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Report 4/2018

Situation of 30 individually sponsored children with multiple special needs (MSN) during the school year 2017-2018

Review of the progress reports for sponsors, prepared by Veera Nieminen and Sirkku Kivistö. Helsinki, Finland, 10th October 2018

Contents

Tiivistelmä kuntoutuskummilasten vuosiraporteista 2017 -18	2
1. Background and current situation	2
2. School year 2017-2018 – review of the progress reports (n=30)	2
3. Needs of the children wide	4
4. Complex setting of difficulties to tackle	4
5. Special education and rehabilitation increase child's resources for life	5
6. Special schools or institutions during the school year 2017-18	5
7. Treatment and follow-up in Family Guidance Centers	6
8. Need for financial help to special education and rehabilitation	8
9. Comments by the Swiss and Italian partners in MSN-sponsorship program	8
Appendix: Progress report form	9
Correspondence addresses	11



Beit Atfal Assumoud, painting in Beddawi center

Tiivistelmä kuntoutuskummilasten vuosiraporteista 2017 -18

Psykologien Sosiaalinen Vastuu ry on muiden eurooppalaisten järjestöjen ohella tukenut palestiinalaisperheitä rahoittavaa "Sponsorship program for children with multiple special needs"-ohjelmaa. Ohjelman tavoitteena on tukea erityistarpeisten palestiinalaislasten arkea ja koulunkäyntiä sponsoroimalla kuntoutusta ja koulunkäyntiä. Lukuvuoden 2017-18 aikana ohjelmassa oli mukana yhteensä 160 kuntoutuskummilasta, joista 28 oli oma kuntoutuskummi Suomesta, Italiasta tai Sveitsistä. Tässä raportissa tarkasteltiin 30 lapsen otosta, eli otokseen sisällytettiin 4 projektin rahoittamaa kummilasta edustavan otannan takaamiseksi. Raportti on kuvaus lasten ajankohtaisesta tilanteesta, millaista apua he ovat saaneet ja kuinka siitä hyötynyt.

Raportissa tarkastellut lapset olivat iältään 4 - 24 -vuotiaita, suurin osa (60%) kuitenkin 12-vuotiaita tai sitä nuorempia. Syyt kuntoutustarpeelle vaihtelivat, mutta yleisimmin mainittiin kehitykselliset häiriöt. Myös tunne-elämän ja käytöksen ongelmia sekä elimellisiä sairauksia esiintyi. Vaikeudet näyttivät olevan päällekkäistyviä, sillä usean lapsen kohdalla oli mainittu useampi kuin yksi syy. Lasten kohdalla arvioitiin yksilöllisesti erityisopetuksen ja muun kuntoutuksen tarve. Yhtä lasta lukuun ottamatta kaikki olivat saaneet paikan erityiskoulusta. Puheterapia, psykoterapia ja psykomotorinen terapia olivat usein mainittuja kuntoutusmuotoja. Perheneuvolan sosiaalityöntekijät tekivät jokaisen lapsen perheeseen ainakin yhden kotikäynnin vuoden aikana, ja lisäksi perheneuvolassa tehtiin seuranta lasten tilanteista.

Tyytyväisyys palveluihin arvioitiin hyväksi. Raportteja koonneet perheneuvoloiden työntekijät arvioivat yhteistyön suurimmassa osassa tapauksista hyväksi tai erittäin hyväksi kodin, koulun ja perheneuvolan välillä. 80 % lapsista oli edistynyt kuntoutuksen tavoitteissa hyvin tai erittäin hyvin: monen kohdalla mainittiin arkielämän taidoissa ja sujuvuudessa tai tunne-elämän ja käyttäytymisen osa-alueilla tapahtuneen parannusta. Lapsen lähiverkoston ymmärrys lapsen tilanteesta ja tuen tarpeista lisääntyi. Kokemukset yleisesti raportissa olivat positiivisia, joskin esiin nousi myös erittäin haasteellisissa olosuhteissa eläviä perheitä.

PSV:n yhteistyöprojektin tavoitteena on, että mahdollisimman moni lapsi saa edellytykset itsenäiseen ja normaaliin elämään.

1. Background and current situation

Beit Atfal Assumoud (BAS) or The National Institution of Social Care and Vocational Training (NISCVT) has built a good cooperation network with UNRWA and local and international organizations for the mental health program. The program is implemented through five Family Guidance Centers (FGC), two in the south, one in Beirut, two in the north. The aim is to enable quality mental health service for Palestinian children and families, like for other disadvantaged populations. FGCs have since 1997 through coordination and trainings promoted the early detection and referral skills of the parents, guardians and educators to avoid

developmental delays. However, there are children who are referred to the FGCs, who need special education and rehabilitation services in addition to the treatment in the FGCs, and possibly caring and support all the life along.

