

Care-continuüm

YOU ARE SO BEAUTIFUL
DIFFERENT THAN ME
OF COURSE NOT
LESS OR MORE
BUT
SO BEAUTIFUL,
DIFFERENT
I WOULD NEVER WANT
YOU TO BE ANYTHING
ELSE BUT DIFFERENT

H. ANDREUS

What is 'care' in education?



Continuum of Care

A continuum

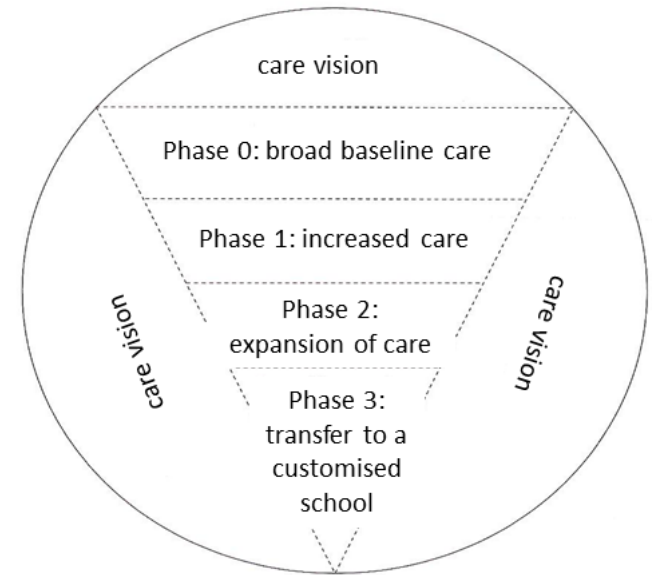
= a description of the structure of care on which you can build a policy of care for a school



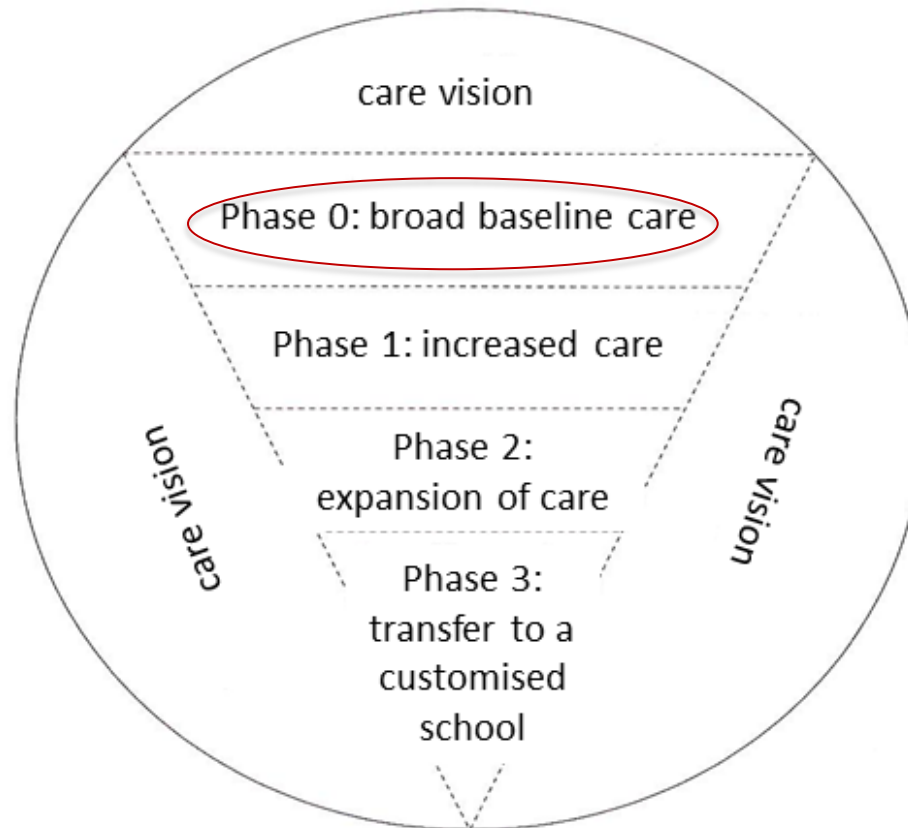
= description of phases of developmental and learning support children can receive at a school

