A SYSTEMATIC APPROACH TO ENHANCING THE PERSONAL WELL-BEING OF CHILDREN AND ADOLESCENTS

R. L Schalock, J. van Loon, and R. Mostert

Abstract: This article describes a systematic approach to enhancing the personal well-being of children and adolescents with intellectual or closely related developmental disabilities. The article incorporates international trends in disability-related policies and practices and proposes a quality of life framework for implementing the approach, which consists of input, throughput, output, and outcome components. Guidelines for implementing the approach are presented, along with an example of its use.

Keywords: children, adolescents, quality of life, personal well-being, systematic approach

Robert L. Schalock PhD (the corresponding author) is Professor Emeritus at Hastings College, PO Box 285, Chewelah, Washington 99109, USA. Email: rschalock@ultraplix.com

Jos van Loon PhD is an Adjunct Research Professor in the Department of Special Needs Education, University of Ghent, Henri Dunantlaan 2, B-9000 Ghent, Belgium. Email: vanLoon.jos@gmail.com

Remco Mostert BA is a Master Trainer at the Arduin Foundation in The Netherlands and is an Instructor in the Faculty of Education, Health and Social Work, University College, University of Ghent, Geraard de Duivelstraat 5, 9000 Ghent, Belgium. Email: remcomosteret@gmail.com

Children and adolescents with an intellectual or closely related developmental disability (IDD) and their families face a number of challenges related to acceptance, placement, educational opportunities, and experiencing a life of quality. Despite significant changes over the last few decades in policies and practices regarding these individuals, many still experience segregated environments and fewer opportunities for personal development, participation in regular environments, and involvement with peers who are non-disabled. The purpose of this article is to address these ongoing challenges by integrating recent international changes regarding disability policies and practices into a systematic approach that policy makers and educators can use to enhance the well-being of children and adolescents with IDD.

This article is divided into four sections. In the first, we identify five recent international changes that are currently influencing disability policies and practices. We incorporate these changes into our systematic approach to enhancing the personal well-being of children and adolescents. In the second section, we provide an overview of the quality of life (QOL) concept and the rationale for using this concept as an underlying principle and framework for the systematic approach. In the third section, we describe the four components of the approach and include implementation guidelines for each component. In the final section, we present an example of the approach.

Throughout the article we focus primarily on the educational system and the education reform movement, while realizing that children and adolescents with IDD live and interact in multiple environments that involve home living, community living, leisure, and recreation. Although we do not address these other environments in detail, we believe that the systematic approach we describe here is applicable to these other environments.

International Changes Influencing Current Disability Policy and Practices

Recent changes in several areas affect current disability-related policies and practices. These changes, international in scope, influence how services and supports are provided to children and adolescents with IDD. The areas in which relevant changes are seen include professional attitudes to disability, increased knowledge about disability, disability policy, the supports paradigm, and the education reform movement. In Table 1, we summarize the potential influences of trends in each area on enhancing the personal well-being of children and adolescents with IDD. A listing of relevant references is also provided.

Table 1 *International Trends Influencing Services and Supports to Children and Adolescents*

Area of Change	Potential Influences	Relevant References
Professional attitudes to disability	• Person-referenced policies and practices (e.g., self-determination and empowerment) • System-referenced policies and practices (e.g., universal human and legal rights; equal and inclusive education)	Claes, Vandenbussche, & Lombardi (2016); Shogren & Turnbull (2014); Turnbull & Stowe (2014); United Nations (2006); Verdugo, Navas, Gomez, & Schalock (2012)
Increased knowledge about disability	• Multifactorial approach to etiology • The socioecological model of disability • Demonstration that with opportunity development and appropriate supports over time, the life functioning of persons with disability will generally improve	Nussbaum (2011); Schalock & Keith (2016); Thompson, Schalock, Agosta, Teninty, & Fortune (2014); Wehmeyer (2013)
Integrated approach to disability policy	• Special education goals encompass equal opportunity, full participation, independent living, and economic self-sufficiency • Post-graduation measurable outcomes relate to education status, employment status, and independent living status	Shogren, Luckasson, & Schalock (2015; 2017); Test et al. (2009); Turnbull & Stowe (2014)
Supports paradigm	• Any person-environment mismatch that results in needed supports can be addressed through the judicious use of individualized supports rather than focusing on "fixing the person" • The focus of supports should be on bridging the gap between "what is" and "what can be" • Children and adolescents should be approached on the basis of the type and intensity of their support needs	Luckasson & Schalock (2015); Mpofu (2016); Shogren, Wehmeyer, Schalock, & Thompson (2017); Stancliffe, Arnold, & Riches (2016); Thompson et al. (2014)
Education reform movement	• The centrality of communities of equality, respect, and social support • Creation of inclusive educational environments whose structure is to provide opportunities and support people; whose function is to enhance participation, involvement, and development; and whose culture is reflected in respect for the student, student centeredness, and a commitment to enhance the student's personal well-being • Strength-based models of disability • Capacity and potential of students • Contextualized strategies that address the requirements of specific contexts and situations • Relevance of the QOL concept as an integrating framework in both special education and inclusive education	Bogdan & Taylor (1989); Bryant, Smith, & Bryant (2007); Danforth & Naraian (2015); Noddings (1995); Nussbaum (2011); Pazey, Schalock, Schaller, & Burkett (2016); Shogren et al. (2015; 2017); Vaughan, Bos, & Schumm (2010); Wehmeyer (2013); Yell (2012)

