

**JOB AND SERVICE DESCRIPTION
FOR THE CENTRES FOR THE
DEVELOPMENT OF INCLUSIVE PRACTICES
IN BIHAĆ AND CAZIN
WITH A DESCRIPTION OF ACTIVITIES, STAFF AND
MOBILE EXPERT TEAMS**

2016

ACRONYMS

CDIP Centre for the development of inclusive practices

CEI Care and educational institution

KH Knowledge hub

MET Mobile expert team

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1. INTRODUCTION AND CONTEXT OF ACTION OF THE CENTRES FOR DEVELOPMENT OF INCLUSIVE PRACTICES

The centres for development of inclusive practices ("CDIPs") in municipalities of Bihać and Cazin have been renovated and are now accessible, modern and adequately equipped institutions fully able to meet the standards of monitoring, development and improvement of inclusion. Through their actions, they have evolved into good practice examples that are recommended for replication in all municipalities of Una-Sana Canton and even beyond, across Bosnia and Herzegovina.

The primary beneficiaries of the centres are children aged 0 to 18, parents of children with disabilities, members of their families and all those who participate in the development of an inclusive society (through the services provided by knowledge hubs). In their support, CDIPs generally focus on children of pre-school and primary school age; for children and youth in secondary schools, the services are provided mainly by the resource room for psycho-social support and other resource rooms as necessary.

The CDIP are the first example of this practice in Bosnia and Herzegovina and significantly differ from specialised facilities in that they are complementary to traditional care and educational institutions ("CEIs") and other institutions of the system, and do not seek to replace them. Through their actions, they do not exclude children from the traditional system but provide the necessary therapeutic support to children who regularly attend CEIs.

Unlike most of the institutions that provide only partial support to children with disabilities, CDIPs are equipped with the most sophisticated equipment in the area of speech therapy, physiotherapy, occupational and sensory therapy, and psycho-social support, which enables them to provide comprehensive multidisciplinary and high quality support. CDIPs provide support not only to children with disabilities but also their parents / caregivers, family members and other members of the community who participate in the development of inclusive approaches. By establishing and equipping knowledge hubs, CDIPs respond to the demand of consistent improvement of therapeutic procedures, support and trends in the area of inclusion.

In this way, the network of social services has been expanded while making the services available to all beneficiaries; also, CDIPs bring about an innovative approach since they use aid technologies and tailored didactics in their therapeutic procedures.

The development of inclusive practices is an ongoing process that requires a comprehensive approach to children with disabilities from early childhood. Early intervention has been recognised as the most effective approach and implies including children with disabilities in therapeutic procedures from the initial detection of a disability. In order for inclusion to become standard in a community, CDIPs also involves the members of the community in the treatment through knowledge, skill and competence development programs and sensitisation programs, along with the parents / caregivers of children with disabilities. Approaches to the work with children with difficulties should be harmonized among CDIPs, families, CEIs, communities and overall society. Only through coordinated

and continuous uniform action to develop inclusive practices will it be possible to attain the best investment¹to outcomes ratio.

CDIPs in Bihać and Cazin have been set up with a view to ensuring a comprehensive approach to inclusion; through their services, they will focus on therapeutic procedures for children with disabilities and their families, but also the community, notably the experts, who will be able to acquire the necessary knowledge, skills and competences for the development of an inclusive society through formal and informal life-learning programs.

The CDIP work will be based on the examples of good practice from other countries, the long-standing application of which has favourably affected the development of children and inclusive societies in general. One example of good practice on which CDIPs will base their work comes from Spain, where the organisation ONCE provides comprehensive support to the development of inclusion, which includes early childhood interventions, aid during the care and education of children and youth with disabilities, and the inclusion of persons with disabilities in the labour market. This organisation is mainly funded by the public lottery, which may be a model of sustainable funding of CDIPs in BiH in the future. The initial work of CDIPs in Bihać and Cazin will make the best use of early childhood interventions and support provided during the care and education of children and youth with disabilities and their families; in the perspective, CDIPs will expand their activities to help include persons with disabilities in the labour market.

In particular, Reggio Emilia, Italy, should be noted as an example of inclusive practice, where special attention is paid to the support of mobile expert teams and inclusion of all children with disabilities (irrespective of the type and level of disabilities) in the traditional system of care and education. CDIPs in Bihać and Cazin will base their work on these elements; these CDIPs will be a confluence of the support of mobile expert teams, while focusing on providing incentives for the inclusion of all children with disabilities in the traditional system of care and education, irrespective of the type and level of their disabilities. Moreover, Reggio Emilia emphasises the concept of assisted housing and employment, which certainly may be considered as an option for CDIPs to expand their activities in the future; these may include a system of support where the efforts will range from early childhood interventions, interventions in the care and educational system, to independent or assisted housing interventions, as well as the inclusion of youth with disabilities in the labour market. The concept of early intervention, on which the centres for development of inclusive practice will base their work, in itself contributes to the development of the independence of both children and disabled adults, and will help include them in the community through housing and employment. Reggio Emilia is an example of good practice, where children have been included in the traditional system of care and education since the emergence of organised care of children to date. This example of good practice should inspire CDIPs to focus on the development of an inclusive setting, which is the most effective model of inclusion.

The Swedish model, as an example, is based on habilitation centres, which provide support to all systems seeking to develop inclusive approaches to children with disabilities and disabled adults through resource rooms; these resource rooms provide treatment, and help families, CEIs, health care and social welfare institutions to include children and youth with disabilities and disabled adults in society. The habilitation centres employ experts who provide daily therapeutic procedures to

¹ In this context, the term "investment" refers to human and material resources.

children, organise continuing support to schools and are open, on a daily basis, for the counselling and psycho-social support to family members. CDIPs in Bihać and Cazin, given their conceptual design and equipment, correspond to the organisational structure of these habilitation centres.

The Republic of Croatia² and Montenegro³ have set up resource centres, the role of which is to help CEIs through mobile expert teams and provide direct support to children with disabilities through rehabilitation procedures. In addition to these centres, the Republic of Croatia has a daily centre for the rehabilitation of children and youth "Little Home"; "Little Home" was founded by and is active in the City of Zagreb but responds to the needs from across the country. This institutions primarily aims to ensure early detection of children with disabilities and early (re)habilitation treatment with a view to ensuring easier inclusion of such children in the community through the care and educational system. Given their services and responsibilities, CDIPs in Bihać and Cazin are comparable with these resource centres and the institution "Little Home".

CDIPs in Bihać and Cazin will base their work on good practices and set a standard in the development of inclusion as they will be responding to the needs of children and youth with disabilities from the initial detection of a disability throughout the period of care and education. Through their work, CDIPs will seek to encourage the development of children with disabilities in the following areas: speech and language development, motor development, cognitive development, sensory development and socio-emotional development. A particular focus will be on the work with families through the resource room for psycho-social support and interactions with the professional community in CEIs and other relevant institutions, where the knowledge hubs ("KHs") will engage in non-formal and formal forms of lifelong learning.

CDIP activities are described for two centres: 1. the centre in Bihać, located in a regional department of the Primary School Harmani II, Žegar, and 2. the centre in Cazin, located in the building of the Primary School Cazin II. Both CDIPs aim to improve the quality and availability of services while focusing on the development of inclusive practices with a view to including children with disabilities in the community by way of providing direct support to the children, their parents / caregivers and professionals in the traditional system (care and education, health care and social welfare).

This document provides a detailed description of the services provided by CDIPs, the organisation thereof, job descriptions for every professional position, beneficiaries, including the methods of monitoring and reporting on CDIP performance.

² The Centre for Rehabilitation in Zagreb, the Centre for Care and Education in Velika Gorica, Šubićevac Centre, etc.

³ Resource Centre 1. June, Resource Centre in Kotor, Resource Centre in Podgorica

2. DESCRIPTION OF CDIP SERVICES

A CDIP will have a total of seven resource rooms:

- a resource room for speech therapy;
- a resource room for physiotherapy;
- a resource room for occupational therapy;
- a resource room for sensory therapy;
- a resource room for psycho-social support;
- mobile expert teams, and
- a knowledge hub.

The resource rooms are organised according child developmental areas and in keeping with the needs, as identified in practice, for continuing support provided by the mobile expert teams, and for continuing further advancement and development of knowledge, skills and competences to master inclusive methods through non-formal and formal forms of lifelong learning; training sessions will be organised by KHs.

2.1. INITIAL VISIT

During the initial visit, the centre coordinator ("CDIP coordinator") conducts an initial interview to understand the reasons behind the visit. At this time, the CDIP coordinator takes the general particulars of the beneficiary, notes down the support previously or currently provided, the records of health and social welfare facilities / institutions and diagnostics if any.

Based on the initial interview, a panel of experts decides which resource room will conduct an initial assessment and diagnostics of the beneficiary to inform a subsequent decision on the scope of the support (the panel of experts determines which resource rooms will provide services to the beneficiary).

2.2. THE RESOURCE ROOM FOR SPEECH THERAPY

Despite the significant advancement in the area of modern technologies, speech remains an important function for one's successful communication and quality involvement with the community.

The quality of living of adults and children alike highly depends on communication skills. Language and speech are present in all aspects of life and affect one's interactions with other persons, ability to express one's thoughts and feelings, ability to understand others. Without properly developed speech, learning, reading and writing become difficult, including the acquisition of knowledge, skills and routines.

Global statistics indicate a significant increase of speech and language impediments in children, which may be examined in the context of social communication. Since the development of speech is largely contingent on social communication, neglected development of a child's socialization or insufficient social contact with the environment from an early age will often result in speech and language impediments. Since children with disabilities are particularly vulnerable in terms of having insufficient social contact with the environment (peers, in particular), speech and language impediments are likely to occur more frequently, in conjunction with other impediments (e. g. intellectual impediments, attention disorder and hyperactivity, cerebral palsy, etc.).

The speech therapy resource room will have a dual role. Firstly, it will seek to prevent certain speech and language impediments by acquainting the parents and experts with the methods for fostering speech and language development, including early signs of speech and language impediments, so that the children are included in the support system as early as possible. In addition to its preventative role, the resource room will have a diagnostic and therapeutic role by providing direct support to children with speech and language impediments and their parents. Finally, the importance of its training role should be emphasised, where the professionals from the traditional system (kindergartens, schools, paediatric services, etc.) may seek advice as to how to stimulate speech development in a child.

Normal speech and language development and timely inclusion of a child with speech and language impediments in the support system through the speech therapy resource room will significantly affect the socio-emotional development of the child. By eliminating or mitigating the existing impediments, it will be possible to greatly affect the child's image of himself / herself and thus foster the child's emotional development.

The speech therapy resource rooms in CDIPs are equipped with sophisticated diagnostic tools, technology and didactic material necessary for therapeutic procedures. KHS possess the latest literature from the area of prevention, diagnostics, early intervention and therapy of speech and language impediments.

The speech therapist working in the resource room will have the following tasks:

1. prevention;
2. diagnostics of all developmental and acquired communication and speech and language impediments; diagnostics of all specific learning impediments (dyslexia, dysgraphia and dyscalculia); functional diagnostics of hearing and the speech and language status; selection of hearing aids for children with a hearing loss; diagnostics of voice and swallowing disorders;
3. treatment of all developmental or acquired communication and speech and language impediments; treatment of specific learning difficulties (dyslexia, dysgraphia and dyscalculia); rehabilitation of listening, speech and language abilities in children with a hearing loss; treatment of

voice disorders; treatment of swallowing disorders; treatment of speech and voice disorders following interventions in the orofacial area;

4. training of experts and counselling services to beneficiaries and the broader community.

