Delivery of Social Services for Persons with Disabilities

Guidelines

2022

Maguli Shaghashvili,
International Expert UNDP

The Guide was developed within the framework of the UN Joint Programme Transformation of Social Service Delivery: Implementing Human Rights-Based Approach for Children, Youth and Women with Disabilities in Uzbekistan, funded by UNPRPD Multi-Partner Trust Fund.

The Guide is designed to support the efforts of the government organizations, CSO and OPD in Uzbekistan to promote the disability rights and social inclusion of children and adults with disabilities.
This publication was made possible thanks to funds from the UNPRPD MPTF however it does not necessarily reflect the official position of the UNPRPD MPTF.

UNDP is the leading United Nations organization fighting to end the injustice of poverty, inequality, and climate change.

Working with our broad network of experts and partners in 170 countries, we help nations to build integrated, lasting solutions for people and the planet.

Learn more at undp.org/uzbekistan or follow @UNDPUzbekistan on social media.

Table of Contents

1. Introduction

Over the centuries, the traditional disability welfare approaches had been based on the charity and medical models of disability worldwide. The states and societies did not appropriately recognize the potential and rights of persons with disabilities (PwDs) and, therefore, did not make efforts to promote equal opportunities for them. These approaches were compounded by physical and communication barriers and stigma, which made these people even more invisible in the policy-making process. Despite the availability of various disability benefits, even developed countries prioritized the isolation of people with disabilities and the provision of services and education in specialized institutions and boarding schools. Since people with disabilities were not considered full-fledged citizens for centuries, the state played the role of their "carer". Therefore, the states, from the paternalistic perspective, were deciding where and how these people could live, get an education, or work. Such an approach deprived persons with disabilities of the opportunity for development and independence. Nowadays, such attitudes and approaches are considered discriminatory, as they humiliate the dignity of persons with disabilities. A paradigm shift took place in the 70s of the 20th century when persons with disabilities began to actively strive for equality through the Disability Rights Movement. One of the significant results of this movement was the establishment of the Social Model of Disability. This model views disability as an outcome of an individual's interaction with an environment; in particular, the limited capacity of the individual can be caused by physical, social, and institutional barriers. These changes reshaped the policies and systems, including social protection. From the 80s of the last century, social policies and programs have taken a course focused on the promotion of the independent living of persons with disabilities, removing the barriers and developing community-based services worldwide. Decades later, the UN Convention on the Rights of Persons with Disabilities (UNCRPD) further strengthened the commitment to social inclusion of persons with disabilities and underlined the necessity of developing rights-based universal programs and specialized disability

benefits that involve supporting and protecting PwDs on an equal basis with others.

Effective social protection systems and programs play a significant role in fulfilling the rights of persons with disabilities. They can contribute to building inclusive societies and social cohesion by protecting individuals with disabilities from social risk and deprivation. Efficient social protection systems ensure not only reducing poverty and inequality, but also enabling individuals to access universal healthcare, education, employment and financial means.[1] The UN Convention on the Rights of Persons with Disabilities emphasizes the state's obligation to ensure the social well-being and inclusion of persons with disabilities:

"*States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:*

- *To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs;*
- *To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;*
- *To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;*" (Article 28).

From the rights-based approach, social protection programs shall also take into account the barriers faced by persons with disabilities; particularly, the barriers hampering their access to mainstream education, healthcare and employment and participation in social life. Consequently, social protection needs to move beyond traditional welfare approaches to intervention systems

[1] The report of the Special Rapporteur on the rights of persons with disabilities, 2015.

that promote social inclusion and community participation while avoiding paternalism and dependence.

Social protection for persons with disabilities can be ensured through a wide range of disability benefits, such as disability allowance (disability compensation), assistive products/assistive equipment, social services (support services), alternative care services, grants for home adaptation, and in-kind/non-cash benefits (voucher for transportation, a voucher for utility bills/energy bills). All these benefits are instrumental for persons with disabilities to enjoy independent living, participation in social life and access to education and employment. It is important to note that worldwide, 33.5 per cent of people with severe disabilities receive a disability benefit; coverage in Central Asia is above 80 per cent. [2] Disability benefits should vary according to the life cycle:

Table 1: Types of disability benefits for people with disabilities across the life cycle

Stage of life cycle	General income security	Coverage of disability-related costs
Childhood	Family and child benefits	Child disability compensation, caregiver benefit, early identification and intervention, respite care, habilitation/rehabilitation, education stipends or transport allowances, assistive products, etc.
Working age	Unemployment protection benefits, disability insurance, employment injury, disability allowance, social assistance, etc.	Disability insurance, disability allowance compatible with work and other income support, personal assistance schemes, respite care, sign language interpreters, assistive products, etc.
Old age	Old-age pensions	Personal assistance schemes, respite care, sign language interpreters, assistive products, etc.

[2] World Social Protection Report: 2020-22; ILO (2022).

