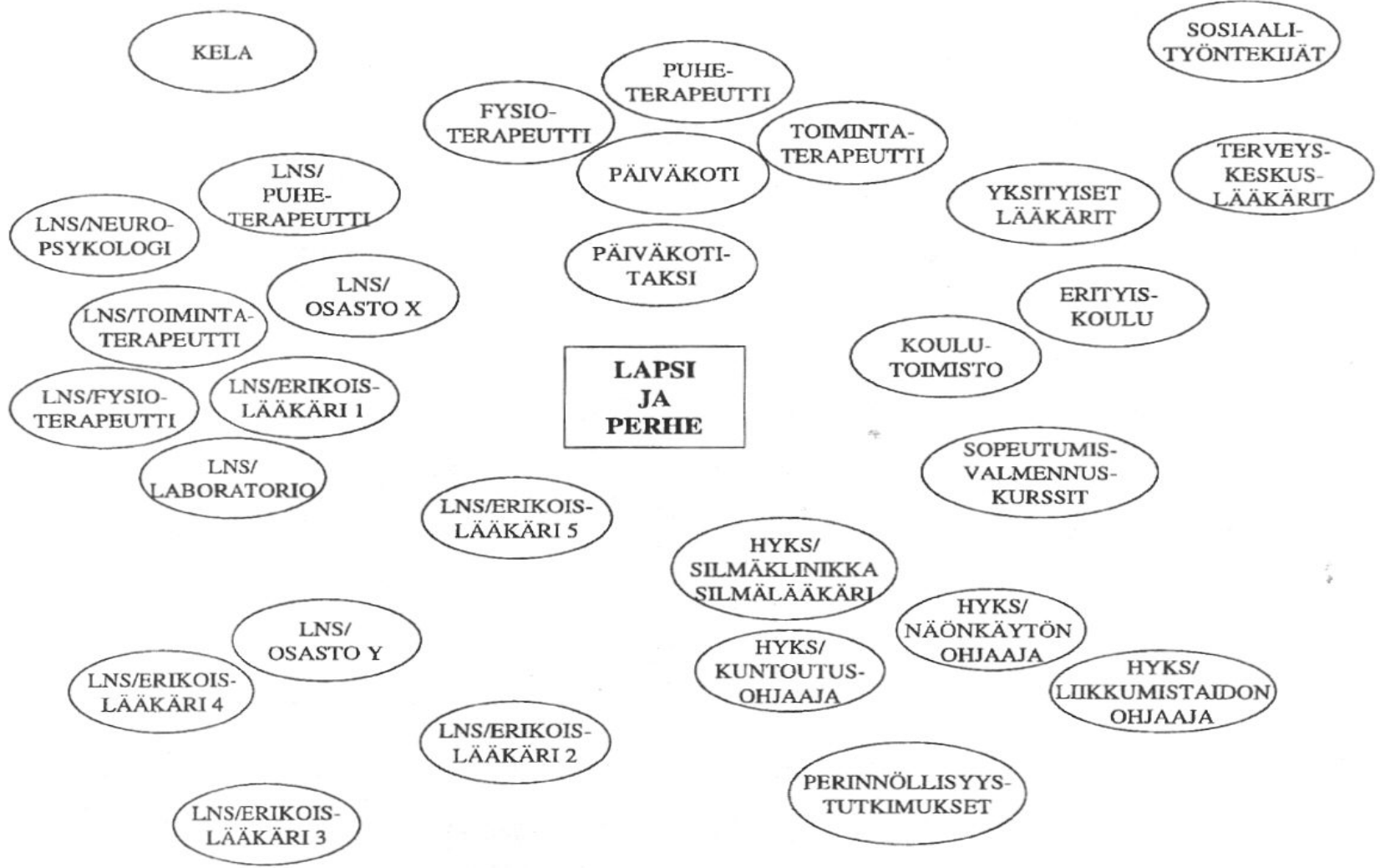


Good practice in rehabilitation of children - a problem of planning ?

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Kaaviossa on yhden lapsiperheen hoito- ja yhteistyöverkosto.