The speech therapy support may be organised in individual or group sessions, depending on the needs and abilities of the beneficiaries as assessed by the speech therapist. The support to individual beneficiaries is organised in 30-60 minute sessions (depending on the severity of child's impediment, age and ability to take part in the therapeutic procedure). The support to a group of beneficiaries is organised in small groups (up to 4 beneficiaries), where groups are formed according to two main principles: 1. homogeneity by disorder type; 2. heterogeneity by zone of proximal development. The heterogeneity principle is employed when the aim is to enable a child to learn according to the model used at the speech and developmental level to follow the child's current level. The group work is organised in 120-minute sessions, depending on the composition of the group (abilities and needs of the children in the group). During the group work, it is important to schedule breaks in speech therapy, during which the children may engage in quiet activities, games or spend some time outdoors.

THE SCOPE OF WORK OF THE RESOURCE ROOM FOR SPEECH THERAPY				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
Initial interview with the parents / caregivers	During the initial visit, an initial interview is conducted to collect the following information: - general particulars of the child; - the reason of the visit; - circumstances of the family; - previous treatment and diagnostics; - interests, needs and abilities of the child; - expectations of the parents / caregivers and the child from the speech therapy.	A report on the initial interview with all required information	During the initial visit	Speech therapist
Creating of a folder for the child	Following the initial interview, a folder is created for the child, where the report on the interview and all future documentary evidence of the work with the child will be kept.	The child folder	Upon the initial interview	Speech therapist
Beginning of the treatment / initial getting together	Informal getting together with the child and his/her parents / guardians through games and conversation in a relaxed ambience to start the work.	Report on the initial treatment	Following the initial interview and before the onset of diagnostics	Speech therapist
Diagnostic procedures	The child is subject to diagnostic procedures through standardised and non-standardized tests	Opinion of the speech therapist	From the second visit to the completion of diagnostic	Speech therapist

			procedures	
The speech therapist provides support	After the diagnostic procedure, the child starts sessions with the speech therapist, during which the speech therapist uses IT technology, didactic materials and aids, and relevant literature available at the centre.	Report on the work after each therapeutic procedure	Following the diagnostic procedure and before the completion of the speech therapy, as necessary	Speech therapist
Final assessment	The purpose is to determine the child's speech and language developmental status after the planned support methods have been employed. Based on the assessment, the treatment is continued, modified or terminated.	Report on the child's developmental status	After the completion of the speech therapy as planned	Speech therapist
Work with the parents / caregivers	The work is conducted using counselling methods to encourage the parents / caregivers to provide additional support to the child at home and help them understand the treatment, and empower them to accept the child's disabilities.	Weekly report on the counselling work with the parents / caregivers	During every visit of the parents / caregivers, sessions of at least 15 minutes	Speech therapist
End of the treatment	The child's final visit is organised together with the parents / caregivers in the form of informal getting together, conversation and play in order to close the therapeutic process. During the final visit, the therapist hands the final opinion on the child's developmental status to the parents / caregivers.	Report on the final visit	After the final assessment of the child, which concludes the speech therapy	Speech therapist

If they request, the parents / caregivers should be allowed to take part in the speech therapy; the aim is to empower them further, develop confidence in the therapist and develop skills, knowledge and competences to provide quality support to the child at home.

The speech therapist is required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve his / her own practice, the speech therapist may expand or modify the steps upon consultations with the director and expert services of the institutions within which he or she works, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.3. THE RESOURCE ROOM FOR PHYSIOTHERAPY

Physiotherapy is, by its definition, focused on developing, maintaining and restoring the maximum mobility of an individual at each stage of his or her lifetime. Since physiotherapy, in its procedures,

mainly focuses on improving muscle functions and movements, it may be defined as medicine-based approach to children. However, since the resource room for physiotherapy will use a multidisciplinary approach, it is clear that physiotherapy, in this context, is only one segment of the support provided to children with disabilities.⁴

It is highly important to include children with motor disabilities (e. g. cerebral palsy, muscle dystrophy, muscle tone disorders - hypertonia, hypotonia, etc.) to enable their overall development and functioning within the traditional system. A proper body posture affects a child's concentration, attention and perception, which stand in direct correlation with the acquisition of the curriculum content, socialisation and cognitive development. A timely intervention to include the child in the support provided by the resource room for physiotherapy aiming to increase the child's functionality is more likely to result in quality life.

The resource rooms for physiotherapy CDIPs is equipped with diagnostic test kits and sophisticated equipment for physiotherapeutic treatment of children. Also, the staff - physiotherapists have been trained in employing modern physiotherapy procedures for the purpose of detection, prevention and treatment of disabilities caused by a changed function of the locomotor system. KHs possess the latest literature from the area of prevention, diagnostics, early intervention and therapy of motor disabilities through physiotherapy procedures.

The physiotherapy support is organised only in individual sessions of 30 to 90 minutes, depending on the physiotherapist's assessment of the required intensity, which is determined on the basis of the information collected during the initial interview and diagnostic procedures. The duration of the individual support varies in the course of the therapeutic procedure, depending on the beneficiary's progress.

THE SCOPE OF WORK OF THE RESOURCE ROOM FOR PHYSIOTHERAPY				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
Initial interview with the parents / caregivers	During the initial visit, an initial interview is conducted to collect the following information: - general particulars of the child; - the reason of the visit; - circumstances of the family; - previous treatment and diagnostics; - interests, needs and abilities of the child; - expectations of the parents / caregivers and the child from the physiotherapy support.	A report on the initial interview with all required information	During the initial visit	Physiotherapist
Creating of a folder for the child	Following the initial interview, a folder is created for the child, where the report on the interview and all future documentary evidence of the work with the child will be kept.	The child folder	Upon the initial interview	Physiotherapist
Beginning of	Informal getting together with	Report on the	Following the	Physiotherapist

⁴ Definition taken from the web page of the Chamber of Physiotherapist of Croatia: www.hkf.hr

the treatment / initial getting together	the child and his/her parents / guardians through games and conversation in a relaxed ambience to start the work.	initial treatment	initial interview and before the onset of diagnostics	
Diagnostic procedures	The child is subject to diagnostic procedures through standardised and non-standardised tests	Opinion of the physiotherapist	From the second visit to the completion of diagnostic procedures	Physiotherapist
Support by the physiotherapist	After the diagnostic procedure, the child starts sessions with the physiotherapist, during which the physiotherapist uses IT technology, aids, and relevant literature available at the centre.	Report on the work after each therapeutic procedure	Following the diagnostic procedure and before the completion of the physiotherapy, as necessary	Physiotherapist
Final assessment	The purpose is to determine the child's developmental status after the planned support methods have been applied. Based on the assessment, the treatment is continued, modified or terminated.	Report on the child's developmental status	After the completion of the physiotherapy treatment	Physiotherapist
Work with the parents / caregivers	The work is conducted using counselling methods to encourage the parents / caregivers to provide additional support to the child at home and help them understand the treatment, and empower them to accept the child's disabilities.	Weekly report on the counselling work with the parents / caregivers	During every visit of the parents / caregivers, sessions of at least 15 minutes	Physiotherapist
End of the treatment	The child's final visit is organised together with the parents / caregivers in the form of informal getting together, conversation and play in order to close the therapeutic process. During the final visit, the therapist hands the final opinion on the child's developmental status to the parents / caregivers.	Report on the final visit Opinion on the child's developmental status	After the final assessment of the child, which concludes the physiotherapy treatment.	Physiotherapist

If they request, the parents / caregivers should be allowed to take part in the physiotherapy; the aim is to empower them further, develop confidence in the therapist and develop skills, knowledge and competences to provide quality support to the child at home.

The physiotherapist is required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve his / her own practice, the physiotherapist may expand or modify the steps upon consultations with the director and expert services of the institutions within which he or she works, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.4. RESOURCE ROOM FOR OCCUPATIONAL THERAPY

Occupational therapy is an important segment of enabling a child to independently participate in activities of daily living, which include self-care, productivity and leisure time. In case of children with disabilities, it is very important to develop skills and abilities that will enable them to function on their own. This segment of supporting children with disabilities is often underscored as more important than acquiring academic skills in the care and educational process since it highly affects their socialisation, which is key to improving the quality of their lives in an inclusive society.

The resource room for occupational therapy primarily focuses on encouraging the children to actively participate in the activities they select so that the children are trained to develop / maintain / adapt the skills as needed, adapt activities or modify the environment, all with a view to stimulating active participation. These activities aim to prevent the child's dependence on other persons (parents, caregivers, teachers, therapists, etc.), which will be beneficial to the quality of the lives of the child and his / her family members.

In addition to the direct support, the resource room for occupational therapy offers support to parents / caregivers and other family members, as well as all those who work with the child within in the traditional system for the purpose of ensuring synchronised action to foster the child's independence.

The resource room for occupational therapy has test kits for diagnostic procedures and monitoring of the child's progress, as well as sophisticated equipment necessary for therapeutic procedures of high quality. KHS possess the latest literature from the area of prevention, diagnostics, early intervention and treatment through occupational therapy procedures.

The occupational therapists provides support to beneficiaries through individual or group sessions. The individual support is organised in 30 to 60-minute sessions, depending on the beneficiary's needs and based on the occupational therapist's assessment. The group therapy is organised in groups of 3 to 10 beneficiaries and sessions of up to 180 minutes with breaks (depending on the beneficiaries' needs), which may be effected through games, quiet activities or spending time outdoors. The groups are formed according to two criteria: 1. Homogeneity - by functional ability; 2. heterogeneity - groups of children with different functional abilities in order to stimulate development through model learning. The size of a group depends on the functional abilities of the beneficiaries - the lower a functional ability, the smaller a group. For children with multiple disabilities, individual or pair work is recommended. In the beginning, the work with a beneficiary is always individual; later on, based on the child's assessment, group work is recommended and an effort is made to include the child in a group. In addition to model learning, the group work serves the purpose of stimulating development of social skills, which is especially important for occupational therapy procedures, since they aim to make a child independent by way of developing his / her functionalities in practical life situations, as well as developing his / her skills of adaptability.

THE SCOPE OF WORK OF THE RESOURCE ROOM FOR OCCUPATIONAL THERAPY				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
Initial interview with the parents / caregivers	During the initial visit, an initial interview is conducted to collect the following information: - general particulars of the child; - the reason of the visit; - circumstances of the family; - previous treatment and diagnostics; - interests, needs and abilities of the child; - expectations of the parents / caregivers and the child from the occupational therapy support.	A report on the initial interview with all required information	During the initial visit	Occupational therapist
Creating of a folder for the child	Following the initial interview, a folder is created for the child, where the report on the interview and all future documentary evidence of the work with the child will be kept.	The child folder	Upon the initial interview	Occupational therapist
Beginning of the treatment / initial getting together	Informal getting together with the child and his/her parents / guardians through games and conversation in a relaxed ambience to start the work.	Report on the initial treatment	Following the initial interview and before the onset of diagnostics	Occupational therapist
Diagnostic procedures	The child is subject to diagnostic procedures through standardized and non-standardized tests	Opinion of the occupational therapist	From the second visit to the completion of diagnostic procedures	Occupational therapist
Support by the occupational therapist	After the diagnostic procedure, the child starts sessions with the occupational therapist, during which the occupational therapist uses IT technology, aids, and relevant literature available at the centre.	Report on the work after each therapeutic procedure	Following the diagnostic procedure and before the completion of the therapy, as necessary	Occupational therapist
Final assessment	The purpose is to determine the child's developmental status and level of independence after the planned support methods have been applied. Based on the assessment, the treatment is continued, modified or terminated.	Report on the child's developmental status Report on the level of the child's independence	After the completion of the occupational therapy as planned	Occupational therapist
Work with the parents / guardians	The work is conducted using counselling methods to encourage the parents / caregivers to provide additional support to the child at home and help them understand the treatment, and empower them to accept the child's disabilities.	Weekly report on the counselling work with the parents / guardians	During every visit of the parents / guardians, sessions of at least 15 minutes	Occupational therapist
End of the	The child's final visit is organised	Report on the	After the final	Occupational

treatment	together with the parents / guardians in the form of informal getting together, conversation and play in order to close the therapeutic process. During the final visit, the therapist hands the final opinion on the child's developmental status and level of independence to the parents / caregivers.	final visit	assessment of the child, which concludes the therapy	therapist
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If they request, the parents / caregivers should be allowed to take part in the occupational therapy; the aim is to empower them further, develop confidence in the therapist and develop skills, knowledge and competences to provide quality support to the child at home.

