



MANUAL ON HOME TRAINING

On the investigation, conditions, support options and supervision of home training under Section § 32a of the Services Act.

Children and young people with significant and permanent physical or mental impairment.

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Socialstyrelsen

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PREFACE

Home training is a collective term for training of children and young people with significant and permanent impairment functional capacity, which parents carry out at home on the basis of Sections 32 and 32a of the Service Act, were adopted in 2008 on the basis of a pilot scheme.

This handbook is an update of the original handbook on home training, which was published in 2008. The update has been made in the light of the legislative revision of the home training rules in 2016.

The handbook is aimed at caseworkers (sagsbehandler), professionals and managers in Kommune, and at parents of children and young people with significant and permanent functional impairment. The handbook provides a quick overview of and can be used as inspiration for dialogue between parents and Kommune about the scheme. The handbook should be seen as a reference work and thus a supplement to legislation and guidance on hometraining. The handbook also provides an overview of the possibilities for obtaining knowledge and advice on hometraining.

Finally, the handbook contains a monitoring tool for use during monitoring visits by professionals from the Kommune, and for parents who train their child at home. The supervision tool can serve as a dialogue tool for parents and Kommune in the preparation of both parties, implementation and follow-up of the two annual statutory supervision visits.



1. INTRODUCTION

In 2008, it became possible for parents to obtain approval for hometraining of children and young people with significant and physical or mental impairment. Hometraining is a collective term for the training of the child or young person, as an alternative to a Kommune offer of help and support under Section 32 of the Service Act. The aim of home training is to enable parents to play an active role in with the child or young person.

With the legal revision of Section 32 of the Service Act in 2016, the rules on hometraining have been given an independent paragraph (§ 32 a). It is intended to make the hometraining scheme more visible and to support the home training are based on an overall assessment of the best interests and well-being of the child or young person, taking into account the child's or young person's support needs, age and development. The rules for home training are simplified and clarified in § 32 a to facilitate the work of Kommune and parents with the rules.

This handbook highlights key elements of the work of local authority sagsbehandleres, professionals and decision-makers on home training and can serve as an inspiration and reference work for both parents and professionals.

2. THE TARGET GROUP FOR HOME TRAINING UNDER § 32 A

The target group for home training is children and young people under the age of 18 who, due to a significant and permanent physical or mental impairment, need support under Section 32 of the Danish Service Act.

Home training is an offer to parents who wish to train their child or young person in full-time or in part-time at home.

Children and young people who are in the target group for home training under Section 32a of the Service Act are not defined on the basis of a particular diagnosis or the nature of the disability. The decision as to whether a child or young person is in the target group for home training is based on a concrete and individual assessment of the child's or young person's need for a special support and treatment offer in accordance with Section 32 of the Service Act.

EXAMPLES OF FAMILIES MAKING USE OF HOME TRAINING

Four families are described below, all of whom use home training, either as a combined service or full-time. The four families train according to some of the most widely used home training methods: the Family Hope Center method (FHC method) and the Applied Behavior Analysis method (ABA method).

Home training of a full-time school-age child who is home-schooled

The family consists of a mother, father and three children, the middle child aged nine having cerebral palsy (CP for short). The father works full-time while home-schooling the son with CP. The mother no longer works, as the family has chosen to home-school the son full-time. The son started as a child in a nursery with special support, but it soon became apparent that he not thriving. So the parents took the decision to train him full-time at home.

They have been doing this since he was three, when they were awarded a home training grant. When the son reached school age, the parents faced a similar choice. They found that there was no provision to suit their son's special support needs, so they chose to home educate him. Both home training and home education have resulted in positive developments for the son, who now communicates in a reasonably age-appropriate way and is involved in decisions about new training methods.

The mother says: "Home training has been a way for us to gain knowledge about and influence the organisation of our son's daily life". The son trains according to the FHC method and practises a special form of yoga - yoga for the special child. The parents have chosen FHC because this method focuses on motor skills, which the son particularly needs to strengthen. The method also focuses on social and sensory aspects of the child's or young person's development. The training is continuously organised according to the child's or young person's specific needs. "It's all done on the child's and family's terms," concludes the mother.



Part-time home training of school-age children combined with school

The family's son is seven years old and has autism. He is normally gifted and has attended a mainstream nursery school. Now that he is of school age, he attends a primary school, even though he is a pupil in a special school. His challenge is not cognitive, but social, and knows that he can become overstimulated if the impressions and demands he is exposed to during the day are not rationed.

The parents have chosen home training because from the beginning there have been massive problems at home which required a thorough understanding of his challenges. The son's autism is very pervasive in their daily lives, and although the mother is formally in charge of the home training, as she is an employee and can therefore receive wage compensation for lost work time, it is very much a family project.

"We chose home training because we wanted and needed to be closely involved in our son's training. The home training has helped us understand our child's diagnosis, needs and challenges. We have gained tools that we can use at home for a number of specific issues."

The son is trained according to the ABA method, which is based on the individual child's or young person's problems and strengths, and putting together a programme based on this. One of the basic ideas is to find the child's motivation to train and learn new skills, based on the child's interests, things. The focus is always on the positive and the desired behaviour, which is reinforced by rewarding while largely ignoring undesirable behaviour.

In the beginning it was important to 1:1 train a variety of things that their son did not, like other children, learned in the natural environment. Now, the goal of the training is primarily for the son to function better socially. It is also for this reason that the vast majority of the training takes place in natural social situations.