Continuous and holistic approach

→ **From M-decree: every school has to develop a continuum of care**
= compulsory from september 2015
2,5 → 18 years old



Phase 0: broad baseline care

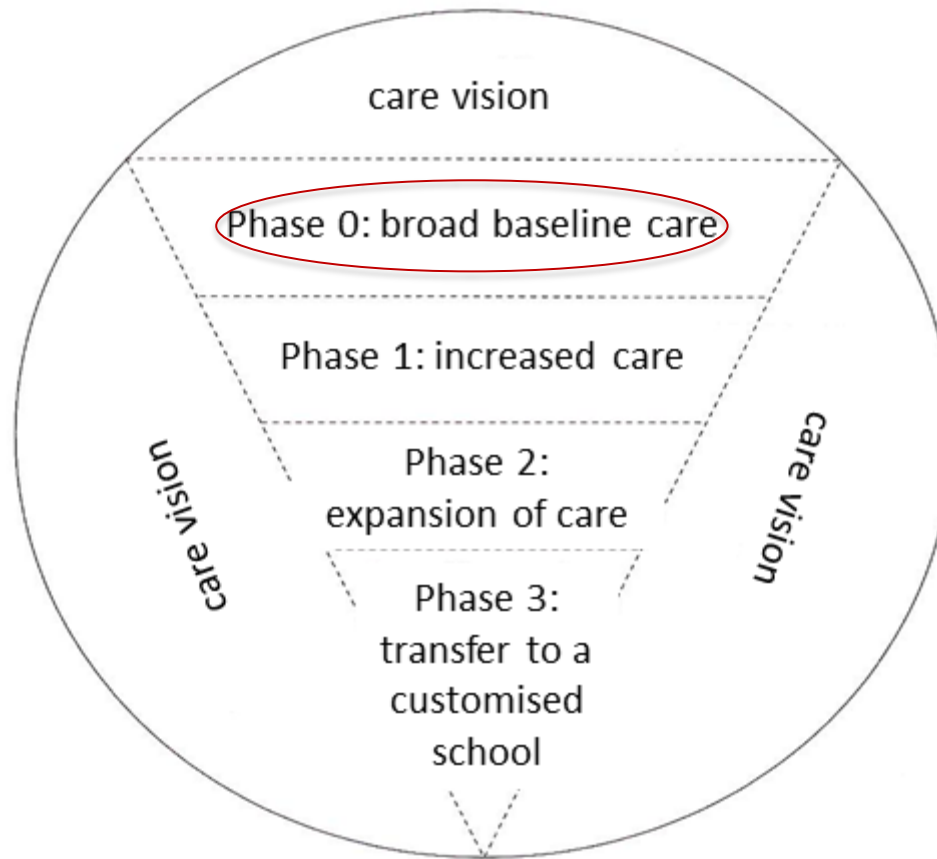


M-decree: M for matter: invest more into broad baseline care,
take appropriate measures and make reasonable adaptations







Phase 0: broad baseline care



How do we make sure that we appeal to and develop as many children as possible in our classroom?

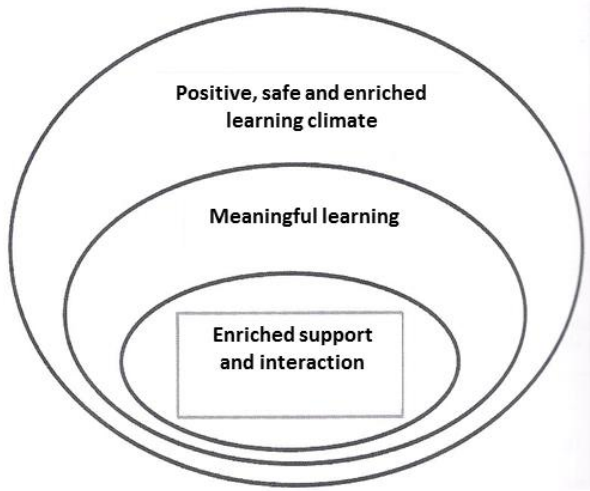
=> **UDL (universal design for learning)**

Phase 0: broad baseline care

- Broad baseline care 
need for an increased care or an expansion of care 
- Solid baseline didactics
→ zone of nearest development

Phase 0: broad baseline care

- A powerful learning environment



WORKS IN A PREVENTIVE WAY

You make the difference!

