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**EUROPEAN SURVEY ON EARLY INTERVENTION**

**INTRODUCTION**

Throughout its history, ICEVI Europe has considered important the creation of interest groups on specific topics, such as Early Intervention. For different reasons these groups have had an uneven and discontinuous functioning. During the 8th European Conference on Education and re/habilitation of people with visual impairments, held in Istanbul (Turkey), from June 30th to July 5th 2013, there were specific sessions with professionals interested in specific topics with the idea of re-launching these groups again.

As a result, during the meeting of the European Committee in Budapest, Hungary, in October of the same year, it was decided to finally re-launch the interest groups, directed by a member of the Board or a Professional of the field.

The group of Early Intervention (EI) was entrusted to Ana Isabel Ruiz, representative of the Southern European countries, because in Spain there is a group called DATO, devoted to boost Early Intervention (EI) all around the country, and she could ask that group to be involved at a European level.

Among the proposals submitted by DATO group, it was decided to start by raising a survey on the current situation of EI in European countries, in order to organize the group of interest based on the existing reality and the proposals of professionals and institutions involved in this attention.

Thus, the objective of the survey report which is presented here, is to reflect the answers given by several professionals about how EI is delivered and organized in their countries and to draw some conclusions and recommendations for the future to be improve, not only at a national or regional level, but in the international also, based on exchange of experiences and professional training.

The information we have is not representative of all countries in Europe, as the survey has been responded only by professionals and institutions of 10 of them. However, it is a starting point that allows us to reflect on the manner in which EI services are provided in some countries, as well as the needs of the clients of this program and the professionals who take care of it.

At the end of this document, there is an annex attached of all professionals and institutions who have so kindly responded to the survey, to who we are deeply thankful.

While it was our objective to know about the specific situation of each country, we have not fully achieved this goal, because of the diversity of profiles and institutions that have answered an at the same time, because of the own way the survey is formulated, with closed questions that have conditioned some answers that could have been richer and would have provided with more information if they had been raised as open questions.

However, the summary of surveys received and the conclusions and recommendations drawn from them is presented below.

1. **TYPE OF ORGANIZATION**

The Organizations who have answered the survey are very different between them. In some countries there is a national organization to care for all people with visual disabilities, under the umbrella of an association; in others, the same national organization depends on the administration and serves people with any kind of impairment; there are also regional organizations with a specific approach by the type of impairment, age or the services they provide.

On the other hand, the ones who have answered the survey have different professional profiles from one country to another, and even between organizations from the same country.

**Conclusion:**There is a wide variety of institutions responsible for EI with different resources and perspectives. This circumstance makes it difficult to establish comparisons between the performances of different organizations.

This is also hindered because the profile of the person answering the survey is different in each country.

**Recommendation:**- It would be convenient to advance in strategies that permit a more concrete approach to the reality of each country.

1. **ANALYSIS OF THE POPULATION**

There is a common definition neither of visual impairment nor of early intervention. One center defined the visual impairment under the criteria of the ICF (International Classification of Functioning, Disability and Health, World Health Organization); another, as the implication for the child development and others as measurable parameters in specific scales. In these cases, virtually all countries consider the visual acuity below 0.3 as a minimum standard to attend the child.

As for EI, in most countries it is understood as intervention for 0-6 years old children and their families, though there are some that focus also on the 3-6 years or others who put the focus on families more than on the child, as in the case of the Czech Republic, where in addition, EI intervention extends to seven years old children.

However, the terminology is not understood in the same way in all countries, such as Finland, which also use the term "early intervention" to refer to situations in which they must react as soon as possible the needs of students, regardless of how old the child is. In this country, the attention given to 0 to 3 years children is not clear in the surveys.

All countries without exception have a high percentage of the population of children with multiple disabilities (between 40 and 50%). There are disparate rates of children with multiple disabilities in Finland, ranging between 36% and 75%, depending on the organization that has answered the survey.

**Conclusions:**

* Although many countries share the definition of visual impairment according to quantitative parameters of visual acuity, others tend to criteria related with functionality.
* In most countries EI is understood as a service for children aged 0 to 6 years and their families, but there are some different perspectives in various countries.
* The big differences between the organizations that responded to the survey do not allow establishing a clear percentage of the population of 0-6 years related to other age groups. However, it seems that in most countries the ratio is similar; even there are some cases with very low percentage compared to other visually impaired people. Either way, the data are inconclusive.
* In most countries, the percentage of people with multiple disabilities is very similar, about 40-50%, stressing the high percentage of children with cortical visual impairment found in some places.