An Overview of the Quality of Life Concept and its Relevance

The conceptualization and measurement of the QOL of children and adolescents with IDD has historically been approached from three perspectives: health-related, social indicators, and subjective well-being (Wallender & Koot, 2015). Over the last three decades, the present article's authors have been involved in the conceptualization, measurement, and application of the QOL concept across age and diagnostic groups. In this work we have used a definition of individual QOL that encompasses these three historical approaches:

> Quality of life is a multidimensional phenomenon composed of core domains that constitute personal well-being. These domains are influenced by personal characteristics and environmental factors. One's quality of life is the product of these factors and can be impacted positively through quality enhancement strategies that encompass developing personal talents, maximizing personal involvement, providing individualized supports, and facilitating personal growth opportunities (Schalock, Verdugo, Gomez, & Reinders, 2016, p. 2).

The QOL conceptual model used in this article includes eight core domains: personal development, self-determination, interpersonal relations, social inclusion, rights, emotional well-being, physical well-being, and material well-being. Each domain has associated culturally sensitive indicators — the behaviors and conditions that give an indication of the person's well-being, and provide the items for assessing domain-referenced outcomes (Gomez & Verdugo, 2016; Schalock et al., 2016).

The rationale for using a QOL framework as an underlying principle and framework in implementing the systematic approach described in this article is that a QOL framework: (a) integrates the five trends summarized in Table 1 through its emphasis on fundamental principles related to equity, inclusion, empowerment, and self-determination; (b) incorporates a holistic, positive approach to individuals based on positive psychology and strengths-based models of growth and development; (c) provides a framework for person-centered planning; (d) allows one to evaluate the impact of various individual and environmental variables on personal outcomes: (e) reflects the individualized nature of personal well-being; (f) aligns thought and action through a "quality of life language of thought and action" whose basic concepts include human and legal rights, equity, inclusion, empowerment, and self-determination; whose relationships involve interactions, social networks, community participation, valued roles, and positive experiences; and whose spatial concepts reflect inclusion, active participation, and being in and of the community; and (g) has an extensive literature base regarding its conceptualization, measurement, and application (Bigby & Beadle-Brown, 2014; Bigby, Knox, Beadle-Brown, & Bould, 2014; Brown, Hatton, & Emerson, 2015; Claes, Van Hove, van Loon, Vandevelde, & Schalock, 2009; Pazey et al., 2016; Reinders & Schalock, 2014; Schalock & Keith, 2016; Wehmeyer, 2013). Because of its strengths and applicability, the QOL concept is increasingly being used as a universal indicator of

success whenever we intend to advance the well-being of children and adolescents through interventions, programs, and policy (Schippers, Zuna, & Brown, 2015; Wallender & Koot, 2015).

Components of a Systematic Approach To Enhancing Personal Well-Being

This section describes the four components of the proposed systematic approach, and includes implementation guidelines for each component. As the reader will find, the *input component* focuses on what we refer to as outcome drivers, the *throughput component* on practices, the *output component* on characteristics of inclusive education environments, and the *outcome component* on the assessment of QOL domain indicators.

Input

Traditionally, inputs regarding education and rehabilitation programs have been viewed as resources related to fiscal and social capital, time, expertise, and technology. While these types of resources are critical, three other factors act as inputs that drive valued outcomes: foundational principles, the alignment of policy and measurable outcomes, and the pattern and intensity of the individual's assessed support needs.

Foundational principles. Articles contained in the *United Nations Convention on the Rights of Persons with Disability* (UNCRPD; United Nations, 2006) provide a basis for those principles that drive valued outcomes for children and adolescents with IDD. These involve human rights and fundamental freedoms (Article 7), inclusive and equal education (Article 24), participation (Article 30), and freedom of expression (Article 21). These four Articles are consistent with the core QOL principles of inclusion, equity, empowerment, and self-determination.

Alignment of policy goals and desired outcomes. This alignment can serve as a framework that enables policy makers, education providers, and support teams to begin with the end in mind and ask, "What needs to be in place for the desired outcomes to occur?" One constructive way to operationalize this alignment is to match QOL indicators (i.e., desired outcomes) with core QOL domains. This alignment is shown in Table 2. The exemplary indicators listed are from the *KidsLife Scale* (Gomez et al., 2016) and the *Personal Outcomes Scale for Children and Adolescents* (Claes, van Loon, Schalock, & Mosteret, 2015).

