3. Results

Theme 1. School Reentry Process

Inpatient Phase
• CSHCN received varying levels of educational support from the schools and hospital teachers. Some had little support due to reasons including a lack of school-hospital communication, district policy, or health factors.
• Social engagement in hospital-based social activities and with friends can support CSHCN’s well-being, adjustment to health challenges, and school reentry.

Transition Planning
• Establishing IEP/504 plans was a lengthy and challenging process requiring great parental involvement and communication with the hospital and school.
• Rehabilitation services to restore school and social functioning prepared CSHCN for school reentry.
• School visits and meetings with both hospital and school personnel before return to school were beneficial.

Reentry Phase
• Adjustments in school reentry plans were often required due to unexpected barriers or changes in the child’s condition.
• Parental involvement and communication with school personnel were often needed to ensure optimal educational support.
• Continued healthcare services were helpful to ensure smooth school reentry and adequate educational support.

Theme 2. School Reentry Outcomes

Academic Outcomes
• Although they tried to help, in both cases, the teachers were, like, we don’t have the ability to tutor you on basically everything that you missed. You’re gonna have to figure it out, hire yourself a tutor, or something to be able to get yourself up for speed for that month that she missed. -Parent(010)
• For the most part, just like a pass. But because of those free passes, I never really got to learn anything. In fifth grade, we were focused on fractions and decimals, and I never really learned that, and I still don’t. -Child(019)

Social Participation
• It was difficult because other kids didn’t really know what I went through. Some of my friends just didn’t talk to me and didn’t know what to say to me. -Child(048)
• This day, there’s still a rumor going around my school that I was in rehab for drug abuse. It’s just some people will just never understand. -Child(048)
• I’ve had to get feeling tubes and use different mobility aids. And going back to school in high school, I received a lot of teasing and pointing…-It was very difficult for me, primarily socially. -Child(024)

Theme 3. Supports and Barriers

Facilitators
• Key person or disability champion at school to support communications between the patient/family and teachers and ensure IEP/504 implementation.
• Community resources for disabilities.

Barriers
• Lack of communication and coordination between healthcare and education services was commonly reported, resulting in barriers to establishing accommodation and support.
• Negative attitudes toward disability awareness and knowledge of disability and health challenges.
• Lack of school resources and personnel training to implement disability services.

Theme 4. Recommendations for Services and Families

Services
• Support families to navigate the process of establishing and updating IEP/504 plans.
• Parent peer support group to share information and experience of navigating educational services.
• Continued healthcare services to support CSHCN with ongoing changes in functional and school reentry.
• Improve communication between school and healthcare services.

Families and CSHCN
• Ensure that all teachers and staff are familiar with the IEP/504 plans. When the plans were not followed, be ready to advocate for support.
• Talk to fellow parents and patients and explore resources from local communities for children with disabilities.

4. Conclusions

• Participants experienced various challenges navigating the process and attaining services, such as difficulties in establishing and implementing educational accommodations and misunderstanding of medical conditions among school professionals.
• Children in schools with better disability awareness, specialized supportive programs, and disability champions experienced better school re-entry and social integration.

2. Methods

QUALITATIVE DESIGN
• We conducted 11 semi-structured focus groups with CSHCN, parents, and pediatric rehabilitation specialists.

PARTICIPANTS (N = 52)
• CSHCN (n=25, 15-23 y/o)
  Experienced an acute inpatient pediatric rehabilitation stay between 2009 and 2019.
  Causes of stay included acquired brain injury, chronic pain, neurological conditions, orthopedic procedures, and congenital disorders.
• Parents of CSHCN (n=19)
• Rehabilitation specialists (n=8) who assisted families with their return to communities.

ANALYSIS
• We conducted a thematic analysis over transcribed interviews, guided by the International Classification of Functioning, Disability and Health (ICF).

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