This document provides recommendations for developing social/support services for persons with disabilities. Persons with disabilities may need social services at a certain stage of life or across the life cycle. Therefore, it is important that social services should address the individual needs of persons with disabilities, age specificity, rights, types of disabilities, gender aspects, and cultural context. Services may also differ according to the socio-economic situation of countries. It is important to note that the UNCRPD Committee uses the term "support services" for social services.[3]

2. Social/Support services for persons with disabilities

For many persons with disabilities, access to a range of individualized support services is a precondition for independent living within the community.[4] According to the convention, PwDs have the right to choose services and service providers according to their individual requirements and personal preferences, and individualized support should be flexible enough to adapt to the requirements of the “users”. Therefore, if the support services segregate and limit personal autonomy, they violate the rights of the PwDs (Article 19). Support services must be available within safe physical and geographical reach to all persons with disabilities living in urban or rural areas. They have to be *affordable*, taking into account persons living on low incomes. They also need to be *acceptable*, which means that they must respect standard levels of quality and be gender, age and culturally sensitive.

In the process of developing and improving social services, it is important to consider several key aspects:

- Building the capacity of state institution representatives and personnel in developing and administering social services for people with disabilities;
- Identifying and analysing the needs of persons with disabilities;
- Analysing the barriers hampering participation of PwDs in social life;

[3] General comment No. 5 (2017) on living independently and being included in the community. UN CRPD Committee.
[4] Ibid, p. 7.

- Use the twin-track approach to address the needs of PwDs within the mainstream (universal) programs and specialized support services;
- Consider the needs of persons with different types of disabilities;
- Apply the life cycle approach for all age groups of persons with disabilities to ensure elimination of age;
- Well-defined roles and responsibilities between central and local government in developing, providing and monitoring social/support services;
- Intersectoral cooperation - close cooperation between different sectors (social, health, education, employment, and others) of the government.

3. Major attributes of sustainable and effective social protection

Every country has its own vision and path toward developing a social protection system that is based on a certain philosophy, historical context, socio-economic situation, available resources, the structure of state institutions, and experience in the redistribution of public goods. However, when comparing the various experiences of developed countries, it is obvious that they have the following common aspects in ensuring successful social protection systems:

- Strong and well-defined structure of the social protection system, in which the role of the central and local governments and the responsibilities of each structure are well determined;
- Variety of social services and benefits allowing the system to be adjusted to individual needs;
- Social protection benefits promote independent living of socially vulnerable people, including persons with disabilities.
- Social services are focused on strengthening families and communities;
- Instead of institutionalization, the state provides community-based alternative care services to persons with disabilities;
- Decentralized administration of the social protection system, which gives local government more independence in terms of

decision-making, planning of social programs and more immediate response to needs;

- Professionals involved in the social protection system have access to continuous education provided by the state;
- Requirements for applying service standards and their monitoring mechanism;
- Participation of citizens and civil society organizations in the development of the social programs and services;
- Social protection is shifting towards social risk management and therefore, the states apply a strong focus on preventive programs/services protecting individuals and families from social vulnerability;

Close cooperation between the state and non-governmental organizations for outsourcing the social services.

4. Building capacities of representatives of the state institutions in developing social services for persons with disabilities

The process of development and improvement of social/support services will not be effective if the administration and employees of the authorised state institutions do not have sufficient knowledge about the needs and rights of persons with disabilities and best practices in social/support service delivery to persons with disabilities worldwide (Annex 1- social/support services for children and adults with disabilities). It helps the state agencies to better plan the development of the social services - identify the target groups, get information about the needs of the PwDs, create the relevant methodologies for studying, analyzing, and prioritizing the needs of the PwDs, and develop the needs- and rights-based services.

It is especially significant to cooperate with the organizations of persons with disabilities (OPDs) and disability rights activists because they have comprehensive and evidence-based information about the needs and rights

of PwDs. Therefore, PwDs should be part of the trainings and workshops of personnel of the state institutions.

5. Identification and analysis of needs of persons with disabilities and determination of the target groups

Identification of the needs of persons with disabilities is a key issue in planning social protection measures, including the social/support services. Thus, the process should be inclusive and fair. In order to avoid exclusion of any group, identification of the needs should include persons with all types of disabilities and all age groups:

- Persons with a physical disability (mainly with mobility disability);
- Persons with sensory disability (mainly with hearing and vision impairments);
- Persons with intellectual disability;
- Persons with mental health disorders (psychosocial disabilities).

The state agencies may also target children with developmental delays, who do not have the official disability status, although need social/support services and various therapies to prevent the severity of functioning limitations.

Identification of the needs of PwDs for social/support services can be carried out through focus groups (qualitative research), or it can be done via combined research methodologies including both qualitative and quantitative methods. The combined method includes two stages - first obtaining information about the needs of the PwDs from the relevant stakeholders (focus groups) and then conducting quantitative research for prioritizing the identified needs according to quantitative indicators. The decision about methodology depends on the resources available for the research. However, prioritizing the needs will allow the country to gradually develop social services for persons of all types and age groups of persons with disabilities. This approach is especially important when the state cannot meet all needs immediately.

Focus groups can be conducted with the following groups:

- Persons with disabilities
- Parents and other family members of children and adults with disabilities
- Organizations of persons with disabilities
- Representatives of the Medical-Social Expertise determining the disability status
- State organizations/agencies providing various services - social service, health care, education, employment, etc.),
- Representatives of Mahalla
- Nongovernmental organizations providing services for PwDs.

Identification of the needs can be carried out through the Agency of Medical and Social Services in cooperation with the representatives of Mahalla or through the support of international or local organizations.