Full-time home training of pre-school children

Parents with three children, their middle son aged four has Down's syndrome. The son has been trained since he was three months old. The parents have arranged for the family to be close to home to make everyday life with three relatively young children easier - especially when one of the children is trained at home. The mother home-trains the son. The father, who is self-employed, works at a office five minutes from home. Their other two children go to school and nursery respectively just nearby.

When their son was diagnosed with Down's syndrome, the parents looked into training options themselves. "We did a lot of research, got a visit from a case worker from the municipality, found information Down's syndrome and what training options were available. We looked at the whole range before making a choice," says the mother.

The mother continues: "From all the information we had gathered, we decided that for our family to accept the offer of home training. It can be difficult to make the choice, but because we knew our son's diagnosis well, it was somewhat easier to decide, what was best for him. We decided to train using the FHC method".



Part-time home training of pre-school children combined with kindergarten

The family consists of a mother, father, a two-year-old daughter and a four-year-old son. The four-year-old son was diagnosed with infantile autism when he was three years old. Although the parents knew that there was a risk of an autism diagnosis, it was very hard to get the diagnosis itself and the time afterwards was difficult. It helped to attend a series of information sessions for parents of newly diagnosed children, where talking to other parents in the same situation was a particularly good experience.

Through the nursery, the parents met another couple who were home-training their child. This inspired them, and they have since chosen to home-train their son using the ABA method. Both parents have chosen to work reduced hours and have also hired assistant trainers.

"One of the good things about home training is that we spend more time with our child, get to know him better and get supervision and tools to deal with the special needs he has. It works on both him and the overall well-being of the family," says the father.

The home-based training is combined with a normal kindergarten, where the son attends about 10 hours a week. Through a pilot scheme, the nursery has been able to employ a support person (assistant coach) for 10 hours a week, and they have chosen to employ their son's own assistant coaches.

"Our main focus is to help our son improve socially and communicatively. It gives the optimal opportunity for us. Our assistant coaches can see the things that make his life difficult.

interaction with the other children, and then we focus on those things in home training in a more and clear context. At the same time, the assistant coaches know him very well and they can better help him in interaction with the other children and to generalise his skills so that it's not just at home and with us, he knows the things we teach him".

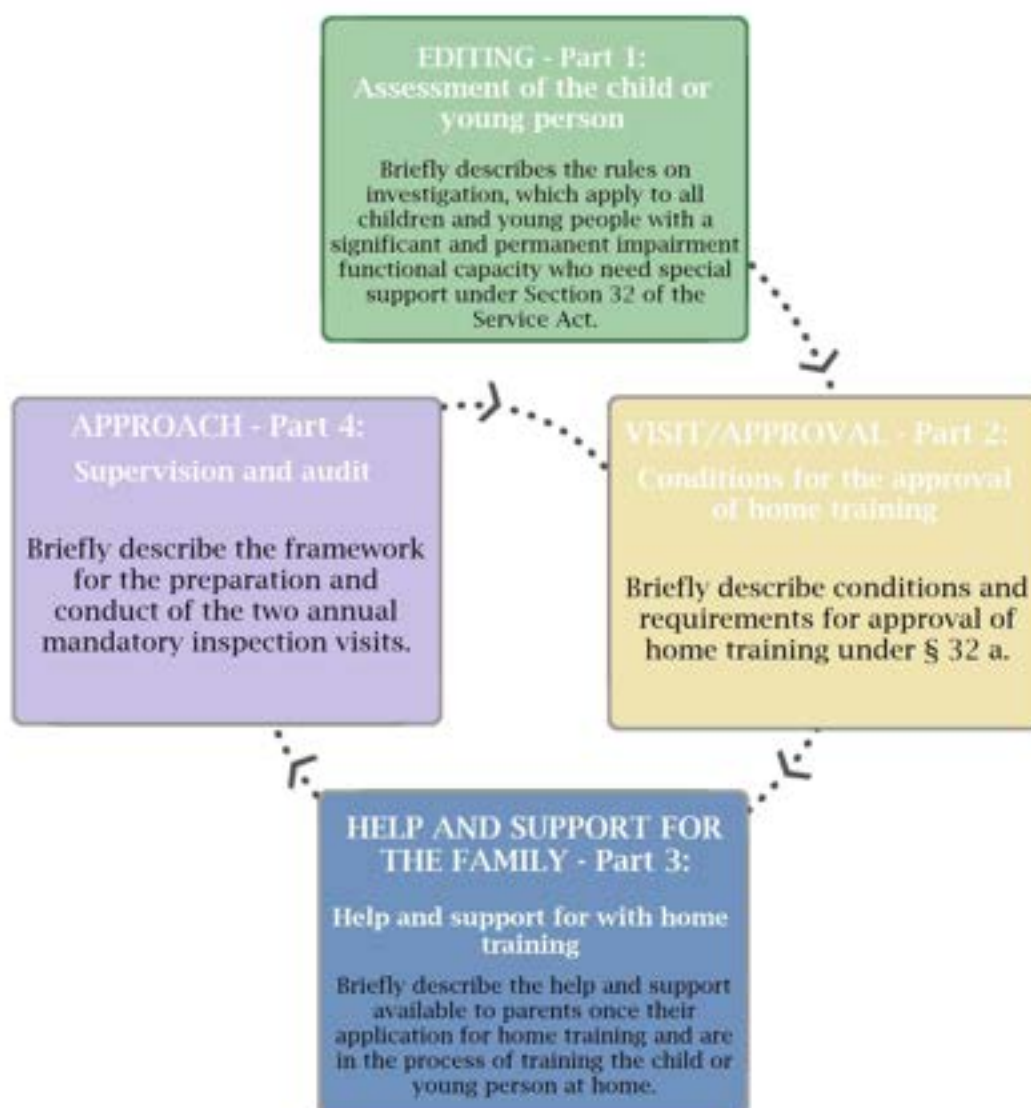


3. THE PROCEDURE FOR HOME TRAINING

The figure below shows the main stages and elements of the process for parents applying for, or in the process of, home education for a child or young person.