Table 2 *Alignment of Quality of Life Domains and Domain Indicators*

Quality of Life Domain	Exemplary Quality of Life Indicators
Personal development	Demonstrates self-help skills and has opportunities to learn and grow
Self-determination	Makes decisions, sets personal goals, expresses personal feelings
Interpersonal relations	Has close friends, interacts socially, is part of family interactions
Social inclusion	Participates in family and community activities, receives assistance and help from others

Quality of Life Domain	Exemplary Quality of Life Indicators
Rights	Treated the same way as his or her peers, has a pet if he or she wants one
Emotional well-being	Feels safe and secure, home and school environments are predictable, expresses satisfaction, contentment, and happiness
Physical well-being	Participates in physical activities, eats healthy food, uses supportive technology if needed (e.g., glasses, braces, wheelchair)
Material well-being	Has enough money to buy personal possessions, has own physical space

Pattern and intensity of support needs. The extensive work done with the *Supports Intensity Scale for Children* (Thompson et al., 2016) has helped us to achieve a better understanding of the support needs of children and adolescents. Table 3 provides an overview of support need categories and specific support need areas assessed on this scale.

Table 3 *Overview of Support Needs of Children and Adolescents with IDD*

Support Need Category	Exemplary Support Need Areas
Exceptional medical needs	Respiratory care, feeding assistance, skin care
Exceptional behavioral needs	Externally-directed destructiveness, internally-directed destructiveness
Home life activities	Eating, dressing, toileting
Community and neighborhood activities	Moving around the neighborhood, community participation, using public services
School participation activities	Being included in general education classrooms, participation in activities in common school areas
School learning activities	Learning academic skills, completing academic tasks
Health and safety activities	Maintaining physical fitness, emotional well-being, health and wellness
Social activities	Maintaining positive relationships with others, respecting the rights of others
Advocacy activities	Making personal choices and decisions

When studying Table 3 it is important to note that the pattern of needed supports for children and adolescents with IDD is not unlike that of children without a disability, with the possible exception of those related to exceptional medical and behavioral conditions. The intensity of those support needs will vary, however, depending on the individual's impairment and level of functioning.

Implementation Guidelines: Input

- Develop school-related policies based on foundational principles embedded in the UNCRPD and the QOL concept.

- Align policies and practices to measurable outcomes.

- Assess the pattern and intensity of support needs.

Throughput

The throughput component focuses on educational and support practices that encompass education reform foundational priorities, the provision of individualized supports, and the characteristics of an inclusive education environment.

Education reform foundational priorities. The education reform movement is based on a number of foundational priorities that include communities of equality, respect, and social support; strengths-based models of disability that build on the student's capacities and potential; contextualized strategies that result from a contextual analysis that identifies those factors that hinder change and those that facilitate change; and the need to develop 21st-century skill sets. These foundational priorities influence both the provision of individualized supports and the characteristics of an inclusive education environment.

Provision of individualized supports. The provision of individualized supports involves the planned and integrated use of support strategies and resources composing a system of supports. Elements of such a system include natural supports, technology, prosthetics, education across the life span, reasonable accommodation, dignity and respect, personal strengths and assets, and professional services. Specific examples of these support strategies are found in Lombardi, Chiu, Schalock, and Claes (2017) and Schalock and Luckasson (2014). A system of supports model focusing on the provision of individualized supports provides the structure to increase opportunities and enhance performance elements that are interdependent and cumulative. The provision of individualized supports is facilitated by a support team that: (a) is composed of the student, one or more family members, teachers and teacher aides, a supports coordinator, and relevant professionals; (b) is characterized by being involved, informed, organized, accountable, and empowered; and (c) incorporates a quality improvement process that involves evaluation and adjustment to maximize the positive impact of support strategies on valued personal outcomes (Schalock & Verdugo, 2012).

Characteristics of an inclusive education environment. An inclusive education environment is built on those education reform foundational priorities just described, and provides a system of individualized supports. Furthermore, it is characterized by its structure, function, and culture. Specifically, its structure is a regular education classroom that provides opportunities and supports students through assistive technology, modified curricula and teaching methods, and

other elements of a system of supports. Its function is to enhance participation, involvement, and development by mediating access to education and community resources, facilitating everyday participation in regular education activities and relationships, supporting opportunities for self-determination, and allowing students to build social capital. Its culture is based on respect for the student, student centeredness, and a commitment to enhance the student's personal well-being. This culture should embed strong leadership, shared responsibility, teamwork, and openness to ideas and change (Bryant et al., 2007; Danforth & Naraian, 2015).

Implementation Guidelines: Throughput

- Base educational practices on education reform foundational priorities.

- Recognize that supports can be administered by everyone who interacts with the child or adolescent. This includes family members, teachers, friends, and professionals.

- Use a "user-friendly" plan such as a one-page Individual Supports Plan or an Education Plan-at-a-Glance that lists the specific support strategies provided and who is responsible for their implementation (including the individual and his or her family, and the teachers and support staff).

- Develop the supports or education plan using a QOL framework in which specific support strategies are provided to enhance each QOL domain.

- Use the characteristics of the inclusive education environment for strategic planning, organization transformation, and output evaluation.