The scheme contains the network of help for one (1) family

"The development of services for this group with complex disorders has been poor for a number of reasons,

including

1) lack of recognition at the primary care level

2) insufficient numbers of trained professionals within specialist services."

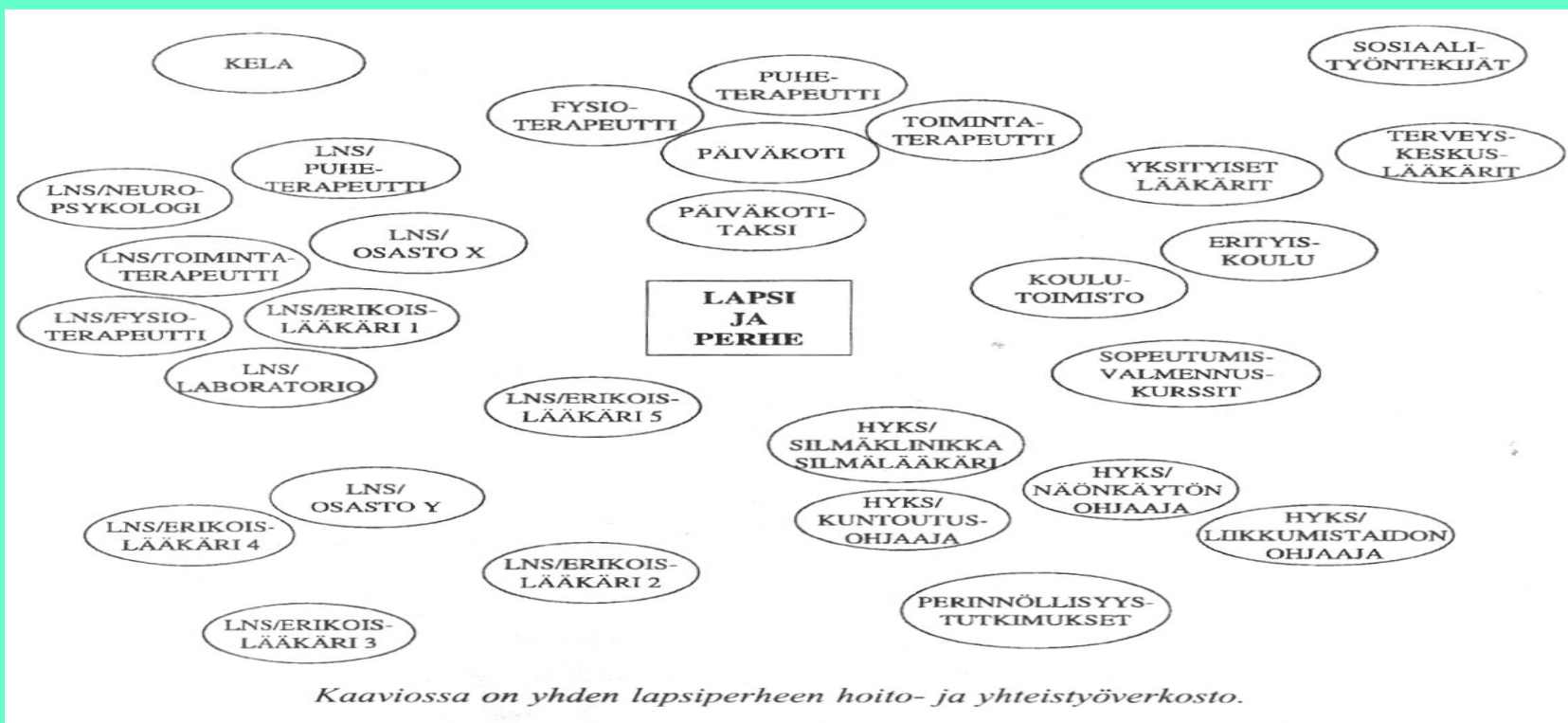
"Hospitals, creating silos that lead to little interaction and coordination between caregivers."

"Primary care doctors no longer operate in a vacuum. Patients say that they are better able to manage their chronic illness."