The figure illustrates the main stages of the process: assessment of the child or young person, referral for approval of home training, help and support during home training and supervision and revisit.

The following sections describe advice, guidance and relevant information in relation to home training, which municipalities should be aware of in the four parts of the case cycle.



PART 1: INVESTIGATION AND VISITATION



Assessment of the child or young person

An initial assessment of the child or young person must be carried out to check whether he or she is in the target group for services and support under Section 32 of the Service Act. If the child or young person is assessed to be in target group for services under § 32, parents have the right to refuse the public service and apply for support for full or partial training of the child or young person at home under Section 32a of the Service Act.

The Kommune must ensure that a thorough assessment is made of the child's or young person's need for help, support and treatment. For example, there may be a need to identify the child's or young person's social, cognitive, motor and language development. In this context, it may be appropriate to work with the health care system to get the necessary health information about the child or young person.

The assessment of children and young people with physical or mental impairments may involve several sectors and actors. In this context, it is important that the Kommune creates a coordinated and holistic cooperation around the family so that the family experiences a meaningful and coherent case flow. The Kommune must also involve the family and the child or young person as much as possible in assessment process.

The child's or young person's specific physical, mental and social needs, in the light of the child's or young person's age and developmental stage, must be assessed and described. It is a legal requirement that the assessment must be based on in a child-specific § 50 study that describes and evaluates the child or young person before any decision can be taken whether a hometraining scheme can be approved.

§ 50 Investigation

The child health assessment must identify resources and problems in relation to the child or young person, the family and the network. As far as possible, the investigation shall be carried out in cooperation with with the parents and the child or young person. The investigation shall be carried out as gently as possible circumstances allow, and shall not be more extensive than is necessary for the purpose.

The Kommune's case manager (sagsbehandler) is responsible for obtaining information from relevant actors, including Social Workers, Physiotherapists, Psychologists and Doctors. SFI's evaluation of the home training scheme from 2014 also shows that special Pedagogues, Occupational Therapists, and Speech and Hearing Therapists also contribute with information and preparation of the assessment in more than half of the Kommune.

Tools for investigation

One way to ensure a thorough assessment in relation to the child or young person and the family's resources and needs may be to use tools such as the International Classification of Functioning, Impairment and Health (ICF), BørneRAP, the ICS case management method and the supporting IT system DUBU, including the special tool developed for assessing children and young people with disabilities. BørneRAP is a communication method aimed at enhancing interdisciplinary action. Experiences and methods are presented in the Socialstyrelsen's inspiration booklet *Trænings- og habiliteringsindsatser til børn og ungdom med et betydeligt og durigt handicap*.

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Organisation of the investigation process

In relation to the organisation of the investigation process, it may be relevant to consider:

- ✓ Who is the family contact person and/or lead person?
- ✓ Which professionals should be involved and is there sufficient professional expertise to get around the needs of the child or the week?
- ✓ Is there a need to involve VISO?

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Advice, guidance and involvement of parents

Early in the investigation process, it is important to establish a good dialogue with parents and expectations for the future collaboration. Good dialogue creates a framework for partnership with and a shared understanding of the child or young person's resources, challenges and support needs.

Involving parents from the start also makes them active co-players. This can form a good and communication between parents and the municipality.

1 SFI (2014): *Hjemmetræning – evaluering af regelsættet om hjælp og støtte efter Servicelovens § 32 stk. 6-9*

Parents' wishes and needs for involvement and participation can vary, and it is important for all parties to get off to a good start. There are therefore some basic discussions that are important to have. At the same time, it is essential for good cooperation in the early stages that parents are thoroughly informed about their rights and support options. For example, it is important to inform parents of the possibilities they have to either home educate the child or young person or to make use of a municipal day care service. It is also possible to combine hometraining with a public service.

Finally, it is important that expectations are agreed and that there is an ongoing dialogue between the Kommune and the parents on the tasks to be carried out by the family and the Kommune respectively.

Parental involvement can take place at different levels. It can be, for example, conversations or interviews with the parents. It can also be that parents, the child or the young person actively participate in the setting of goals and the planning of home-based interventions. Professionals should provide parents with advice and opportunities to understand the child's or young person's particular needs for support in development and well-being.

Most parents want to be a key player in their child's life, but do not necessarily want to be the sole coordinator. To ensure coordination of cooperation, the Kommune can appoint a lead person who to ensure an overview of the case. The coordinator could be the sagsbehandler who is already has an obligation to ensure coordination and a holistic approach to the work. The coordinator may, for example, act as a contact person for the family, responsible for chairing meetings, drafting case summaries and obtaining and passing on information. The Kommune may also wish to consider information material for parents on the possibilities for help and support under Section 32 of the Service Act, including the possibilities for home training for the child or young person.