Output

The output component of the systematic approach focuses on the product of an inclusive education environment in which interventions, services, and supports are provided to enhance the individual's participation, involvement, and development — and thereby enhance personal well-being. The evaluation of the output component of the proposed systematic approach involves assessing the status of three characteristics of an inclusive education environment using the following measurable status indicators:

- Structure: The degree to which the classroom provides opportunities and supports students through assistive technology, modified curricula and teaching methods, and other elements of a system of supports.

- Function: The degree to which the classroom enhances participation, involvement, and development through mediating access to education and community resources, facilitating everyday participation in regular education activities and relationships, supporting opportunities for self-determination, and allowing students to build social capital.

- Culture: The degree to which the classroom reflects respect for the student, student centeredness, and a commitment to enhancing the student's personal well-being.

At this time, inclusive education environments are a reality in some jurisdictions, a short- or long-term goal in others, and only a dream in still others. The authors recognize the reality of this continuum, but also feel that the goal is a worthy one. The value-base is there, the education and reform movement and outcomes-driven policy formulation have begun, and the characteristics of such an environment are becoming clearer. Thus, readers of this article might consider the following implementation guidelines as they strive to implement inclusive education environments whose output would be evaluated in terms of measurable results from the status indicators in the three areas of structure, function, and culture.

Implementation Guidelines: Output

- Conduct a contextual analysis of the current environment and determine the factors that facilitate change and those that hinder change. Examples for inclusive education can be found in Shogren, Schalock, and Luckasson (2018) and Verdugo, Jenaro, Calvo, and Navas (2017).

- Analyze the current environment in terms of its structure, function, and culture. The analysis should be based on operational definitions of these three characteristics of the inclusive environment: (a) structure: to provide opportunities and support people; (b) function: to enhance participation, involvement, and development; and (c) culture: to create environments that enhance personal well-being.

- Use the results of this analysis to determine significant discrepancies between the listed characteristics and current practices.

- Use strategic planning and organization transformation strategies to reduce the discrepancies. Examples are presented in Reinders and Schalock (2014) and Schalock and Verdugo (2012).

Outcome

One of the fundamental changes associated with the education reform movement is the evaluation of personal outcomes that reflect the personal well-being of children and adolescents with IDD. Outcomes evaluation is based on the need to demonstrate a program's effectiveness and requires the alignment of policy goals with measurable outcomes. Outcomes evaluation is defined as assessing changes and benefits that follow as a result of some activity, intervention, or service (Gomez & Verdugo, 2016). Outcome information obtained from reliable and valid assessments can be used for multiple purposes including monitoring and reporting, quality improvement, and research (Schalock et al., in press). The advantage of using a QOL framework for outcomes

evaluation is that its multidimensionality represents a whole-life approach to outcomes measurement, and thereby results in a more comprehensive approach to status evaluation, quality improvement, and research (Pazey et al., 2016; Reinders & Schalock, 2014; Schalock & Keith, 2016).

The outcome component of the proposed systematic approach operationalizes a whole-life approach through the standardized assessment of culturally sensitive indicators associated with each of the eight QOL domains. (A listing of these domains and exemplary indicators was presented in Table 2.) Each of these indicators is assessed on a 3 to 6 point scale such as: (a) yes, depends, no; (b) yes, more or less, no; (c) frequently, sometimes, seldom or never; (d) very safe, somewhat safe, not safe; (e) very good, okay, not good; or (f) always, sometimes, seldom or never. Depending on the person's age, each indicator is scored based on either the person's input ("self-report") or the input of a family member or teacher ("report of others").

Depending on the instrument, domain scores can be reported as raw, transformed, or percentile scores. QOL scores can be used for multiple purposes. For example, an individual profile summarizing QOL domain scores provides information to the student and the student's family that reflects a holistic picture of the person across the eight QOL domains. The profile can also be used to form a dialog with the student or family about personal goals and desired outcomes, and about implementing support strategies to enhance them. Raw or transformed scores can be used as dependent variables in research studies to determine the specific predictors of successful educational practices, effective support strategies, or characteristics of the inclusive environment. At the aggregate level, QOL domain and total scores can be used for monitoring and reporting, establishing quality improvement strategies, and conducting research.

In the following section, we present an example of a whole-life approach to assessment using a standardized QOL assessment instrument. The example reflects the following guidelines.

Implementation Guidelines: Outcome

- Align policies and practices with measurable outcomes.

- Use a whole-life approach to assess those outcomes.

- Use an assessment instrument that is based on a well-formulated and validated conceptual model, uses culturally sensitive indicators, employs a standardized scoring metric, has good psychometric properties, and has standardized administrative procedures (Claes et al., 2009; Gomez & Verdugo, 2016).

- Use outcome measures for multiple purposes.