BAS/NISCVT intensified 2009 the contacts in the local network to get special education places for Palestinian children. BAS/NISCVT also invited 2009 international partners to join in the sponsorship program for the children with multiple special needs (MSN). FiPSR started the first sponsorships for MSN-children in 2010. Also Italian Christian Codrai Foundation and Swiss PalCH responded positively.

Years 2013-2015 FiPSR and BAS run a pilot project, supported by the Ministry for Foreign Affairs of Finland, “Services for Palestinian children with multiple special needs and their families in Lebanon”. The separate MSN-project did not get continuation funds 2015 due to the cuts for development cooperation in the changed political situation in Finland. The French NGO Santé Sud launched an emergency project to enable the continuation of special education in 2016-2017. The French support ended in February 2018. In the ongoing project of FiPSR and Finnish-Arab Friendship Society (FAFS) 2017-2018 the support for MSN-children is integrated as disability component in the general mental health project.

In addition to the state funding there are individual sponsors for MSN-children. During school year 2017-2018 there were 17 individually sponsored children by Finnish sponsors, 3 by Italian sponsors and 8 by Swiss sponsors. The sponsors get annually progress report about their own child.

2. School year 2017-18 – review of the progress reports (n=30)

This review is based on 30 progress reports for the school year from August 2017 through June 2018. It is a sample of the 160 children with MSN in follow-up at the Family Guidance Centers. The children of the sample (30) studied in 10 special schools in Beirut area and 5 schools in Saida area.

The children were from the Family Guidance Centers in Beirut (23), Saida (6) and El-Buss, Tyre (1). The reports were written by Ms Liliane Younes, Ms Nour Al-Saadi, Dr Madeleine Badaro Taha, Ms Mona Shaaban and Ms Mona Al Merhi.

In 2018, the 30 sponsored children were aged between 4 and 24 years. 66,7% of the children were Palestinian, 20% Syrian and in 13,3% without nationality. 10% of the children were new in the sponsorship program and the rest had been sponsored for multiple years. By gender they were 67 % boys and 33 % girls.

Age group	number of children	percentage
4 – 12 y	18	60,0 %
13 – 15 y	7	23,3%
16 – 18 y	3	10,0%
Over 19 y	2	6,7%

3. Needs of the children wide

Most of the sponsored children needed more than one kind of support.

Special education was mentioned most often as a form of help needed. During school year 2017-18 80% of the children were in a special education program.

Rehabilitation came up as a comprehensive helping factor for many children. 70,0% of the children were in need of speech therapy. Psychomotor therapy was mentioned in 56,7%, psychotherapy in 26,7% and physiotherapy in 16,7% of the cases.

40,0% of the sponsored children were in need of medical treatment, such as antiepileptics and medication for attention deficit disorder.

The needs assessment has been comprehensive. When looking at the goals cited for the children and the methods for achieving them, it can be noticed that they seem quite similar to the goals and methods used in Finland with disabled or special needs children of the same age.

4. Complex setting of difficulties to tackle

There were a variety of difficulties mentioned in the reports, such as complex developmental problems including mental retardation, speech/motor/cognitive delays, learning disabilities, autism and/or emotional and behavioral problems. Organic problems included epilepsy, cerebral palsy, brain tumor and the Down syndrome. Neurological and psychiatric complications of these pathologies were also identified, the most prevalent of which were developmental delays, communication disorders, and behavioral and emotional disorders. Many of the difficulties seemed to be comorbid with other difficulties; in most of the cases there were several reasons for treatment mentioned.

5. Special education and rehabilitation increase child's resources for life

Considering the variations in the age of the children, individual challenges and differences in living conditions, it seems to be understandable that the aims of the treatments were diverse. In some cases the goals were comprehensive and set for supporting development on a broad scale. For some children goals were more narrow, such as controlling of the seizures or improving reading and writing skills.

In majority of the cases (86,7%) there were some academic aim (cognitive skills, academic rehabilitation, reading or writing skills) mentioned. For 23,3% of the sponsored children the goal was vocational training. Improving daily life skills and autonomy turned out to be a central aim as well, being mentioned in 60,0% of the

cases. Multiple other goals were mentioned: improving social of behavioral skills (63,3%), developing language, supporting motor skills (16,7%), supporting self confidence (10,0%), rehabilitation (6,7%) and controlling seizures (6,7%).

In general, the goals seem to aim for giving the children the chance to use their resources in the best way so that they can live as independent and normal life as possible. However, some children will need assistance throughout their life.