Focus group questionnaires can be focused on the following needs:

- Basic needs - food, hygiene products (for example, persons, who use a wheelchair or have to constantly lie in a bed, might require diapers to avoid bedsores), healthcare services, medications and etc.;
- Needs for Activities of Daily Living (ADL) and function - one of the important tasks of social protection is to promote the daily functioning and independence of a person with a disability, such as self-care, communication, walking, cognitive ability and social adaptation skills. It is also important to get information about assistive products - wheelchairs, white canes, crutches, hearing aid, etc; particularly, how they support the functioning of a child/adult. It also includes information about needs for care - whether a person needs care or not; if yes, what are the needs for care/nursing care, how many hours in a day person requires care and etc.;
- Needs related to independent living and social inclusion - in order to define rights-based social services and programs, it is important to identify what kind of difficulties children and adults with disabilities face in getting an education at public schools or public vocational

education institutions/colleges, acquiring a profession, getting jobs, and etc.

In addition, one of the valuable sources for the identification of the needs of PwDs for social protection benefits is the disability status determination system that is based on the Biopsychosocial Model. The biopsychosocial model identifies the needs of the PwDs for functioning and participation in social life and in addition, provides rich information about the type, level and intensity of assistance whether it is personal assistance or assistive products.

It should be noted that when collecting information about needs, the information should be obtained as much as possible from the persons with disabilities themselves in order to reflect their needs and not only the opinions of families or specialists.

Based on the analysis of needs, it will be possible to create a range of needs specific to certain groups in terms of functioning, independent living, education and employment.

6. Barriers to independent living and participation in social life

Besides the identification of the needs, it is important to analyze the barriers making PwDs more dependent on others:

- **Physical barriers** - inaccessible buildings, transportation and areas create physical barriers for persons with disabilities and prevent them from getting out of home, moving independently, walking in streets, visiting healthcare and social service facilities, getting education at preschool, school or vocational education institutions together with their peers, working with others at regular workplaces, attending workshops and trainings, doing shopping, going to recreational places, and etc.
- **Communication barriers** - if society acknowledges only limited ways of communication, persons with sensory and severe intellectual disabilities may experience difficulties in communication. For example,

during the meetings using verbal communication as the only format of sharing information impedes the participation of persons with hearing impairment; in these cases, it is vital to have a sign language interpreter and captions; Persons with Autism or severe intellectual disabilities may use different methods of alternative communication; for instance, the pictures exchange communication system (PECS).

- **Barriers to access to information** - due to isolation and lack of alternative formats of information, persons with disabilities may not have access to important information. They may not able to read the information in print format and require an audio version or Braille font or easy-read format. Due to isolation, PwDs may not know whom they should contact to receive information and/or services and how to protect their rights. In addition, they may not have phones, computers or access to the Internet;
- **Attitudinal barriers** - people's perceptions of what it is like to live with a disability is one of the major barriers. Stigma, stereotyping, discrimination and prejudice create significant barriers in terms of social inclusion, education and employment of persons with disabilities. It is possible for governmental agencies to find and analyze information about attitudinal barriers existing in society and their impact on the lives of persons with disabilities and on access to public goods.

The state may envisage breaking the barriers not only within the social services but through developing infrastructure projects, advancing forms of informing citizens and initiating awareness campaigns to eliminate disability-related stigma.

7. Developing frameworks of the social/support services

After identifying the needs and barriers, the state determines the priorities of social services, formats and measures with the involvement of social service

specialists, persons with disabilities, international organizations and experts and other stakeholders.

Analysis of needs and barriers will allow the central and local governments to use financial resources rationally. For example, a community-based service may serve the needs of dozens of people with disabilities by providing services, rather than a once-a-year cash allowance that is not needs-based. The study of needs and their analysis allows the government to define a long-term strategy for the social protection of persons with disabilities, which will respond to the needs of the PwDs and enable the gradual development of services.

The state, in cooperation with PwDs and other stakeholders, determines what kind of social/support services should be created for persons with disabilities of different ages and with different types of disabilities; and how services can be created to respond to the complex needs and rights. Taking into account the local and international experience, the state explores whether there are social services that can comprehensively respond to the needs of children and adults with all disabilities. For example, Early Childhood Intervention services are designed for children aged from birth to 5-6 years with all kinds of disabilities/developmental delays. Therefore, the creation of early childhood intervention services might be more reasonable in terms of human and financial resources. Also, habilitation/rehabilitation services include several types of therapies for children and adults, and such services can be the best option for PwDs requiring various therapies rather than funding individual therapies. The services of the daycare centre include support of the PwDs to acquire independent living skills, as well as the development of social and vocational skills. In the process of creating and improving social services, the state assumes the approach that early identification of difficulties and timely support is a priority.

The service development process should consider the obligations imposed by the Article 26 of the CRPD. Services must enable persons with disabilities "*to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of*

life". The article emphasizes the importance of the provision of the services at the earliest possible stage; in addition, the provision of the service plans should be based on a multidisciplinary assessment of individual needs and strengths. According to the convention, the services should be *"available to persons with disabilities as close as possible to their own communities, including in rural areas*".

