

Intersectoral working in schools between education staff and primary healthcare professionals.



Case study description

Title of the initiative / case study	<i>Co-constructing self-determination from primary school onwards, by implementing a polycentric approach in a project-based dynamic.</i>
Country / Territory	<i>France / Auvergne</i>
Summary of the intersectoral initiative	<p><i>Pupils in the ULIS system are children with a recognised disability. In addition to the school-based support provided by the ULIS, they often receive medical and social support from a Service Externalisé de Soins et de Santé A Domicile (SESSAD). SESSAD professionals work in schools and at home to support young people's schooling and psycho-social skills.</i></p> <p><i>But the partnership between these services and the school is not always self-evident, as they sometimes operate in parallel. The child then moves from one place to another without the issues and objectives of this dual support being clearly explained to him or her, and we see a "juxtaposition of the activities of different professionals" that does not go in the direction of a "networked" project (Mérini, Thomazet 2016).</i></p> <p><i>This case study is based on the situation of a 10-year-old child. The joint work between the care service and the school made it possible to move from a monocentric approach to a polycentric approach (Ebersold, 2020), in which the child is involved in the construction of his project, as a full partner. What tools and strategies have made it possible to build partnerships between facilities, to give children a place and enable them to play an active part in their own projects? What are the obstacles and levers to this co-construction?</i></p>
Focus of the initiative	<p>To build a partnership and develop common practices between the school and the care service that supports the young person, with a view to:</p> <ul style="list-style-type: none"> - make the project clearer and more coherent - encourage children to develop skills that support their self-determination
Goal and objectives	

<p>Overall goals and specific objectives.</p>	<ul style="list-style-type: none"> - create opportunities for inter-professional collaboration and overcome the divide between the school approach and the medical approach through collaborative work - developing common tools to help develop the child's project - involve the family in the partnership dynamic using accessible tools - to place the action in a curricular perspective favourable to the young person's progress - boosting the young person's motivation and sense of self-efficacy to enable them to become involved in their project and in learning at school
<p>School setting</p> <ul style="list-style-type: none"> - Age group of students covered (0-18) 	<p>9-11 years old</p>
<ul style="list-style-type: none"> - Number of students in the school 	<p>81</p>
<ul style="list-style-type: none"> - Public (<i>no fees</i>) or Private (<i>pay fees</i>)? 	<p>public</p>
<ul style="list-style-type: none"> - Location 	<p>Suburban</p>
<ul style="list-style-type: none"> - Socioeconomic environment 	<p>underprivileged</p>
<p>Description of the initiative</p> <ul style="list-style-type: none"> - What was the driver to start the initiative? <i>Was it the pandemic, or something else?</i> - From when to when did the initiative take place? <i>Does it continue now?</i> - Did it get funding? How was it funded? - What type of activities took place <i>e.g. health professionals seeing students or staff for consultations, health professionals training education staff, teachers training health professionals?</i> 	<p>Dual monitoring (ULIS, linked to the school, and SESSAD, linked to the medical-social sector) exists for many pupils in French schools. But the way they work is often compartmentalised, even watertight. It is in the interests of the child and all the partners to create partnerships and co-construction around the child's project.</p> <p>2021-2023 (continued in 2024)</p> <p>no specific funding</p> <p>creation of specific and adapted tools for young people and their families</p> <p>setting up times for exchanges between partners</p>
<p>Partners</p> <ul style="list-style-type: none"> - Who are the partners involved? - Who are the education professionals involved in the initiative? - Who are the health professionals 	<ul style="list-style-type: none"> - school / home care service - class teacher + ULIS coordinator - coordinator of the project within the care service

<p>involved in the initiative?</p> <ul style="list-style-type: none"> - Where are the health professionals located? (e.g. <i>In the school, in the community?</i>) - At what stage/s did intersectoral work happen (eg <i>conceptualization, co-design, implementation or evaluation</i>)? 	<ul style="list-style-type: none"> - occupational therapist - psychoeducator - speech therapist - psychologist - work in schools, at home or in the care service - private practice for speech therapists - co-construction and implementation
<p>Results of the initiative</p> <ul style="list-style-type: none"> - What were the deliverables? - Can you give some examples of actions resulting from the initiative? - What do you think was the impact of the initiative, if any? 	<ul style="list-style-type: none"> - better understanding of the project by the young person and his/her family, leading to greater commitment to the project - development of the young person's motivation and sense of competence - coherence between the actions proposed in and out of school, in support of the project - negotiation of common objectives, identified by all partners (school, care service, child, family) - creation of a grid listing the needs and solutions to be provided in school - joint use of tools by medical and education professionals - the aspects of instrumental semiotics used led to discussions of a referential nature, and to changes in existing partnership practices (on the instrumental and affective levels) (Mérini 2003, 2014).
<p>Evaluation of the initiative</p> <ul style="list-style-type: none"> - Was the initiative evaluated? If Yes - <i>How, and by whom?</i> - Name two things that went well. - Name two things that could be improved. - What were the main <u>barriers</u> to intersectoral working? 	<ul style="list-style-type: none"> - action in progress: evaluation in progress (research-intervention) - analysis of needs and solutions to be implemented with the child - joint dialogue with the family and the care service - the timeframe: plan upstream to meet at regular intervals

<ul style="list-style-type: none"> - What were the main <u>facilitators</u> for intersectoral working? - What advice would you give to others who would like to do a similar initiative? 	<ul style="list-style-type: none"> - sharing of tools and methods between the class and the care service - no explicit definition of joint objectives - lack of understanding of each other's work and professional activity - lack of communication about each other's work - the concept of the young person's project - the presence of a co-ordinator in the care service (exceptional in the French context), capable of federating medical-social professionals - the presence of a specialised teacher in the care service has removed certain obstacles linked to mutual incomprehension - develop relevant and appropriate tools to give meaning to the project and provide leverage for the joint involvement of all partners (family, child, care service) - take the time to analyse the context in order to develop appropriate strategies for implementing the partnership in the specific context mentioned.
<p>Additional information if available:</p> <ul style="list-style-type: none"> - Links to relevant websites - Link to / title of relevant articles - Other relevant resources 	<p>Mérini, Thomazet (2016) Faciliter la coopération entre les différents acteurs de l'école inclusive. https://www.researchgate.net/publication/310329560_Faciliter_la_cooperation_entre_les_differents_acteurs_de_l%27ecole_inclusive</p> <p>Lachapelle et al (2022) Autodétermination: historique, définition et modèles conceptuels</p> <p>Beauvais (2004) Vers une éthique de l'accompagnement http://www.inrp.fr/biennale/7biennale/Contrib/longue/7088.pdf</p> <p>Mérini, Ponté (2008): La recherche intervention comme mode d'interrogation des pratiques https://www.cairn.info/revue-savoirs-2008-1-page-77.htm</p> <p>Mérini, Ponté (2009): Le travail conjoint à l'école: exploration des modalités d'action</p>

Thomazet, Mérini (2014) Le travail collectif, outil d'une école inclusive?
<https://journals.openedition.org/questionsvives/1509>

Ebersold (2020) Pratiques inclusives, approche polycentrée et accessibilité
<https://hal.science/hal-03894987v1/file/document-2.pdf>

- Cudré-Mauroux, A., Piérart, G., & Vaucher, C. (2021). *Co-construire l'autodétermination au quotidien: Vers un partenariat entre professionnel.le.s et personnes avec une déficience intellectuelle*. Éditions ies.

- Égron, B. (2017). *Scolariser les élèves handicapés mentaux ou psychiques*. SCÉRÉN-CRDP Nord-Pas-de-Calais CRDP de Bretagne INS HEA.