The occupational therapist is required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve his / her own practice, the occupational therapist may expand or modify the steps upon consultations with the director and expert services of the institutions within which he or she works, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.5. THE RESOURCE ROOM FOR SENSORY THERAPY

Every person, irrespective of his / her age, experiences the environment through seven sensory channels (tactile, vestibular, visual, audio, gustatory, proprioceptive and olfactory). Nowadays, sensory integration dysfunction is found to occur more frequently in children with disabilities, irrespective of the type of disabilities. When a child has an impeded ability to integrate all stimuli in a single perception, the child is said to suffer from sensory integration dysfunction.

The experiences from the practice show that the sensory integration therapy according to the Ayres method improves the quality of the child's adaptability and enables him / her to provide appropriate responses to the demands of the environment. The work of the resource room for sensory therapy is based on the Ayres method. The goals and purpose of the sensory therapy focus on improving the duration of the adaptability response to a sensory stimulus, increasing the child's confidence and self-awareness, promoting cognitive abilities, speech skills, raising the quality of care and educational achievements, and developing social skills.

The Ayres method bases the progress in developing sensory integration on the inclusion of children in activities abundant in tactile (touch), proprioceptive (perception of the position of one's body in the space) and vestibular (movement) information. This therapeutical approach stimulates the development of neurological systems and eliminates pathological forms of behaviour while ensuring the reception of necessary stimuli and/or information through constructive and meaningful activities that pose a challenge for the child. Inappropriate processing of sensory stimuli may be detrimental to sensory-motor, cognitive and socio-emotional skills of a child, hence the performance of activities of daily living. The Ayres method uses the following principles:

- a challenge appropriate to the child, which will ensure an experience of success through meaningful activities (games): the focus of the intervention is on the sensory experience during the games and meaningful activities that will stimulate the frequency of adaptability responses, i. e. enable the child to use new and effective strategies when responding to the challenges posed by the environment (adaptive behaviour);
- assessment, evaluation and treatment through adapting and changing the sensory environment that will guarantee better processing: timely and appropriate inclusion in activities abundant in proprioceptive, vestibular and tactile stimuli will encourage better processing thereof;
- the child's active participation in meaningful activities (the context of play);
- child oriented and managed therapeutic procedures (individualised);
- the therapist's skills are reflected through child-oriented focus;
- fostering the child's intrinsic motivation: inclusion in a game during the therapeutic procedure is posed as a prize.

Sensory integration therapy is organised mainly in individual sessions of 45 - 60 minutes, during which different stimuli adapted to the child are used, depending on the child's specific sensory integration dysfunction. Group therapy is used only when the child develops sensory integration and is able to participate in the group work without any impediments. The groups are formed according to the criteria of homogeneous functional ability of the members; a group has 3 to 6 members. Group therapy is organised in sessions of up to 180 minutes with breaks during which the children participate in activities with few stimuli.

The resource room for sensory therapy possesses test kits for diagnostic procedures and monitoring of the child's progress, as well as sophisticated equipment necessary for high quality therapeutic work. KHS possess the latest literature from the area of prevention, diagnostics, early intervention and therapy through sensory therapy procedures.

THE SCOPE OF WORK OF THE RESOURCE ROOM FOR SENSORY THERAPY				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
Initial interview with the parents / guardians	During the initial visit, an initial interview is conducted to collect the following information: - general particulars of the child; - the reason of the visit; - circumstances of the family; - previous treatment and diagnostics; - interests, needs and abilities of the child; - expectations of the parents / caregivers and the child from the occupational therapy support.	A report on the initial interview with all required information	During the initial visit	Sensory therapist

Creating of a folder for the child	Following the initial interview, a folder is created for the child, where the report on the interview and all future documentary evidence of the work with the child will be kept.	The child folder	Upon the initial interview	Sensory therapist
Beginning of the treatment / initial getting together	Informal getting together with the child and his/her parents / guardians through games and conversation in a relaxed ambience to start the work.	Report on the initial treatment	Following the initial interview and before the onset of diagnostics	Sensory therapist
Diagnostic procedures	The child is subject to diagnostic procedures through standardized and non-standardized tests	Opinion of the sensory therapist	From the second visit to the completion of diagnostic procedures	Sensory therapist
Support by the occupational therapist	After the diagnostic procedure, the child starts sessions with the sensory therapist, during which the sensory therapist uses didactic materials and aids, and relevant literature available at the centre.	Report on the work after each therapeutic procedure	Following the diagnostic procedure and before the completion of the therapy, as necessary	Sensory therapist
Final assessment	The purpose is to determine the child's developmental status after the planned support methods have been applied. Based on the assessment, the treatment is continued, modified or terminated.	Report on the child's developmental status	After the completion of the occupational therapy as planned	Sensory therapist
Work with the parents / caregivers	The work is conducted using counselling methods to encourage the parents / caregivers to provide additional support to the child at home and help them understand the treatment, and empower them to accept the child's disabilities.	Weekly report on the counselling work with the parents / guardians	During every visit of the parents / caregivers, sessions of at least 15 minutes	Sensory therapist
End of the treatment	The child's final visit is organised together with the parents / guardians in the form of informal getting together, conversation and play in order to close the therapeutic process. During the final visit, the therapist hands the final opinion on the child's developmental status to the parents / guardians.	Report on the final visit	After the final assessment of the child, which concludes the therapy	Sensory therapist

If they request, the parents / caregivers should be allowed to take part in the sensory therapy; the aim is to empower them further, develop confidence in the therapist and develop skills, knowledge and competences to provide quality support to the child at home.

The sensory therapist is required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve his / her own practice, the sensory therapist may expand or modify the steps upon consultations with the director and expert services of the institutions within which he or she works, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.6. THE RESOURCE ROOM FOR PSYCHO-SOCIAL SUPPORT

Psycho-social support to parents, family members and children with disabilities is crucial for ensuring a harmonised approach to foster a child's development. Empowered parents are key to ensuring the rights of and providing support to children; the psycho-social stability of parents is one of the prerequisites for quality and competent parenthood.

The resource room for psycho-social support offers information to parents and family members on psycho-social development of a child, provides support to children with disabilities, develops methods for fostering the child's abilities, uses didactic materials to stimulate development, and emphasises the importance of the interactions of parents and the child, development of the child's self-esteem and self-awareness, the impact of the environment on the child's development, the importance of games in the development of the child's functioning, and the exercise of the rights in care, educational and health and social welfare systems.

In addition, parents are provided counselling support to help them overcome psycho-social barriers caused by the fact they have a child with disabilities, but also by the responses of the environment to the fact. The resource room for psycho-social support is a place where parents can receive all information relevant to any further inclusion of the child in the treatment available outside of the CDIPs in BiH and neighbouring countries.

Psycho-social support includes two aspects: 1. a psychological aspect, which addresses the characteristics of the person seeking support within the centre, whereas, 2. a social aspect, which addresses the impact of the social context on the functioning of the person seeking support. The social aspect of psycho-social support also includes providing information on the rights and opportunities that the child with disabilities and his / her family members are entitled to. The main purpose of psycho-social support is to help the family members in their daily functioning and coping with the child's disabilities.

Psycho-social support in CDIPs is provided by a trained counsellor or psychotherapist. Psycho-social support is organised in individual or group sessions. The individual work is organised in sessions of 45 to 60 minutes, whereas the group work is organised in sessions of 60 to 120 minutes. After the initial visit, beneficiaries receive individual psycho-social support; once the relationship of trust has been established, they are included in group sessions, depending on their preferences. One beneficiary may not be involved in a mix of individual and group sessions concurrently lest they should find themselves at a loss as to what they need to share in a group session and what they need to share in an individual session; in this way, the group work is hindered and trust among the members of the

group is difficult to build. A group has 3 to 6 members and is formed when all members of the group are in agreement.

The staff of the resource room for psycho-social supports have been trained in dealing with parents, family members and children with disabilities; KHs possess the latest literature in the area of counselling, quality and competent parenthood and other areas relevant to the empowering of the family aiming to foster the child's development.

THE SCOPE OF WORK OF THE RESOURCE ROOM FOR PSYCHO-SOCIAL SUPPORT				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
The initial interview with the client	During the first visit of the client (a child or a family member), an interview is conducted to collect key information relevant for the continuation of counselling work	Report on the initial interview	During the first visit to the resource room	Counsellor
Creating a folder for the client	Following the initial interview, a folder is created for the client, where the report on the interview and all future documentary evidence of the counselling work.	The client's folder	Upon the initial interview	Counsellor
The counsellor provides support	After the initial interview, the client is included in the counselling work during which creative techniques and methods are used, including other tools, aids and relevant literature available at the centre.	Report on the work after each counselling procedure	After the initial interview before the completion of the treatment, as necessary	Counsellor
End of the treatment	The last visit is organised as informal getting together and conversation to end the counselling process.	Report on the final visit	After the joint decision of the counsellor and client to end the process.	Counsellor

The counsellor is required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve his / her own practice, the counsellor may expand or modify the steps upon consultations with the director and expert services of the institutions within which he or she works, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.6.1. QUESTIONS FOR THE INITIAL INTERVIEW CONDUCTED BY THE STAFF OF THE RESOURCE ROOM FOR PSYCHO-SOCIAL SUPPORT

1. Welcome and invitation to get better acquainted with each other

- The counsellor is the first to introduce himself / herself by sharing general information and certain personal particulars in order to encourage the client to establish a more open relationship in the introduction.

2. In what ways have you tried to resolve or improve the situation that has brought you to the CDIP?

3. What are your expectations from our support and what do you expect to achieve from the counselling work?

- The client should be encouraged to formulate the goals to understand the expectations and have a realistic look at the situation.

4. What has led you to come to the resource room?

5. Why have you chosen this particular moment of time (why didn't you come before or why didn't you wait a bit longer)?

- This question aims to detect the actual reason for the visit.

6. Do you have any fears or negative expectations from the counselling process?

7. Offer other topics or issues although the client may still be silent.

- You can be straightforward and ask: Are there any topics or problems you are not ready to talk about at this point of time? Do not insist that the client specify the topics. This information will be useful for future visits once the mutual trust has been established; it may be used to verify whether the client wishes to refer back to any of the topics he or she announced but was not willing to talk about before.

8. Have there been any addiction related themes in your life (now or before)?

- In this context, the word "addiction" has a broader meaning - it implies being addicted to having control over a situation, being addicted to being always right, etc.

9. How long do you think the counselling process will last?

- With this question, the intention is to check whether the client has a realistic look at the situation he or she brings in the counselling process. If the client expects to be empowered in one or two sessions, it is important to note that the counselling may take a little longer than expected.