Teacher **empowerment** really matters!

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Phase 0: broad baseline care

- Fine tune for childrens' needs
 - *See the broad picture and follow-up* → emphasize **talent** – believe in growth
 - “spontaneous” signalling: *reverse thinking*:
‘~~what is wrong with this child?~~’ → *‘what does this child need?’*
Jimmy hardly ever plays →
Lizzy (3y) is tired by noon →
Youri does not grip his pen in the right way →
Sara doesn’t speak (yet) →

Phase 0: broad baseline care

- Fine tune for child's needs

- **The teacher as a first line of help**

Get to know the children → fine tune for (small) needs of children → *take notes in a notebook, diary...*

- **Differentiate**

Take educational measures to deal with the differences between children

- Try to bring as many children as far as possible in their development

Phase 0: broad baseline care

- **Child Follow-up System (CFS)→ Personal Student File (PSF)=** summary of school career of a child + a way to support care policy
- **Class screening:** how are all children doing?
 - Find out who is lagging behind
 - functions?
 - signal: indicate who needs extra care
 - diagnostics: delineate the problem
 - intervene: with targeted interventions to meet educational needs
- The teacher = key figure -> interacts with **PARENTS**

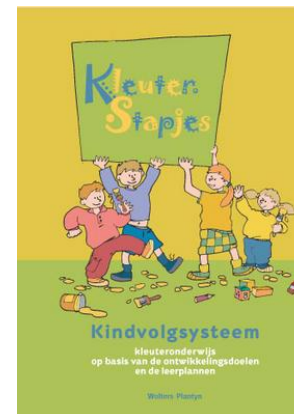
Phase 0: broad baseline care

Child Follow-up System



Phase 0: broad baseline care Child Follow-up System

- Growth book (VCLB)
- First Aid in Education for pre-schoolers
- My portrait
- Pre-schooler steps