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Inspiration for the team leader

The National Board of Health and Welfare's Better Interdisciplinary Action project can provide inspiration on what a team leader role can imply and how to organise interdisciplinary cooperation.

Guidance for parents of children and young people with disabilities

The National Board of Health and Welfare's guide, Parents of a child with a physical or mental disability - a guide to help and provides an overview of the most important help and support services and a number of references to, where parents can find more information - both in the rules and in relevant information material on the various topics.

Example of how the possibilities for home training can be communicated and made visible on a Kommune's website

The Kommune presents rules and opportunities for home training on its website. This is a good opportunity for the Kommune to inform about and make visible the possibilities, rules and relevant for parents who have applied or wish to apply for home for home training of the child or young person. The Kommune's website provides advice, guidance and practical information on the main steps of the application process and the supervisory visits. A Kommune's website can usefully provide the following information:

- ✓ The home-based training scheme and the opportunities it provides for parents to train children and young people.
- ✓ Who can apply for home training and the conditions for training the child or young person at home.
- ✓ How parents should specifically apply for home training, including reference to an application form that parents should fill in, as well as practical information on which postal address and/or e-mail address parents should send their application to.
- ✓ Description of the overall steps in the Kommune's processing of the parents' application up to the decision on the application (see figure on page 27)
- ✓ Relevant processing deadlines and type of grant that can be awarded with home training scheme.



Involvement of the child or young person

The child or young person should be involved as far as possible. The Kommune assesses together with parents, to what extent this is possible. The assessment is based on age and maturity, and what what is deemed to be best for the child or young person.

The disability does not in itself justify that the child or young person should not be involved or consulted. Attention should be paid to the child's or young person's expressions, even if they are not verbal. For example through play, observation, drawing or other non-verbal activity or communication.

It is beneficial to have a good relationship established with the child or young person as a starting point for talking about his or her wishes for home training.

Example of involvement of the child or young person from a Kommune

The Kommune explains how it tries to involve the child or young person in the process and what considerations they make about this involvement. Firstly, it is important to identify:

- ✓ What can the child or young person self-express?
- ✓ Where does it make sense to involve the child or young person?
- ✓ To what extent should the child or young person be involved?
- ✓ How should the involvement take place - and when?
- ✓ Who can the child or young person involve as an intermediary?
- ✓ How will the child or young person be informed of decisions taken?

Some children and young people can be difficult to involve and there is no feedback when you try to communicate with them in the traditional way. If this is the case, the involvement of the child or young person can be done by a professional systematically observing the child or young person's well-being and drawing on the network around the child or young person, who can provide additional information on development, best interests and well-being.

The Kommune says that the children or young people who have a spoken language are involved. Not with direct questions such as: "What do you think of the home training?". Children or young people are more involved indirectly, for example asking whether an activity is fun.

If you make sure that the child or young person is at home, there is a good opportunity to involve the child or young person in conversations where this is appropriate. If the child or young person is at home, you can also get a sense of how the family interacts and what the environment is like around the child or young person.

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Experiences of parents on child involvement

Parents of children who are home-trained report the following:

Father of seven-year-old boy with infantile autism tells:

"When our son was young, there were many things he was not involved in. But now that he is older and shows interest in being involved in decision-making, he is involved in much more than before. Now that he can be involved more, we also find it much easier to find out what motivates him."

Mother of nine-year-old boy with cerebral palsy says:

"When the Kommune visits our home, our son is typically at the table for the first 5-10 minutes. After that, he is not part of the conversation as it seems wrong to sit and talk about him when he is there. In the minutes he is there, he has a lot of important things to say."

Father of four-year-old boy with infantile autism tells:

"Because our son is so young, we have not experienced the local authority involving him when they come to us. When the Kommune visits, he sits at the table and they observe what he says and does, but greater involvement doesn't make sense yet."



Example from a Kommune on the initial contact with parents

The Kommune reports that an information meeting or initial discussion is held when parents have approached the Kommune for advice and guidance on home training. This meeting can also take place by telephone. The meeting is held with the home training sagsbehandler.

The parents are explained the conditions for home training and are guided on how to proceed, who to contact, what documentation to submit, etc. The Kommune then carries out an assessment of the child's or young person's needs, based on a § 50 child health assessment. The case then goes to a visitation meeting, where the Kommune assesses the specific application and makes a decision. Finally, the Kommune's referral committee assesses whether the conditions for home training are met. If the conditions are met and the parents are thus entitled to train the child or young person at home, the Kommune invites the parents to a start-up meeting, where they are informed about the future course of action, including about the possibilities for help and support as well as the coverage and documentation of costs, supervision and follow-up meetings, accounting, recruitment of assistant trainers, etc.

An appropriate team of professionals is then put together for follow-up and monitoring.

In this initial phase, the Kommune focuses on good cooperation and dialogue with parents. It is important that the parents are informed and updated about the progress of the case.

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Experiences of parents who home-train about the initial phase:

Mother of 15-year-old boy with cerebral palsy says:

It is important to establish good cooperation with the Kommune from the start. A close dialogue and a quick start are extremely important, so that it does not take too long to get started with training. For us it was also important to make the rules around the scheme clear and that the Kommune informed us about the possibilities for training”.