Applying the Systematic Approach

The example presented in this section incorporates the four components — input, throughput, output, and outcome — of the proposed systematic approach to enhancing an individual's personal well-being. These four components and associated processes are shown graphically in the logic model presented in Figure 1. The advantages of using a logic model to organize the systematic approach is that a logic model articulates the operative relations among policies, practices, and outcomes; aligns the operative relations among input, throughput, output, and outcome; and enables all stakeholders to understand what must be done to achieve the desired goals and associated outcomes (Schalock & Verdugo, 2012).
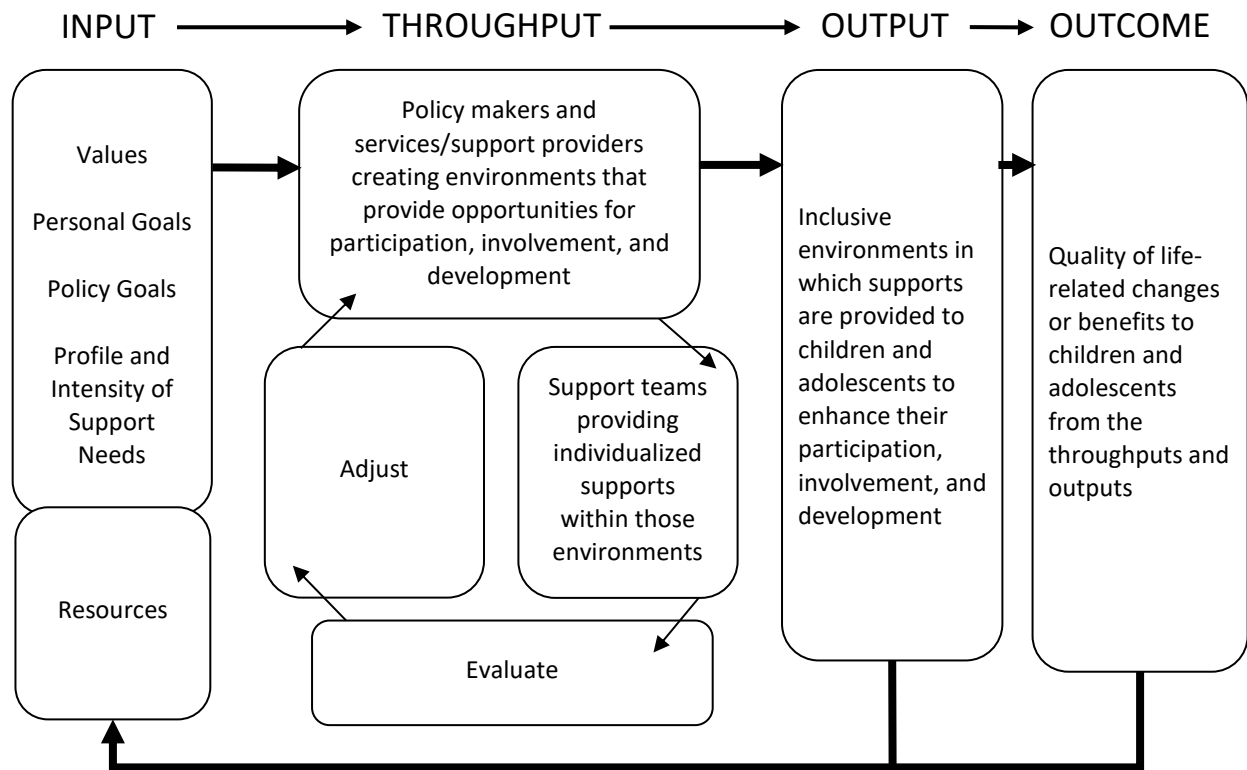
INPUT ⟶ THROUGHPUT ⟶ OUTPUT ⟶ OUTCOME

INPUT	THROUGHPUT	OUTPUT	OUTCOME
Values Personal Goals Policy Goals Profile and Intensity of Support Needs Resources	Policy makers and services/support providers creating environments that provide opportunities for participation, involvement, and development Adjust — Support teams providing individualized supports within those environments Evaluate	Inclusive environments in which supports are provided to children and adolescents to enhance their participation, involvement, and development	Quality of life-related changes or benefits to children and adolescents from the throughputs and outputs

Figure 1. A systematic approach to enhancing the personal well-being of children and adolescents.

Input

Anna, a 9-year-old girl with Down syndrome, lives at home with her parents, brother, and two sisters with whom she frequently plays. Anna is strong-willed. She has a visual impairment and moderate to mild intellectual disability. Anna is very sensitive to sensory stimuli. She goes to a regular school, and is in a regular classroom supported by a support worker from Arduin, a community-based program in Zealand, The Netherlands, that provides services for people with IDD.

Anna's support needs are measured using the *Supports Intensity Scale – Children's Version* (SIS-C; Thompson et al., 2016). The SIS-C was completed by her mother and a support worker who has known Anna for four years. As indicated in the SIS-C information summarized in Table 4, Anna has moderate to high support needs across the nine support need categories.

