



# How parents learn to raise their children at home

Country: Croatia, City of Zagreb Organisation: Mali Dom (Little Home)

**MANAGEMENT SUMMARY:** Mali Dom (Little Home) operates in the Croatian capital of Zagreb and offers its services throughout the country. This public institution has developed an early intervention programme for children aged 0–3 with disabilities or a high risk of developing disabilities, which is family centred and mostly practised in the child's home. Based on an initial assessment, the method is ongoing and individualized for each family. Short- and long-term goals are set by analysing results from the initial assessment and by consulting parents about what they think is important for the child to learn.

- Early intervention services are provided to some 60 children and their families each year in the Zagreb area and to an additional 150 children nationally through transdisciplinary assessment and counselling.
- Overall, the organization offers regular services to 150 persons per year and to an additional 350 persons nationally through assessments and counselling.



The key is to empower families

**180** children have attended regular early intervention programmes

**450** children have participated in transdisciplinary assessment and counselling

**320** parents have participated in the programme

during the last three years

Mali Dom establishes collaborative partnerships with families in order to empower them. The offered services provide the necessary conditions for a child to fully develop his or her potential and a basis for future learning. By building the competences of family members, their involvement with the child and their participation in the community on behalf of the child is increased.



**THE PROBLEM:**

**No services existed before the start of Mali Dom**

Prior to the Mali Dorm initiative, there were no established and recognized home-based early intervention services in Croatia, and there was either no or very low early identification of children at risk of developmental delay. The few practices that did exist were usually deficit-oriented, which gave the child and parents a negative impression regarding disabilities. Doctors and other professionals determined the child's needs and made decisions for the family. Worse, the fragmented and specialized services started later than they were actually needed.



**THE DEVELOPED SOLUTION:**

**Collaboration with children and parents**

The mission of Mali Dom is to provide comprehensive, accessible, and responsive home-based early intervention services that support families in raising a child with a developmental disability or the risk of developing a disability from birth until three years of age. The goal is to reach developmental milestones in the first years of life.

The primary focus of the programme is to build the confidence and competence of parents and other caregivers by promoting the child's development and participation. This includes participating in "experience groups," which consist of parents and their children together with professionals (psychologists, social workers, etc.) who function as moderators. The goal of these groups is to provide experience to parents and their children through moderated activities and discussions. In addition, there are support groups whereby parents meet with other parents twice a month for discussion and role play, again guided by a moderator.

By working as a transdisciplinary team, the likelihood of confusion for the family is reduced since the number of people and disciplines with which they need to interact is very low. This model is less intrusive than a conventional institutional model because parents only need to build one key relationship and only one service provider visits the home. Such enhanced and streamlined communication is considered a key benefit for the family.

The Mali Dom model also provides greater service efficiency: more children can be served because fewer providers routinely see a child. Further, on each visit families receive guidelines for the next 2–4 months, including written materials tailored to the specific needs of the child and family.



**THE MODEL:**

**It is important to start as early as possible**

The Early intervention Team created this method based on their knowledge and experience as well

**ABOUT CROATIA:**

**One of the few countries that offer fully inclusive education**

- The Republic of Croatia declared independence on 8 October 1991 leading to the break-up of Yugoslavia, and the country was internationally recognized by the United Nations in 1992. Since 2000 the country has had a parliamentary system, and in 2013 it joined the European Union. With 4.3 million inhabitants, of whom approximately 200,000 are under five years, Croatia had a gross national income per capita of \$19,409 in 2015. The economic output is dominated by the service sector, which accounted for 66 percent of gross domestic product, followed by the industrial sector with 27.2 percent and agriculture accounting for 6.8 percent.
- Croatia offers all children and young people – including those with developmental disabilities, who are members of national minorities, the gifted, and those who are disadvantaged – full inclusion in the education system on all levels, as well as further education through adult education and lifelong learning programmes.



The primary focus of the programme is to build the confidence of parents by promoting the child's development and participation.

## After six weeks, the primary therapist develops the Individualized Family Service Plan (IFSP), based on assessments and family priorities

as their insight into other programmes (consulting research and literature concerning early childhood education). The model follows a step-by-step approach, which consists of the following activities:

1. Establishment of a home-based model with developed methodology protocols and referral at the earliest possible time following birth.
2. The model is strength and resource based, enhances competence and positive functioning, and decisions are made together with family – not for them.
3. All services are well coordinated and integrated among various disciplines and sectors.
4. The model provides services for children in a natural environment – that is, settings in which the child would participate if he or she did not have a disability, such as the home and kindergarten – to the maximum extent.
5. The model has embedded natural learning opportunities and intervention strategies into the daily activities.