Social services should consider the requirements and principles of the UN Convention on the Rights of Persons with Disabilities:

- **Dignity and respect** - the service/program should be based on respect for the person with a disability. The evaluation and planning process should not be humiliating;
- **Equal access** - services/programs should be free from barriers. Basic social/support services should be equally available to everyone. The needs of persons with all types of disabilities must be taken into account when planning services;
- **Anti-discriminatory practices** - universal (mainstream) and specialized services/programs should not discriminate PwDs against for reasons of disabilities, ethnicity, religion, gender and any other criteria. The social protection system should not put any group of people with disabilities in an advantageous position;
- **Promotion of social inclusion** - the service/program should promote the involvement of persons with disabilities in public activities;
- **Confidentiality** - the service/program must protect confidentiality of personal information of Pwds;
- **Participatory practice** - PwDs should be involved in the process of planning, implementing and monitoring of the services/programs;
- **The right to choose** - persons with disabilities should have the right to choose service/services they think is/are important for them; they should have an opportunity to decide where and how to receive selected services;
- **Adaptation to individual needs** - the service formats and delivery methods should be flexible enough to ensure addressing needs of the PwDs;

- **Freedom of expression of opinion** - the PwDs have the right to express their opinion toward the services and they should part of monitoring the quality of services.

8. Life cycle approach

The social protection system cannot be effective if it does not take into account the life cycle approach. Nowadays, in developing countries, social services for children with disabilities prevail, while adults with disabilities have limited access to a large part of these services after the age of 18. This approach ignores the rights of adults with disabilities and leads to their isolation. The main purpose of state policy should be the creation of equal opportunities for each citizen to maximize her/his potential at all stages of life.

9. Twin-track approach

In order to achieve full inclusion and maximum involvement of persons with disabilities, it is necessary to implement specific programs related to disabilities, as well as to take into account the needs and rights of persons with disabilities within universal, mainstream programs. To achieve universalization and inclusiveness, social protection programs must be as mainstreamed as possible, and as specific as necessary. While mainstream programmes support the access of persons with disabilities to general benefits and services on an equal basis with others, specific programmes provide them with access to quality assistive products/equipment and other forms of assistance, as well as to a range of community support services.

The purpose of such a combined, twin-track approach is to initially consider the perspective of disabilities in all existing programs and if the mainstream program fails to respond to the needs of persons with disabilities, then specific programs/services tailored to the needs of persons with disabilities should be introduced. This approach is based on combining the principles of universal design and reasonable accommodation provided for by the Convention on the Rights of Persons with Disabilities:

"Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;

"Universal design" means the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. "Universal design" shall not exclude assistive devices for particular groups of persons with disabilities where this is needed

Taking into account the needs of persons with disabilities within social programs, i.e. mainstreaming, is a process by which the state and society ensure that the needs and rights of persons with disabilities are taken into account in all sectors, legislation, policy initiatives and programs.

10. Disability-inclusive budgeting

Implementation of mainstream or specialized social services focused on the needs of persons with disabilities will not be possible without an appropriate budget. In particular, when any program is being developed - cash allowances, social services or infrastructure projects, it is important to determine to what extent persons with disabilities will be able to use the mentioned services, buildings, and transport and what additional costs are required for persons with disabilities to benefit from all public goods. In addition, budgeting should determine what types of additional specialized programs and services are needed to provide people with disabilities with the basic necessities (food, shelter, medical care, medicine, etc.), if mainstream programs cannot provide it.

When the state funds are limited, there is a risk that the government may provide funding only for the basic needs of persons with disabilities, rather than creating support services. This strategy will not be the right approach and lead to further isolation of persons with disabilities. By developing

services, the state contributes to increasing the degree of independence of children and adults with disabilities and their involvement in mainstream education and employment system, thus reducing the risk of severity of the disability, and demand for intensive care or institutionalization, which requires more financial resources in the long term.

When drawing up an inclusive budget focused on the needs of people with disabilities, it is important for the state to have close cooperation with persons with disabilities, organizations of people with disabilities, families of the PwDs and specialists in order to properly plan priorities and rationally use the state funds.

11. Effective vertical and horizontal planning

The barriers faced by persons with disabilities do not exist only within the framework of one program or service. For example, to overcome barriers to education, it is essential to consider many policies and programs that cover many areas. For example, effective inclusive education requires a policy agenda that addresses teachers' training, including preparation of special education teachers, child and family support, assistants for children during classes, adapted transportation, preschool education, curriculum modification, support for teachers and students in the classroom, provision of additional support services at school, flexible employment policies for parents. Some of these resources can be ensured by the central government through education policy, while resources related to the assistance of children and families (assistant of a child, social worker for supporting parents, adapted transportation) can be provided by the local government.

Therefore, planning social protection measures, including social services for persons with disabilities, should consider sharing the roles and responsibilities of the central and local government within the scope of obligations imposed by law. Effective vertical and horizontal planning will make the social protection system more diverse and cost-effective.

12. Intersectoral work and coordination

When developing effective social services for persons with disabilities, it is necessary to coordinate the activities of all sectors - healthcare, social protection, education, infrastructure, employment, economic development, sports and leisure. Therefore, it is important that all sectors have information about the needs of people with disabilities during planning so that resources can be used efficiently. The common goal of intersectoral work is to improve the quality of life of children and adults with disabilities, which will not be possible within the framework of only one service program. Social, health and education sectors can develop joint services. For example, in Early Childhood Intervention (ECI) services, paediatricians play an important role in detecting developmental delays in children and in informing parents about ECI services. Paediatricians can also be a part of the multidisciplinary team of the early intervention service and ensure assessment of a child's physical development, as well as provide advice to parents about the child's nutrition if needed. Regarding education, the education sector can promote the provision of early intervention for children at preschool facilities. On the other hand, ECI specialists can assist preschool teachers to acquire the knowledge and skills necessary for working with children with disabilities. Sectors may jointly evaluate the results of programs and services, how the lives of people with disabilities have improved through their joint programs; which programs can be improved or expanded.