**Recommendations:**

* There is a need to deepen the knowledge of the criteria used in each country and why they are likely to use these criteria in the decision about the population to be served.
* There should be a map of the population served in each European country in order to optimize the programs and resources for this service.
1. **LEGISLATION:**It seems to be legislation in all countries recognizing rights for children with visual impairments (education, social inclusion and social protection). Some also specify that their countries have supported the UN Convention on the Rights of Persons with Disabilities.
However, in some countries, laws cannot adequately be met because of funding problems.

**Conclusion:**In all countries it seems to be legislation in favor of inclusion of people with disabilities, although the level of compliance seems to be uneven.

**Recommendations:**

* Ensure that the recognition of rights declared by the UN Convention on the rights of people with disabilities is effective in all countries.
* To urge that the necessary financial and technical resources are allocated to carry out the law in terms of equality and inclusion.
1. **DETECTION AND ASSESSMENT**

In most countries they conduct campaigns and activities focused on the detection of children with low vision or blindness. They often also develop awareness activities, although not all countries speak about them.

The screening is being conducted by health, social or educational services and the organizations of persons with visual impairments. Likewise, children are referred to early intervention services by ophthalmologists and medical or educational services, but also by families and organizations for the blind.

Regarding the assessment, it is performed by experts and multidisciplinary teams (ophthalmologists, psychologists and EI therapists or teachers). They value aspects of functional vision, if any, as well as different elements related to the development and child and family needs. Some countries mention that the assessment is made in the context of the ICF.

About assessment tools they talk about both of standardized tests and observation and functional tests on specific areas.

**Conclusions:**

* In most countries it seems that the detection and evaluation are appropriate and effective and no country has made any negative comments in this respect.
* The detection channels are very diverse and some of them very interesting to share and export to other countries.

**Recommendations:**

* Make a deeper study on detection and referral channels in different countries and disseminate it in order to value its applicability in their respective countries.
* To promote awareness and early detection campaigns.
* Publicize the resources used in different European countries (use of social networks, websites, open days ...) to improve detection.
* To know and agree on aspects related to the assessment of cases, such as what areas to assess, which tools, what professional profiles perform the assessment, when, etc.
1. **INTERVENTION PROGRAMS**

In almost all surveys answered they mention the gratuity of the attention delivered (to the child and family or at school if enrolled).

As for the programs developed in different places, the most mentioned or the most frequent are: home care, school intervention, family intervention, different stimulation programs (motor, sensory, etc.); also specific programs related to the visual impairment, such as visual stimulation or autonomy, (orientation and mobility, white cane, technology, etc.), group meetings for children and families, etc. Some countries also point out specific programs for children with multiple disabilities.

**Conclusion:**

* In most countries individual attention to the child and family is provided, free of charge. There is intervention on specific needs, although the intensity varies. There is also usually attention for families; all countries talk about it.
* Given the nature of the survey it has not been possible to deepen the contents of the different intervention programs.

**Recommendation:**

* To look into intervention programs of different countries and their contents.
* Conduct a detailed study on priority needs of children and families.
* Reaching a consensus on basic standards to ensure that the attention of children and families are sufficient and free of charge in all countries.
1. **SCHOOLING**

**6.1 Type of schooling**

Schooling occurs in different ways depending on the country: in some of them they talk about a specific school, but most, at this stage, talk about ordinary nursery with support; this kind of support can be in the school itself or specialized external services (itinerant support by teachers or therapists, etc.). It is specified that, in general, students with multiple disabilities attend special schools or classes. And in some cases, blind children too.

It is also mentioned that schooling is free of charge.

At this stage in all countries large family care is provided.

It also draws attention that in some cases children go to nursery school, but the support is provided at home; in others, children are enrolled in mainstream schools combined with a special one for visually impaired children, as in the case of the Czech Republic in which children don’t start school until the age of 7, or Hungary, where they talk about a special nursery (1 to 3 years) for children with disabilities and blind.