10. What is your relationship with other persons, partners, etc? What are the norms, values, impact of religion, etc. that you hold to?

- This serves to verify whether there are strong relationships and beliefs that may act as natural support to the client in coping with certain life situations.

11. Do you have any questions for me? What would you like to know so that you know me better?

12. With the client, arrange a number of initial visits (usually three) in order for the client to decide whether he / she wishes to continue with the required support.
13. Agree on the duration and frequency of the visits, and the rule of non-disclosure of information to third parties.
14. Agree on acceptable ways to terminate the support.

NOTE: During the interview, the counsellor does not provide counselling support but conducts an informative interview. The counselling work starts at the next session; the counsellor must be aware that the relationship with the client must be established gradually and based on mutual trust so that the counselling work may be sustainable and result in desired outcomes.

2.7. MOBILE EXPERT TEAM (MET)

CDIPs, based on the request of a care and educational institution, determine the composition of a mobile expert team and send the experts to CEIs. The MET will spend at least 45 minutes in a class observing the interaction of the child / pupil with his / her peers, educators, teachers and kindergarten / class assistant (if any). Upon the observation, the MET and the educators / teachers / kindergarten-class assistant prepare a support plan for the child / pupil and analyse the interventions already employed, the extent to which they can be improved and any additional method that may be introduced in the work with the child. Also, the MET prepares, based on the observed situation, additional materials and literature for the educators / teachers, kindergarten / class assistants and, in the long run, build the capacities of the staff of the CEI for independent planning of the work with the child / pupil.

The MET actively participates in determining the level of support to be provided to the child / pupil with the staff of the CEI and the commission for the assessment of the level of support to be provided to the child / pupil over a period of 30 to 40 days. In this period, the MET will be visiting the school twice a week and, at the end of the observation period, issue a joint conclusion on the required level of support based on which they will provide support to the educators / teachers to develop an individualised or tailored plan.

The ultimate goal of the MET systemic work with the CEI is to build inclusive CEIs, which will be able to plan, with increasing independence, the support to children / pupils with developmental disabilities and thus improve the quality of inclusive practices.

CDIP METs are equipped with modern aid technologies they employ in care and educational work and have sufficient resources to provide quality support to CEIs with regard to the planning and implementation of individualised curricula. Also, they use the literature available at KHs to enable dissemination of expertise.

THE SCOPE OF WORK OF THE MOBILE EXPERT TEAM				
DESCRIPTION	METHOD OF IMPLEMENTATION	VERIFIABLE	TIME FRAME	RESPONSIBLE

OF ACTIVITIES		PROOF		PERSONS
Understanding the needs	The mobile expert team receives requests for cooperation submitted by care and educational institutions with a view to providing support to children / pupils with disabilities	Written requests for cooperation	On an ongoing basis, in the course of a year	Coordinator of the mobile expert team
Signing of a memorandum of understanding	The coordinator of the mobile expert team, the director of the institution within which the centres operate and the care and educational institution sign a memorandum of understanding providing for the pace and scope of the support.	Memoranda of understanding signed	Within seven days as of receipt of the written request for cooperation	Coordinator of the mobile expert team
Creating a cooperation folder	The MET coordinator creates a cooperation folder for each CEI. The signed memorandum of understanding and all materials to be used and developed in the course of the cooperation will be stored in this folder.	Cooperation folder	After the signing of the memorandum of understanding	Members of the mobile expert team
Initial assessment of the needs of care and educational institutions	The MET coordinator visits the CEI and, based on the interview with the director, educators / teachers / MET members, parents and the observation of the child / pupil, determines the composition of the mobile expert team for the CEI in question.	Report on the initial assessment conducted in the CEI	After the signing of the memorandum of understanding, within seven days	Coordinator of the mobile expert team
Determining the MET composition	Based on the initial needs assessment, the MET coordinator selects the members of the mobile expert team for the specific CEI.	Selection of the MET for the specific CEI	After the initial needs assessment, within two days	Coordinator of the mobile expert team
Providing support to the CEI	The selected MET in collaboration with the expert service of the CEI, caregivers / teachers and parents develop a plan of support, which identifies developmental areas, care and curriculum content and methods to be used while providing support.	The plan of support and reports after each MET visit	After the selection, on an ongoing basis, once or two times a week, for as long as support is needed	Members of the mobile expert team
Assessment of the needs for support	The needs are assessed in order to understand which of the planned results and goals have been achieved. Based on the assessment, a decision is made whether to continue the support or end it until further notice.	Report on the needs assessment	After the implementation of the memorandum of understanding	Coordinator of the mobile expert team
End of cooperation	The last meeting with the MET is attended by the director of the CEI, members of the expert service, educators / teachers and parents / caregivers. The purpose of the meeting is to inform	Report on the final MET visit	After the re-assessment of needs for support provided the planned	The MET coordinator and members

	everyone of the results achieved and open doors to future cooperation depending on the needs.		outcomes have been achieved	
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The MET members are required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics of the centres for development of inclusive practices. In order to improve their own practice, they may expand or modify the steps upon consultations with the director and expert services of the institutions within which they work, and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

2.8. KNOWLEDGE HUBS

CDIPs have knowledge hubs, the purpose of which is to ensure continuous improvement of the quality of inclusive practice in all segments of the community. KHs are required to monitor the modern trends in the area of inclusion, and disseminate knowledge and skills to all participants in the process of inclusion (the staff of CEIs, health care system, social welfare system and other social segments). KHs organise and implement training and education to improve the skills of all those who participate in the development of an inclusive society, ensure the availability of the latest literature from all areas of CDIP work, and provide advisory and supervisory services to educators, class teachers, specialist teachers, doctors, social workers and other professionals who are involved in the provision of support to children with disabilities and their families.

KHs are responsible for continuous updating of CDIPs so that they can evolve in CDIPs that are fully cognizant of and seek to improve the quality of their performance in order to ensure the development of an inclusive society.

KHs are required to ensure ongoing cooperation with the relevant ministries and the Pedagogical Institute to implement the program for the advancement of the CDIP staff by way of involving the staff in study visits, workshops, seminars, lectures, education and training organised by the relevant ministries and the Pedagogical Institute of Una-Sana Canton. Also, KHs offer their own professional resources to the relevant ministries and the Pedagogical Institute of Una-Sana Canton to implement training programs.

In addition to a library, KHs are equipped with sophisticated hardware and software solutions that facilitate the transfer of knowledge.

The literature available KHs may be borrowed by the CDIP staff, beneficiaries of MET services and other CDIP beneficiaries. The CDIP coordinator is responsible for maintaining a database of the titles borrowed; the titles must be returned within 14 days. The CDIP coordinator, upon the expiry of the deadline, must warn the beneficiary to return the title.

THE SCOPE OF WORK OF THE KNOWLEDGE HUB				
DESCRIPTION OF ACTIVITIES	METHOD OF IMPLEMENTATION	VERIFIABLE PROOF	TIME FRAME	RESPONSIBLE PERSONS
Assessment of needs	Ongoing monitoring of the needs of the practice and community to improve knowledge, skills and competences, and sensitisation in the area of inclusion development. For this purpose, the following tools are used: questionnaires, public polls, cooperation with non-governmental organisations, field visits of facilities and institutions in the area of care and education, health care, social welfare, etc.	Written assessments of needs	On an ongoing basis, in the course of a year	KH coordinator
Drafting of the annual plan and action program for the knowledge hub	Based on the collected offers, an annual operational plan is drafted, which provides for the methods, beneficiaries, topic, pace of implementation and materials to be used to respond to needs as identified.	The annual plan and action program drafted	In the first half of July every year	KH coordinator
Organisation of training sessions, educational courses, round tables, conferences, etc.	Based on the annual plan and program, training sessions, educational courses, workshops, lectures, round tables, conferences and other forms of training are organised to meet the needs as identified.	Reports on organised and implemented educational courses, training sessions, workshops, lectures	On an ongoing basis, in the course of a year	KH coordinator
Updating the knowledge hub	Based on the regular monitoring of modern trends in inclusive policies and practices, necessary literature, equipment, IT technologies, etc. are procured for the purpose of improving the quality of the services provided by CDIP.	Reports on the literature, equipment, technologies, etc. procured	On an ongoing basis, in the course of a year	KH coordinator
Cooperation with other centres, facilities, associations at the national and international level	Through establishing collaborative and partnership relationships with other facilities, organisations, institutions, institutes, etc. at the national and international level, KHs will develop their practices, ensure high quality and sustainability and improve inclusive practices. Relationships will be formalised through memoranda of understanding or partnership, which will define a mutual exchange of information and knowledge.	The database with collaborative and partnership facilities, organisations, institutions and institutes at the national and international level and memoranda of understanding and partnership as signed	On an ongoing basis, in the course of a year	KH coordinator
Professional	The training needs of the staff	The training	On an ongoing	KH coordinator

advancement of the staff of the centres	will be assessed on an annual basis whereupon a training plan will be drafted ensuring the continuity of the development of skills, knowledge and competences of all CDIP staff.	plan and a report on training sessions implemented	basis, in the course of a year	
Maintaining records of professional literature as borrowed from the KH	Professional literature is available to the CDIP staff, beneficiaries of MET services and other CDIP beneficiaries. KH coordinator will maintain records of the literature borrowed and ensure that the literature be returned within the deadline including through notifying the users of the expiry of the deadline.	Database with professional literature and contact details of the beneficiaries who have borrowed it from KH	On an ongoing basis, in the course of a year	KH coordinator

KH experts are required to follow the steps described in the table above and observe the principles set forth in the CDIP Code of Ethics. In order to improve their own practice, they may expand or modify the steps upon consultations with the director and expert services of the institutions within which they work and upon an approval of the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy.

3. CDIP BENEFICIARIES

CDIPs will provide services to the following categories of beneficiaries:

- ✓ children and youth with disabilities;
- ✓ parents / caregivers and family members of children with disabilities;
- ✓ professionals in the area of care and education, health care and social welfare;
- ✓ members⁵ of the community and overall society.⁶

Children and youth as CDIP beneficiaries are primarily included in traditional CEIs through pre-school, primary school or secondary school education. CDIPs will not substitute for the role of CEIs and will not provide all-day or half-day care and education but the (re)habilitation and therapeutic services the children need in addition to the work provided by traditional CEIs.

3.1. CHILDREN AND YOUTH WITH DISABILITIES

Primary CDIP beneficiaries are children aged 0 to 18. In their support, CDIPs generally focus on children of pre-school and primary school age; for children and youth in secondary schools, the

⁵ The term "community" refers to the members of a relevant professional community.

⁶ The term "society" refers all everyone else.

services are provided mainly by the resource room for psycho-social support and other resource rooms as necessary.

For children aged 0 to 7, i. e. pre-school children, CDIPs provide early intervention services through all resource rooms.

The resource room for speech therapy provides the services of early speech and language development; the resource room for physiotherapy provides the services of early intervention primarily to children with motor disabilities or identified as at neural risk; the resource room for occupational therapy provides the services of early intervention in activities of daily living (practical life activities) in order to foster the child's independence; the resource room for sensory integration offers the services of early intervention through stimulating the senses to integrate stimuli; the resource room for psycho-social support fosters the emotional development of children using creative techniques; mobile expert teams provide the services of early intervention by supporting pre-school care and educational facilities to tailor their methods of work, didactic tools and presentation of the content, whereas KHs provide their services through the training of all professionals responsible for providing support to the children of pre-school age to improve their knowledge, skills and competences in the area of inclusive practices. As regards the children with disabilities of pre-school age, CDIP services focus on the fostering of early inclusion of children in the community and timely interventions to prevent the development of severe disabilities.⁷

For children of primary school age, CDIPs offer modern (re)habilitation procedures in line with the assessed abilities, needs and interests of children.