Weinstock M. Chronic care, an acute problem. Hospitals & Health Networks 2004; 78(9) ss 40-48

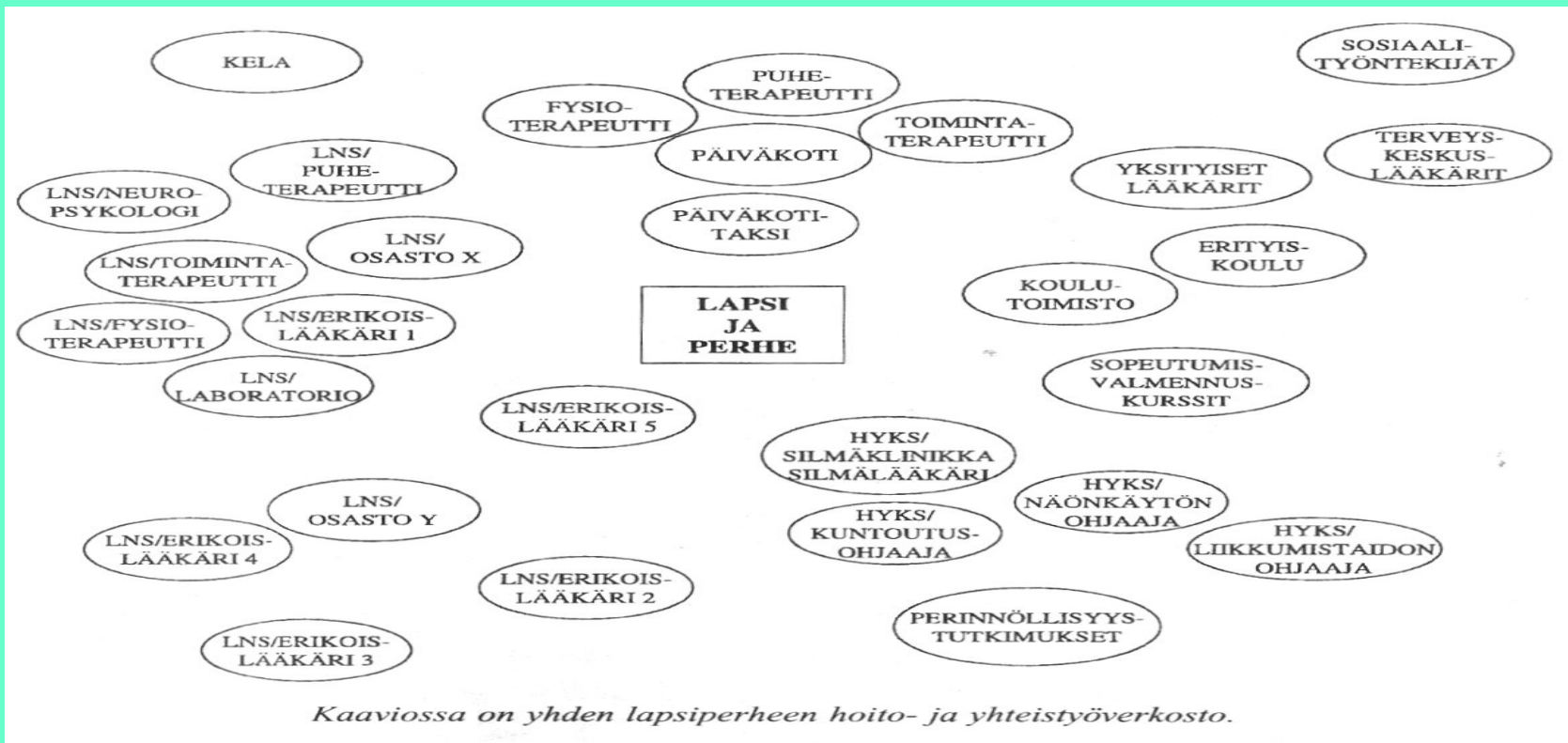
Might it be that good care and habilitation, special services and high level expertise has created **silos** ?

Silos = vertical high cylinders, here used to create a visual image of poor interaction/coordination



In any case, this is the "image" that the families meet.

"Family-centered attitude cannot mean that all coordination is left to the families."



