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## **Report: Sponsorship program of special service for children with multiple special needs: overview of 39 annual progress reports of MSN children, school year 2020-21**

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### **Contents**

A. Program's background	2
B. School year 2020 -21: Review of the progress reports	3
C. Information about the children and their challenges	3
D. Received treatment and cooperation	5
E. Children's current situation: how do the children benefit from the program	8
Appendix: Progress report form	10

## **A. Program's background**

As a part of the project "Mental health for groups with complex needs: a multidisciplinary model combining client centered and community approaches (2020-2021)", FiPSR (Finnish psychologists for social responsibility) supports a sponsorship program for children with multiple special needs. The sponsorship program provides services for disabled Palestinian children and their families in Lebanon. The local partner is BAS/NISCVT (Beit Atfal Assumoud/The National Institution of Social Care and Vocational Training). The Mental Health program of BAS/NISCTV runs five Family Guidance Centers (FGS's) in Lebanon. Since 2009, these FGC's have increased the service for children with multiple special needs (MSN): special education, rehabilitation and the follow-up in the FGC. In school year 2020 - 21, 143 children with multiple special needs attended the program, of which 17 supported by FiPSR's private sponsors and sponsor groups.

The aim of this report is to examine the situation and progress of the MSN children that attend the program. This report based on the evaluations that FGC professionals do for each sponsored child on a yearly basis.



*The logo of BAS (painting in BAS center in Beddawi)*

## **B. School year 2020-21: review of the progress reports (n=39)**

This review based on 39 progress reports, which is a sample of the 143 children with multiple special needs who attend Beit Atfal Assumoud's program to receive rehabilitation for their difficulties. The rehabilitation is coordinated by the local Family Guidance Center (FGC). 51.25% of the children were from Beirut area, 18 % from Saida, 10.25% from El Buss, 10.25% from Beddawi and 10.25% from Naher Bared. The

progress reports were prepared by FGC social workers Hanane Dabduob, Mona Shaaban, Nivin Al Murshed, Riham Mansour, Sonia Issa, Nour Al Saadi and Hala Sayed.

17 of the children were sponsored by FiPSR sponsors and sponsor groups, 8 by Palestine's Children Switzerland (PalCH) and 3 by Christian Codrai Foundation Italy (CCF).

The children of the sample studied in 18 special schools in which they had a possibility to receive education in a way that took into account their developmental difficulties. 3 children were not able to attend school, two of them because of covid-19 pandemic and one because family moved out of town.

The majority of the children were age 6-11 (primary school). Two were under school age, 10 intermediate school age (12-14) and 2 were at secondary school age or older. Information about child's age were lacking for one child. 84,5 % of the children were Palestinian. The majority had attended the program for several years, which is understandable considering the complex developmental difficulties they had. 7 children were new in program.

The children's difficulties were delays in cognitive development (intellectual disabilities), learning problems, aphasia/language disorders, ADHD, epilepsy, autism/autism spectrum disorders, Down syndrome, cerebral palsy and mental health problems such as depression or anxiety. Most of the children had more than just one kind of difficulty. The rehabilitation included special education, different kind of therapies and working with the family. Sometimes the mother attended psychotherapy. 56.5% of the families attended also some other NISCVT activities, such as parent activities, family happiness sponsorship program, cultural activities, summer activities or dental care.

In the comments section it came clear that the year in Lebanon has been tough, especially for the underprivileged people. The unstable political situation, economic crisis and covid-19 pandemic did have a major impact on people's daily lives. Many lost their jobs and the lock-downs changed families' daily routines. Children's school year was discontinuous, many of them studied online and needed more of parents guidance and support to manage in online-lessons. FGC professionals did a lot of work to stay in touch with the families by remote connections. Also extra food aid money was delivered. Despite of all, in the report social workers evaluated that most of the children had achieved some progress: many made progress for example in academic skills, communication and self-expression. Also parent's skills to deal with the child was improved in many cases.

## **C. Information about the children and their challenges**

### **The ages of the children**

Most of the children were in primary school (57,5 %) or intermediate school (22,5 %). A few were pre-schoolers or in secondary school age. A few were young adults (over 18 years) who still received rehabilitation and support to build as independent life as possible.