Father of seven-year-old boy with infantile autism tells:

”There can be many challenges in the initial phase, so it is important to meet professionals who really try to understand and meet your wishes and needs. One of the most important things in this phase is openness, flexibility and dialogue, with the child at the centre. It is also possible to seek information from associations such as the ABA Association - the National Association for High-Intensity Educational Treatment of Children with Autism”.

Mother of four-year-old boy with infantile autism reports:

”For us, it was important in the beneficiary phase to be properly and quickly informed about the requirements for both the application and the supervision. We experienced that the Kommune was understanding and listened to our needs - there has been a good dialogue and that is crucial”.

Mother of four-year-old boy with Down’s syndrome tells:

”It is a big deal to start home training and it was important for us that the Kommune supported our wish. As parents, you have to do a lot of work yourself in connection with home training, and it therefore means a lot that the Kommune can help with practical tasks such as budget and insurance during the reception phase. If your child has a brain injury, in addition to information from the Kommune, you can also get information from the association Hjernebarnet, for example.”

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PART 2: CONDITIONS FOR APPROVAL OF APPLICATION FOR HOME TRAINING



If the parents, in accordance with the above, wish to home educate their child instead of taking up the public offer according to the Service Act § 32, they can apply to the Kommune for approval of this. The parents have this option regardless of whether the child or young person is registered for a SFO, for a day care facility, or if the child or young person is not yet registered for a particular facility.

Parental training of the child or young person may take place entirely or partly at home. If the training takes place at home, the home training will be combined with a public offer, e.g. a partial place in a special day-care centre. Hometraining cannot replace a public offer which is not based on a legal basis in Section 32 of the Service Act. Nor can home-based training replace the education that all children in the school age are entitled to receive.

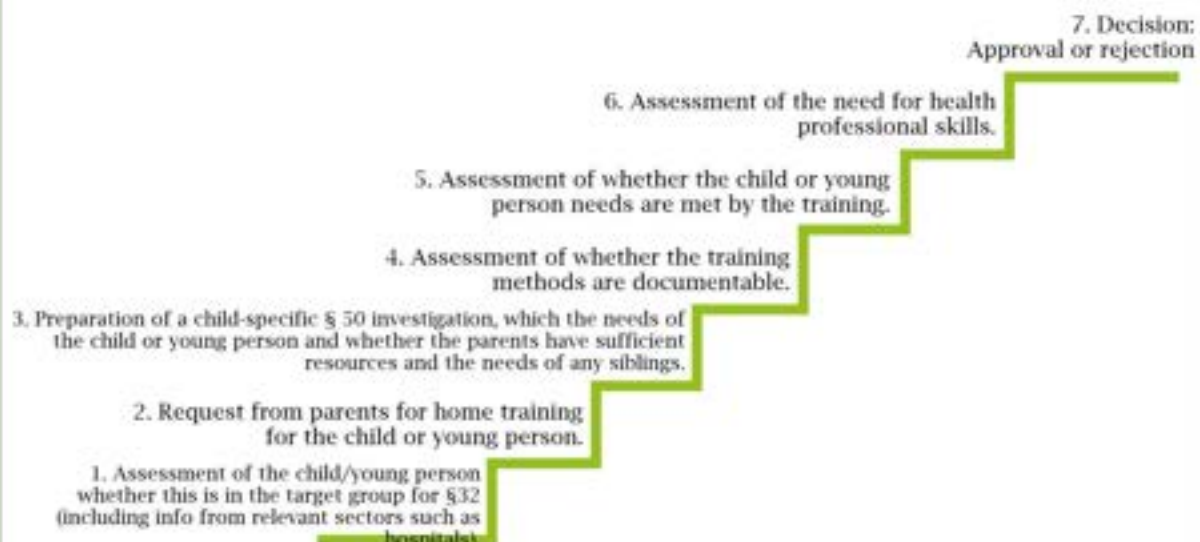
These 3 conditions must be met in order for home training to be approved:

1. Home training must promote the best interests and well-being of the child or young person and meet the child's or young person's needs.
2. The parents must be able to carry out the tasks.
3. The hometraining shall follow documentable methods.

In addition to the general conditions for authorisation, specific requirements apply to the involvement of health professionals in hometraining schemes, where physical health professionals are involved to a significant extent.

The municipality's assessment of whether the conditions for home education are met may be based on an assessment of the questions, aspects and steps illustrated in the figure below. The municipality must be in dialogue with the family in all stages of the process.

Conditions for approval of home training



Udarbejdet i samarbejde med DUKH

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The Kommune cannot refuse to support hometraining on the grounds that they do not want to support home training in general, or on the grounds that the Kommune itself has a special offer that meets the child's or young person's needs. Nor can refusal be justified on the grounds that the parents wish to train methods that the Kommune or the professional does not want to use in the Kommune training.

The Kommune's assessment of the parents' application for home training must be based on an overall description of the parents' wish for home training, including the plan for how they will work with the specific method that the parents wish to use in the training. It should also discuss with the parents how best to organise the training to suit the child or young person's needs. Among other things, it is important to discuss:

- ▲ It is possible to train at home partly, as home training can be combined with Kommune services, e.g. a partial place in a special day-care centre.
- ▲ "Home-based training" should be understood to mean that it is possible for parts of the training to take place outside the home, e.g. in public spaces.
- ▲ Training can be provided using conventional methods, such as physiotherapy and occupational therapy, or alternative methods, i.e. methods not usually used in public services.