References:

- General comment No. 5 (2017) on living independently and being included in the community. UN CRPD Committee.
- Institute for Research and Development on Inclusion and Society -IRIS (2012). Disability and Inclusion Based Policy Analysis.
- Marju,M & Puhm, E. (2010) Achieving excellence in social service provision in Estonia;
- Ministry of Social Affairs and Health of Finland. Retrieved from: https://stm.fi/en/social-services Social Services in Finland (accessed in September 2019)
- Ministry of Social Affairs and Health (2006) Brochure: Social Welfare in Finland;
- Social Protection and the Welfare State: What the EU can do to support persons with disabilities (2022). European Disability Forum Position Paper.
- The report of the Special Rapporteur on the rights of persons with disabilities, 2015.
- The Social Insurance Institution (ZUS) of Poland (2017). Social Security in Poland.
- World Social Protection Report: 2020-22; ILO (2022).
- https://www.dcyf.wa.gov/services/child-development-supports/esit/early-intervention-services
- https://www.ontario.ca/page/childrens-rehabilitation-services
- https://raisingchildren.net.au/disability/services-support/services/early-intervention
- https://www.tallinn.ee/en
- https://kidtherapy.org/services/pediatric-occupational-therapy/
- https://www.aota.org/about/for-the-media/about-occupational-therapy
- https://sapport.gov.mt/en/Services/Pages/Respite-Services.aspx
- https://www.autismspeaks.org/applied-behavior-analysis
- https://acl.gov/programs/aging-and-disability-networks/centers-independent-living
- https://includenyc.org/help-center/resources/independent-living-centers/
- https://www.hhs.gov/about/agencies/asa/eeo/personal-assistant-services/index.html
- https://thl.fi/en/web/handbook-on-disability-services/disability-services/services-and-support-for-persons-with-disabilities/services-with-subjective-right
- https://www.kent.gov.uk/social-care-and-health/care-and-support/disability/local-activities-and-support/day-centres
- https://www.homecaredirect.ie/disabilities

Annex 1 - Social/Support services for persons with disabilities

1. Early childhood intervention services for children with disabilities and developmental delays

Early childhood intervention (ECI) is the specialized support service for children with disabilities and/or developmental delays. ECI is designed to meet the developmental needs of children with a disability, as well as the needs of the family related to stimulating the child's development. The service is offered to families with infants and preschool-aged children who display or are at risk for significant developmental delay. Regular beneficiaries of the ECI are children from birth to 3 y.o. age, though some countries expand services for children up to 5-6, if needed (US, Canada, Georgia). The purpose of early childhood intervention is to “open a window of capabilities” for families to help their children with special needs to completely reveal their potential. ECI should occur as soon as possible after identifying the needs of the child. This may include therapy, support, and education.

The regular team of the ECI includes the following - occupational therapist, early intervention specialists, psychologist, speech therapist and physical therapist; some services include specialists for vision and hearing. A team of specialists work with a child and her/his family to evaluate the child’s development in five areas:

- **Physical**: Reaching for and grasping toys, crawling, walking, and jumping.
- **Cognitive**: Watching activities, following simple directions, problem-solving.
- **Social-emotional**: Making needs known, initiating games, starting to take turns.
- **Communication**: Vocalizing, babbling, using two- to three-word phrases.

- **Adaptive**: Holding a bottle, eating with fingers, getting dressed.

After the assessment, the ECI team develops an individualized service plan that includes:

- Child's strengths, needs, and current levels of functioning;
- Family's concerns and priorities;
- Services/therapies that the child and family will receive;
- Frequency, intensity, and method of delivering the services/therapies, including who will provide them, where they will occur;
- Outcomes that the family desires, timelines for achieving results, and methods of outcome measurement.

The services/therapies provided to children and their families differ based on the individual needs and strengths of each child and the child's family. Services may be provided in the child's home, playgroup, early intervention centre, preschool facilities or other settings familiar to the child and family. Early Childhood intervention services/therapies are embedded in typical routines and activities, within the family, community and/or early care and education settings.

Additionally, ECI provides support to families to access and coordination of services such as respite, education and developmental programs; helps with the move to school, supports and consults parents.

Children often benefit from a combination of therapies – this is called a multidisciplinary approach. And children often need different therapies or therapy combinations at different stages of their development. The therapies used as part of early childhood intervention address these developmental areas in different ways. For example:

- **Occupational therapy** can help with fine motor skills, play and self-help skills like dressing and toileting.
- **Physiotherapy** can help with balance, coordination and gross motor skills like sitting, crawling and walking.

- **Speech therapy** can help with speech, language, eating and drinking skills like chewing, sucking and swallowing.
- **Psychological therapy** can help with forming relationships, coping with emotions, and developing behaviour, social and other skills.

The parent/caregiver is required to be present during home visits and committed to working on the program suggestions. Children are re-assessed every six months to determine developmental gains, identify new skills to be mastered, or graduate the child if the need for the service is no longer required.