 **6.2. Resources available at school**

Among the resources existing in the school serving children with severe visual impairments, we have to point the following:

Reduction of ratios in the classroom. Specific training and specific advice about visual impairments to different professionals. And also, specific materials that, in some cases are financed by public budget. Some also say that there are centers that produce adaptations of materials or specific ones, usually by institutions for the blind.

In most countries they talk about specialized professionals, both as an internal resource of the school, or as an external resource that enters the school to provide the support mentioned.

**6.3 Support**

In most countries there are support professionals, generally external to schools, with specific profiles and training in VI. who provide the necessary support. Some schools have also specialized staff at the Centre, others mention resource centers where children attend after their school day.

The frequency of this support is variable, weekly to monthly, even less, but generally it is mentioned that depends on the needs.

**6.4 Coverage of needs**

In general, professionals who have answered the survey believe that the coverage of needs in relation to learning and family care is considered at a high level. In all other respects it is very variable: in terms of socialization, the valuation is rather average, autonomy varies from medium to high, the same than specialized resources.

**6.5 Programs**

Specialized services provided by organizations for people with VI are mentioned in many cases, as adaptation of materials, autonomy and orientation and mobility, Braille and prebraille, visual stimulation and accessible or adapted material resources.

We highlight some programs that are innovative as pre-mobility, teaching the white cane to 4 year olds, teaching and use of technology, adaptation to the environment with low vision, and emotional, social and cognitive skills support.

**Conclusions:**

* The enrollment criteria for early intervention stage do not seem to differ excessively from one country to another.
* The way in which support is offered, the professionals that provide it and the frequency of it is different in each place, although all tend to offer a specialized and systematic support.
* In all the countries they mention that normally children with multiple disabilities go to special centers.
* All countries offer support at school, both by specialized teachers and specific materials; however, nor in all of them a reduction ratio in the classroom is given, neither the center staff is trained.
* There seems to be a degree between medium and high about coverage needs in terms of learning, support and family care. While autonomy and socialization needs are valued as not sufficiently covered.

**Recommendations:**

* It would be useful to make studies on basic and common needs of children with VI at the stage of early intervention and about their families, to try to ensure coverage in all countries.
* Regardless to respect the criteria for schooling in each country, there is a need to analyze and establish minimum conditions and resources that a school must meet to offer the child a proper as possible schooling according to their needs.
* Establish what are the minimum necessary support and programs to perform with students and the ages in which they should be applied, with the intention that each country meets their needs, circumstances and specific legislation.
* Urge governments to promote the reduction of ratio when the schooling of a child with visual impairment occurs and equip the school with specific material resources.
* Develop standards of initial training for teachers serving children with visual impairment in their classrooms.
* Check for longitudinal studies of the population that has received early intervention compared to those who have not benefited from it.
* Collect and disseminate the programs that exist at various institutions, as well as their objectives and contents and what ages are they applied.
1. **ATTENTION TO FAMILIES OF CHILDREN WITH VISUAL IMPAIRMENTS**

In most countries there are intervention programs with families.

In all countries they have individual work with families, and some also at a group level in the form of workshops, information groups, contact groups, recreational activities, weekends, holidays, family days...

In some countries it is complex to form groups because of the small number of cases and geographical spread.

More than half of the countries who responded to the survey have parents' associations.

Professionals believe that the participation, cooperation and involvement of families are medium to high, as well as the satisfaction with the services received.

We highlight the methodology of some countries like Belgium, where they use a model of conflict resolution with groups for all family members; the Czech Republic, where social and legal advice is offered, or Hungary, with a network of parent’s mentors.

As matters considered as more difficult, Belgium aims immigration as a challenge to meet, as there are more and more families from disadvantaged groups in society. England, meanwhile, calls for a concrete training of professionals for intervention with parents.

**Conclusions:**

* Most countries work with families on an individual or group level.
* In most of them parents' associations are organized.
* The level of participation and satisfaction in family programs is high.

**Recommendations:**

* Continue to promote work with families as an essential pillar of development and inclusion of children with visual impairments.
* Establish minimum standards for intervention with families.
* Define the participation of families in the process of intervention with the child.
* Examine the possibility of promoting associations of families in Europe.
* Provide qualified training for professionals involved in the support for families, given the inherent difficulty of this intervention.
* It would be interesting to make a list of the specific activities carried out in different countries, as a kind of best practices, about types of parental participation in their children’s education and in cooperation.
1. **PROFESSIONALS:**
	1. **Organization of professionals:**

In every country there are multidisciplinary teams to support the visually impaired, with different professional profiles, which vary by country.