<b>AGE</b>	<b>NUMBER</b>	<b>PERCENTAGE %</b>
Pre-school or younger	<b>2</b>	<b>5,0 %</b>
Primary school age (6-11)	<b>24</b>	<b>61,5 %</b>
Intermediate school age (12-14)	<b>10</b>	<b>26 %</b>
Secondary school age (15-18)	<b>2</b>	<b>5,0 %</b>
Unknown	<b>1</b>	<b>2,5 %</b>

### **Nationality**

The majority of the children were Palestinian, part of which Syrian flees. 3 children were Syrian. One child's nationality was unknown for some reason.

	<b>NUMBER</b>	<b>PERCENTAGE %</b>
Palestinian	<b>33</b>	<b>84,5 %</b>
Syrian	<b>2</b>	<b>5,0 %</b>
Palestinian-Syrian	<b>3</b>	<b>8,0 %</b>
Unknown	<b>1</b>	<b>2,5 %</b>

### **Years in sponsorship program**

Most of the children has been in the program for several years. This is understandable since most of the difficulties are quite permanent and require long-term treatment and rehabilitation. However, there were also 4 new children in the program.

	<b>NUMBER</b>	<b>PERCENTAGE %</b>
6 years or more	<b>7</b>	<b>18,0%</b>
5 years (since 2016)	<b>7</b>	<b>18,0 %</b>
4 years (since 2017)	<b>9</b>	<b>23,0 %</b>
3 years (since 2018)	<b>6</b>	<b>15,5 %</b>
2 years (since 2019)	<b>6</b>	<b>15,5 %</b>
1 year (since 2020)	<b>4</b>	<b>10,0 %</b>

## **Main difficulties of the children**

As it appears in the name "children with multiple special needs", the children attending in the program have complex developmental problems. In 49 % of the cases, there were more than one difficulties mentioned.

The most usual problems related to delay in cognitive development. Developmental delay or intellectual disability was mentioned in over half of the cases (51,5 %) and learning disabilities 23 % of the cases. Other difficulties were autism or autism spectrum disorder (31 %), delay in speech and language development (18 %), Down syndrome (10,5 %), cerebral palsy (10,5 %), delay in motor development (8 %), attention-deficit and hyperactivity disorder (8 %), epilepsy/seizures (5 %). In 13 % (5 children) there was also psychological reasons mentioned (depression, anxiety, distress, repetitive behaviour). Two children (5 %) had also somatic diseases.

## **D. Received treatment and cooperation**

### **Needs of the children**

Most of the children needed more than one form of rehabilitation. Children's needs for help were following: special education program (77 %), speech therapy (82 %), psychomotor therapy (64 %), psychotherapy (56,5%), physiotherapy (15,5 %), occupational therapy (13 %) and psychosocial interaction activity (5%).

Many children received some services or treatment from school or FGC's. 7 children (18 %) didn't attend to any therapies, but some of them had home visits from FGS's social worker. Most of the children attended in a special education program (72 %). Special education program were arranged online at least for 6 children during pandemic restrictions. 30.5% attended speech therapy, 26% psychomotor therapy, 18% occupational therapy, 10 % psychotherapy, 5% physiotherapy, and one family had psychotherapists guidance for parents. 8% of the children were lacking some therapy they would have needed, because of parents financial difficulties. The information about received therapy were missing for 3 children. 25.5 % of the children needed medical treatment.

### **Main aims of the treatment**

In the reports, it was asked what kind of improvement is desirable to achieve by treatment. The aims were numerous: achieving better cognitive abilities and academic performance (reading, writing), social skills, developing speech and communication skills, motor and sensory skills, controlling own behavior and emotions, building better self-confidence and autonomy. Rehabilitation also aimed to increase better understanding of the child's situation and support parents and families to help the child. In general, the goals seemed to aim for giving the children the chance to use their resources in the best way so they could live as independent and normal life as possible. However, some children will need assistance throughout their life for sure.

## Special schools

For Palestinians, it is not easy to receive special education of good quality. Some schools do not accept Palestinians and the tuition fees are not affordable for the most of them. 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 18 institutions. Special school "Tanmieh Fikrieh" in Beirut was mentioned most often (6 children).

