

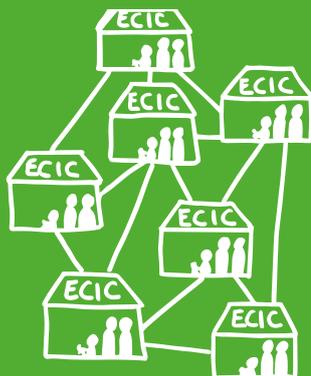


A growing network of private support centres

Country: Slovakia, Bratislava and four other cities Organisation: SOCIA – Social Reform Foundation

MANAGEMENT SUMMARY: The private SOCIA Foundation is establishing Early Childhood Intervention (ECI) centres to support families in Slovakia, located in 5 regional cities and the capital, Bratislava (Slovakia is divided into eight regions). SOCIA aims to open another three centres to cover the entire Slovak territory and thus create a network of early childhood intervention centres on a regional level. The services of SOCIA are open to all families with children aged seven and under, both with and without disabilities and irrespective of ethnic background.

- The SOCIA foundation has invested 1,237,000 Euro to establish five ECI centres and to cover their operating costs for two years (2015 to 2017).
- Early intervention as a social service is now defined in the national “Act on Social Services,” and came into effect on 1 January 2014, due to the lobbying efforts of SOCIA.



Developing a network of
ECI centres



In-home services are preferred, with most services being delivered in the child's natural surroundings.

An individual support plan is created with family input identifying key child-oriented requirements, but also targeting the needs of the entire family at the same time. Multiple tools can be used to define family needs, but experience shows that a good individual plan must be written in the family's 'language', using their own words and indicating their needs in very concrete and specific ways.



THE PROBLEM:

Scarce availability of Early Childhood Intervention centres

Families whose child is born with a disability or shows development delays need immediate support. According to national statistics, families without support are at high risk of divorce or of their children being placed in a "children's home" (previous known as an "orphanage"). In 2015 there were 4,350 children

placed in this child social-legal protection system. Of these, 1,500 were placed with foster families, while 2,850 were distributed among 85 institutions. Most of these children have special needs (for example, children with challenging behaviour), are disabled, or are Roma children.

Another problem is the division of responsibilities for services for families with disabled children among three ministries – Social, Health Care, and Education. Further, the financing of the ECI centres is uncertain because there is no direct access to public financial resources. Integration and inclusion of disabled children into pre-school and school facilities are still rare, and a dual system persists at all levels of education. Finally, there is a lack of support services for families and for rehabilitation opportunities for children in the public health care system.

ABOUT SLOVAKIA:

Slow improvements for people with disabilities

- Slovakia is a parliamentary democratic republic with a multiparty system. The Slovak Head of State is the President, elected by direct popular vote for a five-year term. The executive power lies with the Prime Minister, who is usually the leader of the winning party, but he/she needs to form a majority coalition in the Parliament. The President appoints the Prime Minister.
- Before the global financial crisis of 2007–2008, Slovakia was the fastest growing economy in the European Union. Slovakia had a per person gross national income of \$25,845 according to the United Nations Human Development Index, ranking 35th worldwide. Concerning the status of persons with disabilities in relation to economic activity, in 2012-2014, the majority of them have still remained economically inactive (contrary to the total population). On the other hand, there have been several positive developments in employment of this target group: their employment rate is slowly increasing (currently being at about 31%); and so is the number of employers preferring employment rather than other quota options - by 10%.
- Slovakia has approximately 5.4 million inhabitants and 300,000 children under the age of five.



THE DEVELOPED SOLUTION:

Children are educated in their natural environment

SOCIA has been inspired by a model in the neighbouring Czech Republic, where a system of early childhood intervention centres was started 25 years ago and where today there are now 47 specialized centres.

The goal of the SOCIA initiative is develop a functioning network of ECI centres that will serve as a pilot model, which would then lead to comprehensive, transdisciplinary services for families with children with disabilities throughout Slovakia, funded and run by SOCIA.

