



## **Youth health care & the capacity profile**

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## Introduction speaker

- Physician Society and Health care
- Working at GGD Amsterdam (Public Health Service Amsterdam)
- Youth healthcare physician – Special Schools for Education



## Disclosure Stakeholders

### Relations

- |                      |      |
|----------------------|------|
| ■ Financial supports | none |
| ■ Advisory councils  | none |
| ■ Others             | none |



## Content

- Youth healthcare for children with impairments
- Case
- The capacity profile
- Case and CAP
- Added value of the CAP to youth healthcare



## Youth healthcare for children with impairments:

To execute the tasks of children with impairments remains the main focus:

- good conversation with child and parents,
- thorough research and
- thorough analysis

With the following important aspects

- Medical diagnosis (if there is one)
- Other child-related factors
- Care needs
- Environmental factors



## Children with impairments

- What all parents wants to know:

**What will be the future of our child?**

- Independent?
- School?
- Employment?
- Relationships?

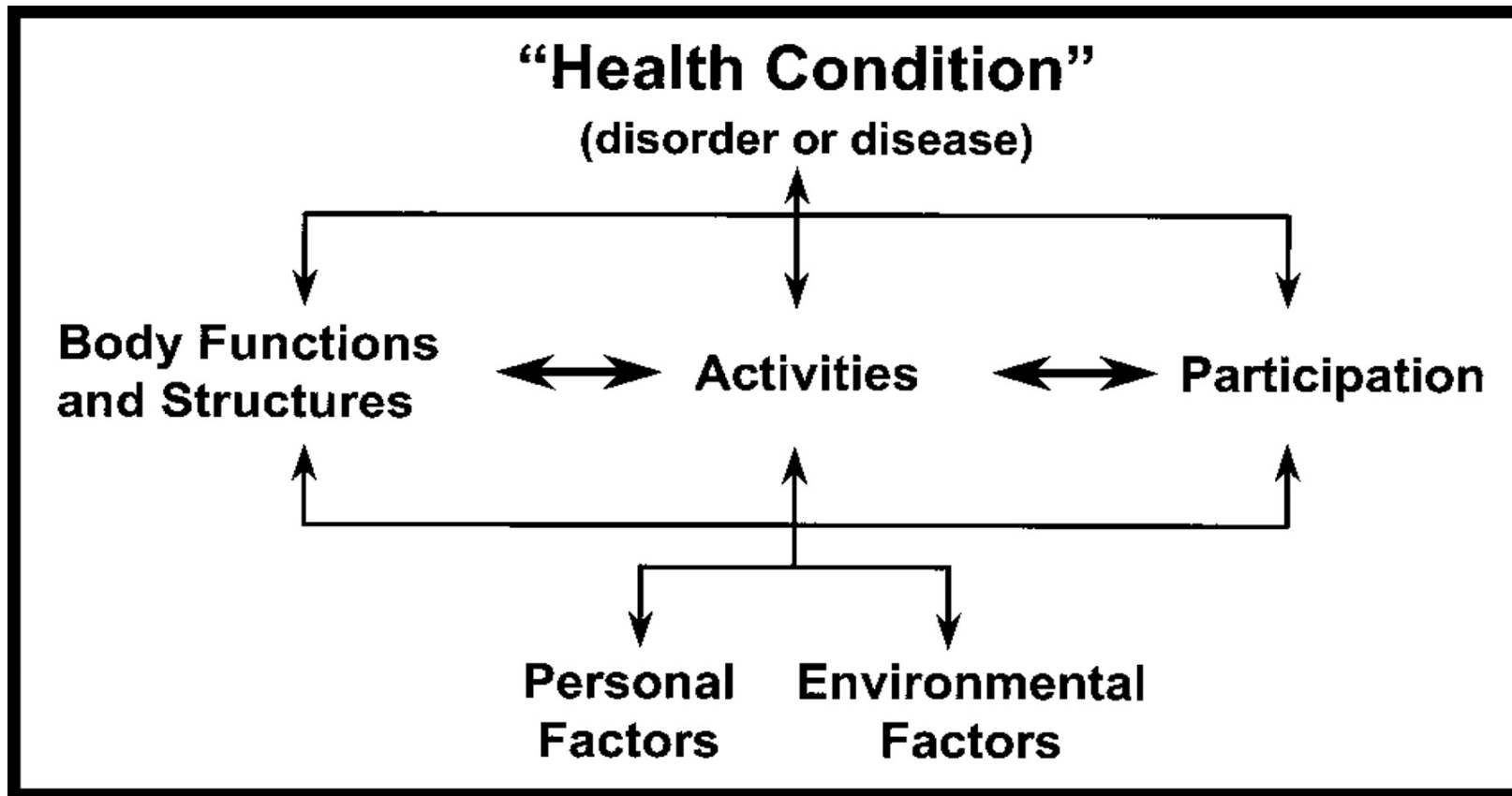


## The Capacity Profile (CAP)

- Based on the ICF-CY classification (effects of diseases)
- (1) Brings capacities of child into focus: Not only what he/she is already capable of, but also his/her **potencies** and what he/she could learn further.
- Inform parents about the functioning of their child and to what extent he/she can be independent in the **future**.
- Intended for children with stabile and non-progressive disorders.



## ICF-CY







## according to ICF-CY

- Chronic condition



- Permanent Impairments of body functions/ body structures



- Activity limitations/Participation restrictions



- Limitation of Capacities



- Additional care



## CAP

- (2) Visualize the **additional care**:

Extra care does not involve more usual care, but it means more special care.

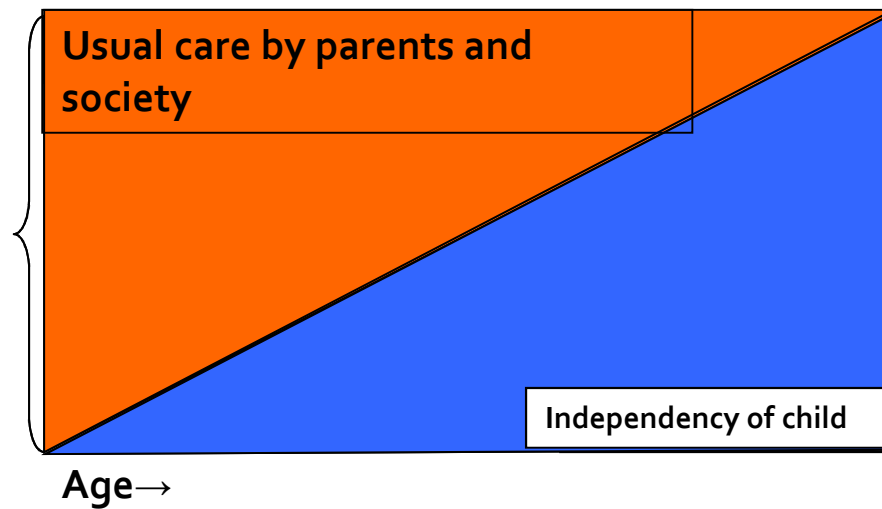
It gives insight in the type and amount of care a child needs now and in the future.

According to the ICF-CY classification:

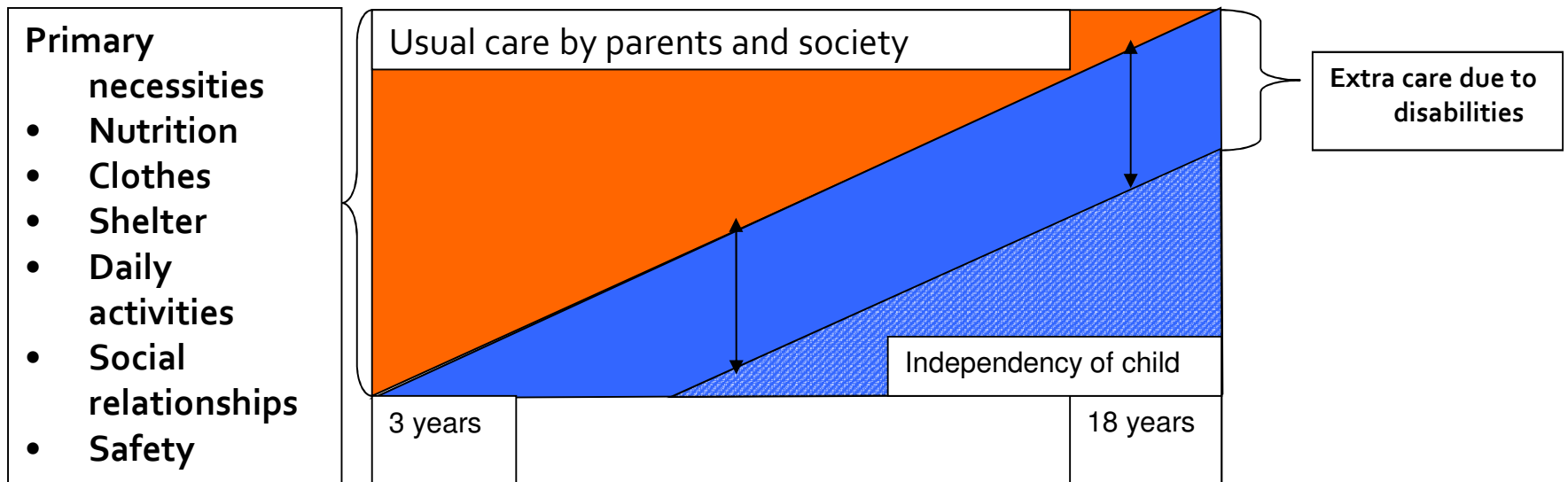
1. The disorder determines the function disability.
2. The function disability determines the limitation in activities.
3. The disorder determines the care needs in order to participate.

## Normal situation

- Primary necessities
- Nutrition
  - Clothes
  - Shelter
  - Daily activities
  - Social relationships
  - Safety



Capacity profile, theoretical model





## The consequence of permanent impairments: additional care

### ■ Domains of impairments:

- Physical health
- Movement related functions
- Sensory functions
- Mental functions
- Voice and speech functions

### ■ Additional care:

- Ongoing medical treatment
- Assistive products
- Adaptations and modifications
- Personal help

## CAP<sup>®</sup>: intensity of the extra care needed, per domain

Ph:  
physical health  
Mo:  
neuromusculoskeletal  
and movement related  
functions  
Se:  
sensory functions  
Me:  
mental functions  
V:  
voice and speech  
functions

- 0** Normal care (in line with age)
- 1** Extra care, no adjustments to environment or daily program
- 2** Adjustments to environment or daily program, but no personal help
- 3** Daily, personal help, but not during the whole day, it can be done by appointment
- 4** There should always be someone available
- 5** Help needed with every activity of the domain

Ph      Mo      S      Me      V



## Added value on individual level

- Insight in the capacities (potentials) of the child
- Gives insight in the extra care of the child
- It supports composing a guidance plan by looking exceptionally structured at different areas.
- It supports and facilitates the references.
- It supports the advice given to school to improve the development of the child
- It helps parents/children in choosing a suitable school.



## Added value on collective level

- It uniforms and standardizes the rating and reporting of the disabilities of children.
- Advising the municipality and other co-operation partners on requests
- Informing and supporting schools about the level of care and need for devices
- Supporting schools with their policy of placement
- Supporting schools in the adjustment of development- and outflow perspectives of children.





Questions?





**For further questions and information:**

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## CAP<sup>®</sup>:

Assessment of the intensity of additional care for each domain of body functions separately, irrespective of the need for care in the other domains for the individual child

- **Ph:**  
physical health
- **Mo:**  
neuromusculoskeletal and movement related functions
- **Se:**  
sensory functions
- **Me:**  
mental functions
- **V:**  
voice and speech functions

<b>0</b>	Usual care
<b>1</b>	Minor Additional care, but no modifications in the environment, adaptation of the daily programme, or personal help. For learning disabilities: intermittent support, the person ask for help himself
<b>2</b>	Environmental modifications or adaptations in the daily programme are required, but this level of additional care does not involve personal help. For learning disabilities: intermittent support with certain authorities
<b>3</b>	Personal help on a daily basis is required, at regular times. For learning disabilities: limited support
<b>4</b>	Personal help must always be available, but is not required for every activity. For learning disabilities: extensive support
<b>5</b>	Personal help is required for every activity in this domain. For learning disabilities: pervasive support
	<b>Ph      Mo      S      Me      V</b>