6. Special school and institutions during the school year 2017 – 18

The mental health program of Beit Atfal Assumoud has succeeded to create a large network of special schools and rehabilitation centers, which accept Palestinian children. The sponsored children were studying in 145 institutions: the most commonly mentioned were Tanmieh Fikrieh (30%), Dar Al Aytam Institution (16,7%) and Ghassan Kanafani Foundation (10%). In the following institutions there were one sponsored child in each institution: Ali Al Hallak for Education and Rehabilitation school, Imane School, Mohamad Zeidan Vocational training center, Mohammed Khaled Foundation, Mousawat special center, Sidon international school, Association and school AVANCE for epilepsy and special needs children, Social Care Institution Katermaya, Happy Home, Tarbia wa Islah and Al Hadi Institute.

40% of the children had changed school or institution during the past school years, mostly because of moving to a more suitable program for a certain age (e.g. vocational training). Most of the children (76,7%) received at least partly the needed treatment/rehabilitation in the special school/institution. In addition, some children (40 %) attended therapeutic treatments (speech, psychomotor, psychology) or follow up sessions (psychiatry) in FGC.

Quality of cooperation between Family Guidance Center & Institution

	number	percentage
Very good	9	30,0%
Good	16	53,4%
Fair	4	13,3%
No schooling*	1	3,3%

*One child was not accepted by any special school

Quality of cooperation between Family & Institution

	number	percentage
Very good	6	20,0 %
Good	19	63,4%
Fair	4	13,3%
No data	1	3,3%

As represented above, in the clear majority of the cases the cooperation was experienced good or very good.

7. Treatment and follow-up in Family Guidance Centers (n=30)

Psychiatric consultations 2017-18

Number of consultations	Number of children	Percentage
1-3 times	15	50,0%
4-6 times	11	36,7%
7-12 times	4	13,3%

Number of home visits by social worker in school year 2017-18

Number of home visits	Number of children	Percentage
1-3 times	25	83,3%
4-6 times	3	10,0%
7-12 times	2	6,7%

In addition, social workers had sessions and interviews in the FG-centers with families of 6 children.

Participation in other activities in NISCVT camp centers which are beneficial to the child and family

25 children (83,3%) were not taking part in activities in NISCVT camp centers, 5 families (16.7%) took part in parental / parent-child -activities, summer activities and Family Happiness sponsorship program.

Quality of cooperation between Family Guidance Center & Family

	number	percentage
Very good	12	40,0%
Good	12	40,0%
Fair	6	20,0%

Progress of the child assessed by the Family Guidance Center team

	number the children	percentage
Very good improvement	9	30,0%
Good improvement	15	50,0%
Fair improvement	6	20,0%
No improvement	0	0,0%

Examples of the additional comments reported where the progress of the child had been good, such as improved autonomy and daily life skills, better emotional or behavioral skills and improved integration at home and in the school.

Children's progress was described in various ways:



"More able to interact and build relationships with others"

"Grown self-confidence"

"Previous behavioral problems subsided completely"

"Expresses emotions more accurately"

"Is more autonomous; can walk to school independently, can prepare food and has better social skills"

"Learned to write a little bit and started to say few words"

"Motor involvement, walks alone. Responds to language. Started to express himself in one or two words sentences. Seizures are controlled."

"Child succeeded to reduce some repetitive and addicted behaviors"

"Improvement in academic skills, social and communication skills, expression of feelings and building relationships"

"Starting to get in the toilet independently"

"Better social skills in home and in school, more able to build relationships and interact"

In such cases where there was no improvement noted, the home situation was described difficult:

"Chaotic home environment"

"Family situation is difficult; sick grandmother is taking care of the child"

Improvement in the home and social situation of the child, assessed by the social worker of FGC (n=30)

	number the children	percentage
Very good improvement	4	13,3%
Good improvement	14	46,7%
Fair improvement	8	26,7%
No improvement	4	13,3%

As can be seen from the table above, social workers see a lot of improvement in the home and social situation of the children. In the additional comments it turns out that social workers see that many families are supportive and can deal better with their childrens' difficulties.

“Mother more aware about the child’s difficulties”



“Mother increasing her skills to deal with the child and use the techniques which learned from therapists”

8. Need for financial help for special education and rehabilitation

27 families (90,0%) were still in need of financial assistance, more than one year 26 (86,7 %) of them.



