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 stable and non-progressive disorders.
according to ICF-CY

- Chronic condition
  - Permanent Impairments of body functions/ body structures
    - Activity limitations/Participation restrictions
      - Limitation of Capacities
        - Additional care
(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.
Usual care by parents and society

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

Independency of child

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

Usual care by parents and society

Extra care due to disabilities

Independency of child

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®: intensity of the extra care needed, per domain**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal care (in line with age)</td>
</tr>
<tr>
<td>1</td>
<td>Extra care, no adjustments to environment or daily program</td>
</tr>
<tr>
<td>2</td>
<td>Adjustments to environment or daily program, but no personal help</td>
</tr>
<tr>
<td>3</td>
<td>Daily, personal help, but not during the whole day, it can be done by appointment</td>
</tr>
<tr>
<td>4</td>
<td>There should always be someone available</td>
</tr>
<tr>
<td>5</td>
<td>Help needed with every activity of the domain</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Usual care</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>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</td>
</tr>
<tr>
<td>1</td>
<td>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</td>
</tr>
<tr>
<td>2</td>
<td>Personal help on a daily basis is required, at regular times. For learning disabilities: limited support</td>
</tr>
<tr>
<td>3</td>
<td>Personal help must always be available, but is not required for every activity. For learning disabilities: extensive support</td>
</tr>
<tr>
<td>4</td>
<td>Personal help is required for every activity in this domain. For learning disabilities: pervasive support</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<th>Mo</th>
<th>S</th>
<th>Me</th>
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