

ICF School

O1 Briefing Packs

Module 4: ICF Exercises within the Briefing Packs for Professionals in School

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Learning Outcomes

- The learners are able to associate student/pupil-relevant information to ICF
- The learners are able to initiate exchange processes with other team members in school about codes
- The learners are able to qualify information within a team around the family
- The learners understand international examples
- The learners are able to create participation goals together in a team around the family

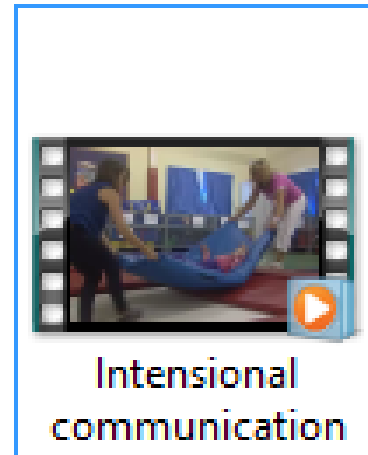
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1. Exercise

1: Associate the following information of 13 year old girl with health concerns with relevant ICF components and discuss support needs in an inclusive school setting.

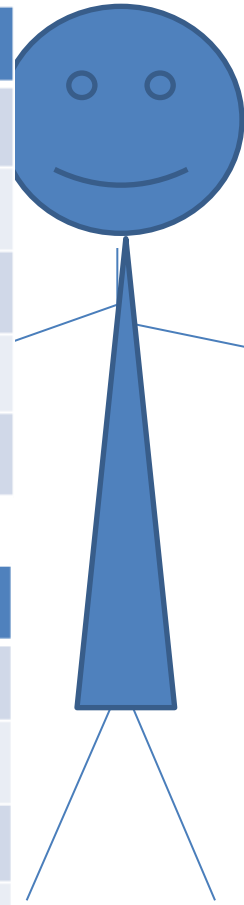
Use the video example



Girl 13a with a health concern G82, F70, Q87
Associate following observations with ICF components

Observation	ICF component
Specific tools are available Structure of teeth Positive mood Shows emotions in situations Has Informal Interaction	
Contractions upper extremities Bangs her upper arms Looks up Therapist addresses needs of Julia Structure of brain Listens Friendly girl Communitates through gestures	

Possible solution: Girl 13a with a health concern G82, F70, Q87



Participation (d)

Communitates through gestures		
Understands verbal messages		
Has Informal Interaction		
Listens		
Expresses herself through vocalisation		

Body structures (s)

		WHO qualifier
Structure of brain (?)		
Structure of teeth		
Contractions upper extremities		

Environment (e)

		WHO qualifier
Specific tool are available		
Therapist is available		
Therapist addresses needs of Julia		

Body functions (b)

Shows adequate emotions in situations		
Shows hypertonus		
Mmuscle tonus		
Looks up		

Personal Factors

Excercise

- 2: Think of a pupil in your school/therapeutical setting:
- Write a short narrative about his/her situation in school (what you could observe). Try to focus on approx. 15-20 obervations
 - Present this pupil to the other group members.
 - Associate the narratives (single sentences) with ICF components
 - Discuss why you think that diverse information can be associated to this or that component.
 - Perform an assessment (using WHO qualifiers) – including environmental aspects
 - Discuss additional educational support needs
 - Discuss necessary services (what/how much)

Excercise: Think of a student. 1) Narratively report what you are able to observe and 2) link the narrative with ICF-components

Narrative	ICF component
	Health concern
	Personal factor(s)
	Environment
	Body structure
	Body function
	Participation

2. Assessing support needs in general (1)

- During assessment processes observations are related to NORMS or normative aspects (e.g. typical development, curricular tasks...)
- Assessments usually include interpretations (which usually rely on models)
- It is easier to discuss with parents about observations than about interpretations.
- Assessments in schools should be based on a team consensus (the parents are part of the team)
- To reduce subjective arbitrariness assessments should be based on INDICATORS: e.g. the “problem” is assessed as „moderate“ because.....

Assessing support needs in general (2)

Assessing an aspect means to relate an information to NORMS. Concerning ICF these norms usually refer to the

-AGE-TYPICAL Development,

- towards AGE RELEVANT DEVELOPMENTAL NORMS or
- normative expectations defined e.g. in SCHOOL CURRICULA.

Compared to developmental milestones...

At the end of grade one pupils are expected to....