In some of them, they opt for a more traditional model, with psychologists, teachers, social workers and specialists in vision, in some cases these professionals are supported by early intervention therapists, psychotherapists, physiotherapists, speech therapists, ophthalmologists etc.

In others, regardless of whether or not there are classic profiles, new profiles are incorporated, whose intervention is more unknown because the terminology used to define them or just because those are new professions: home visitors, ortopedagogist, occupational therapist, somatopedagogist, orthopedic technician.

There are some professionals mentioned only by one country, what can be in relation with the novelty of some of the programs established for the population of early intervention appointed above: orientation and mobility instructor, ICT instructor, occupational therapists.

In some cases some professionals from the health or social areas: neurologists, nurses, etc. collaborate with the team.

* 1. **Professional training:**

In most countries there is university and further training on Early Intervention.

However, specific training in early intervention for visually impaired children is not widespread.

In the case of multiple disabilities, according to surveys received, formal education is virtually nonexistent.

However, in most countries they talk about non-formal training programs in EI for visually impaired children, in which the institutions and professionals involved in the intervention participate.

Only in a country there is training for teachers who start working with students with visual impairment.

Some professionals go for training to other countries.

A country indicates that the current crisis has had a negative impact on training.

**Conclusion:**

* There seems there isn’t specific formal training on visual impairment and far less on early intervention for children with visual impairments, although there seems to be training activities by institutions and professionals dedicated to this field.

**Recommendations:**

* Define the skills needed to work in the field of EI for children with visual impairments and their families.
* Conduct a study on new professional profiles and adapt them to the needs of the population.
* Ensure that within the regulated training plans of any professional profile involved in programs of EI for children with visual impairments there is specific training in this field.
* Cooperate in specific training demanded by universities.
* Establish programs for international cooperation and exchanges in the field of training in this area.
1. **OPINION ON SERVICES:**

Not all countries compliment the proposed table in the survey about needs, obstacles and solutions. Therefore, the responses are expressed by a few countries (in total, 7 of 10). The comments are in relation to the following aspects:

• To provide a quality intervention both children and their families, it would be necessary:

* A legislative framework.
* Increasing early intervention services, as well as personal and material resources.
* Increase government support.
* Improve the prevention and early diagnosis.
* Avoid cuts in services as a result of economic crisis.
* Improve the competence and parent information.

• For professionals it is considered necessary:

* Increasing information, specific training, qualification and specialization, particularly to work with families, early intervention and visual impairment.
* Increasing the material resources of assessment and intervention tools.
* Improve coordination and communication among professionals devoted to specific intervention, and professionals of other areas.
* Increase the time of attention.
* Create, or where appropriate, expand and improve communication and support networks, as well as international exchange.
* Increase opportunities for specific university training in visual impairment.
* Some practical difficulties pointed out by some countries are the small number of cases, geographic dispersion, lack of access to specialized resources, low awareness of the needs of people with visual impairment, and the decrease of financial and human resources due to the economic crisis.

**Conclusions:**

* Despite what is reflected in the surveys about the existing services and the programs developed, they highlight the gaps and needs.
* In general they demand more services, more time for attention, more training, more specialization and a legislative framework and sufficient funding to adequately address the programs.
* In addition to the above, in some countries they suggest further initiatives to foster the exchange of information and experiences between professionals from different countries using the facility provided by new technologies.

**Recommendations:**

* Awareness, inform and finally urge governments and institutions to ensure the attention for children with visual impairments under 6 years and their families, with special emphasis on the group 0-3 and to develop training programs in universities and institutions that offer an adequate train to professionals who will give support.
* Promote the creation of a resource sharing network via Internet, which reaches all users from different countries.
* Ensure that there is specific quality training at university level for future professionals in the field of early intervention for children with visual disabilities and their families.
* Optimize and improve the organization's existing resources, taking into account the specificity and the necessary professional qualification in this area.
1. **BEST PRACTICES**

Most countries sent examples of good practices. The contributed themes are related to issues that are not directly linked with the direct intervention with the child. Below there is a list of contributions organized by topics:

**Families:**

There are varied ideas about intervention with families, with the aim of improving the involvement of parents in the intervention and the coordination with other members of the educational community.