A network of trained transdisciplinary staff addresses all the various needs of families and children based on the following principles:

- An individual family service plan is the key instrument for providing services.
- Partnerships among the various professionals are essential.
- All staff are trained in a person-centred planning approach
- In-home services are preferred, with most services being delivered in the child's natural surroundings.
- The centre acts as the primary resource for families, and plays an important role in the networking of additional services



In the beginning, an individual family support plan is created. The plan is in the family's 'language', using their own words.

EXAMPLE OF A SIX YEAR OLD BOY WITH EPILEPSY:
**How physiotherapists, social workers
and families work together**

A six-year-old child who has had epilepsy since he was four has been stabilized and started to walk five months ago. Until he was four years he could only lay down without significant motoric and mental progresses. Now that he has begun to walk, to communicate nonverbally, and to use his specific sounds and gestures, his family needs support to help him to progress and develop his potential. He is not yet attending school, though one school has offered him one hour per week individual consultation with a psychopedagogue. This child does not have any opportunity to get community services or to visit child groups and learn from other children.

SOCIA has initiated its services and the family has identified actual needs and has shared ideas on how to stimulate the child's development at home. During the first consultation, the attendance and support of a psychologist, a physiotherapist, a social worker, and a special needs educator will be offered. The psychologist will identify the child's actual psychometrical degree of development and will continue to monitor the child for a period of six months. The psychologist will identify ways to motivate the child, will test what is working or not working, and will focus on the behaviour of the child. The special needs educator and the parents will look for the best options for organizing a playing area, how to use toys that they have at home according to the child's actual development degree, and suggest forms of play to stimulate the child's cognitive skills.

Careful integration into School

The physiotherapist will cooperate with the organization of the playing area; practice with parents on how to support the child with changing positions during some activities, especially during play; how to support the child with physically suitable sitting positions; etc.

The social worker will offer the family information about what financial support they could apply for from the Office of Labour, Social Affairs, and Family; will help the family with administrative tasks; and will accompany them to the Office of Labour, Social Affairs, and Family when they make their application.

The psychologist and the social needs educator will organize support meetings with an educator from the local school, and they will try to find a solution and suitable support for the child when he/she actually starts visiting the school (e.g., in September 2016).



THE MODEL:

**Intense cooperation among
experts, children and their family**

The organization provides services for families with children aged seven and under. In the beginning, an individual family support plan is created together with family input identifying key child-oriented requirements. The plan is in the family's 'language', using their own words.

The individual plan (IP) consists of:

- Information about the family
- Starting date of IP
- Frequency of family visits
- Needs identified by family
- Goals family would like to achieve
- Each goal includes a description of the actual situation and the degree of skills of the child.[
- Often, a video is used at the beginning of the plan and after a six-month period when the IP has been completed (see more on the use of video below).
- At the end of the IP there is a conversation among the team and the family about which goals were achieved.