Other schools were Lebanese Welfare Association for the Handicapped Nabih Berri Rehabilitation Compound (4), Dar Al-Aytam Al-Islameya (4), Ghassan Kanafani Foundation (3), CBR center (3), Lebanese International college LIC (2) Happy Home Al Beit Assaied (2), Al Mujad (1), Ali Hallak School (1), Mohamd Khaled Institution (1), Avance School (1), Al Mona Center (1) and Tarbia wa Islah (1), Saida International School – Path for Life (1), Saida Technical institute for Young Women (1), Dar El Helm (1), Beit Atfal Assoumoud KG (1), Basme & Zeytona (1)

Three children were not attending in any education during the year and the information about school were lacking for one child.

Most of the children (67%) continued studying in the same school as the year 2019-20. 12 children (31%) changed school. The most usual reason for changing the school was age (there was no class for teenagers etc.). Other reasons were challenges with transportation or tuition fees or difficulties to find a suitable school or get accepted.

## Consultations with a psychiatrist

It was most usual (31 % of the children) to have two psychiatrists' consultation during the school year 2020-21. It was also quite common to have 1 or 3 consultations. Ten children did not have any consultation at all. A few children needed more than three consultations.

NUMBER OF CONSULTATIONS	NUMBER OF CHILDREN	PERCENTAGE %
0	10	25.5%
1	8	20.5%
2	12	31%
3	6	15.5 %
4	1	2.5 %
5	2	5 %

## Sessions with other specialists

The number of sessions with other specialists (psychologists, psychotherapists, psychomotor therapists, speech therapist, music therapists, social workers, occupational therapists) were reported in varying manners, which is why this information is hard to compare. Some sessions were for children, some for mothers. In some cases (7 children, 18 %), it was mentioned that sessions located at school and therefore the exact number was not known or followed by FGC. According to the reports, at least 4 children (10 %) received intensive (at least once a week, at least one kind of

rehabilitation) sessions in FGC's. 3 mothers (7.5 %) received psychotherapy and 2 (5 %) attended to family support group. 2 children (5%) had IQ test made by psychologist during the school year. In 20 children's reports (51 %) it was mentioned that there was no sessions in FGC during the school year. 1 children lacked the information. It was also mentioned that political riots, roadblocks and covid-19 pandemic affected on therapy sessions. In such periods, the specialists kept in touch with families by phone calls or WhatsApp and social workers regularly kept in touch with the families.

### Number of home visits

Most of the children in the program received at least one home visit by social worker during the year. Home visits are an effective way to gain understanding on child's home and living conditions.

There were no home visits for 18 % of the children. For 33,5 % of the children there was one visit, and for 28 % 2-4 visits during the year. 15,5 % of the children's families received 5-9 visits and 5% ten or more visits. Social workers did regularly keep in touch with the families also by phone calls and WhatsApp.

	<b>NUMBER</b>	<b>%</b>
0 visits	<b>7</b>	<b>18 %</b>
1 visit	<b>13</b>	<b>33.5 %</b>
2-4 visits	<b>11</b>	<b>28 %</b>
5-9 visits	<b>6</b>	<b>15.5 %</b>
10-15 visits	<b>2</b>	<b>5%</b>

### Perceived cooperation

In the annual progress reports, the quality of cooperation is estimated. Mostly the experiences were positive, especially between families and FGC's. In terms of the progress of the child, it is important that actors are able to work in cooperation for child's good.

### Cooperation between FGC & school

	<b>NUMBER</b>	<b>%</b>
Very good	<b>12</b>	<b>33 %</b>
Good	<b>23</b>	<b>64 %</b>
Fair	<b>1</b>	<b>3 %</b>

N=36, three children were not attending school

### Cooperation between FGC & family

	NUMBER	%
Very good	30	77 %
Good	8	20.5 %
Fair	1	2.5 %

### Cooperation between family & school

	NUMBER	%
Very good	10	28 %
Good	20	55.5 %
Fair	6	16.5 %

N=36, three children were not attending school

## **E. Children's current situation: how do the children benefit from the program**

### Progress of the child (assessed by the FGC team)

5 % of the children made very good improvement and 46 % good improvement. In 36% of the cases the improvement was assessed to be fair and in one case there were no improvement noticed. In 4 cases the progress of the child were not evaluated. Three of these children who were lacking the evaluation were not in school during the semester.