It also referred the group activities and the important role that the family should play at home for the early development of children. To this end, some propose the development of a newsletter for families, or group activities in which they try to increase the contact between parents and professionals.

**Children:**

In most countries group activities are conducted with children, but you cannot extract concrete information about them.

**Teachers:**

Activities and good practices concerning teachers are varied; all of them have the aim of increasing people's welfare.

In a first line of activities, they speak of the importance of teamwork and coordination, so they appoint practices of interest as visits to other professionals, cooperation between itinerant teachers, working together with other early intervention services specialized in other impairments, in collaboration with hospitals and with associations or institutions concerned with visual disabilities.

In relation with training, the job is concreted in training seminars for professionals as well as in the contact between different professional profiles, in encouraging the participation in conferences, courses, etc.

**The use of technology:**

Some countries opt for the use of ICTs or technological resources as elements of coordination among professionals and with families. In this sense, the possibility of using Facebook or the free “crisis phone” for parents who have a child with disabilities are offered.
They also talk about developing applications for children, as an app for children with visual impairment, about the research on the use of technology by young children and the use of technology to learn Braille.

**Materials and documentation:**

Some of the things mentioned in the survey about materials and documentation are: the translation of documents of interest in some countries, the development and publication of specific resources geared to both parents and professionals or to the children themselves, the development of a specific application "Lilly and Gogo" (Austria), the adaptation of specific material for children with cortical visual impairment "Doctor Roman Lancy" (Iceland), etc.

The need for continued adaptation of materials and toys, as well as research and develop specific materials and toys is referred.

 **Conclusions:**

* In the surveys there are examples of good practices related to communication with families, the use of technology to promote contact and support, and for the children themselves, prevention, dissemination, and collaboration with hospitals and centers for early detection, early work with families, teamwork, and contact with neurologists, orthopedists, ophthalmologists and, of course, training.

**Recommendations:**

* Disseminate good practices carried out in different locations and analyze them to draw general conclusions that can serve the rest.
* Create a forum for communication between professionals via internet
* Develop an International Conference on Early Intervention to exchange good practices and experiences.

**GENERAL CONCLUSIONS**

* Although the questionnaire was sent to all contact persons and members of ICEVI, the number of responses has been limited.
* It is necessary to keep in mind that the surveys reflect the perception of professionals or institutions that have answered, so they may not describe the full reality of a country.
* The development of a closed questionnaire, which attempts to unify the responses of each country, has had as a consequence that the professionals who have answered it may have not respond with the spontaneity and autonomy enough to explain their job properly.
* The above two aspects, like the different languages ​​and the necessary translations, can be conditioning the responses.
* However, there are certain basic points of agreement, such as the importance given to early intervention and its preventive nature that is involved with the children and their families, as well as the need of specific training.
* However, the lines of work differ from one country to another: in some of them the attention to children is a priority; in others, the priority is the family; the age of starting school is different from one country to another; the professional profiles involved are also different, etc.
* Some countries suggest that the current crisis has had a negative impact on the development of programs and also in the general intervention.

**FINAL RECOMMENDATIONS**

* It is needed a common framework for early intervention, large enough to give coverage to all the organizations that work in the field, but specific enough to address the problems of children with visual impairments and their families.
* It would be interesting to map resources at a European, national and regional level, keep it updated and spread it by various means for a better understanding by professionals and the general public.
* Improve knowledge on population data in each country and the percentage of population of early intervention with respect to other people with visual impairments.
* Putting the population data together among countries in order to serve as a framework to help to assess the internal situation of each country in respect to the others, with the aim to establish changes to improve services, intervention and resources.
* Urge Governments to avoid cutting funds for early intervention services in times of crisis, not only because this is a very vulnerable population, but also for the preventive nature of the program and the investment for the future that means to provide adequate care at these ages.
* Advance and create trends of cooperative and joint work between professionals from different countries, sharing resources, best practices and training.
* Analyze the criteria of schooling and how the incorporation to school occurs in different countries, in order to agree on minimum standards about schooling, support and attention.
* Know those intervention programs that are considered basic and the most innovative or new, in order to guarantee them or share them.
* Analyze the existence and needs of people with cortical blindness, as well as any existing programs for this population.