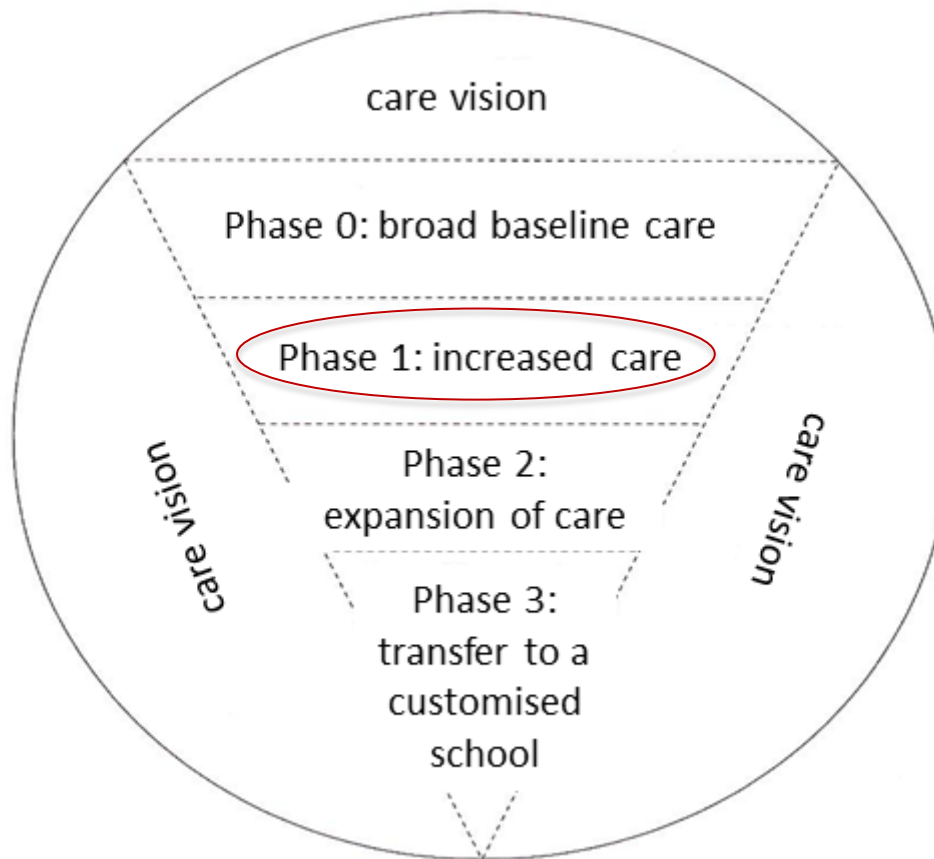
Phase 0: broad baseline care

- Case Mary
 - What makes Mary feel okay?
 - What can you do so Mary is not afraid to speak in public in front of a large group?
 - What are Mary's strengths? What does she struggle with?
 - How would you meet Mary's needs?
 - Are there possibilities here to differentiate for Mary?
- **What can broad baseline care mean for Mary?**
- **Write it down on the paper in phase zero.**

What's your opinion?

- I agree schools must invest in the broad baseline care.
Children with special educational needs will benefit too.
It will oblige teachers to think even better about how they prepare and organise their education.

Phase 1: increased care



What you did in phase 0, you will also use in phase 1

Phase 1: increased care

The child's development is not coming along easily,
despite creating
an empowered learning environment
and meeting the child's needs



During **care consultation** you talk about which steps you can take
together to stimulate the development process.

Phase 1: increased care

- Teacher meets needs and requirements of child but the approach is not working
 - child needs more than 'broad baseline care' ...
 - **care consultation** with the **care team** = care teacher and /or care coordinator: second opinion, exchange thoughts, describe own need for support ...
 - intensive follow-up → open an **individual follow-up file**

Phase 1: increased care: instruments

- individual Follow-up file
- observe the child in all aspects
 - What are the strenghts?
 - What are the threats?

PROCESGERICHT
KINDVOLGSYSTEEM
VOOR KLEUTERS

NAAM
VOORNAAM
GEBUURTEDATUM

FORMULIERENSET 2
Stap 2 & 3:
Individuele observatie
& analyse - interventies

KLAS/GROEP:
SCHOOLJAAR 200 - 200

DOSSIER GEOPEND OP

Centrum voor de kinderopvang

Phase 1: increased care: instruments

Book 'Pre-schoolers with extra care'

Diagnostic observation for 7 areas:

- Mathematical initiation
- Reading initiation
- Motor functions (and writing initiation)
- Language and speech development
- Mental development
- Social emotional development
- Game and work attitude



Remediation plan

Diagnostische observatie

TAAL- EN SPRAAKONTWIKKELING

Kleuter: Dondur

☒ = beheerst

Datum screening (= beginsituatie) 9 april 2010

☐ = onvoldoende of niet beheerst

Nr.	INZICHTEN VAARDIGHEDEN HOUDINGEN	3-jarigen	4-jarigen	5-jarigen	RE ME DI E R I N G	B E G I N S I T U A T I E	wenselijk niveau bereikt in:			SPECIFIEKE VASTSTELLINGEN
							1°	2°	3°	
							TRIM	TRIM	TRIM	
Voor alle leeftijdscategorieën										
1	Spreekt A.N. in de klas				4.1					
2	Is bereid tot praten, vertoont geen spreekangst				4.2					
3	Verwerft gemakkelijk begrippen (gebruiksniveau)				4.3					
4	Kent de hoofdkleuren + zwart, wit, groen, bruin				4.4					
5	Articulatie: klinkers en losse medeklinkers in woorden (geen r- of s-verbindingen)				4.7					
6	Passieve woordenschat op niveau (= begrijpen)				4.5					
7	Actieve woordenschat op niveau (= gebruiken)				4.5					
8	Spreekt met 1- à 3-woordszinnen (nog met fouten)				4.6					
9	Begrijpt een enkelvoudige opdracht en voert die uit				4.8					
10	Kan wie- en watvragen beantwoorden				4.9					
11	Begrijpt en gebruikt verwijswwoorden: ik, mij				4.6					
12	Eenvoudige meervouden en verkleinwoorden				4.6					
13	Kan bakerrijmpjes nazeggen				4.10					
14	Vertelt een verhaaltje na a.d.h.v. vragen en platen				4.11					
15	Kent en benoemt grijs, roze, oranje, licht..., donker...				4.4					maakt met basisbegrippen
16	Articulatie: alle medeklinkers (zonder r,s) + eenvoudige verbindingen: klas, loopt, drinken				4.7	X				
17	Passieve en actieve woordenschat evolueren normaal				4.5					
18	Spreekt met 3- à 5-woordszinnen (nog met fouten)				4.6	X				
19	Begrijpt een tweeledige opdracht				4.8	X				
20	Kan waar- en wanneervragen beantwoorden				4.9					
21	Begrijpt en gebruikt verwijswwoorden: hij, jij, wij, zij (enk. + mv.)				4.6	X				
22	Meervoud, verkleinwoorden, trappen van vergelijking (groter, langst...)				4.6					maakt met op elkaar lijdende begrippen
23	Kan aftelrijmpjes en eenvoudige versjes herhalen				4.10	X				
24	Kan iets vertellen bij een plaat				4.11	X				