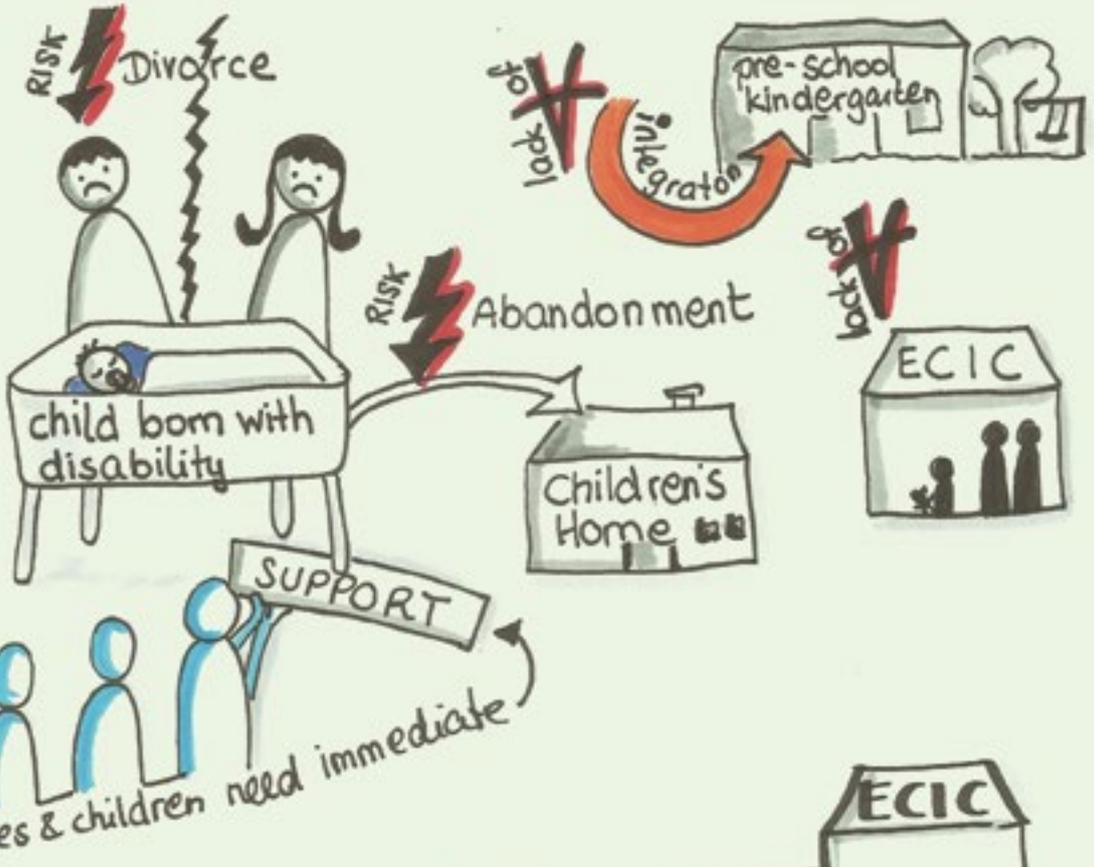
SOCIA uses the following tools to train children and to evaluate their progress:

- Developmental scales describe the actual skills of the child and suggest the next steps in supporting the development of the child in different areas (communication, gross motor, fine motor. etc.).
- Special tools for sensorial and sensomotorical stimulation.
- Conversation as a basic tool for supporting and empowering parents.
- Video – for evaluating progress, for identifying strengths and needs, and for training of parent-child interactions.
- Other tools and devices according to actual situations and the specific needs of the child and his/her family.
- Special interview techniques for identifying actual problems and needs.

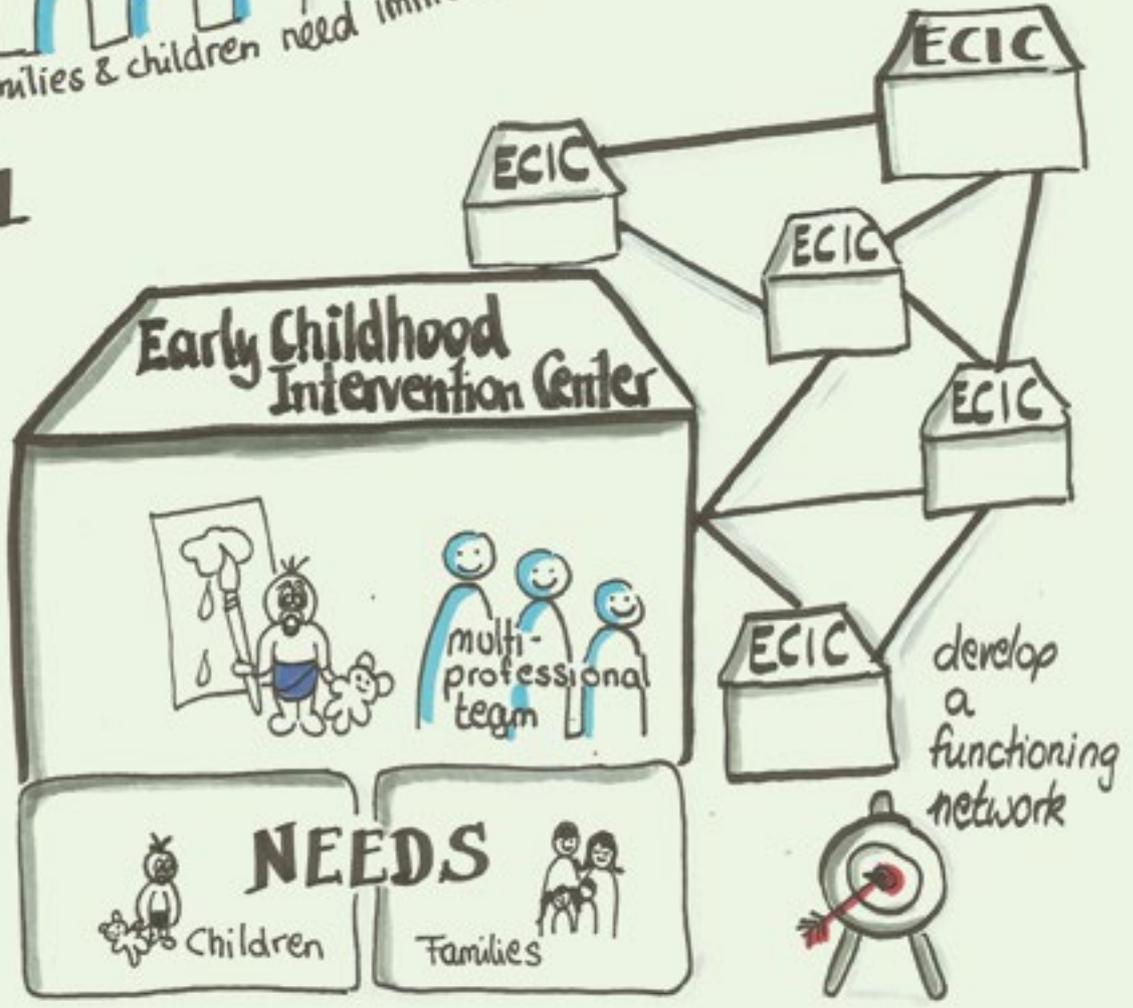
The staff of an ECI centre typically include: a psychologist, a physiotherapist, a speech therapist, social workers, special needs educators, and an occupational therapist.