**APPENDIX 1.**

**EUROPEAN SURVEY PARTICIPATING COUNTRIES**

We deeply thank all the professionals who responded the questionnaire:

**AUSTRIA**

- Gerti Jaritz. Master specialist AT; ICEVI national representative in Europe. VBSÖ (Verband für Blinden und Sehbehindertenpädagogik)

**BELGIUM:**

* Eliane Bonamie. Coordinator (head) of the service for mobile and ambulant support for persons with visual (multiple) impairment and their family/ context. One of the two regional organizations in Flanders, offering services for people with visual disabilities: early intervention, education and other services.

**CYPRUS:**

* Maria Kyriacou. Special Educator of St Barnabas School for the Blind, that delivers services for visually impaired people at a national level.

**CZECH REPUBLIC:**

* Jana Vachulova. Vicedirector of EDA (till the end of 2015 Rana pece EDA, o. p. s.), regional, for early intervention, integrated in a Resource Center.
* Pavla Matyasova. Head of the Association for Early Intervention, regional and general.

**ENGLAND**

* Steve McCall. Honorary Lecturer. School of Education, University of Birmingham

**FINLAND:**

* Arja Marila. Rehabilitation Instructor of the Finnish Federation for the visually impaired. It serves national and visually impaired people in general.
* Anne Latva-Nikkola. Coordinator of the Finnish Association of parents of children with visual impairments. It is national for early intervention.
* Tarja Hännikäinen. Consulting teacher; In-service trainings; National and international cooperation. Onerva Unit (for children with visual impairments), under Valteri, Center for Learning and Consulting. It is National.

**ICELAND:**

* Elfa Hermannsdottir. Manager of the National Institute for the blind, visually impaired and deaf blind individuals.

**HUNGARY**

* Sára Dobrik-Lupták, Éva Lantos, Csilla Liptai, Lívia Rabárné Szabó . 4 persons of the National Board of Assesment Special Educational Consultant, Early Inventional, Trainer Care Service. It is composed of teachers, physiotherapist, coach PSMT, somatopedagogo, psychologist and specialist vision.

**SERBIA:**

* Medved Tatjana. TVI and early intervention specialist from the College for the Blind "V. Ramadanović"

**SPAIN:**

* DATO Group, devoted to invigorate EI in the National Organization of the Spanish Blind (ONCE). National and specific for the visually impaired.

**APPENDIX 2. EUROPEAN SURVEY**

EUROPEAN SURVEY ABOUT EARLY INTERVENTION FOR VISUALLY IMPAIRED CHILDREN

NOTE: This survey should take into account the data of early intervention for children with visual impairment, should they have or not other disabilities or deafblindness, since in these early stages the disabilities are not always enough defined and the work to be performed is very specific.

1. GENERAL INFORMATION

Name of the person completing the survey:
Position held within the organization:
Country:
Name of Organization:
Address:
Phone:
Fax:
E-mail:

1. KIND OF ORGANIZATION
* Your organization´s scope is:
	1. National
	2. Regional
	3. Local
* Services delivered
	1. Only early intervention.
	2. Educative Services.
	3. Services for visually impaired people in general.
1. ANALYSIS OF THE POPULATION
* Define what is meant, within your organization, by the terms:
	+ Visually impaired
	+ Early Intervention
* Number of people who receive educative services in your organization
* ¿How many of them are 0-3 years and how many are 3 to 6?
* Within the members of 0-6 years, how many of them have other disabilities associated to the visual one?
* Other remarks about the population.
1. LEGISLATION:
* Does your country have any legislation on care for disabled children? YES / NO
* Is the right for social and school inclusion recognized? YES / NO
* What other rights are granted for people with disabilities?
* Other remarks about legislation and aids
1. DETECTION AND ASSESSMENT
* Does your organization organize awareness and information campaigns on early intervention for visually impaired children and their families?
* Which are the main detection channels of visually impaired children who come to your organization?
* How are the needs of children your organization serves evaluated?
* What professional performs the assessment?
* Assessment tools and scales used. Name the most frequent ones:
	+ To assess the maturation development
	+ To assess the visual function
	+ To assess the perceptual development
	+ To assess the psychomotor development
	+ Other: specify
* Other remarks about detection and assessment.
1. INTERVENTION PROGRAMS
* Please, include in this table the intervention programs being developed within your organization for visually impaired children 0-3 and 3-6 years. If your organization has specific programs for children with multiple disabilities associated with the visual one, please include them.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROGRAM | TARGET GROUP | PROFESSIONALS WHO DEVELOP IT | IS IT FOR FREE? | BRIEF DESCRIPTION OF THE PROGRAM (\*) | PLACE WHERE IT IS DEVELOPED(HOME, EARLY INTERVENTION CENTRE, ETC.) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(\*) Example: visual stimulation, orientation and mobility...