Kaaviossa on yhden lapsiperheen hoito- ja yhteistyöverkosto.

OBJECTIVE:

Multidisciplinary and innovative specialist's approach, with the purpose to find a good practice for rehabilitation of children.

Note: "good", not "best"

OBJECTIVE:

Fluent service provision is emphasized.

Note 1: Without fluent provision also
the evidence-based method is not there

Note 2: The word "provision" may not be
the best one to describe something which
makes sure that the child and the family
gets the right thing in the right place at
the right time = logistics perhaps ?

OBJECTIVE:

Main questions are:

- 1) what is important, what is to be done first,
- 2) how to give proper place for the role of families and - most difficult -
- 3) how to get the professionals agree upon the goal.

SUBJECTS:

15 local groups of rehabilitation specialists and parents all over Finland and six national societies.

They represent health and social care, education, day care and families of children with special needs

METHODS:

Over the years 2002 -2005 group discussions (Delphi) were used, creating a "consensus" on

1) (ethical) values and

2) habilitation practices of past, present and future -> guidelines.

The results are integrated according to the ICF model and priority is given to everyday activities.

RESULTS:

1) "VALUES"

"A"

- 1) INFORMATION -> CONSULTATION
- 2) FAMILY AS AN INDEPENDENT UNIT
- 3) CHILD IS A CHILD - NOT OBJECT
- 4) CONNECTION TO EVERYDAY LIFE
- 5) GOAL, PURPOSE, WHOSE ?
- 6) BETTER NEAR THAN FAR
- 7) COOPERATION - HOW TO ?

RESULTS:

2) "ORGANIZATION"

"O"

- 1) Community resources & policies
- 2) Health system organisation
- 3) Self-management support
- 4) Delivery system
- 5) Decision support
- 6) Clinical information systems

Weinstock M. Chronic care, an acute problem. Hospitals & Health Networks 2004; 78(9) : 40-48

TO SUM UP "A" and "O"

1) CHILD IS A CHILD

WHO DECIDES: THE CHILD

HOW: BY PARENTS
BY COMMUNITY

TO SUM UP "A" and "O"

HOW: BY PARENTS
BY COMMUNITY

A) PARENTS, FAMILY

HOW: INFORMED CONSENT

TO SUM UP "A" and "O"

HOW: BY PARENTS
BY COMMUNITY

B) LOCAL COMMUNITY

HOW: PLANNING & CONSULTING

The SILOS are avoided if the local
community allows/ensures/creates

A HORIZONTAL COOPERATION

TO SUM UP "A" and "O"

B) LOCAL COMMUNITY:

HORIZONTAL COOPERATION

means:

- 1) Local framework on communal level
leading to
- 2) Individual habilitation for the child

TO SUM UP "A" and "O"

Local framework on communal level

Individual habilitation for the child

It seems to us that the latter does not exist without the first.

TO SUM UP "A" and "O"

To answer an earlier question:
"what is important, what is to be done first":

Local framework on communal level
should be planned on the basis of

- 1) local circumstances and resources
- 2) all children

TO SUM UP "A" and "O"

Local framework on communal level
can extend to the area of the whole
community.

To the family it must, however, appear
like e.g. the local school district.

Otherwise it is too far.

TO SUM UP "A" and "O"

Local framework on communal level
must give the local people
(both laymen and professionals)

- the guidelines how to live and work
- the resources to live and work

It must also include a schedule how to
consult (vertical cooperation)

TO SUM UP "A" and "O"

HORIZONTAL COOPERATION

is in a sense primary

VERTICAL COOPERATION

is in the same sense secondary,
it helps, but it does not rule.

Or perhaps, it can very well rule, but then
it must give the money as well.

TO SUM UP "A" and "O"

Individual habilitation for the child

has its foundations in
the local framework
and the **horizontal** cooperation

and gets the knowhow as needed
from **vertical** consultations

TO END WITH:

We have presented a crude model which is not ours.

It is an imitation of a model for aged people in the States (Weinstock 2004).

It emphasises local (horizontal) work, with consultative (vertical) support.

It might work.