The resource room for speech therapy offers the services fostering the development of speech and language, attention and concentration in children with specific learning disabilities (dyslexia, dysgraphia, dyscalculia) and develops augmentative and alternative communication⁸ in children with no or severely deficient verbal communication. In their work, speech therapists use sophisticated equipment and methods. The resource room for physiotherapy fosters the motor development by developing balance, coordination, orientation, basic motor movements, fine motor movements and graphomotor movements using sophisticated equipment. The resource room for occupational therapy fosters the independence of children by way of developing activities of daily living, such as self-care, toileting, eating, care for the environment, life planning, self-direction, etc. The resource room for sensory therapy provides support to children with sensory integration dysfunction by fostering the integration of sensory stimuli using sophisticated didactic aids and technologies. The resource room for psycho-social support fosters the development of a positive image of oneself using the methods based on personality polarities and integrating emotional stimuli with emotional expressions. Mobile expert teams provide support to primary schools to help them adapt and tailor the curriculum content and methods, plan their work with pupils and evaluate and score their

⁷ The term "children at neural risk" refers to prematurely born children at risk of developing a disability, children from multiple pregnancies at risk of developing a disability, children born by mothers abusing substances that are detrimental to the development of the foetus (narcotics, alcohol, etc.), children born at full term but with complications during pregnancy (asphyxia - severely deficient supply of oxygen, bleeding in the brain - Class II and Class III haemorrhage), and other children identified as at risk of developing certain disabilities by their neonatologist or paediatrician

⁸ The term "augmentative and alternative communication" refers to different alternative ways of communication using different objects, pictures, pictograms, symbols, gestures, communicators, letters.

achievements. KHs seek to sensitise the community to accept pupils with disabilities and implement programs aiming to improve knowledge, skills and competences of the staff of primary care and educational institutions to organise inclusive work in primary schools.

For children and youth in secondary schools, CDIPs will have a key role acting through mobile expert teams, provisions of psycho-social support and sensitisation of the environment to include youth with disabilities in the community life - labour market, cultural, sports and other events, etc.

Mobile expert teams offer support to secondary schools to tailor their curricula to the abilities, interests and needs of pupils with disabilities to build their capacities to join the labour market. Also, they cooperate with commissions for professional orientation to come up with the best secondary school curriculum for each pupil with disabilities who is leaving primary school and enrolling secondary school. As necessary, they cooperate with potential employers and provide advice as to the employability of youth with disabilities, including the ways in which the work setting and environment could be adapted to achieve the desired effects. The resource room for psycho-social support supports and directs the emotional development of youth with disabilities and supports them at the time of making life decisions or coping with life challenges, such as employment, their status in the community, partnership relations, friendship, etc. KHs primarily focus on building knowledge, skills and competences of the staff of secondary schools to help them organise a high quality inclusive care and educational process. Also, their services focus on employers, the community and overall society to include youth with disabilities.

3.2. PARENTS / CAREGIVERS AND FAMILY MEMBERS OF CHILDREN WITH DISABILITIES

The parents / caregivers and other family members of children with disabilities are also important as CDIP beneficiaries. The role of CDIPs is to provide timely support and inform the family members on the options of (re)habilitation of the child with disabilities within and outside of CDIPs, including in other countries. Also, CDIPs provide support to the family members through the resource room for psycho-social support, whose role is to empower the family members in their roles, inform them on the entitlements they have due to having a family member with disabilities, as well as the ways of exercising the entitlements by the family member with disabilities. In addition, KHs organise lectures, workshops, training sessions and educational courses on competent parenthood / caregiving and other topics, according to the needs of the family members.

The parents / caregivers are often left on their own to cope with their own resources and capacities, on which the outcomes of their efforts largely depend. For the first time now, CDIPs offer systematic professional support to empower the parents / caregivers to competently fulfil their roles and obligations. This form of support directly contributes to the quality of life of the entire family. After the birth of a child, partnership relationships go through a plethora of challenges and are often tested due to the excessive focus of one partner on the child with disabilities to stimulate his / her development. The resource room for psycho-social development will encourage a healthy partnership life to maintain the integrity of the family and thus strengthen the capacities to include the child with disabilities in the community.

The siblings of a child with disabilities often need to cope with the fact that their sibling has disabilities; they encounter judgemental attitudes of the community and/or peers and are often overburdened by their parents because they are forced to take on the role of a caregiver. In light of the above, the phenomenon of the precocious child is not rare, who is characterised by "adult" behaviour. In order to provide support to the siblings of a child with disabilities to cope with life situations caused by the fact, the resource room for psycho-social support seeks to empower them and help them comprehend the emotional processes they are going through. Also, the resource room helps them accept themselves in the role of a sibling of a child with disabilities and develop mechanisms to cope with the pressures of the environment.

CDIP beneficiaries include the family members of children with disabilities who are not CDIP beneficiaries.

3.3. CARE, EDUCATION, HEALTH AND SOCIAL WELFARE PROFESSIONALS

Potential CDIP beneficiaries include caregivers, educators and staff of all CEIs (public and private) from Una-Sana Canton. They receive services from mobile expert teams, who provide counselling to kindergartens, primary and secondary schools in the area of individualisation and adaptation of methods, contents, intervention and the environment to apply inclusive practices and develop inclusive CEIs, which will base their work on the tailoring of the conditions to the abilities, needs and interests of children with disabilities. Also, KHs will organise lectures, workshops, training sessions, educational courses, round tables, conferences and formal and non-formal training programs to improve the level of their knowledge, skills and competences for the development of inclusive practices.

All health professional from Una-Sana Canton are CDIP beneficiaries through KHs, which will organise lectures, workshops, training sessions, educational courses, round tables, conferences and formal and non-formal training programs in the area of early childhood interventions for children with disabilities, cooperation with the parents, fostering the acceptance of the child's disabilities by the parents, the importance of timely advice to the parents as to (re)habilitation procedures, the importance of cooperation and networking with care, educational, and social welfare sectors, and other relevant topics. The priority beneficiaries include neonatologists, paediatricians, nurses and other health professional who deal with children with disabilities and their parents in early phases of development.

All social welfare professionals practicing in Una-Sana Canton are CDIP beneficiaries through KHs, which will organise lectures, workshops, training sessions, educational courses, round tables, conferences and formal and non-formal training programs in the area of cooperation with the families of children with disabilities, the importance of cooperation and networking with care, educational, and social welfare sectors, the importance of sensitisation of the community to develop an inclusive society, and other relevant topics. The priority beneficiaries from the social welfare sector include the staff of social work centres who encounter children with disabilities and their families in early phases of their development, and are key to direct the family members to exercise their statutory entitlements.

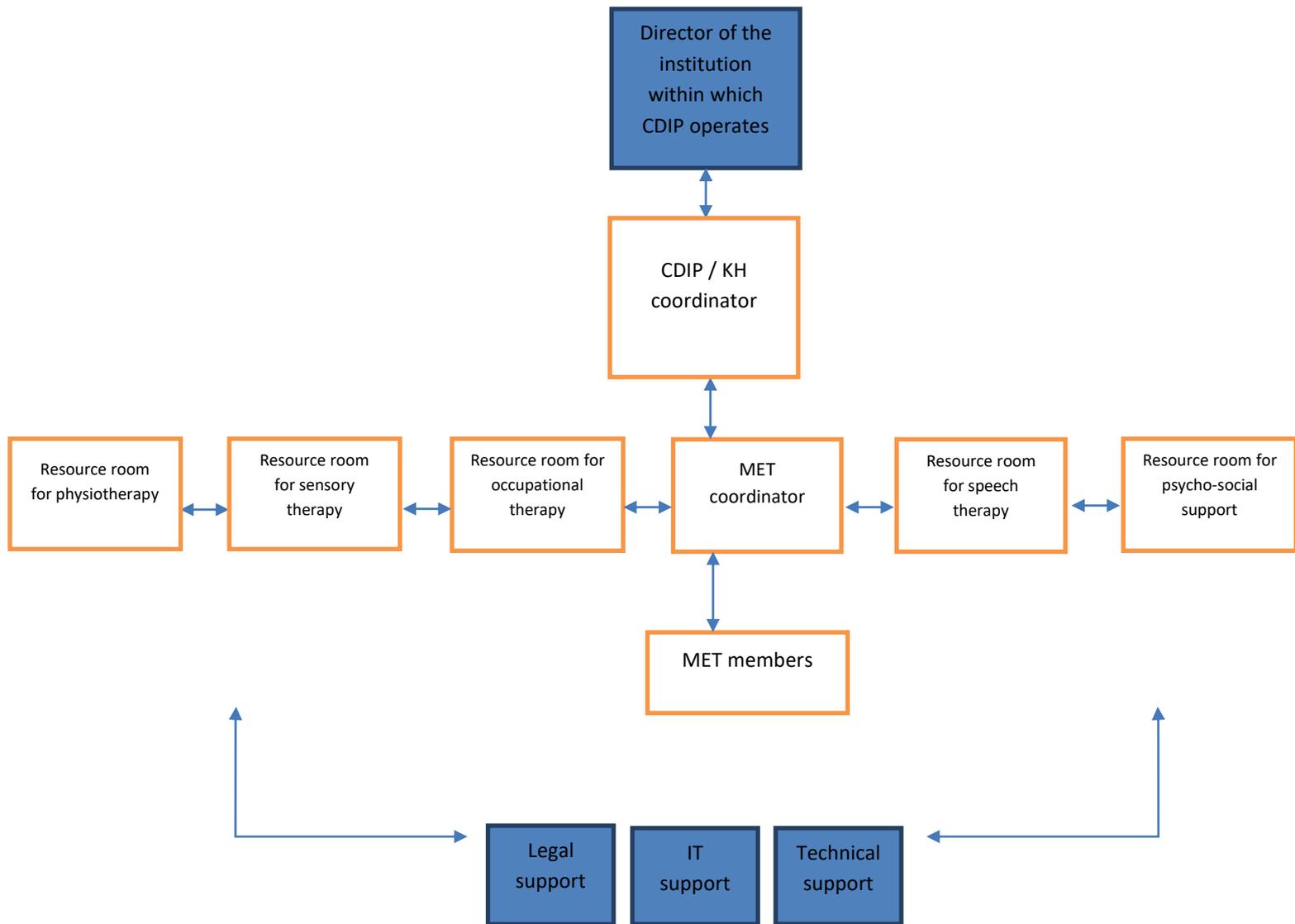
In particular, it is important to note the cooperation of CDIPs with the commission for the monitoring and evaluation, with which CDIPs will maintain contact on an ongoing basis in order to improve the quality of the assessment of children - CDIP beneficiaries, and to ensure a detailed assessment of needs, abilities and interests of every child through the activities of mobile expert teams, based on which procedural decisions will be issued on the appropriate form of schooling and individualised / tailored curricula will be developed. Also, seminars, lectures, workshops, training sessions and educational courses will be organised for the members of the commission to align their methods of work with the requirements of the inclusive approach to providing support to children with disabilities.

CDIPs, in addition to their role of the service provider as described above, will also act as key institutions to encourage inter-sectoral cooperation and networking in order to raise the quality and timeliness of the services irrespective of the sector to which the parents / caregivers of children with disabilities first turn to. The adequate networking of different sectors will be conducive to better effects of the support provided to children with disabilities and use human and material resources in a cost-effective fashion.