2. Therapies for children and adults with disabilities

2.1. Physical therapy

Physical therapy (PT) helps through physical rehabilitation. Physical therapists work with people of all ages and abilities, and their parents/caregivers. They help people with disabilities gain or keep function, develop or improve movement and social skills, and prevent injury. Physical therapy is focused on what people with disabilities can do. They design treatment plans specific to them to help them reach their goals to:

- Improve and maintain mobility and muscle strength;
- Stop or slow loss of function;
- Manage pain;
- Prevent chronic conditions or keep them from getting worse;
- Recover from and prevent injury;
- Take part in physical activities or sports;
- Learn new and improved ways to do everyday tasks;

Physical therapy services may include assessment, diagnosis, and treatment to restore and maintain person’s mobility, function, and well-being. The PTs consult the child's parent or adults with disability about developing a therapy program. The therapy program includes long-term and short-term, achievable goals.

PTs for children (pediatric physiotherapists) can help children with disabilities to improve movement and function in the body caused by problems with muscles, bones or the nervous system. The pediatric physiotherapist has specialized knowledge and experience of how children develop and acquire physical skills. The therapist is concerned with assessing, treating and managing children who have a general delay or disorder of movement, which may be improved or controlled. The physiotherapist works closely with the family and other team members. They closely work with parents to develop a needs-based service plan that also takes into account parents' concerns regarding the child's physical development. Some children may need physiotherapy for a few months, but for others throughout their lives. It may take the form of individual sessions or group sessions. Physical therapy may consist of positioning and handling through play as well as specific exercise programs. Ideally, the therapy is a part of the daily routine of the child. It is important that the child, parents, carers and physiotherapist work together as a team. The physiotherapist may work with the child's preschool/school, if necessary.

2.2. Occupational therapy

Occupations are the activities people of all ages need and want to do - things like making meals, dressing, managing medications, driving, going to school or work, playing, or caring for family members.

Occupational therapy (OT) considers the complex relationship between the person, the activity, and the environment in which the activity takes place. Examples of OT interventions include:

- Helping a child with a disability to participate fully in school and social environment;
- Assisting an injured worker to regain skills they need to function in their job, or
- Providing support to older adults experiencing cognitive or physical changes.

OT services focus on the person's goals and typically include:

- Individualized evaluation, during which the child/adult/family and occupational therapist determine the person’s goals,
- Customized interventions to improve the person’s ability to perform daily activities and reach the goals, and
- Outcomes evaluation to ensure that the goals are being met and/or make changes to the intervention plan.

OT services may also include comprehensive evaluations of the client’s home and other environments (e.g., workplace, school), recommendations for adaptive equipment and training in its use, and guidance and education for family members and caregivers.

Occupational Therapists conduct the following activities:

- Assessment: occupational therapy process is based on initial and repeated assessments. The occupational therapist together with the person is working with a focus on individual and environmental abilities and problems related to activities in the person's daily life; assessment includes the use of standardized procedures, interviews, observations in a variety of settings and consultation with significant people in the person's life;
- Planning: results of the assessment are the basis of the plan that includes short and long-term aims of therapy. The plan should be relevant to the person's development stage, habits, roles, lifestyle preferences and the environment.
- Intervention: intervention focuses on programs that are person-oriented and environmental. These are designed to facilitate the performance of everyday tasks and adaptation of settings in which the person works, lives and socializes. Examples include teaching new techniques and providing equipment, which facilitate independence in personal care, reducing environmental barriers and providing resources to lessen stress.

- Cooperation: occupational therapists recognize the importance of teamwork. Cooperation and coordination with other professionals, families, caregivers and volunteers are important in the realization of the holistic approach.

Children may require occupational therapy with or without the presence of a medical condition. Pediatric occupational therapy helps children gain independence while also strengthening the development of fine motor skills, sensory-motor skills, and visual motor skills that children need to function and socialize.

Occupational therapists work with children in the following areas:

- Improving fine motor skills so they can grasp and release toys and develop good handwriting skills
- Addressing hand-eye coordination to improve kids' play and school skills (hitting a target, batting a ball, copying from a blackboard, etc.)
- Learning basic tasks (such as bathing, getting dressed, brushing their teeth, and feeding themselves)
- Maintaining positive behaviours in all environments (e.g., instead of hitting others or acting out, using positive ways to deal with anger, such as writing about feelings or participating in physical activity.
- Evaluating the need for specialized equipment, such as wheelchairs, splints, bathing equipment, dressing devices, or communication aids
- Improving attention and social skills to allow the development of interpersonal relationships.

2.3. Speech and language therapy

Speech therapy can help people who have difficulty speaking to communicate better and to break down the barriers that result from speech impediments. The goals of speech therapy include improving pronunciation, strengthening the muscles used in speech, and learning to speak correctly.

Speech therapy can be used for a lot of different speech problems and disorders, from smaller problems like a hoarse voice up to the partial loss of speech due to brain damage. Depending on the type of disorder, other medical or psychological treatments may be used as well.

A childhood language disorder can affect the child's ability to learn to speak, name objects and build complete sentences. Although the causes of these disorders are often not clear, the main known risk factors include hearing problems, general developmental problems and disorders affecting the development of the brain.