However, the Kommune cannot approve health care training elements, which are either defined as hospital treatment or otherwise have the character of specialised treatment, as part of home training.

If the parents and the child or young person meet the conditions, the Kommune may authorise the parents to train the child or young person in accordance with the rules on home training. Approval also means that the parents are entitled to financial support for home training.

The three general conditions that must be met in order to receive support for hometraining for the child or young person, as well as the specific condition of the involvement of health professionals in cases where this is a requirement, are set out below.

1) The hometraining must promote the best interests and well-being of the child or young person and meet the child's or young person's needs.

The assessment of whether the training can meet the best interests, well-being and needs of the child or young person shall be based on the assessment described above and on the parents' description of the desired home training scheme.

It may be necessary to obtain additional information and assessments, for example by obtaining specific professional expertise from VISO. In some cases, it may be necessary to obtain medical assessments of the child's or young person's disability, etc.

It is important to bear in mind that children and young people have the right to both education and independent leisure time alongside the training. Therefore, when assessing whether the intervention meets the child's or young person's needs, it should be ensured that the intervention takes into account the child's or young person's opportunity to spend time with peers, maintaining friendships and developing social skills. The child or young person's own wishes should be taken into account in the professional assessment, which should also young person's attitudes to home-based training.



2) Parents must be able to perform the tasks

Parents must be able to carry out the tasks of training the child or young person at home. As described above, the assessment of the parents' ability to carry out the task must be based on an evaluation and assessment of the parents' resources and the family's overall situation. This is done on the basis of a dialogue with the parents, in which it is important also to focus on the family's everyday life, the family network, the parents' qualifications and work situation, the situation of the siblings and the relationships between them.

The dialogue with parents may include questions about:

- ✓ What thoughts has the family had about organising everyday life and family life as a whole?
- ✓ What considerations has the family made in relation to ensuring that the wishes and needs of any siblings are met?
- ✓ How do any siblings and other family members relate to hometraining?
- ✓ What are the conditions and resources for parents to take on the task of training the child or young person?
- ✓ What considerations have the parents made in relation to them being in charge of the training? (Relationships with the child or young person)
- ✓ Can the family get support from the network? (If so, from whom and for what?)

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3) Home training must be documentable.

The proposed home training must be documentable and the effect of the home training on the child or young person must be able to be assessed by the Kommune's sagsbehandler and the Kommune against the goals set. That the training method is documentable means that it must contain measurable indicators that can show whether the method is having the expected effect. An indicator could be a selected development of the child or young person - eating with spoon, using a certain play equipment, communicate with people in his or her environment, or similar.

There is no requirement that the effect of the training methods be scientifically documented. The only requirement, is that the effect of home training must not be less than if the child or young person had received the training in a special offer under the Service Act.

The parents must draw up a plan (e.g. a time and phase plan) for the work with the training and the assessment of its effects. During the supervision visits, a discussion and assessment of whether the results of the training meet the goals agreed with the

Kommune. The time and phase plan is described in more detail in the section on supervision and revisits.

Requirements for documentability

A number of questions can help to determine whether the planned training intervention is documentable:

- ✓ Are clear goals set?
- ✓ Is there a timetable for when the goals are expected to be achieved?
- ✓ Has it been made clear what the specific home training interventions consist of?
- ✓ Is there a plan for documenting how home training is put into practice?
- ✓ Is there a plan for documenting whether the goals of home training are being achieved and in and to what extent?
- ✓ Is there a timetable for the overall documentation of home training?
- ✓ Is there a plan for who is responsible for carrying out the documentation?

Involvement of health professional competences (only if the training of the child or young person includes physical health professional elements to a not insignificant extent)

If the training method that the parents wish to use includes physical health training elements to a not insignificant extent, the Kommune must ensure that relevant health expertise is involved in the case. This applies both to the assessment of the application for home training and to the two annual statutory supervision visits.

The Kommune must assess in each case whether the training contains physical, health-related training elements to a not insignificant extent. This will typically be the case in cases where the child or young person has extensive disabilities that present physical, motor and cognitive challenges - for example, if the child or young person needs extensive training in movement functions, muscle endurance and strength, or other physical functions that would otherwise be carried out by health professionals.

The community health worker can provide health assessments of specific health elements of training, and can use this as a basis for dialogue with the parent and case manager on how best to organise the training to meet the needs of the child or young person.

The health professional can also assess with the sagsbehandleren whether there is a need to involve other health expertise, such as a specialist doctor. This may be appropriate, for example, in relation to children or young people with very complex disabilities who are already known to the health system.

The health expertise to be involved will vary from case to case, but may include It may be appropriate to involve an occupational or physiotherapist.

Decision and appeal

If the parents and the child or young person meet the conditions, the Kommune may authorise the parents to train the child or young person in accordance with the rules on home training. Approval also means that the parents are entitled to financial support for home training.

Conversely, if the Kommune considers that the conditions are not met, it will decide that the home training scheme requested cannot be approved.

The Kommune should make it clear to the parents and, where appropriate, the child or young person when a decision is being taken. It is a legal requirement that the decision must be based, among other things, on a concrete assessment of the child or young person based on a § 50 child expert examination. Otherwise, the case must continue to be dealt with in accordance with the relevant rules in force. The general procedural rules in the Administrative Procedure Act, the Legal Certainty Act and the general principles of law apply here.