Assessing support needs in general (3)

Assessments might contain:

- Resources (***environmental facilitators***) and strengths (of the child (e.g. **personal aspects**))
- Deficits/**barriers** and problems in terms of **deviations from typical developmental norms** (or defined as COMPETENCES which should be acquired.
- If possible refer to norms and clearly point out the AMOUNT of DEVIATION. (*e.g. 2 Standard deviation below age-norm; the expected expressive language at age 2 years are 20 words...*)
- The individual INTERACTION between strengths/facilitators and or problems/barriers lead to the assessment of **NEEDS**
- **NEEDs at this stage of the assessments are needs from the perspective of the child in interaction with environmental aspects.**
- **They are NOT service needs!**

Performing assessments based on ICF

ICF component	Descripton	Indicat or	Assessment									
Health concern	F71											
Personal factor(s)	9 year old motivated boy, interested in footbal											
	WHO qualifier											
			+4	+3	+2	+1	.0	.1	.2	.3	.4	.8
Environm ent	Recieves Occupational therapy			x								
Body structure	Structure of the head	< PR 10							x			
Body functions	Intelligence	IQ = 70								x		
Participati ons	Reading	3 word								x		
	Calculating Interaction with peers	Understand „5“ Plays alone during breaks										x

3) From assessment to support needs

Support needs are different from SERVICE needs.

Service needs might depend – to a high extent – on the environment!!

In supportive environments less service needs might be necessary, vice versa in environments

with barriers more support needs might be observable •

The idea of a transdisciplinary approach is that SUPPORT needs can be covered by diverse professionals.

Support needs might be structured on the basis of the 9 life domains.

Additional support needs concerning	Content specification
d1 Learning	e.g. shaping of difficult tasks
d2 General tasks	More time during for some tasks to reduce stress
d3 communication	Using devices (pictogram, talker...)
d4 Mobility	Using specific devices
d5 self care
.....	

4) Concrete ICF implementation examples

ICF per se does **not suggest any practical implementation methodology**. All practical suggestions therefore can be seen as drafts (based on different model assumptions) to make ICF feasible.

Diverse approaches can be observed.

- a) **Inductive methods** (Pretis 2016): The individual narrative of a child and family in school is considered the starting point. This narrative is linked with ICF meta-language
- b) **Deductive methods**: Often this approach is based on relevant ICF item. These items are assessed based on observations (Hollenweger & Lienhard, 2011)
- c) Mixed models

There is no right or wrong way to implement ICF as long as the philosophy of ICF (to describe and classify the individual situation of a child with health concerns in interaction with his/her environment) is followed.

Inductive approach

- Inductive approaches start with the individual narrative of the child (most teachers might be used to address additional support needs in this way).
- These individual information then is associated with the BIG 6 of ICF.

Goran (8years, F83) writes single words -> d11x „learning to write“.

In a later step this observation will be ASSESSED:

Based on his diagnosis and related to his age the teacher considers this as a moderate problem (.2)