6. There is a strong focus on parents as the primary implementers of intervention within family routines. Families are empowered as agents of change in promoting their child's development and meaningful participation.

7. There are support and experience groups whereby parents come with their children to the Mali Dom centre to build their competences and where they can meet with a range of professionals. Here they can experience a variety of activities, games, and play that later will be embedded in their everyday routine in order to achieve set short- and long-term goals in a nonintrusive, play-oriented way.

8. To ensure quality of service and especially the interaction between team members involved in working with a specific child, the organization has designed a software application that ensures that all communications, goals, reports, and protocols are recorded.

9. All children referred to the centre start with a transdisciplinary assessment, which helps to better understand the child's strengths and needs and how early intervention can help. Following the assessment, the team discusses with the family their priorities and concerns, and together they outline the next steps and answer specific questions that the family may have.

10. This is followed by an initial conversation with a social worker and psychologist. In the subsequent debriefing process the team moves to identify and support the primary therapist who will be working with the family. During the first home visit, the team explains what the parents can expect from home-based service in order to alleviate possible anxieties.

11. After six weeks, the primary therapist develops the Individualized Family Service Plan (IFSP), based on assessment information and family priorities. It includes outcomes for the child and family, and describes the learning methods and approaches that will be used. It also explains what kind of services they will receive, who will provide them, as well as where, when, and how often.

### Evaluation every three to six months

At this point the IFSP is implemented, and the evaluation of defined goals is performed three to six months thereafter. –At that time old outcomes that have been reached or that are no longer relevant are discarded, and new learning strategies and activities to help meet new outcomes are initiated, as are any necessary changes in the type of service provided.



Session with the therapy dog

# PROBLEM



# GOAL



**FACTS AND FIGURES:**

**180 children treated over three years**

The following services are offered:

- Transdisciplinary assessment of each child, involving 2–3 professionals and 1–2 family members (usually both parents).
- Home visits by a dedicated professional who works with the individual child and family members.
- Extra support at the Mali Dom centre when needed, such as sensory integration, physiotherapy, swimming, vibro-acoustic therapy, etc., with at least one family member present (usually a parent).
- “Experience groups” composed of 4–5 children, at least one family member per child (usually a parent), and 4–5 professionals.
- Altogether, the organization has 26 teaching staff members.
- Over the last three years 180 children and 320 parents participated in regular early intervention programmes, and 450 children benefitted from transdisciplinary assessment and counselling.

Learning materials include non-standardized didactic materials, such as shoe-box activity for sorting and matching, beads or small balls for visual stimulation, and visual calendars. The therapists also select play materials suited to their intervention strategies. These include many different objects – some already in the family home and some brought by the therapists –



Therapy session can be performed with household items and everyday playtools

such as toys, games, instructional materials, everyday objects, and construction pieces.

These services are performed at the child's home primary by a therapist/service provider, who is a key member of the Early Intervention Team. Home-based practice includes regular visits (once a week) from a special teacher who works with the child and the family according to the IFSP, having first defined outcomes and short and long-term goals with all team members and the family.

Centre-based activities are provided when there is the need for professional support from some other specific field or when services cannot be carried out at home, such as physical/occupational therapy, sensory integration, swimming, psychologist consultations, and parent groups and experience groups (parents with children). In all those activities parents are present, and all are carried out in coordination with the key staff person and all other team members.



**FUNDING:**

**Public funding is available**

The practice is funded by the local government. Moreover, there is an agreement with the Ministry of Social Welfare for providing listed services. The actual budget is calculated per service: for example, home visit once a week, physiotherapist once a week, moderated experience group meetings once every two weeks, etc. Parents agree upon this plan, and it is re-evaluated – together with the child's development and the IEP – every three to six months and changed accordingly, if required.