The team works in a transdisciplinary way. Each expert gets to know the child and his/her parents, and the team cooperates (in accordance with the parents) to suggest the best way of supporting the child and family.

PROBLEM



GOAL



FACTS AND FIGURES:

A network has been started

- Currently, there are five Early Childhood Intervention centres with a total of 25 full-time staff members
- The centres have a total capacity to serve 250 to 300 families on a regular basis.
- Five regional cities/communities were involved in the development of the project.
- Besides the 25 full-time staff members, there are 15 additional staff trained in preparation of the programme's further expansion.

Example: How an prematurely born child is taken care of

The child is born prematurely (e.g., in the 28th week of pregnancy) and three months later mother and child are in hospital again. The mother is concerned about the health and the development of the child and is looking for help. A physiotherapist and a psychologist (or a social worker) come to the family (home visit). They talk to the mother, observe the child, and suggest the best course for going forward so that the baby can develop in an optimal way.

The physiotherapist trains the mother on how best to play with her baby, which toys to use and how to use them, etc. The psychologist supports the mother



The team works in a transdisciplinary way. Each expert gets to know the child and his/her parents

in her intuitive mothering, helping her to manage her own feelings and supporting mother-child interaction. The professionals also talk to other members of the family (father, older children), and together they try to identify the actual needs of all family members and ways to meet them. This becomes the basis for an individual plan. For example: What is the next step? What would be best for the older children? If they need some help from grandparents, how can the ECI centre help them? How often should the centre's staff visit the family?

If needed, other members of the professional team will visit, such as a special needs educator when visual stimulation is needed.

All centres cooperate closely with hospitals, paediatric units, or more specifically neonatology departments in their region. This cooperation is formalized through the Executive Committee of Neonatology Society, which has issued a recommendation for doctors to cooperate with ECI centres. In this way, parents/children leaving medical treatment have a follow-up service. The centres are also cooperating with pre-school services, but there is still high resistance regarding such inclusion.