FGC: “The income of the family comes from charity organizations, the monthly expenses are very high since they live in a rented house and pay transportations for children to reach their schools”

FGC: “The child’s medication are really expensive and the family cannot afford to pay them if no support is available”

FGC: “The sponsorship is very much needed for the child to be able to pursue his special education and as a way to support the family”

Unfortunately, UNRWA’s financial crisis affects the situation of families with children with special needs despite the UNRWA’s inclusive guidelines

- Budget for 2018 across all funding streams is around US \$1.2bn Current (18th Sep 2018) shortfall is around US \$200 million

9. Comments by the Swiss and Italian partners in MSN-sponsorship program

Ms Ursula Hayek, PalCH, Switzerland

The free comments in the progress reports are very illustrative in addition to the formal information, thanks to the reporters. Some examples of the interventions of social workers with parents would be highly interesting, like also about the situation of siblings.

Ms Monica Musri, Christian Codrai Foundation (CCF), Italy

CCF is deeply interested on the various ways in which the MSN Project is helping the children to achieve more skills and capacities as well as in the ameliorations in the family dynamics. The services provided by FGC for the child and the family improve their overall condition and this is assumed to be due to the holistic approach used, which deals not only with the educational aspects but also with relational ones by involving the family in the whole process. The family dynamics are improved by helping it with the acceptance of the child's special characteristics which results in a deeper understanding of the child and generate a helping and more compassionate family environment.

It is believed that the improvements for the children and their families also influence positively the social situation.

Sponsorship Program
Schooling and Medical Assistance
Children with Special Needs

Evaluation Plan (in project plan)

The Family Guidance Center teams evaluate the progress of the children with special needs together with the responsible of the specialized schools and institutions (school director- teachers) to see, to which extent the integration of the child in the special program was beneficial for him/her and what is the need and the possibility for further similar schooling.

Progress report concerning the school year 2017-2018
based on home visit and information of FGC team and responsible/s of the specialized school and institution (school director-teachers).

1.FGC location:

2.Date of Consultation with the Psychiatrist at the FGC:

3.Report prepared by:

INFORMATION ABOUT THE CHILD

4.Name and code of the child at the center:

5.Child's birth date:

6. Nationality:

7. Sponsored since:

8.Name of special school, institution, center... during the school year 2017-2018 :

9. Main difficulty for which the child needs to be integrated in a special program:

10.Did the child moved between more than one School/Institution during the past years?

No

Yes

If yes, Why

If Yes list these schools:

1.

2.

CHILD'S NEEDS

11.What kind of help the child is needing?

Special education program ☐

Speech therapy ☐

Psychomotor therapy ☐

Psychotherapy ☐
Physiotherapy ☐
Other, Specify

12. Which of those services / treatment is received by the child at the special school/ institution...

-

13. If Medical treatment needed, please specify

14. What is the main aim of the special education, rehabilitation or treatment of the child? (what kind of improvement FGC wants the child to achieve?)

COOPERATION

15. How was the cooperation between the FGC and the school/ institution to where the child has been referred during 2017-2018

Very good ☐

Good ☐

Fair ☐

16. How was the cooperation between the FGC and the child's family during 2017-2018

Very good ☐

Good ☐

Fair ☐

17. How was the cooperation between the child's family and the school/ institution to where the child has been referred during 2017-2018

Very good ☐

Good ☐

Fair ☐

18. How many consultations with the psychiatrist at the FGC did the child have during the school year 2017-2018 (September 2017 to April / May 2018)

19. How many sessions with other specialists at the FGC did the child have during the school year 2017-2018 (September 2017 to April / May 2018) Please specify the services)

20. How many home visits have been done to the family by the social worker during the school year 2017-2018 (September 2017 to April / May 2018)

CHILD'S CURRENT SITUATION

21. Progress of the child assessed by the FGC team? (Choose one of the following options)

Very good improvement ☐

Good improvement ☐

Fair improvement ☐

No improvement ☐

Additional comments:

.....
22. Is the family still in need of financial help to offer the child special education / treatment? (Choose one of the following options)

No ☐

Yes ☐

If yes, for how long time the financial assistance will be necessary:

½ year ☐

1 year ☐

More than 1 year ☐

Additional comments:

.....
23. Changes in home and social situation of the child, assessed by the social worker of FGC

Very good improvement ☐

Good improvement ☐

Fair improvement ☐

No improvement ☐

Details:

24. Does the child take part in Other activities of NISCVT

No ☐

Yes ☐

If yes, select from list what services are used:

1) Sponsorship program

"Family Happiness" ☐

2) Kindergarten ☐

3) Remedial class ☐

4) Special needs class ☐

5) Cultural activities ☐

6) Sports ☐

7) Dental care ☐

8) Parents' activities ☐

9) Summer activities ☐

Any Additional comments:

Place and Date of the report

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