Table 4 *Summary of Anna's Support Needs*

Support Need Category	Standard Score (range=1–16)
Home life activities	8
Community and neighborhood activities	10
School participation activities	10
School learning activities	11
Health and safety activities	10
Social activities	10
Advocacy activities	11
Exceptional medical and behavioral needs*	4

*Anna has no exceptional medical support needs other than some support for irritable bowel syndrome. In reference to exceptional behavioral support needs, she needs some support for maintaining mental health treatments at school, and extensive support for her sensitivity to stimuli.

Throughput

Education reform foundational priorities. According to the *Wet Passend Onderwijs* [Appropriate Education Act] adopted in the Netherlands in October 2012, there should be a place in a regular school for every child to fit the child's competencies. To make this possible for Anna, there is a partnership between regular and special schools. Arduin provides the extra support needed for Anna to participate in a regular school.

Provision of individualized supports. Individualized supports are provided through a support worker who implements an individual support plan (ISP) that is developed by Anna's parents, her personal director (i.e., case manager), and her support worker. The ISP aligns Anna's goals and assessed support needs with specific support strategies. Table 5 summarizes the parameters of Anna's ISP.

Characteristics of the inclusive environment. The supports a child such as Anna gets in a regular classroom are based on the child's education plan and ISP. The composition of the support team is dependent on the child and family's personal goals and the child's assessed support needs. In Anna's case, the support team is composed of the remedial teacher, the support worker, her parents, the personal director, a psychologist (provided by Arduin), and a speech therapist. Anna also gets support at home. Anna's parents want as normal a life for their daughter as possible.

Table 5 *Parameters of Anna's Individualized Support Plan*

Support Need Category	Objective	Specific Support Strategies
Exceptional behavioral needs	Reduce sensitivity to stimuli	Use the relaxation strategy to calm Anna, using a special vest if necessary to give her a sense of control. Provide a daily schedule to increase predictability and control.
Home life activities	Keep self occupied during unstructured time at home	Provide an iPad; invite Anna to participate in an activity; assist her in riding her tricycle
Community and neighborhood activities	Increase compliance with basic community standards, rules, and laws	Encourage and facilitate contact with other people; advocate for Anna in important matters; prevent conflicts with others through redirection
School participation activities	Increase participation in common school activities (e.g., playground, hallways, cafeteria)	Structure Anna's day through supervised participation in common school activities
School learning activities	Increase completion of academic tasks, including time, quality, neatness, and organizational skills	Support participation in classroom activities; use a validated teaching method such as *Leespraat en Rekenlijn* [Reading Talk and Calculating]; provide an incentive program for completing academic tasks
Health and safety activities	Maintain physical fitness	Involve in physical activity and recess programs; provide close supervision while on her daily walks; provide very close supervision in crossing streets
Social activities	Increase communicating with others in social situations	Involve in peer groups; supervise and provide active feedback when participating in social activities
Advocacy activities	Increase choice and decision making	Provide choices for Anna; assist in making a decision by pointing out the results of the choice made; reinforce decision making

Output

The output component focuses on the product of the inclusive environment. In Anna's case, the output is evaluated on the basis of: (a) maintaining placement in the inclusive environment with individualized supports; (b) maintaining the partnership among the family, school, and Arduin; and (c) Anna's increased community participation and expanded social capital.

Outcome

The *Personal Outcomes Scale for Children* (POS-C; Claes, van Loon, Schalock, & Mostert, 2015) was used to measure Anna's QOL. As the POS-C prescribes for a child below the

age of 12, the Report of Others version of the Scale was used. The respondents were Anna's mother and her support worker. Domain scores on the POS-C can range from 6 to 18. Anna's domain scores were as follows: Personal Development (12), Self-Determination (16), Interpersonal Relations (15), Social Inclusion (15), Rights (16), Emotional Well-Being (18), Physical Well-Being (15), and Material Well-Being (16). As reflected in these domain scores, Anna's assessed QOL using the POS-C is quite high, with needed attention given to Personal Development.

Summary and Conclusion

This is a time of change regarding policies and practices focusing on children and adolescents with IDD. These changes are influenced by ideological changes, increased knowledge about disability, an integrated approach to disability policy, the supports paradigm, and the education reform movement (see Table 1). The changes in these five areas provide the rationale, content, and framework for the proposed systematic approach to enhancing the personal well-being of children and adolescents.

Four components of a logic model are used to operationalize the systematic approach. The *input component* is based on foundational principles, the alignment of policy goals and measurable outcomes, and the assessment of the pattern and intensity of the individual's support needs. The *throughput component* is based on educational reform foundational priorities, the provision of individualized supports, and the characteristics of an inclusive education environment. The *output component* focuses on the products of an inclusive education environment and is evaluated on the basis of the environment's structure, function, and culture. The *outcome component* focuses on the evaluation of personal and valued outcomes related to the QOL domains of personal development, self-determination, social inclusion, interpersonal relations, rights, emotional well-being, physical well-being, and material well-being.

Although Anna provides just one example of using the systematic approach to work with a student with a disability who is being supported in a regular classroom, her example highlights the changes that will enhance other children's personal well-being. Fundamental to these changes is the need to develop policies and practices that align the UN Convention on the Rights of Persons with Disabilities with a service framework such as the QOL concept; transform organizations and systems to focus on the whole person, including the provision of person-centered services and supports, inclusive education environments, and outcomes evaluation; and develop professional education and support-provider training that emphasizes principles and best practices related to inclusion, equity, self-determination, and empowerment.