● = nog niet aan gewerkt (einde schooljaar invullen in kolom '3° TRIM')

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vives

Phase 1: increased care

- M-decree: define adjustments made to the educational environment
 - Remediate, differentiate, dispense, compensate within a common curriculum in the classroom
 - Case Mary
 - After a conversation with Mary's parents you decide to open an individual file for Mary...what does it show?
 - Sum up the results: what are her strengths, positive assets, what are limiting factors?
About which items would you have a consultation with the care coordinator?
 - What does Mary need? Which educational needs does Mary have?
- What can first line care still offer you ? Which goal did you have in mind for Mary?**
- Write this in the paper in Phase 1**

Phase 1: increased care

- Look for the needs of the child... (not the problem)
 - Examples that can help: ‘Mary needs ...
 - instructions that ...
 - tasks (worksheets) that ...
 - material that ...
 - feedback that...
 - fellow students who ...
 - a teacher who...
 - parents who ...

Phase 1: increased care

- Look for the needs of the child... (not the problem)

- Examples that can help:

- instructions that ...
- tasks (worksheets) that ...
- material that ...
- feedback that...
- fellow students who ...
- a teacher who...
- parents who ...

‘Mary needs ...
are clearly defined
are concrete and clear
are easy to handle
motivates
help her remember things
is patient and offers structure
offer structure

Phase 1: increased care

- Teacher is supported and coached by the **care team** → clarify own needs for support : ***I need...***
 - *Knowledge of ...*
 - *Skills to...*
 - *Support during...*
 - *Material with which...*
 - *Colleagues who ...*
 - *A care coordinator who ...*
 - *'a pair of helping hands' in the presence of ...*
 - *Parents who ...*
 - *A care teacher, guidance counsellor who ...*
 - *A psychologist/ remedial educationalist who ...*

What's your opinion?

- Making adjustments (appropriate measures)