3.4. MEMBERS OF THE COMMUNITY AND OVERALL SOCIETY

The community entails all interested professionals, whereas everyone else constitutes society; as such, they are all CDIP beneficiaries, primarily through KH services and activities. KHs will organise lectures, workshops, public debates, round tables, conferences and prepare and disseminate promotional materials and conduct other activities that may bring about new awareness of the public of the importance of inclusion for the development of the overall society. In the course of a year and on an ongoing basis, all interested members of the community may visit KHs and be informed of different options of cooperation, ways of contributing to the development of inclusion and borrow the latest literature available.

4. THE CDIP ORGANISATIONAL STRUCTURE



 → Resources of the institution within which CDIP operates

 → CDIP resources

The director of the institution within which CDIP operates acts for and on behalf of CDIP, and ensure proper work conditions and autonomy.

The organisation of CDIP is the responsibility of the CDIP coordinator, who also acts as the KH coordinator. CDIPs are organised in resource rooms (for speech therapy, physiotherapy, occupational therapy, sensory therapy, psycho-social support, and MET).

The MET coordinator is responsible for the work of the mobile expert team; he or she sets up teams depending on the needs of a care and educational institutions and prepares reports on MET performance.

All resource rooms coordinate their work through daily cooperation and submit their semi-annual performance reports to the CDIP coordinator, who forwards all the reports along with his / her report on KH performance to the director of the institution within which the centre operates. The director of the institution is required to submit the performance reports, within 30 days, to the Ministry of Education, Science, Culture and Sports and the Ministry of Health, Labour and Social Policy of Una-Sana Canton.

The panel of experts will meet once a month, as convened by the CDIP coordinator; the members of the panel are all professionals working in the resource room of the centre. The agenda for the panel of experts is prepared by the CDIP coordinator in consultations with all professionals engaged in the centre. The panel of experts discusses the issues in the area of their expertise, including the quality and conditions of work, work methods used in the work with CDIP beneficiaries and specific professional issues concerning individual CDIP beneficiaries. The panel of experts appoints a recording clerk to draw the minutes within 3 days as of the day of the panel and submit it to the CDIP coordinator, who is required to forward it to the director of the institution within which CDIP operates.

Administrative, technical and legal support to CDIPs is ensured by the institution within which CDIP operates, from the available human and material resources. Also, CDIP operating costs are part of the overall costs of the institution within which CDIP operates; the costs of the institution are projected accordingly.

Every July, the CDIP coordinator is required to prepare an operational plan for the next calendar year, which consolidates the plans of each of the resource rooms. The staff of the resource rooms are required to submit their plans for the next pedagogical year to the CDIP coordinator by June.

5. PROFESSIONAL POSITIONS IN CDIPs

This part gives an overview of the job titles, job descriptions, qualifications and competence requirements for the experts engaged in the centres for the development of inclusive practices.

The relevant ministries and the Pedagogical Institute of Una-Sana Canton are responsible for the oversight of the competences of the CDIP staff, the quality of their performance, and continuing training and ensuring conditions for their professional advancement. The relevant ministries and the Pedagogical Institute of Una-Sana Canton should involve CDIP experts in study visits, workshops, seminars, lectures, training sessions and educational courses as participants and activity coordinators since they possess relevant knowledge, skills and competences in the area of inclusive practices.

5.1. MOBILE EXPERT TEAM (MET)

Job title:	Members of the mobile expert team of the centre for the development of inclusive practices
Job description:	
<p>SUMMARY OF RESPONSIBILITIES:</p> <p>A member of the mobile expert team has the following responsibilities:</p> <ol style="list-style-type: none"> 1. provides counselling support to care and educational institutions - counselling of educators, class teachers, expert associates and kindergarten/class assistants, and are responsible for the individualization / adaptation of the methods and environment to the abilities, needs and interests of the child / pupil with developmental disabilities; 2. participates in the assessment of the abilities, interests and needs of the child / pupil with developmental disabilities; 3. develops IOPP / POOP in collaboration with the educators, class teachers, expert associates, kindergarten/class assistants and parents of the child / pupil with developmental disabilities; 4. provides advice to the parents of the child / pupil with developmental disabilities; 5. helps include the child / pupil with developmental disabilities in traditional care and educational institutions 6. contribute to the cooperation with the community and non-governmental organisations dealing with children / pupils with developmental disabilities. <p>MET members provide counselling support to CEIs with a view to developing them as inclusive institutions They do not engage in individual work with children / pupils with developmental disabilities. Their main task is to strengthen the system for the provision of inclusive services to children / pupils with developmental disabilities so that they can be truly included in the traditional system together with their peers who are free from developmental disabilities. METs answer to the Ministry of Education, Science, Culture and Sports of Una-Sana Canton and the Pedagogical Institute of Una-Sana Canton and are required to cooperate with these institutions with regard to the planning of their work and reporting on the activities as implemented, at least two times a year (once per term).</p> <p>2) MAIN TASKS AND RESPONSIBILITIES OF MET MEMBERS</p> <p>MET members are required to: cooperate, at all times, with the staff of traditional CEIs, the Ministry of Education, Science, Culture and Sports of Una-Sana Canton and the Pedagogical Institute of Una-Sana Canton; Twice a year, file a report with the centre coordinator (in December and June), as well as an annual plan of activities of the mobile expert team (in June);</p>	

- 1.** They: provide counselling support to CEIs - counselling of educators, class teachers, expert associates and kindergarten/class assistants, and are responsible for the individualization / adaptation of the methods and environment to the abilities, needs and interests of the child / pupil with developmental disabilities:
 - a.** help identify and disseminate the most effective approaches to the care and education of children / pupils with developmental disabilities;
 - b.** work with the staff and kindergarten/class assistants to develop effective ways of overcoming learning barriers through:
 - an assessment of needs,
 - the monitoring of the quality of teaching and pupil achievements,
 - developing IOOP and POOP;
 - c.** visit CEIs at least two times a week;
 - i.** visit a care group / class and spend at least 45 minutes per visit;
 - ii.** provide advice to educators / class teachers and assistants as to the possibilities to improve the methods (adaptation of time spent in the work with a child / pupil with developmental disabilities; adaptation / individualization of tasks in tests - e. g. easy / difficult / easy tasks for children with ADHD disorder);
 - iii.** provide advice to kindergarten / class assistants with regard to improving the methods of socialization and inclusion of a child / pupil with disabilities in general;
 - iv.** answer questions about inclusion, methods and approaches while providing support to experts (e. t. implementation of PECS, TEACCH or ABA methods for children / pupils with autism; support to learning the Braille alphabet in the work with children / pupils with impaired visual acuity; demonstration of handling and positioning in the work with children / pupils with motor dysfunctions, etc);
 - v.** provide support with regard to organising a care group / class (positioning of a child / pupil with developmental disabilities within a group / class in line with his/her needs - e. g. the child / pupil should sit in the first row if she or he has ADHD disorder or a hearing loss; positioning and organisation of the furniture in the group / class in which a child / pupil with impaired visual acuity or motor dysfunction is included, etc.);
 - vi.** answer questions asked by parents concerning the care and education of their children / pupils (e. g. on the right to transportation, entitlements based on identified developmental disabilities, etc.);
 - vii.** foster trust in the abilities of the child / pupil with developmental disabilities - support the staff in the application of the social and human rights models in lieu of the medical model in their approach to children / pupils with developmental disabilities (to empower the staff of traditional CEIs to be able to identify the abilities, potential and needs of children / pupil with developmental disabilities);
- 2.** participants in the assessment of the abilities, interests and needs of the child / pupil with developmental disabilities:
 - a.** observe the dynamics in a care group / class during the work - interactions among the educator / teacher and child / pupil - kindergarten / class assistant - other children / pupils in the group / class;
 - b.** interview the parents to find about the interests, needs and abilities of the child / pupil;
 - c.** interview the educator / class teacher and kindergarten / class assistant to find about the interests, needs and abilities of the child / pupil;
 - d.** work with children / pupils using conversation and creative techniques;

- e. consult with the expert associations from care and educational institutions;
3. develop IOOP / POOP in collaboration with the educators, class teachers, expert associates, kindergarten/class assistants and parents of the child / pupil with developmental disabilities:
 - a. develop the IOOP / POOP form;
 - b. Based on the identified abilities, needs and interests of the child / pupil, define:
 - i. goals for the specific child / pupil with developmental disabilities,
 - ii. outcomes,
 - iii. tasks,
 - iv. individualized / tailored methods to help the child / pupil achieve the goals through task performance,
 - c. develop an IOOP / POOP for the child / pupil with developmental disabilities;
 4. provide advice to the parents of the child / pupil with developmental disabilities:
 - a. arrange meetings with the parents of the child / pupil with developmental disabilities in collaboration with the educators / class teachers;
 - b. encourage the parents to attend the meetings on a regular basis;
 - c. to empower the parents to accept the child's disabilities while raising their awareness of the child's abilities and potential;
 5. help include the child / pupil with developmental disabilities in traditional CEIs:
 - a. help analyse the ethos of the care and educational institution and improve it to meet the needs of the child / pupil with developmental disabilities;
 - b. help develop peer support to children / pupils with developmental disabilities (e. g. match a child / pupil free from disabilities with a child / pupil with developmental disabilities and make it possible for each of them to feel the support and success);
 - c. help plan performances, outings and other activities through interactive groups and define ways to include the child / pupil with developmental disabilities in final performances and other important events during a pedagogical / school year;
 6. contribute to the cooperation with the community and non-governmental organisations dealing with children / pupils with developmental disabilities:
 - a) communicate with expert non-governmental organisations and parent associations, along with the staff of CEIs, to develop a system of individualized planning for each child / pupil with developmental disabilities;
 - b) strengthen the cooperation among CEIs and non-governmental organisations with a view to developing inclusive practices and partnership-based funding through developing project applications.

Job location:	Kindergartens, schools, non-governmental organisations and other relevant facilities / institutions		
Job title:	MET member / MET coordinator		
Employment particulars:	- full-time employment; - outsources professionals.	Professional qualifications:	University degree (special education therapists, speech therapist, psychologist, physiotherapist, pedagogue, social worker, class teachers)
Training:			

Training timeframe: 80 hours

Topics:

- Inclusive environment models
- Legislative framework for mobile expert teams
- Educational and rehabilitation procedures in the counselling work in regular care and educational institutions
- Collaborative care and educational institutions
- Self-awareness and self-esteem in the function of preserving one's integrity
- Communication, team work and time management
- Development of capacities to deal with situations of conflict and stress
- Cooperation with care and educational institutions, parents and kindergarten / class assistants

Competences - able to:

- apply the knowledge of the inclusive paradigm on practical and theoretical levels;
- understand the specific role of the mobile expert team;
- apply the skills of counselling, communication and coordination;
- understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices;
- develop IOOPs and POOPs;
- apply teamwork skills;
- accept the different;
- organise and hold ad hoc thematic workshops;
- resolve conflict situations;
- understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities;
- understand the stages of the acceptance of a child with developmental disabilities by the parents.

5.2. SPEECH THERAPIST

Job title:	Speech therapist in the resource room for speech therapy in the centre for the development of inclusive practices
Job description:	
SUMMARY OF RESPONSIBILITIES:	
The speech therapist has the following responsibilities:	
<ol style="list-style-type: none">1. assesses and monitors a child with disabilities;2. carries out speech therapy treatment of a child with disabilities;3. cooperates with the parents of a child with disabilities;4. cooperate with the knowledge hub;5. cooperates with other member of the staff;	
The speech therapist is responsible for the initial diagnostics of a child with disabilities using standardized tests available at CDIPs; conducts individual an, as necessary, group speech therapy with a child with disabilities; cooperates with the parents of children with disabilities; offers professional support to KHs and cooperates	

with other members of the staff through the meetings of the panel of experts; plans annual CDIP activities and, as necessary, exchanges professional information on CDIP beneficiaries on a daily basis.

