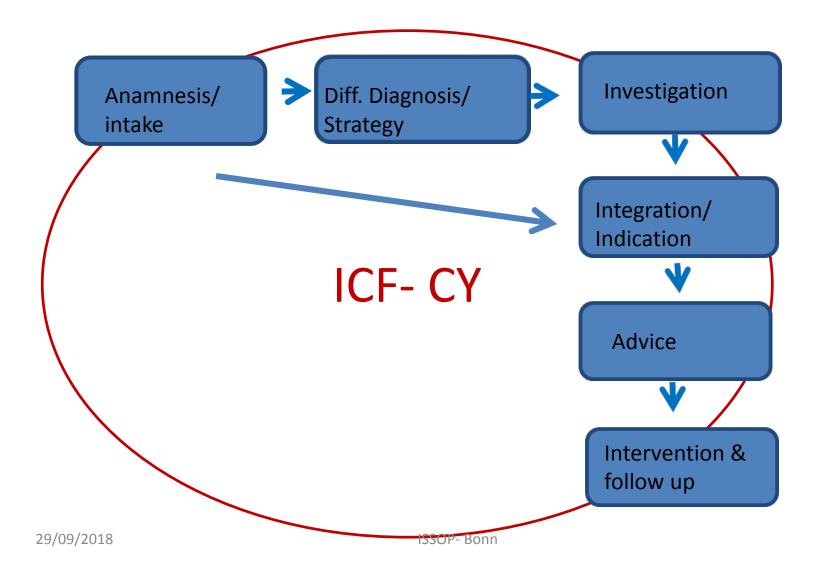
ICF-CY

- Takes into account contextual factors
 - Environmental factors
 - Individual level: eg. close family, (in) formal level: eg.school
 - Personal factors:
 - are the particular background of an individual's life and living, and comprise features of the individual that are not part of a health condition or health states
- Neutral language
 - Inhibting and protective factors can be mentioned!