	NUMBER	%
Very good improvement	2	5 %
Good improvement	18	46 %
Fair improvement	14	36 %
No improvement	1	2.5 %
Information not available	4	10.5 %

### Need for continuation

In most of the cases (90%), social worker had assessed that family needs financial help in the future to offer special education or treatment to the child. Based on social worker assessment 87 % of the children still needs to attend the program longer than one year and the family needs financial aid to support it. This is understandable, since the



challenges in these children’s development are complex and significant and many families struggle with financial issues.

In 4 cases social worker had assessed that financial support is no longer beneficial or needed. In one case the child graduated. In two cases the team were suggesting to replace sponsored child with another, because the child did not attend to school enough and parents were not committed to the program. In one case there were no information available.

In 5 cases of the children who needed continuation to the program, there were social workers mention about a threat of losing financial aid from FGC because of lack of sponsor.

### **Changes in home and social situation**

The program also targets to improve children’s daily living environment and parent’s abilities to act with a child with multiple special needs. Mostly, good improvement in child’s home and social situation was perceived.

	<b>NUMBER</b>	<b>%</b>
Very good improvement	<b>4</b>	<b>10.5 %</b>
Good improvement	<b>17</b>	<b>43.5%</b>
Fair improvement	<b>14</b>	<b>36 %</b>
No improvement	<b>1</b>	<b>2.5 %</b>
Information not available	<b>3</b>	<b>7.5%</b>

### **Attending other NISCVT activities**

The majority of the children and their families (56.5%) attended in NISCVT activities. Parent’s activities were most popular, 51% of the children’s parents had attended. Other mentioned activities were cultural activities (36%), summer activities (33.5%), Family Happiness sponsorship program (20.5%), dental services (18%) and sports (5 %). Offering activities for children and families aims towards better social inclusion.

### **Comments about children’s situation**

In comments section, social workers mentioned achievements: many children performed better in academic skills (reading, writing, schoolwork), were more capable to communicate and build relationships, expressed their feeling in a more constructive way, and had built better self-confidence. It was also mentioned often, how parents and relatives understanding about child’s difficulties became better, and how they developed better parental skills. In the comments, it also came clear that the past year had been very rough especially for the underprivileged people in Lebanon: the economic situation caused poverty, and the pandemic quarantines changed daily routines and caused stress. The school year had been discontinuous because of roadblocks and pandemic lock-downs. The social workers and therapists did keep in touch with the families by phone, and also extra food aid money was delivered.

## **Thanks to the Family Guidance Center staff**

Thanks to Family Guidance Center staff for your work with children and families, social workers for preparing the reports and mental health program coordinator Khawla Khalaf for being in charge of the reporting process.

## **Appendix: Progress report form**

### **NISCVT's Mental health Program**

#### **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 2019-2020**

#### **Based on home visit and information of FGC team).**

1. FGC location:
  
1. Date of Consultation with the Psychiatrist at the FGC:
  
1. Report prepared by:

#### **INFORMATION ABOUT THE CHILD**

1. Name and code of the child at the center:
  
1. Child's birth date:
  
1. Nationality:
  
1. Sponsored since :

1. Name of special school, institution, center... during the school year 2019-2020:

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

1. Did the child move between more than one School / Institution during the past years?

No

Yes

If yes, Why

If yes list these schools:

### **CHILD'S NEEDS**

1. What kind of help the child is needing?

Special education program

Speech therapy

Psychomotor therapy

Psychotherapy

Physiotherapy

Other, Specify

12. Which of those services / treatments 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 2019- 2020

Very good

Good

Fair

16. How was the cooperation between the FGC and the child's family during 2019 - 2020

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 2019- 2020

Very good

Good

Fair

18. How many consultations with the psychiatrist at the FGC did the child have during the school year 2019-2020(September 2019 to April / May 2020)

19. How many sessions with other specialists at the FGC did the child have during the school year 2019-2020(September 2019 to April / May 2020) Please specify the services)

20. How many home visits have been done to the family by the social worker during the school year 2018-2019 (September 2018 to April / May 2020)

### **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

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:**

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.....  
.....

**Place and Date of the report**