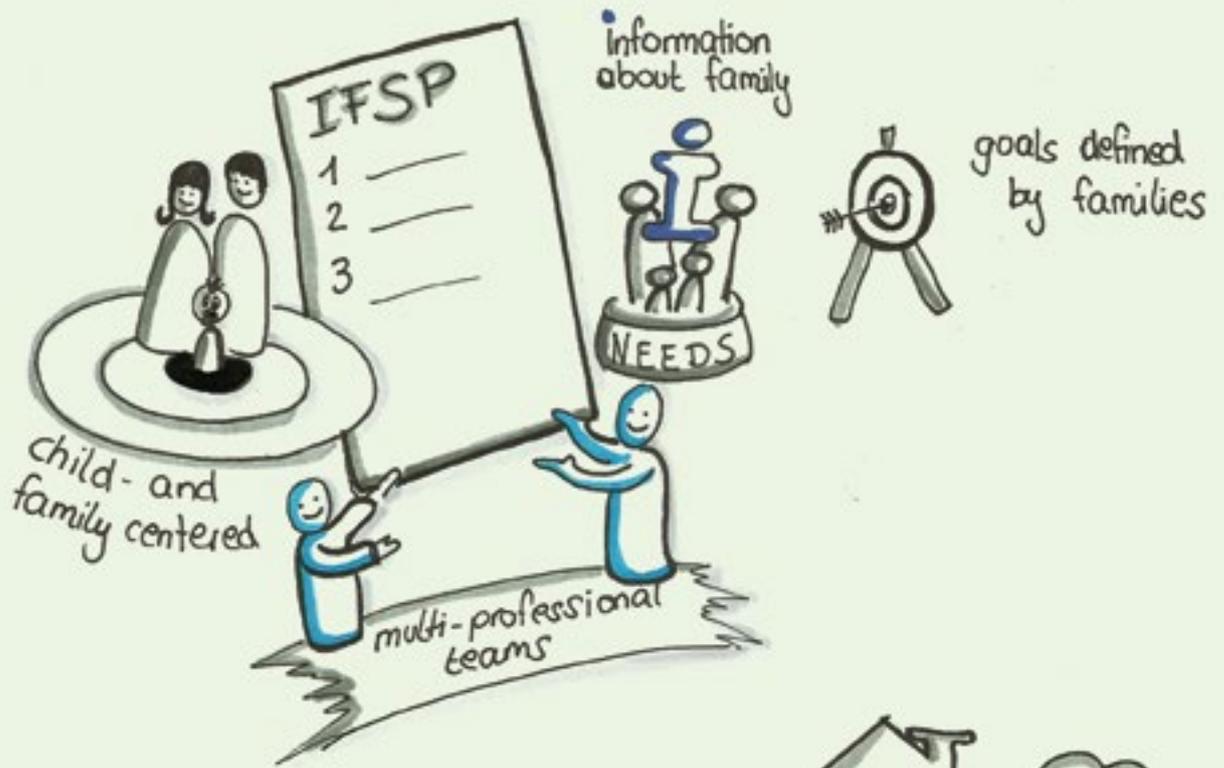
FUNDING:
Private money prevails

SOCIA is a private foundation without public subsidies or regular state donations. The establishment and financing of the three ECI centres was funded by SOCIA, with direct financial involvement from the VELUX Foundation, which is based in Denmark. Two additional centres will be opened later in 2016, funded from the proceeds of a charity ball.

OUTLOOK:
The network should be completed next year

Slovakia requires 20 to 25 Early Childhood Intervention centres to offer an ideal accessible network for all families with disabled children. To reach this goal, SOCIA has initiated negotiations with representatives of all eight regional governments, which are the main stakeholders in developing and financing social services on the regional level.

Such a flexible and accessible network would undoubtedly contribute to the creation of a stronger and more confident group of parents, which in turn would be better able to advocate for the real inclusion of their disabled children into society.





ABOUT THE ORGANISATION:

SOCIA – Social Reform Foundation

The private SOCIA Foundation is one of the largest non-profit agencies in Slovakia. Eight full-time staff members cooperate with 50 experts who are involved part-time in various projects and initiatives of SOCIA (National Disability Forum, SOCIOFORUM, WHO, Ministries and regional governments, Social Work Advisory Board, and others).

The SOCIA Foundation aims to facilitate changes for the benefit of social groups that are most at risk by providing financial support and a variety of services. To this end, in 2015 the Foundation established five Early Childhood Intervention centres as part of a project called “Development of Early Intervention in Slovakia,” which was launched in April 2014.



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ABOUT ZERO PROJECT ANALYSIS

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This in-depth analysis can be downloaded for free at

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