2) MAIN TASKS AND RESPONSIBILITIES OF THE SPEECH THERAPIST:

The speech therapist is required to: provide direct support to a child with disabilities, the child's parents / caregivers and other professionals through the work of KHs; twice a year, submit a performance report to the CDIP coordinator (in December and June), as well as an annual plan of the resource room for speech therapy (in June);

- 1.** provide direct support to children with disabilities:
 - a.** conduct an initial assessment of a child with disabilities using the following tests:
 - Reynel developmental language scales;
 - PPVT/III test;
 - KORALJE questionnaire for infants;
 - KORALJE questionnaire for toddlers;
 - other non-standardized tests and methods of assessment of language and speech development;
 - b.** conduct speech therapy with children with disabilities using:
 - therapy aids;
 - books and picture books;
 - didactic materials and aids;
 - aid technology: Boardmaker Plus! v.6; Boardmaker Plus with Speaking Dynamically Pro, Vibrofon and Behringer equipment;
 - other materials to foster the development of speech and augmentative and alternative communication;
 - c.** monitor the child's progress using the MEI application;
- 2.** cooperate with the parents of a child with disabilities:
 - a.** enable the parents to participate in the therapeutic procedure if requested;
 - b.** during every meeting with the parents, offer advice to empower the parents, encourage the work at home and accept the child's disabilities;
- 3.** cooperate with KHs:
 - a.** hold lectures, workshops, training sessions, educational courses; participate in round tables and conferences discussing different areas of speech therapy;
 - b.** participate in designing promotional materials to encourage sensitisation of the community and overall society with regard to the development of inclusive society;
 - c.** request, in a timely manner, his / her own professional advancement;
 - d.** participate in professional advancement in his / her area of expertise and other professional areas to develop his / her own capacities;
- 4.** cooperate with other member of the staff:
 - a.** attend the monthly meetings of the panel of experts;
 - b.** in a timely fashion, submit semi-annual performance reports (in December and June);
 - c.** in a timely fashion, submit the annual operational plan for the resource room for speech therapy (in June);
 - d.** exchange expert information with other staff of the centre, as necessary.

Job location:	Centre for the development of inclusive practices, resource room for speech therapy		
Job title:	Speech therapist in the resource room for speech therapy in the centre for the development of inclusive practices		
Employment particulars:	- full-time employment;	Professional qualifications:	University degree (speech therapist)
Training:			
Topics: <ul style="list-style-type: none"> - Use of standardized diagnostic tests: Reynell language development scales, PPVT/III test, KORALJE developmental scale for infants; KORALJE developmental scale for toddlers - Use of Vibrofon and Behringer equipment in therapy - Development of augmentative and alternative communication - Communication, team work and time management 			
Competences - able to:			
<ul style="list-style-type: none"> - apply the knowledge of the inclusive paradigm on practical and theoretical levels; - use diagnostic procedures; - use therapeutic tools, aids and didactics to foster speech and language development; - apply the skills of counselling, communication and coordination; - understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices; - develop IOOPs and POOPs; - apply teamwork skills; - accept the different; - organise and hold ad hoc thematic workshops; - resolve conflict situations; - understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities; - understand the stages of the acceptance of a child with developmental disabilities by the parents. 			

5.3. PHYSIOTHERAPIST

Job title:	Physiotherapist in the resource room for physiotherapy in the Centre for the development of inclusive practices
Job description:	
SUMMARY OF RESPONSIBILITIES: <p>The physiotherapist has the following responsibilities:</p> <ol style="list-style-type: none"> 1. assesses and monitors a child with disabilities; 2. conducts physiotherapy support to children with disabilities; 3. cooperates with the parents of a child with disabilities; 4. cooperates with the knowledge hub; 5. cooperates with other member of the staff; <p>The physiotherapist is responsible for the initial diagnostics of a child with disabilities using standardized tests available at the centre for the development of inclusive practices; conducts individual an, as necessary, group</p>	

physiotherapy with a child with disabilities; cooperates with the parents of children with disabilities; offers professional support to the knowledge hub and cooperates with other members of the staff through the meetings of the panel of experts; plans the annual CDIP activities and, as necessary, exchanges professional information on CDIP beneficiaries on a daily basis.

2) MAIN TASKS AND RESPONSIBILITIES OF THE PHYSIOTHERAPIST:

The physiotherapist is required to: provide direct support to a child with disabilities, the child's parents / caregivers and other professionals through the work of KHs; twice a year, submit a performance report to the CDIP coordinator (in December and June), as well as an annual plan of the resource room for physiotherapy (in June);

- 1.** provide direct support to children with disabilities:
 - a.** conduct an initial assessment of the child with disabilities using non-standardized forms, which include the following standardized tests:
 - Gross Motor Function Measure (G.M.F.M.),
 - Pediatric Evaluation of Disability Inventory (P.E.D.I.),
 - Toddler and Infant Motor Evaluation (T.I.M.E.),
 - Bruininks Oseretsky Test of Motor Proficiency,
 - Transdisciplinary Play Based Assessment,
 - Peabody Development Motor Scale,
 - Canadian Occupational Performance Measure,
 - other non-standardized tests and methods of assessment of motor development of a child;
 - b.** provide physiotherapy support to the child with disabilities using:
 - therapy aids;
 - aid technologies;
 - other material to stimulate motor development;
 - c.** monitor the child's progress using the MEI application;
- 2.** cooperate with the parents of a child with disabilities:
 - a.** enable the parents to participate in the therapeutic procedure if requested;
 - b.** during every meeting with the parents, offer advice to empower the parents, encourage the work at home and accept the child's disabilities;
- 3.** cooperate with KHs:
 - a.** hold lectures, workshops, training sessions, educational courses; participate in round tables and conferences discussing different areas of physiotherapy;
 - b.** participate in designing promotional materials to encourage sensitisation of the community and overall society with regard to the development of inclusive society;
 - c.** request, in a timely manner, his / her own professional advancement;
 - d.** participate in professional advancement in his / her area of expertise and other professional areas to develop his / her own capacities;
- 4.** cooperate with other member of the staff;
 - a.** attend the monthly meetings of the panel of experts;
 - b.** in a timely fashion, submit semi-annual performance reports (in December and June);
 - c.** in a timely fashion, submit the annual operational plan for the resource room for

physiotherapy (in June); d. exchange expert information with other staff of the centre, as necessary.			
Job location:	Centre for the development of inclusive practices		
Job title:	Physiotherapist in the resource room for physiotherapy in the Centre for the development of inclusive practices		
Employment particulars:	- full-time employment;	Professional qualifications:	University degree (physiotherapist)
Training:			
Topics: <ul style="list-style-type: none"> - Use of non-standardised forms which comprising standardized tests when assessing the development of a child with disabilities - Bobath therapy in early intervention with children at neural risk - Communication, team work and time management - Inclusion based on the human rights approach 			
Competences - able to:			
<ul style="list-style-type: none"> - apply the knowledge of the inclusive paradigm on practical and theoretical levels; - use diagnostic procedures; - use therapeutic tools, aids and didactics to foster motor development; - apply the skills of counselling, communication and coordination; - understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices; - apply teamwork skills; - accept the different; - organise and hold ad hoc thematic workshops; - resolve conflict situations; - understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities; - understand the stages of the acceptance of a child with developmental disabilities by the parents. 			

5.4. OCCUPATIONAL THERAPIST

Job title:	Occupational therapist in the resource room for occupational therapy of the Centre for the development of inclusive practices
Job description:	
SUMMARY OF RESPONSIBILITIES: The occupational therapist has the following responsibilities: <ol style="list-style-type: none"> 1. assesses and monitors a child with disabilities; 2. provides occupational therapy support to a child with disabilities; 3. cooperates with the parents of a child with disabilities; 4. cooperate with the knowledge hub; 5. cooperate with other member of the staff; 	
The occupational is responsible for the initial diagnostics of a child with disabilities using non-standardized	

forms to collect all relevant information pertinent to the child's functioning in activities of daily living, comprising standardized tests available at the centre for the development of inclusive practices; conducts individual and, as necessary, group occupational therapy with a child with disabilities; cooperates with the parents of children with disabilities; offers professional support to the knowledge hub and cooperates with other members of the staff through the meetings of the panel of experts; plans the annual activities of the centre for the development of inclusive practices and, as necessary, exchanges professional information on the centre's beneficiaries on a daily basis.

2) MAIN TASKS AND RESPONSIBILITIES OF THE OCCUPATIONAL THERAPIST

The occupational therapist is required to: provide direct support to a child with disabilities, the child's parents / caregivers and other professionals through the work of KHs; twice a year, submit a performance report to the CDIP coordinator (in December and June), as well as an annual plan of the resource room for physiotherapy (in June);

1. provide direct support to children with disabilities:
 - a. conduct an initial assessment of the child with disabilities using non-standardised forms comprising the following standardised tests:
 - Canadian Occupational Performance Measure,
 - Miller assessment for pre-schoolers,
 - Sensory Integration and Praxis test,
 - other non-standardized tests and methods of assessment of the child's functioning in activities of daily living;
 - b. provide occupational therapy support to the child with disabilities using:
 - didactic materials and aids;
 - aid technologies;
 - other material to foster independence in activities of daily living (practical life activities);
 - c. monitor the child's progress using the MEI application;
2. cooperate with the parents of a child with disabilities:
 - a. enable the parents to participate in the therapeutic procedure if requested;
 - b. during every meeting with the parents, offer advice to empower the parents, encourage the work at home and accept the child's disabilities;
3. cooperate with the knowledge hub:
 - a. hold lectures, workshops, training sessions, educational courses; participate in round tables and conferences discussing different areas of occupational therapy;
 - b. participate in designing promotional materials to encourage sensitisation of the community and overall society with regard to the development of inclusive society;
 - c. request, in a timely manner, his / her own professional advancement;
 - d. participate in professional advancement in his / her area of expertise and other professional areas to develop his / her own capacities;
4. cooperate with other member of the staff:
 - a. attend the monthly meetings of the panel of experts;
 - b. in a timely fashion, submit semi-annual performance reports (in December and June);
 - c. in a timely fashion, submit the annual operational plan for the resource room for

occupational therapy (in June);			
d. exchange expert information with other staff of the centre, as necessary.			
Job location:	Centre for the development of inclusive practices		
Job title:	Occupational therapist in the resource room for occupational therapy of the Centre for the development of inclusive practices		
Employment particulars:	- full-time employment;	Professional qualifications:	University degree (occupational therapist)
Training:			
Topics:			
<ul style="list-style-type: none"> - Use of non-standardised forms which comprising standardized tests when assessing the development of a child with disabilities - Communication, team work and time management - Inclusion based on the human rights approach 			
Competences - able to:			
<ul style="list-style-type: none"> - apply the knowledge of the inclusive paradigm on practical and theoretical levels; - use diagnostic procedures; - use therapeutic tools, aids and didactics to foster the child's independence in activities of daily living; - apply the skills of counselling, communication and coordination; - understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices; - apply teamwork skills; - accept the different; - organise and hold ad hoc thematic workshops; - resolve conflict situations; - understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities; - understand the stages of the acceptance of a child with developmental disabilities by the parents. 			