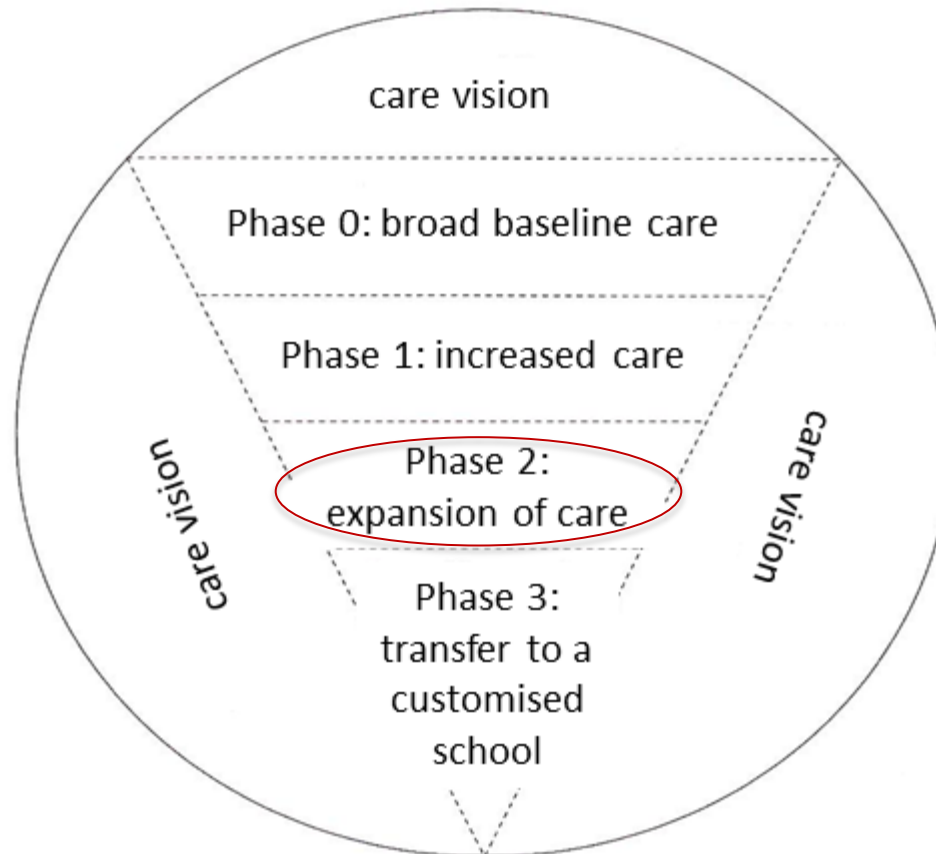
to be able to let children follow

the common curriculum

has his limits.

Phase 2: expansion of care

When the help provided by the teacher and care team are insufficient



What you did in phase 0 and 1, you take on board to use in phase 2

Phase 2: expansion of care

Next step?

- **Multidisciplinary consultation (MDO)**

Who is involved?

- Teacher = key figure of MDO
- Care coordinator = organises and leads MDO
- Principal of the school
- Care teacher
- External therapists (speech therapist, rehabilitation centre...)
- Centre for Student Guidance...
- Parents
 - different types of care are “shared” (not split up) (holistic approach)

Goal?

- design a **treatment plan**=
description of a well-defined approach with as purpose to
give the child more development and learning opportunities

Phase 2: expansion of care

- In this phase, teachers have to learn to deal with learning, behavioural and developmental disorders
- <http://www.youtube.com/watch?v=Wv49RFo1ckQ>
- The way you think is how you act MINDSHIFT you need 😊



Phase 2: expansion of care

- **Cooperation between different schools**
e.g use expertise of different schools
- **Cooperate with external agents**
e.g. External therapists who can provide therapy for those children (speech therapist, rehabilitation centre...)
- **Assistance from Special Needs Education**
e.g. **Integrated education guidance**: give the child an opportunity to stay in mainstream education with assistance from a special needs school
- **Inclusive Education**:
A child with **specific** educational needs stays in a mainstream school. Educational goals and approach are adapted and extra help is provided : **child** can participate **at is own rate and level** with the class group
 - Extra budget for Specific Educational Tools (SOL)