Language disorders in adults are almost always the result of brain injury or disease. People who have had a stroke, for example, often have trouble forming sentences or remembering words. That type of disorder is called aphasia.

There are various speech therapy techniques for each of the areas described above – the ones that are considered depending on the particular disorder. A long series of therapy sessions are typically needed, with each lasting 30 to 60 minutes. They may take place in a group or one-on-one.

The approaches used in speech therapy include:

- Perception exercises, for example, to differentiate between individual sounds and syllables
- Exercises to produce certain sounds and improve the fluency of speech
- Exercises to improve breathing, swallowing and the voice
- Help with communication using things like sign language, communication boards and computer-assisted speech
- Advice for people who need speech therapy and their parents/family members/partners
- Support in implementing these measures in everyday life

2.4. Applied Behaviour Analysis therapy for children with Autism

Applied Behaviour Analysis (ABA) therapy helps children to acquire different skills – from healthier lifestyles to learning a new language:

- Increase language and communication skills;
- Improve attention, focus, social skills, memory, and academic skills;
- Decrease problem behaviours.

Therapists have used ABA to help children with autism and related developmental disorders since the 1960s. Positive reinforcement is one of the main strategies used in ABA. ABA therapy involves many techniques for understanding and changing behaviour and is a flexible therapy:

- Can be adapted to meet the needs of each unique person
- Provided in many different locations – at home, at school, and in the community
- Teaches skills that are useful in everyday life
- Can involve one-to-one teaching or group instruction

First, the therapist identifies a goal behaviour. Each time the person uses the behaviour or skill successfully, they get a reward. The reward is meaningful to the individual – examples include praise, a toy or book, watching a video, access to the playground or other locations, and more. Positive rewards encourage the person to continue using the skill. Over time this leads to meaningful behaviour change.

Therapy goals are written based on the age and ability level of the person with Autism. Goals can include many different skill areas, such as:

- Communication and language
- Social skills
- Self-care (such as showering and toileting)
- Play and leisure
- Motor skills
- Learning and academic skills

The instruction plan breaks down each of these skills into small, concrete steps. The therapist teaches each step one by one, from simple (e.g. imitating single sounds) to more complex (e.g. carrying on a conversation). The behaviour analyst regularly meets with family members and program staff to review information about progress.

2.5. Floortime - therapy for children with Autism

Floortime is a relationship-based therapy for children with autism. The intervention is called Floortime because the parent gets down on the floor with the child to play and interact with the child at their level. Floortime is an alternative to ABA and is sometimes used in combination with ABA therapies.

The goal is for adults to help children expand their “circles of communication.” They meet the child at their developmental level and build on their strengths. Therapists and parents engage children through the activities each child enjoys. They enter the child's games. They follow the child's lead.

Floortime aims to help the child reach six key milestones that contribute to emotional and intellectual growth:

- Self-regulation and interest in the world
- Intimacy, or engagement in relationships
- Two-way communication
- Complex communication
- Emotional ideas
- Emotional thinking

Therapists teach parents how to direct their children into more and more complex interactions. This process, called “opening and closing circles of communication,” is central to the Floortime approach. Floortime does not work on speech, motor or cognitive skills in isolation. It addresses these areas through its focus on emotional development. Overall, this method encourages children with autism to push themselves to their full potential. It develops “who they are,” rather than “what their diagnosis says.”

Floortime takes place in a calm environment. This can be at home or in a professional setting. Therapy sessions range from two to five hours a day. They include training for parents and caregivers as well as interaction with the child. During a session, the parent or provider joins in the child's activities and follows the child's lead. The parent or provider then engages the child in increasingly complex interactions. Floortime encourages inclusion with typically developing peers when used in a preschool setting.

3. Respite Care

Respite care is designed to provide relief for a carer who has the responsibility for a person requiring ongoing care, attention or support; it may be used in times of the unavailability of the carer, for any reason. It gives the regular carer the opportunity for time out, while still ensuring quality care for the PwDs. It can cover very short-term respite, for example, a carer for an evening, or a much longer arrangement for a holiday. Respite care through the professional carer can be provided at home of the beneficiary or at the respite care centre.

Respite care empowers children and young people with complex learning disabilities and additional communication needs to expand their horizons and build up their independence.

Respite is not about replacing the care that the caregiver gives but it is about sustaining the possibility that the caregiver continues to provide the necessary care. Respite services are correlated with several benefits including:

- Provides a break for the caregiver in order to carry out other important and necessary tasks in their daily life including some time for self-care;
- Delay long-term placement as through respite services caregivers will have the possibility to refresh;
- Studies showed that caregivers making use of respite services had lower levels of parental stress and a considerable increase in coping ability;

- Provide a positive experience for the individual availing from respite. Individuals in respite care will have the opportunity to socialise and make new friends.

Respite care is based on the assessment of the individual needs and abilities of a person.

4. Daycare centres for children with disabilities

Daycare centre services can be provided in schools and other institutions. The centres provide various individual and group activities based on the individual assessment and individualized service plan:

- Developing the skills needed for independent living
- Promoting social inclusion
- Promoting functioning
- Support in acquiring and improving pre-academic and prevocational skills;

Day care service is one of the important services to the prevention of institutionalization of children with disabilities and support their families to maintain employment.