5.5. SENSORY THERAPIST

Job title:	Sensory therapist in the resource room for occupational therapy of the Centre for the development of inclusive practices
Job description:	
SUMMARY OF RESPONSIBILITIES:	
The sensory therapist has the following responsibilities:	
<ol style="list-style-type: none"> 1. assesses and monitors a child with disabilities; 2. provides sensory therapy support to a child with disabilities; 3. cooperates with the parents of a child with disabilities; 4. cooperates with the knowledge hub; 5. cooperates with other member of the staff; 	

The sensory therapist is responsible for the initial diagnostics of a child with disabilities using the system for the assessment of sensory integration dysfunction available at CDIPs; conducts individual and, as necessary, group sensory therapy with a child with disabilities; cooperates with the parents of children with disabilities; offers professional support to the knowledge hub and cooperates with other members of the staff through the meetings of the panel of experts; plans annual CDIP activities and, as necessary, exchanges professional information on CDIP beneficiaries on a daily basis.

2) MAIN TASKS AND RESPONSIBILITIES OF THE SENSORY THERAPIST

The sensory therapist is required to: provide direct support to a child with disabilities, the child's parents / caregivers and other professionals through the work of KHs; twice a year, submit a performance report to the centre coordinator (in December and June), as well as an annual plan of the resource room for sensory therapy (in June);

1. provide direct support to children with disabilities:
 - a. conduct the initial assessment of a child with disabilities using the system for the assessment of sensory integration dysfunction and other non-standardised tests and methods for the purpose of assessing the child's sensory integration function;
 - b. provide sensory therapeutic support to a child with disabilities using:
 - didactic materials and aids;
 - other materials to foster sensory integration;
 - c. monitor the child's progress using the MEI application;
2. cooperate with the parents of a child with disabilities:
 - a. enable the parents to participate in the therapeutic procedure if requested;
 - b. during every meeting with the parents, offer advice to empower the parents, encourage the work at home and accept the child's disabilities;
3. cooperate with the knowledge hub:
 - a. hold lectures, workshops, training sessions, educational courses; participate in round tables and conferences discussing different areas of sensory therapy;
 - b. participate in designing promotional materials to encourage sensitisation of the community and overall society with regard to the development of inclusive society;
 - c. request, in a timely manner, his / her own professional advancement;
 - d. participate in professional advancement in his / her area of expertise and other professional areas to develop his / her own capacities;
4. cooperate with other member of the staff:
 - a. attend the monthly meetings of the panel of experts;
 - b. in a timely fashion, submit semi-annual performance reports (in December and June);
 - c. in a timely fashion, submit the annual operational plan for the resource room for sensory therapy (in June);
 - d. exchange expert information with other staff of the centre, as necessary.

Job location:	Centre for the development of inclusive practices
Job title:	Sensory therapist in the resource room for occupational therapy of the Centre for the development of inclusive practices

Employment particulars:	- full-time employment;	Professional qualifications:	University degree (sensory therapist)
Training:			
Topics:			
<ul style="list-style-type: none"> - use the system for the assessment of sensory integration dysfunction to assess a child with disabilities; - Communication, team work and time management - Inclusion based on the human rights approach 			
Competences - able to:			
<ul style="list-style-type: none"> - apply the knowledge of the inclusive paradigm on practical and theoretical levels; - use diagnostic procedures; - use therapeutic tools, aids and didactics to foster sensory integration of children with disabilities; - apply the skills of counselling, communication and coordination; - understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices; - apply teamwork skills; - accept the different; - organise and hold ad hoc thematic workshops; - resolve conflict situations; - understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities; - understand the stages of the acceptance of a child with developmental disabilities by the parents. 			

5.6. COUNSELLOR IN THE RESOURCE ROOM FOR PSYCHO-SOCIAL SUPPORT

Job title:	Counsellor in the resource room for psycho-social support of the Centre for the development of inclusive practices
Job description:	
SUMMARY OF RESPONSIBILITIES:	
<p>The counsellor has the following responsibilities:</p> <ol style="list-style-type: none"> 1. provides psycho-social support to the parents / caregivers and other family members of a child with disabilities; 2. provides psycho-social support to a child / young person with disabilities; 3. cooperates with the knowledge hub; 4. cooperates with other member of the staff; <p>The counsellor providing psycho-social support to the parents / caregivers and other family members of a child with disabilities through individual and group work; provides psycho-social support to children and youth with disabilities through individual and group work; offers professional support to KHs and cooperates with other members of the staff through the meetings of the panel of experts; plans annual CDIP activities and, as necessary, exchanges professional information on CDIP beneficiaries on a daily basis.</p>	

2) MAIN TASKS AND RESPONSIBILITIES OF THE COUNSELLOR:

The counsellor is required to: provide direct support to a child / young person with disabilities, his / her parents / caregivers, family members and other professionals through the work of KHs; twice a year, submit a performance report to the centre coordinator (in December and June), as well as an annual plan of the resource room for psycho-social support (in June);

1. provide psycho-social support to the parents / caregivers and other family members of a child with disabilities:
 - a. conduct the initial interview with the parents / caregivers and family members of the child with disabilities using the questions listed under the scope of work of the resource room;
 - b. build a relationship of trust with the parents / caregivers and family members;
 - c. use creative techniques and methods of counselling;
 - d. inform the parents / caregivers and family members on the rights and the exercise of the rights, including the methods of support available to children outside of the Centre;
 - e. provide support to the siblings to help them accept the sibling with disabilities and cope with the challenges of the social environment;
 - f. empower the parents to accept the child's disabilities;

2. provide psycho-social support to a child / young person with disabilities:
 - a. foster a positive image of oneself through raising the awareness of one's potential and abilities;
 - b. develop a strategy for coping with the attitudes of the social environment;
 - c. strengthen the capacities to recognise and express emotions;

3. cooperate with the knowledge hub:
 - a. hold lectures, workshops, training sessions, educational courses; participate in round tables and conferences discussing different areas of counselling work;
 - b. participate in designing promotional materials to encourage sensitisation of the community and overall society with regard to the development of inclusive society;
 - c. request, in a timely manner, his / her own professional advancement;
 - d. participate in professional advancement in his / her area of expertise and other professional areas to develop his / her own capacities;

4. cooperate with other member of the staff:
 - a. attend the monthly meetings of the panel of experts;
 - b. in a timely fashion, submit semi-annual performance reports (in December and June);
 - c. in a timely fashion, submit the annual operational plan for the resource room for psycho-social support (in June);
 - d. exchange expert information with other staff of the centre, as necessary.

Job location:	Counsellor in the resource room for psycho-social support of the Centre for the development of inclusive practices		
Job title:	Counsellor in the resource room for psycho-social support of the Centre for the development of inclusive practices		
Employment particulars:	- full-time employment;	Professional qualifications:	University degree (special education therapist; psychologist)
Training:			
Topics:			

- Counselling work with the parents / caregivers and family members of children with disabilities
- Counselling work with children and youth with disabilities
- Use of creative techniques in empowering the parents / caregivers, family members, children and youth with disabilities
- Communication, team work and time management
- Inclusion based on the human rights approach

Competences - able to:

- apply the knowledge of the inclusive paradigm on practical and theoretical levels;
- use counselling methods;
- use creative techniques, aids and didactics to empower individuals to accept disabilities and foster emotional development
- apply the skills of counselling, communication and coordination;
- apply teamwork skills;
- accept the different;
- organise and hold ad hoc thematic workshops;
- resolve conflict situations;
- understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities;
- understand the stages of the acceptance of a child with developmental disabilities by the parents.

5.7. CDIP COORDINATOR / KH COORDINATOR

Job title:	Coordinator of the knowledge hub / Centre for the development of inclusive practices
Job description:	
<p>SUMMARY OF RESPONSIBILITIES:</p> <p>Coordinator of the knowledge hub / Centre for the development of inclusive practices</p> <ol style="list-style-type: none"> 1. Manages and organises KH operations; 2. organises CDIP operations; 3. cooperates with other facilities, organisations and institutions at the national and international level; 4. cooperates with the director of the institution within which CDIP operates; 5. cooperates with other member of the staff; <p>The KH / CDIP coordinator manages and organises the operations of the knowledge hub, encourages and established formal and informal cooperation and partnerships with other facilities, organisations and institutions at the national and international level, ensures the organisation of the CDIP work, cooperates with the director of the institution within which CDIP operates and cooperates with other members of the staff on a daily basis.</p> <p>2) MAIN TASKS AND RESPONSIBILITIES OF THE KH / CDIP COORDINATOR</p> <p>The KH / CDIP coordinator is required to: ensure the organisation of the operations and continuous</p>	

improvement of CDIP quality and sustainability; twice a year, submit a KH performance report (in December and June) to the director of the institution within which CDIP operates; once a year, submit the CDIP annual performance report and the operational plan for the next year (in June);

1. manage and organise the work of the knowledge hub and the centre for the development of inclusive practices:
 - a. in collaboration with other staff, prepare an annual plan of lectures, workshop, training sessions, educational courses, round tables, public debates, conferences and promotional activities to sensitise all beneficiaries of the centre and ensure professional advancement of the CDIP staff;
 - b. encourage and establish formal and informal cooperation and partnerships with other institutions for the training of adults, civil society organisations, institutions and institutes for the purpose of knowledge sharing, improving the quality of the CDIP performance and ensuring the sustainability;
 - c. twice a year (in December and June), collect performance reports of all resource rooms, and once a year (in June) submit a consolidated report on the CDIP performance to the director of the institution within which the centre operates;
 - d. once a year (in June), collect operational plans of all resource rooms and submit a consolidated CDIP operational plan to the director of the institution within which CDIP operates;
 - e. on a monthly basis, convene the panel of experts and prepare an agenda for the session in collaboration with the CDIP staff;
 - f. ensure the latest literature, aid technologies, monitor trends in the area of inclusion, new didactic approaches, and organise the procurement thereof;
 - g. coordinate the assessment of needs for professional advancement for CDIP beneficiaries;

2. cooperate with other facilities, organisations and institutions at the national and international level:
 - a. sign memoranda of understanding;
 - b. sign memoranda of partnership;

3. cooperate with the director of the institution within which the centre for the development of inclusive practices operates:
 - a. as necessary, communicate with the director concerning the organisation of the CDIP work, work conditions and autonomy;
 - b. conjointly with the director, produce a CDIP development strategy;
 - c. meditate in resolution of challenges encountered by the CDIP resource rooms / staff;
 - d. ensure continuing support of the administrative, IT and legal services provided by the institution within which CDIP operates, through its current resources;

4. cooperates with other member of the staff:
 - a. attend the monthly meetings of the panel of experts;
 - b. in a timely fashion, submit semi-annual performance reports (in December and June);
 - c. in a timely fashion, submit the centre's annual operational plan (in June);
 - d. exchange expert information with other staff of the centre, as necessary.

Job location:	Centre for the development of inclusive practices, knowledge hub		
Job title:	Coordinator of the knowledge hub / Centre for the development of inclusive practices		
Employment particulars:	- full-time employment;	Professional qualifications:	University degree (special education therapist;

			psychologist)
Training:			
Topics:			
<ul style="list-style-type: none"> - Communication, team work and time management - Inclusion based on the human rights approach 			
Competences -able to:			
<ul style="list-style-type: none"> - apply the knowledge of the inclusive paradigm on practical and theoretical levels; - manage and organise the work of the knowledge hub and the centre for the development of inclusive practices; - apply the skills of counselling, communication and coordination; - understand and apply educational and rehabilitation procedures to provide support to children / pupils with developmental disabilities with a view to developing and implementing inclusive practices; - apply teamwork skills; - accept the different; - organise and hold ad hoc thematic workshops; - resolve conflict situations; - understand the care and educational system in the inclusive context through the social and human rights models in the approach to children / pupils with developmental disabilities. 			