Phase 2: expansion of care

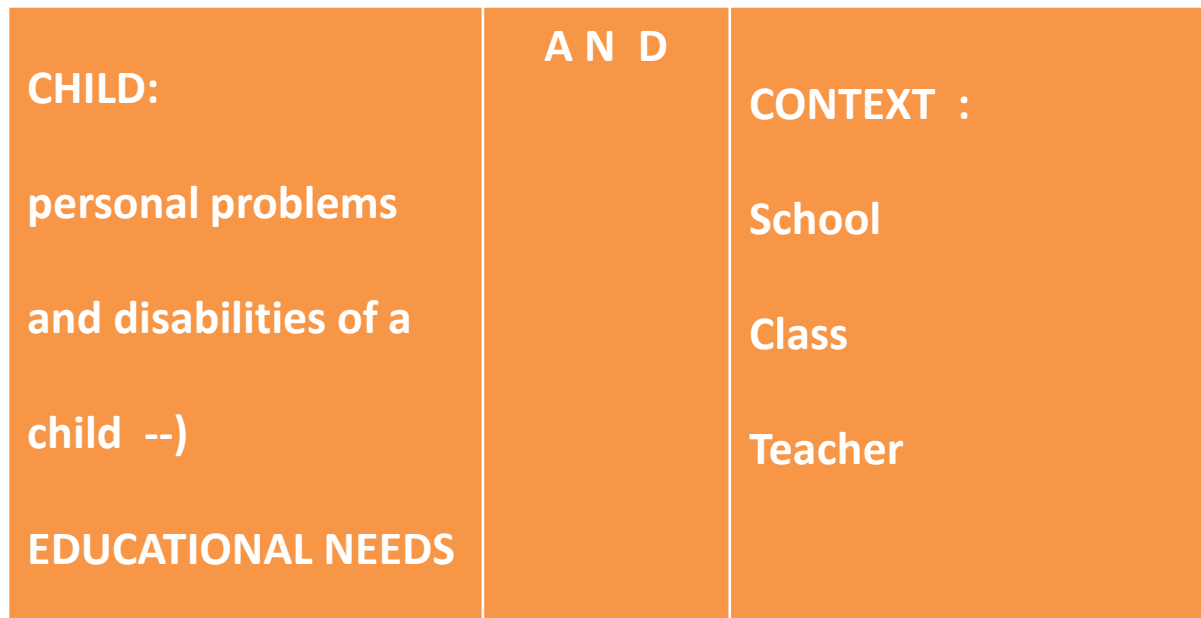
Case Mary

- What will be the subject of a multidisciplinary consultation (MDO) for Mary?
- Which external therapists become involved ?
- Designing a treatment plan : **Who** does **what** and by **when**?

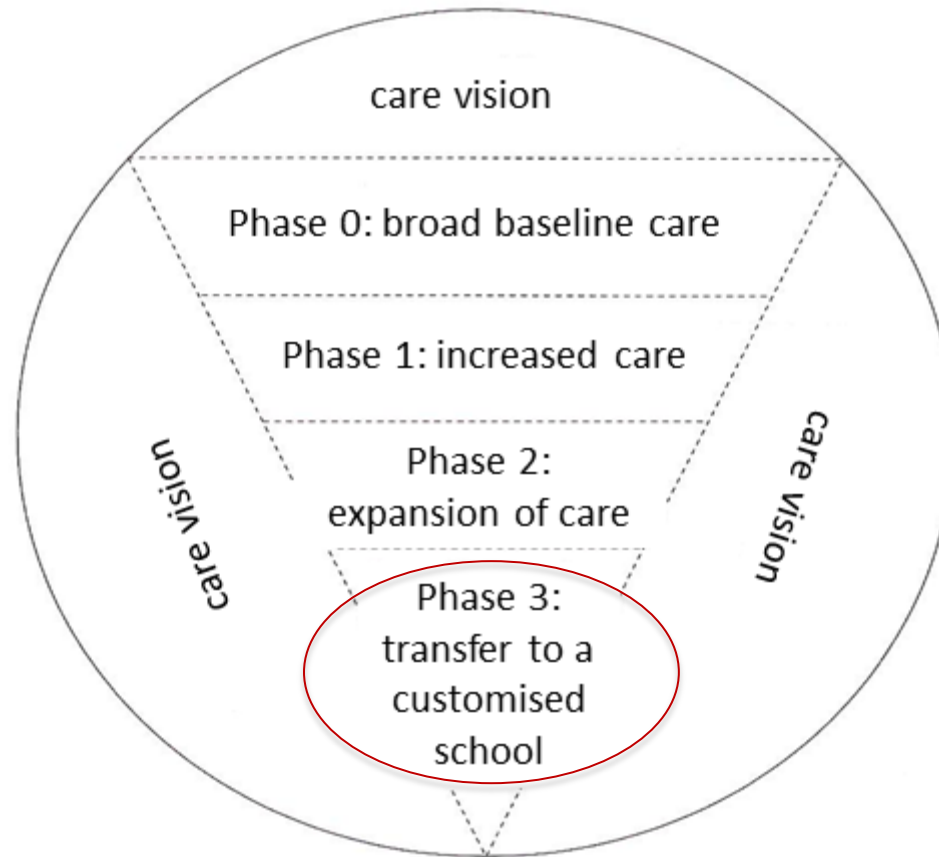
➤ **Write on phase 2 what can be done for Mary**

What's your opinion?