References

Bigby, C., & Beadle-Brown, J. (2016). Culture in better group homes for people with intellectual disability at severe levels. *Intellectual and Developmental Disabilities, 54*, 316–331. doi:10.1352/1934-9556-54.5.316

Bigby, C., Knox, M., Beadle-Brown, J., & Bould, E. (2014). Identifying good group homes: Qualitative indicators using a quality of life framework. *Intellectual and Developmental Disabilities, 52,* 348–366. doi:10.1352/1934-9556-52.5.348

Bogdan, R., & Taylor, S. J. (1989). Relationships with severely disabled people: The social construction of humanness. *Social Problems, 36*, 135–148. doi:10.1525/sp.1989.36.2.03a00030

Brown, I., Hatton, C., & Emerson, E. (2015). Quality of life indicators for individuals with intellectual disabilities: Extending current practice. *Intellectual and Developmental Disabilities, 51,* 316–332. doi:10.1352/1934-9556-51.5.316

Bryant, D. P., Smith, B. D., & Bryant, B. (2007). *Teaching students with special needs in inclusive classrooms*. Columbus, OH: Pearson.

Claes, C., van Loon, J., Schalock, R. L., & Mosteret, R. (2015). *Personal Outcomes Scale for Children and Adolescents*. Available through: Claudia.claes@hogent.be

Claes, C., Van Hove, G., van Loon, J., Vandevelde, S., & Schalock, R. L. (2009). Quality of life measurement in the field of intellectual disabilities: Eight principles for assessing quality of life-related personal outcomes. *Social Indicators Research, 98,*61–72. doi:10.1007/s11205-009-9517-7

Claes, C., Vandenbussche, H., & Lombardi, M. (2016). Human rights and quality of life domains: Identifying cross-cultural indicators. In R. L. Schalock & K. D. Keith (Eds.), *Cross-cultural quality of life: Enhancing the lives of persons with intellectual disability* (2nd ed., pp. 167–174). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Danforth, S., & Naraian, S. (2015). This new field of inclusive education: Beginning a dialogue on conceptual foundations. *Intellectual and Developmental Disabilities, 53,*70–85. doi:10.1352/1934-9556-53.1.70

Gómez, L. E., Alcedo, M. Á., Arias, B., Fontanil, Y., Arias, V. B., Monsalve, A., & Verdugo, M. Á. (2016). A new scale for the measurement of quality of life in children with intellectual disability. *Research in Developmental Disabilities, 53-54,* 399–410. doi:10.1016/j.ridd.2016.03.005

Gomez, L. E., & Verdugo, M. A. (2016). Outcomes evaluation. In R. L. Schalock & K. D. Keith (Eds.), *Cross-cultural quality of life: Enhancing the lives of persons with intellectual disability*(2nd ed., pp. 71–80). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Lombardi, M., Chiu, C-Y., Schalock, R. L., & Claes, C. (2017). *Aligning UNCRPD articles, QOL domains, and supports: International Delphi Study-Phase I results.* Unpublished manuscript. University College, University of Gent, Belgium.

Luckasson, R., & Schalock, R. L. (2015). Standards to guide the use of clinical judgment in the field of intellectual disability. *Intellectual and Developmental Disabilities, 53,* 240–251. doi:10.1352/1934-9556-53.3.240

Mpofu, E. (2016). The evaluation of quality of life perspectives in the developing countries of Sub-Saharan Africa. In R. L. Schalock and K. D. Keith (Eds.), *Cross-cultural quality of life: Enhancing the lives of persons with intellectual disability*(2nd ed., pp. 175–180). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Noddings, N. (1995). A morally defensible mission for schools in the 21st century. *Phi Delta Kappan, 76,* 365–368.

Nussbaum, M. C. (2011). *Creating capabilities: The human development approach*. Cambridge, MA: Belknap Press of Harvard University Press.

Pazey, B. L., Schalock, R. L., Schaller, J., & Burkett, J. (2016). Incorporating quality of life concepts into educational reform: Creating real opportunities for students with disabilities in the 21st century. *Journal of Disability Policy Studies, 27*, 96–105. doi:10.1177/1044207315604364

Reinders, H., & Schalock, R. L. (2014). How organizations can enhance the quality of life of their clients and assess their results: The concept of quality of life enhancement. *American Journal on Intellectual and Developmental Disabilities, 119,* 291–302. doi:10.1352/1944-7558-119.4.291

Schalock, R. L., Baker, A., Claes, C., Gonzalez, J., Malatest, R., van Loon, J., … Wesley, G. (in press). The use of quality of life outcomes for monitoring and reporting, quality improvement, and research. *Journal of Policy and Practice in Intellectual Disabilities.*

Schalock, R. L., & Keith, K. D. (2016). Setting the cross-cultural quality of life agenda to enhance the lives of persons with intellectual disability. In R. L. Schalock and K. D. Keith (Eds.), *Cross-cultural quality of life: Enhancing the lives of persons with intellectual disability* (2nd ed., pp. 203–218). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Schalock, R. L., & Luckasson, R. (2014). *Clinical judgment* (2nd ed.). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Schalock, R. L., & Verdugo, M. A. (2012). *A leadership guide for today's disabilities organizations: Overcoming challenges and making change happen*. Baltimore, MD: Brookes.

