School reintegration of children treated for a brain tumor

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Background

• Children treated for a brain tumor (CBTS) may encounter negative changes upon their return to school, e.g. neurocognitive difficulties and psychosocial problems

• Key figures involved in the child’s reintegration into school include parents, teachers and healthcare providers

• Research about experiences of CBTS and key figures following the return to school is needed
Research aim and question

Aim:
To optimize school reintegration of CBTS by identifying points of attention in order to develop policy recommendations for education and healthcare

Question:
“How do CBTS and key figures experience the reintegration into school?”
Multiple case study

• Semi-structured interviews with CBTS, parents, teachers and healthcare providers

• Sample of 5 children to study cases illustrative of school trajectories of CBTS in Flanders

• Thematic analysis aimed at discovering themes (NVivo 8)
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
<th>Case 4</th>
<th>Case 5</th>
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Results: 4 themes

1. School performance
2. Psychosocial wellbeing
3. Support and approach
4. Communication and collaboration
1. School performance

Children: motivated to perform despite negative changes

Parents: concerns about achieving educational goals and developing learning difficulties

Teachers: learning challenges given special needs and expectations at school

Healthcare providers: protective factors for academic evolution such as the child’s drive, multidisciplinary follow-up and parental monitoring
2. Psychosocial wellbeing

Children:
- happy to return because of the desire for a normal (school) life and contact with peers
- reassured by kindness and encouragement of classmates and teachers

Parents:
- grateful and relieved because of re-attendance
- worried about emotional state and friendships

Teachers:
- concerns because of changes in wellbeing and behavior
- emotional and/or social challenges experienced by the child
3. Support and approach

Children:
  appreciation of small adaptations or formal assistance from teachers

Parents:
  questions about alertness and expertise at school to respond to problems
  concern and uncertainty concerning future support

Teachers:
  difficulties with assessing performance and wellbeing
  doubts about teaching methods and adjustments
4. Communication and collaboration

Parents - teachers/schools

Parents:
being addressed and informed regularly following the return
misunderstanding, incomprehension and lack of commitment

Teachers:
parental involvement by means of suggestions, information and help
receiving insufficient key information (too late)
disagreement due to contrasting viewpoints
4. Communication and collaboration

Teachers/schools - healthcare providers

Teachers:
- few experiences of exchanging information with or receiving advice from healthcare providers
- benefits of collective evaluation and knowing (more) about aftercare for own practice of teaching

Healthcare providers:
- schools differ in approachability and acceptance of information
- parents are key figures to be addressed, but additional coordination to monitor the school trajectory is needed
Conclusion

Despite confrontation with adverse changes, CBTS are happy to return because a normal (school) life and contact with peers are essential to them.

Parents, teachers and healthcare providers report current and future concerns, challenges and difficulties, but also opportunities for academic and personal development.

Their often inadequate communication and collaboration highlight the importance of more coordination, transparency and clarity about each other’s expectations and involvement.
Thank you!
Questions?

Fonds Jeanne en Alice Van de Voorde – Koning Boudewijnstichting