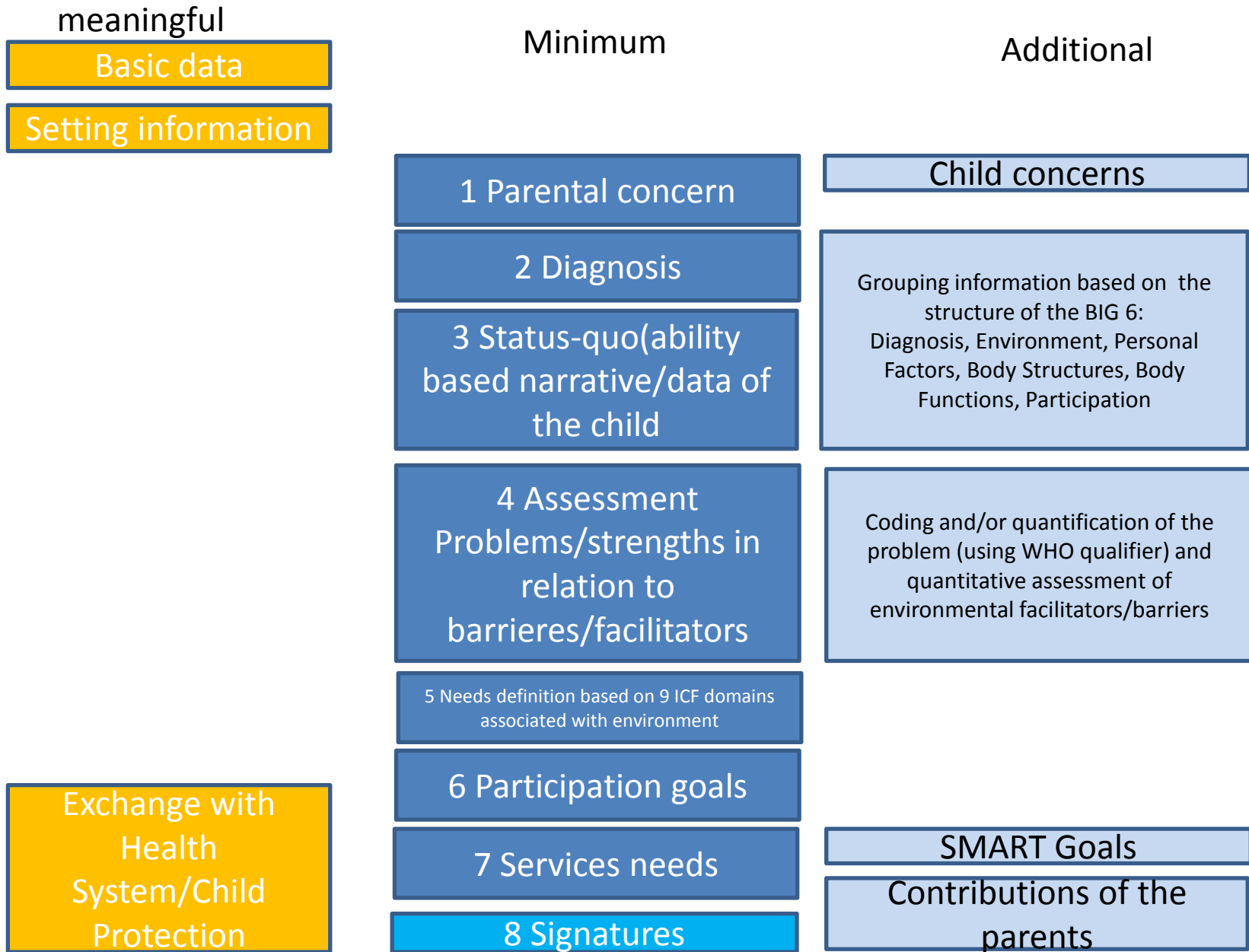
Concrete procedure (inductive way)

- 1) Collect information (e.g. Following the logic structure of ICF)
- 2) then link to components (Pretis 2016)
- 3) Perform assessments (Highlight personal strengths, the interaction with environmental facilitators and barriers and „problems“ (usually connected with the diagnosis or health concern).
- 4) Define the additional support needs

Advantage: high individual narrative

Disadvantage: time consuming

Possible structure of future individual support plans based on the inductive approach



Deductive approaches

Deductive methods are characterized by available (item templates) and individual information is filled in post hoc (afterwards).

The information selection process therefore is mostly predefined.

In some countries core-sets (sets of items specifically correlated with certain diagnosis) are used.

Other professionals use „symptom lists“ or professional specific „lists“ (list for speech therapists,...).

Both simplifications (coresets, symptom lists..) run the risk to reduce a child. This is not the generic idea of ICF.

When using such lists professionals should be AWARE of this risk.

Deductive strategy following Hollenweger & Lienhard 2015 (simplified)

When assessing additional support needs professionals would focus on, how the child is

Life domaine	.0	.1	.2	.3	.4	.8	Remarks
d1 Learning (watching, listening..)							
d2 performeing eneral tasks							
d3 communicating							
d4 moving around or using her hands....							
d5 careing for her/himself							
d6 dealing with issues of her domestic life							
d7 interacting							
d8 dealing with Important life areas							
d9 participating in life as a citizen							

Continuation (deductive approach)

After assessing the observations (focusing on the aspect of PARTICIPATION)

The assessing team analyzes whether the child could be educated based on the relevant

- mainstream curriculum
- Or
- Whether individual curricula should be applied and
- Which additional educational support might be necessary
- (see Schulisches Standortgespräch and and Strukturiertes Abklärungsverfahren in Switzerland)

Example „Participation“

4.5 PARTICIPATION: What the child is able to do in meaningful contexts

LIFE DOMAINS	Observations	No problem	If possible and useful, please specify					Not specified
			problem	Slight problem	Medium problem	Severe problem	Total problem	
LEARNING (listen, watch, calculate, write)								
GENERAL TASKS (single tasks, daily routines, coping with distress...)								
COMMUNICATION								
MOBILITY (move around, grab, handl objects...)								
SELF CARE (eat, drink, dress/undress...)								
DOMESTIC LIVE (help others)								
INTERACTIONS (parents, siblings, peers, strangers...)								
IMPORTANT LIFE AREAS (kindergarten...)								
CITIZENSHIP								

4. From needs to goals

Thinking and acting in terms of ICF means to focus on **PARTICIPATION**.