Schalock, R. L., Verdugo, M. A., Gomez, L. E., & Reinders, H. (2016). Moving us toward a theory of individual quality of life. *American Journal on Intellectual and Developmental Disabilities, 121,* 1–12. doi:10.1352/1944-7558-121.1.1

Schippers, A., Zuna, N., & Brown, I. (2015). A proposed framework for an integrated process of improving quality of life. *Journal of Policy and Practice in Intellectual Disabilities, 12*, 151–161. doi:10.1111/jppi.12111

Shogren, K. A., Luckasson, R., & Schalock, R. L. (2015). Using context as an integrative framework to align policy goals, supports, and outcomes in intellectual disability. *Intellectual and Developmental Disabilities, 53,* 367–376. doi:10.1352/1934-9556-53.5.367

Shogren, K. A., Luckasson, R., & Schalock, R. L. (2017). An integrated approach to policy development, implementation, and evaluation. *Intellectual and Developmental Disabilities, 55*, 258–268. doi:10.1352/1934-9556-55.4.258

Shogren, K. A., Schalock, R. L., & Luckasson, R. (2018). The use of a context-based change model to unfreeze the status quo and drive valued outcomes. *Journal of Policy and Practice in Intellectual Disabilities, 15,* 101–109. doi:10.1111/jppi.12233

Shogren, K. A., & Turnbull, H. R. (2014). Core concepts of disability policy, the convention on the rights of persons with disabilities, and public policy research with respect to developmental disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 11,* 19–26. doi:10.1111/jppi.12065

Shogren, K. A., Wehmeyer, M. L., Schalock, R. L., & Thompson, J. R. (2017). Reframing educational supports for students with intellectual disability through strengths-based approaches. In M. L. Wehmeyer & K. A. Shogren (Eds.), *Handbook of research-based practices for educating students with intellectual disability* (pp. 17–30). New York, NY: Routledge.

Stancliffe, R. J., Arnold, S. R. C., & Riches, V. C. (2016). The supports paradigm. In R. L. Schalock and K. D. Keith (Eds.), *Cross-cultural quality of life: Enhancing the lives of persons with intellectual disability* (2nd ed., pp. 133–142). Washington, DC: American Association on Intellectual and Developmental Disabilities.

Test, D. W., Mazzotti, V. L., Mustian, A. L., Fowler, C. H., Kortering, L. J., & Kohler, P. H. (2009). Evidence-based secondary transition practices for improving post-school outcomes for students with disabilities. *Career Development and Exceptional Individuals, 32*, 160–181. doi:10.1177/0885728809346960

Thompson, J. R., Schalock, R. L., Agosta, J., Teninty, L., & Fortune, J. (2014). How the supports paradigm is transforming service systems for persons with intellectual and related disabilities. *Inclusion, 2,* 86–99. doi:10.1352/2326-6988-2.2.86

Thompson, J. R., Wehmeyer, M. L., Hughes, C., Shogren, K. A., Seo, H. Little, T. D., … Tasse, M. J. (2016). *The Supports Intensity Scale-Children's Version Interview and Profile Form.* Washington, DC: American Association on Intellectual and Developmental Disabilities.

United Nations. (2006). *Convention on the rights of persons with disabilities.* Retrieved from https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

Vaughan, S. R., Bos, C. S., & Schumm, J. S. (2010). *Teaching students who are exceptional, diverse, and at risk in the general education classroom* (5th ed.). Columbus, OH: Pearson.

Verdugo, M. A., Jenaro, C., Calvo, I., & Navas, P. (2017). Disability policy implementation from a cross-cultural perspective*. Intellectual and Developmental Disabilities, 55,* 234–246. doi:10.1352/1934-9556-55.4.234

Verdugo, M. A., Navas, P. A., Gomez, L. E., & Schalock, R. L. (2012). The concept of quality of life and its role in enhancing human rights in the field of intellectual disability. *Journal of Intellectual Disability Research, 56,* 1036–1045. doi:10.1111/j.1365-2788.2012.01585.x

Wallender, J. L., & Koot, H. M. (2015). Quality of life in children: A critical examination of concepts, approaches, issues, and future directions. *Clinical Psychology Review, 45,* 131–143. doi:10.1016/j.cpr.2015.11.007

Wehmeyer, M. L. (Ed.). (2013). *The Oxford handbook of positive psychology and disability*. New York, NY: Oxford University Press.

Yell, M. L. (2012). *The law and special education* (3rd ed.). Upper Saddle River, NJ: Pearson.