Sections of the Legal Certainty Act that may be relevant to decisions and appeals:

- ▲ Article 4 of the Legal Certainty Act (on the citizen's cooperation).
- ▲ Section 5 of the Legal Certainty Act (overall assessment of needs and support possibilities), Section 7 of the Administrative Code (guidance).
- ▲ Chapter 4 of the Administrative Procedure Act (on access to documents).
- ▲ Section 19 of the Administrative Procedure Act (on consultation of the parties).
- ▲ Section 21 of the Administrative Procedure Act (on the right to express an opinion).
- ▲ Section 22 of the Administrative Procedure Act (on reasons).
- ▲ Section 25 of the Administrative Procedure Act (notice of appeal) and the principle of official conduct.

Further information can be found in the Ministry of Social Affairs and the Interior's guide on legal certainty and administration in the social field.

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PART 3: ASSISTANCE AND SUPPORT IN CONNECTION WITH HOME TRAINING



This section describes the help and support available once the home training application has been approved.

Financial support for training equipment, etc.

If the conditions for home training are met, parents are entitled to reimbursement of necessary expenses, up to a total of DKK 596,681 per year (2016 price - the amount is adjusted annually). Financial support is provided to help cover the costs of training equipment, courses, assistants, etc. that are necessary for parents to carry out home training.

Parents must play an active and substantial role in the performance of home training, but assistant trainers may also carry out parts of the training if their skills are needed to carry out the training.



Financial support is generally granted on the basis of documentation of expenditure, which must be submitted to the municipality. If the **Kommune** approves the costs as necessary for the home training, the financial support will be paid.

The **Kommune** and the parents may also choose to conclude a voluntary agreement for the payment of a fixed amount to cover predictable costs.

Support for lost work time

Help with lost earnings may be granted on the basis of an overall assessment of the child's or and the family, based on the general rules for assistance to cover loss of earnings, under Sections 42 and 43 of the Social Services Act. Assistance to cover lost earnings is not provided as a result of home education, even if the child or young person is both hometraining and home-schooled.

Coverage of home training expenses includes:

- ▲ Training equipment that is necessary for the parents to carry out the training, based on a specific and individual assessment.
Courses relevant to the training and held in Denmark.
- ▲ Assistant trainers who have a necessary role to complement and possibly to some extent replace the parents.
- ▲ Professionally relevant persons or supervisors needed for the parents' home training.
- ▲ Dietary supplements that are a necessary part of the training programme and that are medically justified in relation to the child or young person's situation.

The home training scheme does not provide financial support for:

- ▲ Training elements of a health professional nature, such as carbolic gas, rebreathing in reflex bags and pressure chamber treatment (regardless of the pressure setting).
- ▲ Loss of earnings for home education of a child or young person of school age.

Specifically on children and young people of school age

Children and young people of school age who are home-trained must, like all other children, receive education. This education may be provided in a primary school, a free primary school or the parents may choose to teach their child. Parents who wish to teach their child themselves must notify the following in writing the **Kommune** before they start teaching. The **Kommune** must supervise home education is equivalent to what is required in primary school.

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If the child or young person is both home-trained and home-educated, the parents must be offered special educational advice at home about the education of the child or young person. Special education and other special educational assistance include:

1. Special educational needs advice to parents, teachers or others whose intervention has a significant impact on the pupil's development.
2. Special educational materials and technical aids necessary for the education of the pupil.
3. Instruction in primary school subjects and areas organised with special regard to the pupil's learning conditions. For pupils in kindergarten, special educational needs shall include teaching and training organised according to the pupil's special needs.

Special educational needs shall be implemented in such a way as to maximise its relevance to the child's or young person's everyday life. Parents shall be involved in the organisation of special educational needs.

The framework for education, including home education and special educational support, etc., is laid down in the Ministry of Education's rules. See reference to relevant regulations etc. at the back of the handbook.

Combined offer

If parents wish to supplement day care or schooling with home-based training, it must be clarified how cooperation with these services is to take place and how the overall effort can be put together, also in relation to the need for aids, respite care, etc.

If the intervention is a combination of hometraining and a day-care or school offer, several possible combinations can be considered, where the child or young person attends a day-care offer three days a week, for example, and the parents train at home on the other weekdays. It could also be a solution where the child or young person attends day care in the morning and trains at home in the afternoon.

When combining a public offer and hometraining, it should be clarified what each intervention is supposed to do, so that the effects of hometraining can be assessed during supervisory visits.

When setting up combined services, it is particularly important to pay attention to the possibilities of involve the child or young person in the community and activities of the school or day-care centre. It is also important to agree who will be the contact person in the

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PART 4: MONITORING AND AUDITING



The **Kommune** must carry out two annual mandatory supervision visits when a child or young person is trained at home.

The supervision visit forms the basis for a professional assessment of whether the hometraining meets the goals of supporting the child's or young person's development, welfare and well-being. The well-being of the family as a whole, including that of siblings, must also be taken into account in the overall assessment. At the supervision visit, the child or young person shall be observed and, where appropriate, tested.

At the same time, the supervisor shall clarify whether the conditions for approval of the hometraining continue to be met. On the basis of the supervision, a supervision report shall be drawn up and sent for consultation to the parents and the child or young person. The supervision report contains the municipality's assessment of whether the hometraining should continue, be adjusted or discontinued.