ICF – CY: interactional framework

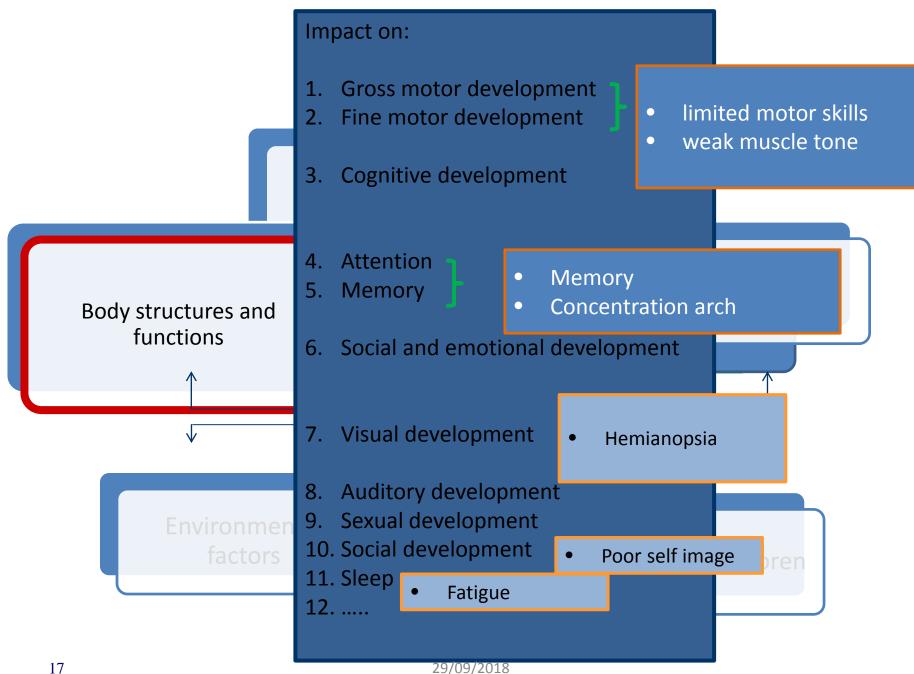


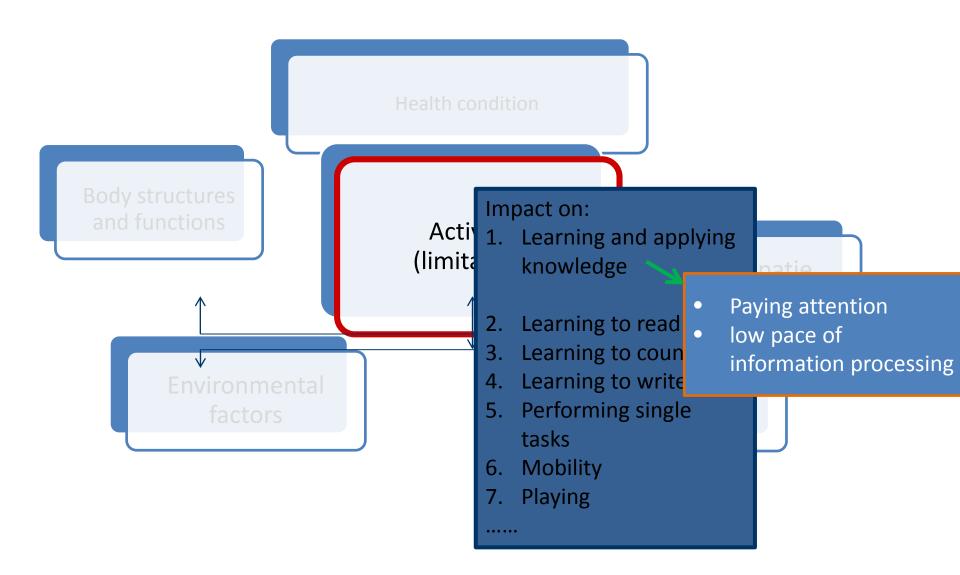
Use of ICF- CY in diagnostic cycle

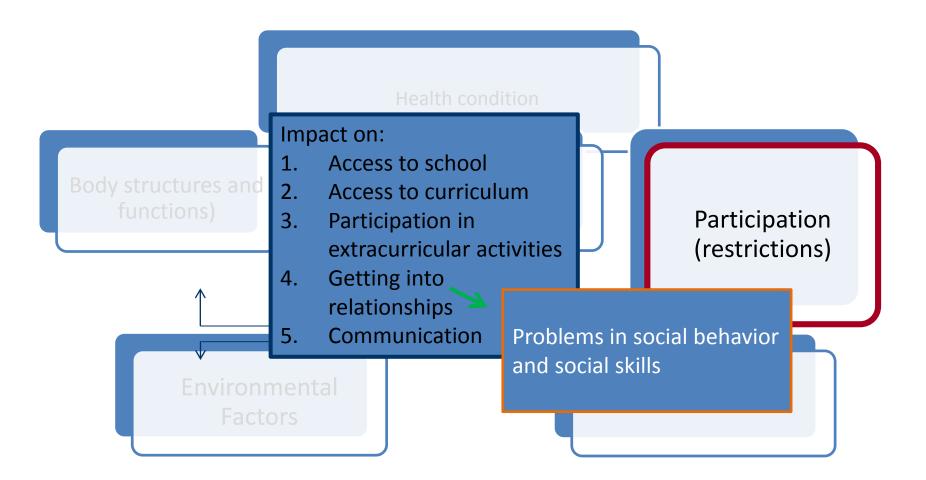


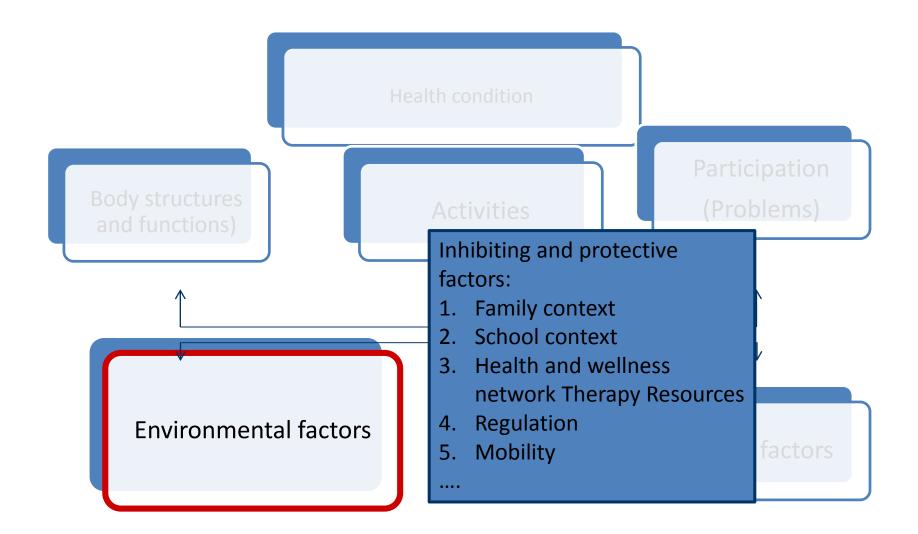
Case Jonas (11y)