5. Orientation and mobility services

Orientation and mobility (O&M) training helps children and adults who are blind or visually impaired know where they are, where they want to go (orientation) and how to get there safely and independently by walking or using transportation (mobility). The service offers travel skills assessments and training, orientation technique training, and instruction in how to get around independently, including:

- Using hearing, touch and smell to gather information about the world;
- Learning spatial concepts to understand the relationships that exist between objects in the environment;

- Using the white cane to clear a safe path and locate objects along the way in both indoor and outdoor environments;
- Independently finding a destination;
- Techniques for crossing streets, such as analyzing the shape of an intersection; determining if traffic is controlled by a stop sign, yield sign, a traffic light, or no control;
- Problem-solving skills to determine what to do if a person is disoriented or lost or need to change a route;
- Using public transportation and transit systems.

6. Sign language interpreter

The purpose of the sign language interpreter service is to improve the everyday life of persons with severe or profound hearing impairment. People with hearing impairments who use sign language to communicate can use the services of an interpreter for certain hours a month for personal matters in different situations:

- when using public services
- at public institutions
- at meetings and workshops
- at a doctor’s office
- at courses and cultural events.

7. Home care service

Home care service can be provided to persons with disabilities, the elderly and families with children and coping problems. Home care service means providing help to the person with executing daily procedures and activities that are related to home and personal life. Home care services include home assistance, nursing care, and assistance in self-care activities.

8. Independent Living Centers (ILCs)

Independent Living Centers (ILCs) are community-based, independent non-profit organizations that are run by and for individuals with disabilities. They provide services assisting people with disabilities to have independent, productive, and meaningful lives. These centres were developed as part of the Independent Living Movement in the 1960s and 70s, which was founded to embody the values of disability culture and Independent Living philosophy. The movement emphasizes that people with disabilities are the best experts on their own needs, that they have crucial and valuable perspectives to contribute to society, and that they are deserving of equal opportunity to decide how to live, work, and take part in their

At a minimum, centres provide the following IL core services:

- Information and referral;
- IL skills training;
- Peer counselling;
- Individual and systems advocacy; and
- Services that facilitate the transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions and facilitate the transition of youth to postsecondary life.

Centres also may provide, among other services: psychological counselling, assistance in securing housing or shelter, personal assistance services, transportation referral and assistance, physical therapy, mobility training, rehabilitation technology, recreation, and other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment. Many CILs also have other programs and services such as assistive technology resource centres.

9. Personal Assistant service

Person with a disability has the right to personal assistance when they need help from another person necessarily or repeatedly in order to manage daily matters, work and studies, leisure activities, participation in public activities and maintaining social relations. Personal assistance (PA) means necessary assistance for a person with a severe disability at home and outside of the home. PA helps the person with a disability in the tasks that the person would do without help if there were no disabilities. The assistance can take various forms, depending on the person assisted. It can be related to eating, washing, toilet visits, dressing, household chores, running errands, studying, working or participating in public activities. A personal assistant is also a companion for a person with a physical disability that helps them participate in their studies or hobbies. Personal assisting does not mean cleaning services or home nursing.

According to General Comment #5 of the CRPD Committee, personal assistance refers to person-directed/“user”-led human support available to a person with a disability and is a tool for independent living. Although modes of personal assistance may vary, there are certain elements which distinguish it from other types of personal assistance, namely: funding for personal assistance must be provided on the basis of personalized criteria and take into account human rights standards for decent employment. The funding is to be controlled by and allocated to the person with a disability with the purpose of paying for any assistance required. It is based on an individual needs assessment and upon the individual life circumstances. The service must be controlled by the person with a disability, meaning that he or she can either contract the service from a variety of providers or act as an employer. Persons with disabilities have the option to custom design their own service, i.e., design the service and decide by whom, how, when, where and in what way the service is delivered and to instruct and direct service providers.

Personal assistant mainly fulfils the following duties:

- Personal care and hygiene, such as washing, dressing or using the toilet
- Accessing services in the community such as leisure and social activities
- Driving to help a person get around
- Correspondence and paperwork
- Attending doctor and hospital appointment
- Domestic household tasks, meal preparation, laundry
- Escorting person to meetings, community events, day trips and outings
- Helps person with medication
- Maintaining relations with family and friends
- Work, training and educational activities
- Mobility in person's home and in the wider community
- Accessing necessary facilities and making use of public transport
- Shopping and ironing
- Supporting family carers when they need respite or break from their caring role.

10. Day centres for adults with disabilities

Day centres are friendly; welcoming places offering a variety of leisure, educational, health and well-being activities to adults with disability. Different day centres are available for older people, and people with physical disabilities, learning disabilities or mental health problems. Day centres are usually for people who need quite a lot of support whilst they are there, with trained staff being on-site to offer this support as required. Day activity services are activities organized outside the home that support managing an independent life and social interaction. The service can include making food, physical exercise, discussions, trekking and creative activities.

Day centres provide a range of different services, but what's available will differ between different centers. Typically, they can provide:

- A range of exciting activities including outings to parks or local events

- Educational classes, such as lessons on how to use a computer
- Art and music therapy
- Exercises which are tailored to be accessible and doable for people of varied abilities
- Help and support with personal care and mobility when required
- Support with transport to the centre and to local events
- Hot or cold food and drink - They might host dinners or coffee mornings.

United Nations Development Programme
4 Taras Shevchenko Street, Tashkent 100029, Uzbekistan