

CONCEPTUAL MODEL FOR GOOD PRACTICES IN REHABILITATION OF CHILDREN

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PURPOSE OF THE PROJECT

We are looking for specialist's multidisciplinary and innovative approach in children's rehabilitation, with the purpose to find a good practice for rehabilitation. It was found that in Finland the agreement of the principles in rehabilitation between government, professionals and families is not optimal. The rehabilitation seems to be oriented according to the system, diagnosis and method rather than family, participation and function. Our project tries to reorient this.

LITERATURE:

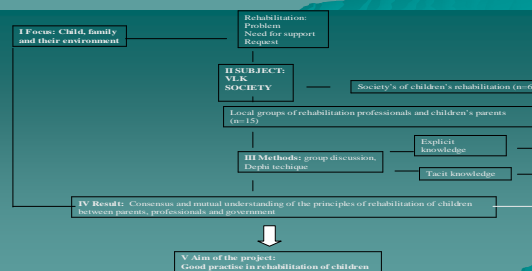
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SUBJECT AND METHODS

Our society Vajaaliikkeisten Kuntory (VLK) has 15 local groups of rehabilitation professionals all over the country, covering also day care, education and family representatives. Six of these groups, as well as six national organisations took part into the data collection. The project extends over the years 2002 - 2005. Delphi technique and group discussion are used, based on given topics and the ideas which arise from these discussions. The analyses were qualitative. (Picture 1)



Picture 1. Our unique organization, VLK society, and the structure of the project procedure.

RESULTS 1 and 2:

- The ethical values behind the rehabilitation form the major guideline for what we do and when and why. According to our results both families and professionals had the view that we must above all be honest and responsible and understand the multitude of life. These come before health and equality. (Picture 2)
- The past, present and future framework of rehabilitation worked out a model where the key factors are an overall competence in rehabilitation, cooperation and interaction in practical work, influence on surroundings as needed and integration or inclusion as a general principle. (Picture 3)

Values	Parents	Professional	Rehabilitation Environment	Past Hospital oriented	Nowadays Healthcare and patient oriented	Future, vision Child, family and their environment oriented
Honesty	4,8	4,6	Focus of work	Child and his disability / diagnosis	Child and functional capacity	Child's active participation, family, rehabilitative environment
Responsibility	4,5	4,6	Arrangement	Simple	Lot of service, professional and rehabilitation methods, responsibility disappears	Service coordination from one place, support near the child, community and peer support
Multifaceted life	4,8	4,0	Co-operation	Less, undefined, based on personality	Blurred, dispersed, based on bureaucracy	Transdisciplinary model, networks, no management boundaries, partnership
Health	3,9	3,5	Function models	Author, one way information	Method and perform oriented Parents are overruled in organizing, rehabilitation	Empowerment, according to families. Hospita, interaction, acting together
Meaningfulness of life	4,5	4,2				
Self-respect	4,3	4,4				
Broad perspective	4,2	4,4				
Safety of the family	3,6	4,9				
Interdependence	4,5	4,1				
Fairness	4,2	4,5				
Equality	4,0	4,6				
Creativeness	4,2	4,3				

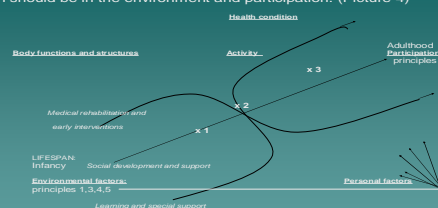
Picture 2. Ethical values of rehabilitation. Average in this picture according to Likert 1= not very important, 2= somewhat important, 3=quite important, 4=important, 5= very important.

Picture 3. Development of children's rehabilitation framework.

RESULTS 3 and 4

- Main thinking models and principles that should be guidelines in children's rehabilitation:
 - Rehabilitation is child and family centred
 - Rehabilitation supports child's activity and participation
 - Rehabilitation is integrated in child's near environment
 - Rehabilitation is acting together
 - Rehabilitation is even despite of living area or any other situation
 - Rehabilitation is based on lifespan
 - Lifespan thinking model in children's rehabilitation:
 - Control of whole informing in children's rehabilitation (according to portfolio thinking)
 - Community based rehabilitation and near networks in children's rehabilitation
 - Recourse centre thinking model
 - Guidance with knowledge and support to use the basic services
- Comparing these results to WHO's model of International Classification of Functioning, Disability and Health (ICF) we found quite similar issues and the emphasis of rehabilitation should be in the environment and participation. (Picture 4)

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Picture 4. Thinking models and principles of children's rehabilitation integrated in WHO's model of ICF. Straight arrow is lifespan and social factors, convex and concave arrows are describing the emphasizing of the support in rehabilitation. Key points in the picture: x1 = day care begins, x2 = school starts, x3 = looking for profession and job.

CONCLUSION:

By careful analysis of the processes in rehabilitation and related areas it seems to be possible to find solutions which are both possible and acceptable and form the basis for good clinical practice. These preliminary solutions or tentative principles will be tested formally in the practice in purpose to test their usefulness and to find out the good practice we are looking for.

FUTURE OF THE PROJECT:

- To make our results more concrete we are going to continue on following levels:
- Local groups of rehabilitation professionals and children's parents (n=6) are working with their own pilot studies according to development areas linking the theory into the practise.
 - Group discussions continues within all VLK local groups (n=15, which consist of about 150 professionals including parents). Discussions are based on real children's rehabilitation cases to deepen the information on the project.