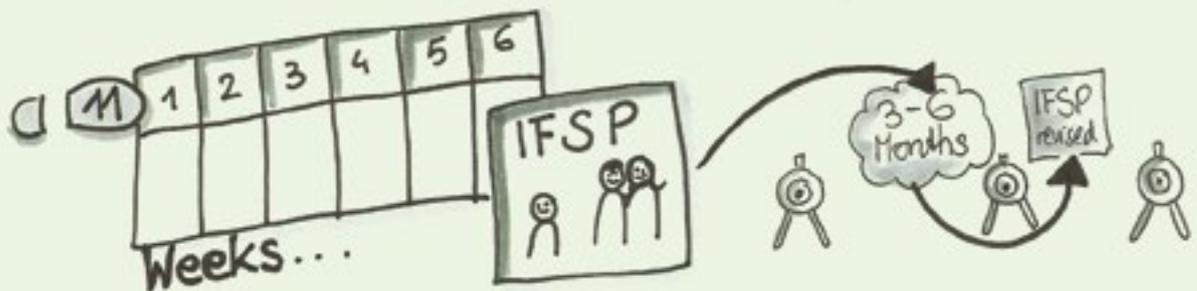
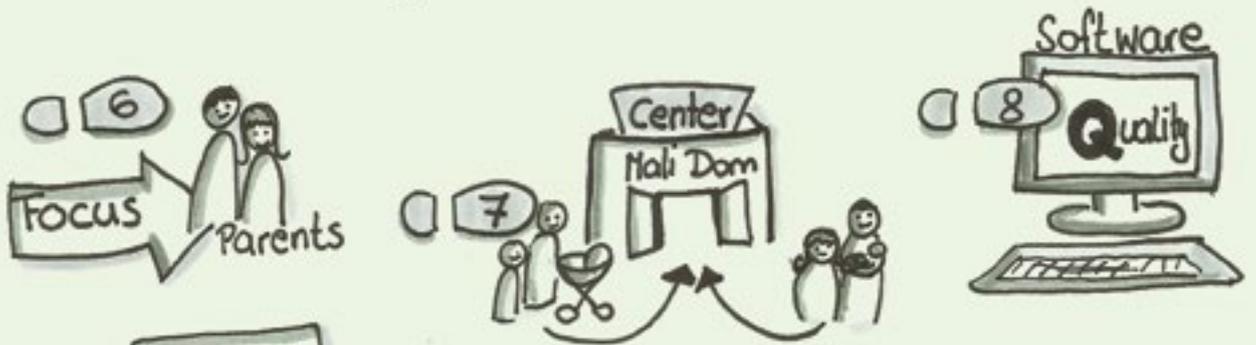


**OUTLOOK:**

**No common standard for early intervention programmes yet**

Mali Dom observes that there is still not adequate cooperation among the various stakeholders when it comes to the transition from early intervention services to other services, such as kindergarten and schools. The process functions only by an initiative of the organization, since there is as yet no legislative solution or standardized protocol.

In order to expand particular programmes, the organization needs a larger budget to employ more professionals. Another obstacle to overcome is for the Ministry in charge to standardize this methodology and ensure the service quality of other early intervention service providers. Currently, the Ministry only provides recommendations.





#### ABOUT THE ORGANISATION:

### Mali Dom

Mali Dom (Little Home), founded in 1997, is a public institution of the City of Zagreb that provides regular daily services to more than 100 children and youth who are visually impaired, have other additional disabilities, or are deaf and blind. It operates its services in new and spacious premises, which offer the possibility of further expansion of the organization's programmes. Through further development, Mali Dom aims to become a role model in the field of care for children with multiple disabilities.

In addition to its activities directly on behalf of children, the organization offers assistance to families to help them understand each child's positive qualities, thus building stronger family ties and greatly improving each child's opportunities in life.

To date, more than 1,000 children from across the Croatia have benefitted from this programme.

#### EXAMPLE OF AN INDIVIDUAL EDUCATION PLAN:

### Long-term goals as agreed with the parent/guardian

- Extending the tactile experience
- Capturing small objects
- Repeating double syllables with meaning
- Games of handing specific item
- Using isolated finger movements
- Pointing details on the object / image with a finger
- Imitation of movement / gesture
- Turning the pages of a book
- Standing independently
- Walking while holding onto the trolley



### Mali Dom

Croatia

Ms. Darija Udovicic

Tel. + 385 1 3746 500

[darija@malidom.hr](mailto:darija@malidom.hr)

[www.malidom.hr](http://www.malidom.hr)

#### ABOUT ZERO PROJECT ANALYSIS

### In-depth Research of Innovative Practices

EASPD Secretary General: Luk Zelderloo

Essl Foundation Programme Manager: Michael Fembek

Author: Wilfried Kainz

Project coordinator: Sabrina Ferraina

Graphic Design: Christoph Almasy

Graphic Facilitation: Petra Plicka

Editing: John Tessitore

This in-depth analysis can be downloaded for free at

[www.zeroproject.org](http://www.zeroproject.org) and [www.easpd.eu](http://www.easpd.eu)

For information or copies, contact: [office@zeroproject.org](mailto:office@zeroproject.org)

Essl Foundation, Aufeldgasse 17-23, 3400 Klosterneuburg, Austria

© Essl Foundation and EASPD, April 2016. All rights reserved.