* Other remarks about the intervention programs.
1. SCHOOLING FOR VISUALLY IMPAIRED CHILDREN
* Please, answer, in general, in which kind of centers are visually impaired children enrolled (mainstream, special education, specific centers for visually impaired people, not enrolled, etc) depending on their age, visual conditions, other disabilities or any other condition considered.
* What kind of intervention is done from your organization in each of the cases listed above?
* Do the schools where visually impaired children are enrolled have any of the following resources?
	+ Reduction of teacher/pupil ratio
	+ Specific training for professionals
	+ Internal or external support teachers
	+ Allocation or acquisition of specific resources and materials
	+ Other (specify)
* School support:
	+ What structure do you have in your organization to support schools?
	+ Define the professional profile that more frequently provides the support to the child at school.
	+ What is the most common frequency of visually impaired students support at school (daily weekly, monthly, others...? Specify)
	+ To what degree do you consider the needs of visually impaired children are covered at school? (see the table below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very low | Low | Medium | High | Very high |
| Learning |  |  |  |  |  |
| Socialization |  |  |  |  |  |
| Autonomy |  |  |  |  |  |
| Endowment of specific resources |  |  |  |  |  |
| Family care |  |  |  |  |  |
| Support to the school where the child is enrolled |  |  |  |  |  |

* List the programs in which the supporting professionals of your organization are involved with visually impaired children at school (Braille, orientation and mobility, use of the white cane, technology, etc.) and the age when they are started.
* Does your organization cooperate in adapting the materials the child requires? ¿What does this cooperation consist in?
* Other remarks about schooling.
1. SUPPORT FOR FAMILIES OF VISUALLY IMPAIRED CHILDREN
* Are there specific family intervention programs for families of visually impaired children (both individual and group ones)? YES NO. If so, explain them briefly
* In your opinion, the percentage of families involved in these activities is:
	+ Very high
	+ High
	+ Medium
	+ Low
	+ Very low
* Are there associations of parents of visually impaired children in early intervention? YES/ NO. Specify
* In your opinion, families cooperation in their children’s intervention programs is:
	+ Very high
	+ High
	+ Medium
	+ Low
	+ Very low
* In your opinion, the level of satisfaction of families of visually impaired children aged 0 to 6 about the intervention received is:
	+ Very high
	+ High
	+ Medium
	+ Low
	+ Very low
* Other remarks about families
1. PROFESSIONALS:
* Organization of professionals
* Is there any multi-disciplinary team for Early Intervention for visually impaired children in your organization? YES/NO. If so, which professional profiles compose it?
* Training for professionals:
* Do Universities offer specific training in Early Intervention? And specifically in early intervention and visual impairment? And what about Early Intervention and multiple disabilities? YES/ NO
* Are there long life training programs on Early Intervention for visually impaired children? YES/ NO. If so, explain it
* Does your organization cooperate in a specific training program? YES/NO.
* Other remarks about professionals.
1. OPINION ON SERVICES
* Indicate the main needs of the following population groups, and, of each of those needs, identify the barriers to satisfy them, and the possible solutions they could have as challenges within your organization in relation with early intervention for visually impaired children.

|  |  |  |  |
| --- | --- | --- | --- |
| **Population** | **Needs** | **Obstacles** | **Possible solutions** |
| Children 0-3 years |  |  |  |
| Children 3-6 years |  |  |  |
| Families |  |  |  |
| Professionals of educative centers |  |  |  |
| Professionals of the Organization |  |  |  |
| Others |  |  |  |

* + List some examples of good practices related to the work that your organization develops in the field of early intervention.
1. GENERAL COMMENTS

**Many thanks for the time spent completing this survey!**

Please return it to egl@once.es