- The problem is that teachers look too much to the personal problems and disabilities of a child instead of the correspondence between school and class-context at one point and the educational needs on the other point



Phase 3: transfer to a customised school



Phase 3: transfer to a customised school

- Originated from a situation where the care team in cooperation with others (external therapists) could not find an appropriate solution for the child's needs
- Advice to transfer to another school
 - Mainstream or special needs education:
a school that is customised to meet the specific needs of the child

Phase 3: 3 possibilities

for children **with a report** that gives access tot special education:

1. Stay in the mainstream school (inclusion)
2. Transfer to another school (types)

for children **without a report** that gives access tot special education:

They stay in the mainstream school (school has to do their homework)

Phase 3: transfer to a special needs school

for children with a report

Type 1: ...a small intellectual disability

Type 2: ... an medium or severe intellectual disability ($IQ \leq 60$) + disability in social adaptive behaviour

Type 3: ... emotional and behavioural disorders who do not have an intellectual disability

Type 4: ... physical disabilities and mobility impairments

Type 5: ... are hospitalised in a **residential setting** or a care facility

Type 6: ... visual impairment

Type 7: ... hearing impairment, **or language or speech disorder (STOS)**

Type 8: ... learning disorders

(With the new M-decree: (type 1 and 8 are gradually disappearing)

Type 9: autism spectrum disorder who **do not have** an intellectual disability ($IQ + 60$)

Phase 3: transfer to a customised school

- Can Mary stay in a mainstream curriculum?
- Should a 'transfer to a customised school' be considered?
- What could a transfer involve in case her language disorder?

What's your opinion?

- I don't agree with the 3th fase:

transfer to a customised school...

Inclusive education means TOTAL inclusion,

despite the disability

Share your continuüm with another group

Act Focused Approach

*A 5 or a 7 says nothing
about the quality of
your life*

Starting points Act Focused Approach

1. Educational needs
2. Exchange
3. Teacher matters!
4. Exploit positive assets
5. Cooperate constructively
6. Goal-oriented work
7. System and transparency

Assignment

- Which statements belong to which starting point of Act Focused Approach?
- Explain... what is the essence of this starting point?

1. Education and support needs

We think, look, talk and act according to educational needs

- **Base line= accept the fact that children are different**
- What does this child, with these parents, in this classroom, with this teacher, in this school, for the time being, **need**?
- Translate data to educational needs (group/individual)

2. Exchange

It is about this child in this group, with this teacher, in this school, with these parents

- Emphasis should not be on the child alone
- Also evaluate: the child's environment, teacher-child interactions, child-fellow exchange and interactions

3. Teacher matters!

We evaluate support needs for the teacher

- Students have educational needs, teachers have **support** needs
- What do I (as a teacher) need to offer my desired approach to my group?
- ‘What do I want, can I do as a teacher?’
stay positive, do not complain
(e.g. this does not work, my class is too small...)

I, myself, can do...

Moreover, I need...

- ... knowledge about... *e.g. I know what DCD is but I need concrete advice to deal with it in a classroom.*
- ... skills to...
- ...support with...
- ...extra material for...
- ...a guidance counsellor who...
- ...a principal who...
- ...colleagues who...
- ...an extra pair of hands in the classroom...

4. Exploit positive assets

*We aim for opportunities, empowerment and positive mind-sets
(of children, parents, groups and teachers)*

- Which approach works?
- When does it work?
- Exploit positive assets; create success experiences; motivate children
- Take problems seriously and look for what is working well

5. Cooperate constructively

We presume a constant cooperation between teacher, child, parents and guidance counsellors

- Teacher = **educational professional**:
 - knows the child best as a pupil
 - has insight into educational learning situation and into possibilities for change
- Parents = **experience experts**
 - know their child best and for the longest, in various situations, within and outside the family environment

Cooperation through conversation and consultation with
teacher, child, parents and guidance counsellors

NOT by talking to or about teacher, children, parents or guidance
counsellors.

= transparent communication

6. Goal-oriented work

We are focused on what the child needs and can achieve

- Only investigate what is strictly necessary =>
if we know ... then we can decide ...
- Determine from the start : **‘what are my goals with this child,**
these teachers and these parents: what do we want to achieve?’

7. System and transparency

We strive for a systematic and transparent approach for everyone

- Diagnostics is a complicated decision-making process
- That is why we use step-by-step procedures with checklists and forms. Efficiency!
- Communicate this transparently to everyone