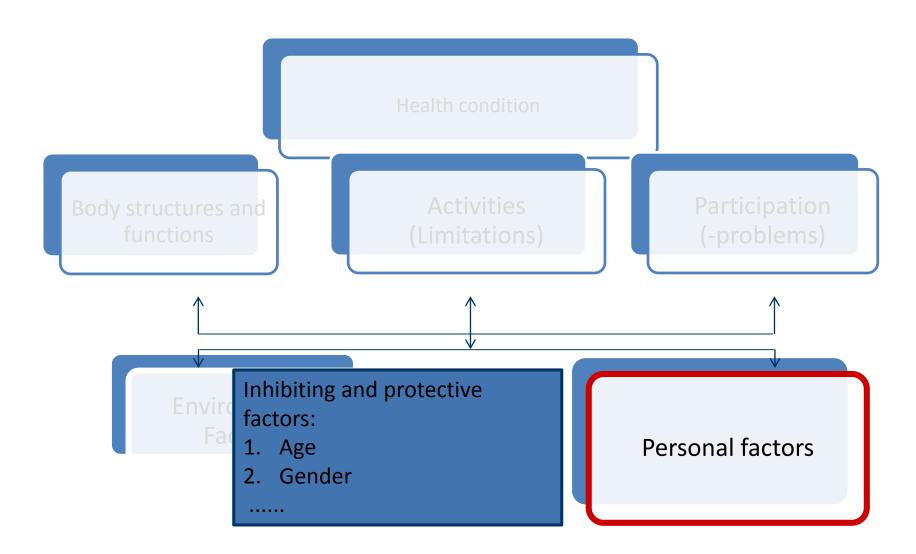
- Smooth schoolcarrier
- Bicycle accident: acquired brain injury
 - Limited vision, hemianopsia
 - Motor problems: disturbed muscle tension on a body part
 - Fatigue
 - Concentration problems: short concentration arch
 - Low pace of information processing
 - Memory problems
 - Problems with self-image and self-confidence
 - Problems in social behavior and social skills











Body structures and functionsActivities and participationEducational and participation
needsHow does it show?

- Memory
- Attention
- Hemianopsia
- Motor problems
- Disturbed muscle tension one body half
- Low self esteem
- Fatigue

Activities:

- Paying attention
- low pace of information processing

Participation

 Problems in social and social skills

Jonas needs:

- Instruction needed that....
- Bequests or tasks that

Environmental factors	Personal factors
	MaleAccident11 year

(140- b189) Specific mental functions

b140 Attention functionsb1400 Sustaining atb14400 Sustaining atb144 memory functionsb1442 Processing atb1442 Processing atmemory(b110- b139) Globatb126 Temperamentfunctionsb130 Energy and drb1300 Energy levelB134 Sleep function

(b210- b229) Seein b210 Seeing function b2101 Visual field f

(b730- b749) Musc

b730 Muscle powe b735 Muscle tone f b7352 Tone of mus

b 140 Attention functions

Specific mental functions of focusing on an external stimulus or internal a experience for the required period of time.

memory <u>Inclusions</u>: functions of sustaining attention, shifting attention, dividing attention, sharing attention; concentration; distractibility

b126 Temperament functions b130 Energy and drive functions (b130); sleep functions (b134); memory functions (b144); psychomotor functions (b147); perceptual functions (b156)

b 1400 Sustaining attention

Mental functions that produce concentration for the period of time required.

b 1401 Shifting attention

Mental functions that permit refocusing concentration from one stimulus to another.

b 1402 Dividing attention

Mental functions that permit focusing on two or more stimuli at the same time.

b 1403 Sharing attention

Mental functions that permit focusing on the same stimulus by two or more people, such as a child and a caregiver both focusing on a toy.

Applying knowledge (d160- d179) d160 Focusing attention

Participation

How does it show?

- Memory ?
- Attention?
- Hemianopsia?
- Motor problems ?
- Disturbed muscle tension one body half ?
- Low self esteem?
- Fatigue?

- Seeing?
- Reading?
- Writing?
- Use of hand?
- use of memory?
- Understanding tasks?
- Walking, playing, moving...?

- Working together?
- Making friends?
- Accepting authority?
- Participating in the playground?

Environmental factors	Personal factors
 Use of resources? Attitude of teachers, and peers? Tuning of revalidation therapy and schoolactivities? 	 Male 11y Accident (-) Motivation? Coping strategy?

How does it show?

Memory:

- short assignments
- Short instruction moments
- Repeat instruction Hemianopsia
- Adapted glasses
 Motor problems
 Disturbed muscle tension one
 body half
- Physiotherapy Low self esteem
- Psychotherapy

Fatigue

- Regular breaks
- No homework

Reading

- Learning Jonas to move the head from left to right when reading
- Use a brightly colored ruler to align the left and right sides of the pages

Writing

- Replace writing assignments when possible by oral assignments
- Use of laptop use of memory and performing tasks
- Use of road map when performing complex tasks
- Repeat instruction individually

- Buddy to help Jonas when working in groups
 - Giving success experiences by giving assignments Jonas is good at

Body structures and functions Activities	Participation	
How does it show?		
Environmental factors	Personal factors	
Provide resources	• Male	
 Motivating teacher 	• 11y	
 Supporting parents and peers 	Accident (-)	
 Tuning therapy and schoolactivities? 	 Strong motivated boy 	
	 Is good at working with a computer 	

Experiences in Flanders

- Since 2014 ICF- CY is implemented in Flanders In the law for inclusion of children with SEN in mainstream education
 - The assessment of special educational and participation needs
 - Indication of reasonable acommodations
- First experiences
 - Implementation is a slow process
 - Results in better hands on information for all concerned
 - Results in better IEP
 - Further research is needed

Thank you for your attention!