Therefore individual goals for children with development problems are understood as

PARTICIPATION GOALS.

PARTICIPATION GOALS refer to a concrete CONTEXT and to all team members (there are no EXTRA special educational goals or goals of the speech therapist or the mainstream teacher...)

All professionals including the parents provide their EXPERTISE and methods to reach COMMON goals.

Usually 3-4 goals might be defined for a child (within one school year). Consider that more goals usually overwhelm memory capacities etc. of the parents and the professionals

Some ideas how to create participation goals

- 1) Participation goals are goals from the perspective of the child (= „d“-goals). Sometimes they can also represent e-goals (if they are connected with e.g. parents)
- 2) Participation goals contain an ACTIVE verb
- 3) Participation goals contain a CONTEXT
- 4) PARTICIPTION goals represent an moderate abstract level (in comparison e.g. to SMART goals)
- 5) Participation goals should be reached within the duration of the intervention
- 6) Participation goals are defined by the TEAM around the FAMILY

From support needs towards „participation goals“

Create (usually 3-4) participation goals which should be reached within the support periode.

Consider that participation goals are GOALS from the perspective/activity point of the pupil.

Participation goals should also contain the environment in which this goal is reached:

Avoid:

- comparative constructions
- avoid negative goals
- Avoid „can/should/will...“

Examples

In school Ajsa writes a short story (4-5 lines) about her leisure time activities in Turkish (d1)

In school Goran knows the names of his classmates (d7).

During afternoon activities Hans controls his behaviour within group games (d2).

5) From „participation goals“ to services

This step is about defining which service a child with additional educational support needs IS **ENTITLED** based on assessments.

This aspect depends – to a high extent – on the **availability** of service in the concrete contexts. This aspect might differ significantly between different countries.

However, always consider an **inclusive strategy** (how can the service be inclusive)?

Define the exact **quantity** of entitled *services (4h per week in school..)*
Take into account transdisciplinary synergies (if more than one service is provided) and transdisciplinary exchange. Also consider the contributions of parents as they are also PART of the TEAM.

6. The possible situation of parents

An assessment of additional educational needs is usually a **NEW** situation for parents

-> Parents might be highly distressed (anxiety, hope) as each TRANSITION (kindergarten -> school) and related assessments might re-activate an emotional crisis and challenge COPING mechanisms

Overview of coping stages of parents faced with developmental difficulties of their child (e.g. Schuchardt)

	Possible impact on the interaction with the commission
1) Alarm reaction	High activation
2) Denial	Conflic with the professionals (you are not right)
3) Bargaining	Looking for help, what can I do (danger of corruption)
4) Certainty and possible negative emotions (depression, anger...)	Parents in despair, giving up
5) Integration	Realistic picture of next steps and future

These coping stages could be activated **WHENEVER** parents are facing **TRANSITION** Periodes.

Most frequent situation of parents

Parents might show signs of distress (new situation, not knowing, what can be expected or what will be done)

Primary goal of the professional team members:

- Minimize distress
- Create as much as possible natural situations for the child and the family
- Leave decisions (if possible) to a high degree to the parents.

The importance of joint decision making

What is helpful towards joint (sustainable) decision making?

- Parents fully understand the scope of the assessment process (->Parents with sufficient cognitive and linguistic skills are helpful)
- Parents can „co-decide“ (-> they are ACTORS in this process)
- Parents have full information about necessary steps and the outcome
- Parents are informed about their LEGAL rights
- Future steps are based on CONTRACTS.

What the parents need to know in assessment situations

- 1) The setting (What will be done? How long does it take, With whom we will communicate, e.g. In terms of a key communication partner (leading key person within the process))
- 2) The goal/outcome of the assessment
 - a) To know what is going on with my child
 - b) To know which services my child/the family is eligible
 - c) To know what I can do as a parent
 - d) To know about a possible prognosis
- 3) The result of this assessment (expertise/legal document...)
- 4) Further administrative and/or legal steps (to appeal...)
- 5) Follow up issues or possibilities to address open issues

7. Take Home message

ICF per se does not provide concrete tools or suggestions how to implement ICF in school.

Ist about feasibility and usability. Schools or schools systems will decide what they need.

When implementing ICF in schools and/or school systems concrete procedures/templates... will have to be developed

Parents play a key role when implementing ICF: their narrative, questions, concerns and current psychological status has to be considered

Needs and service assessment has to be based on observable indicators

Parents do not want to become code-system. The individual narrative of their child in school has to be considered.