Organisation of supervision

There is no fixed framework for how a supervision visit should be organised. For example, the **Kommune** can set up a small group of supervisors, consisting of the sagsbehandleren and professionals with the competences needed in the specific situation, including relevant health professionals.

The municipality should ensure that a health professional is involved in the supervision of home training schemes, which include physical health training elements to a not insignificant extent. The health professional will be able to contribute, inter alia, to an assessment of the physical and health elements of the training.

The framework for the involvement of health professionals is briefly described in the section on conditions for approval of home training.

Experiences of parents on how to involve health professionals:

Parents of children or young people who are home-trained report the following:

Mother of 15-year-old boy with cerebral palsy reports:

"We have a good experience that different professionals are present at the supervision visits. It can be a Doctor, a Physiotherapist or something like that. At our last supervision visit there was an Occupational Therapist. That was very good, because she had a different point of view, based on her professional expertise. She asked curiously about the training. She also gave us some good input for the training of our son".

Mother of nine year old boy with cerebral palsy said:

"We have good experience of being able to draw on the skills of different professionals. For example, there was a Physiotherapist on a supervision visit who advised us to stop using a standing frame for our son. She felt that our son was too active to 'just' stand. Health professionals can be to contribute to the training and to make recommendations and benefit a lot from".

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The supervision visit must be based on the initial description of the home training scheme approved by the municipality. The child's or young person's development and functional level both before and after the training must be assessed, and there must be documentation on the effect and results of the home training. This information should form the basis for assessing whether the effects of the training support the goals set for the child or young person.

Content of the supervision

It is important that expectations are agreed with parents about the content of the supervision. It should be clear to parents what the supervision will involve and how it will be conducted. It may therefore be useful to have some guidelines for the supervision visit written down, for example using a supervision tool as a checklist, where parents can also indicate what is important for them to talk about. The National Board of Health and Welfare has produced an example of such a tool, which can be found at the back of the handbook.

The municipality can use interviews, conversations or observations of the family as part of the supervision visit. Parents must be involved in the assessment of the home training intervention and the child or young person must be at home at the time of the visit. Siblings may also be relevant to involve. This may be in relation to time with parents, satisfaction with home training and how they experience the balance between training and leisure time. Like involving the child or young person being home-trained, siblings should also be consulted and included in assessment of the family's well-being to the extent possible and meaningful.



Experiences of parents in relation to the involvement of siblings

Parents of children or young people being home-trained report the following:

Mother of four-year-old boy with Down syndrome says:

"His older brother has been involved from the very beginning. It has meant a lot to be able to tell why we home-train his little brother and what the home-training is all about. When big brother has friends over, he explains to them the story of his little brother. As parents, it's great to see, that there is no insecurity or embarrassment associated with home training."

Mother of 15-year-old boy with cerebral palsy tells:

"Our son's siblings are not actively involved at supervisory visits, for example, but they are often present. They come and sit at the table and watch the training afterwards. Sometimes they also train with them. It matters in terms of their understanding and in their sibling relationship."

Mother of nine-year-old boy with cerebral palsy says:

"In relation to sibling involvement, in our experience it is good if siblings can be in training as well as in supervision visits. But of course it should only be if they want to. For example, the municipality has never required them to be there, and they have never required them to talk to them, so they have only been there of their own free will and desire. It works well."

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It may be useful to make use of additional information about the child or young person being trained, in order to identify their development, needs, welfare and well-being. This can be done, for example, by obtaining activity charts or statements from day care, school or other relevant external professionals with concrete knowledge about the child or young person. This information could then be included in the assessments, the Kommune's supervisor during the supervision visit.

Content of the supervision

It should include an assessment of:

- ✓ Does the home training meet its described purpose?
- ✓ Is the child or young person happy and able to cope with the training?
- ✓ Is the training being carried out as planned?
- ✓ Parents' resources in relation to the home training.
- ✓ Is the child or young person developing as expected?
- ✓ Is the family thriving as a whole? (Including well-being of any siblings).

Example of how the Kommune can approach the supervision visit to the family.

The steps in the overall supervision visit process may consist of the following:

1. The Kommune informs the family about the date and agenda of the supervisory visit.

2. The Kommune asks the family to send material about the family, child or young person and the home education. This can be done, for example, by filling in the forms provided in the supervision tool, including the time and phase plan. The supervision tool is attached at the back of the handbook. If more than one method is used, it should be clear when and how different methods are used. It may also be appropriate to ask parents to consent to be obtained:

▲ Programme, training plan and opinions from the method provider.

▲ Pupil plan, action plan, school records or status from institution if the child or young person combines home training with school.

▲ The report from the home education supervisor if the child or young person is home educated.

▲ Statements or status report from the institution if home education is combined with another provision such as a nursery or crèche.

▲ Statements from a doctor, hospital records, doctor's visits or similar, if the child or young person has been in contact with health professionals or in treatment alongside the home education.

3. The Kommune selects which relevant professionals, in addition to the case worker from the authority department, will participate in the supervision visit with the family. A member of staff from the social services department must always be included in the group of Kommune supervisors. If the training method includes physical and health elements in a non the Kommune shall ensure that a professional with health competence is involved in the participates in the supervision visit.

4. The selected professionals read and discuss the material provided by the parents, including whether there are any specific points they should be aware of and take into account when visiting the family.

5. The Kommune carries out the supervision visit to the family (see section on supervision content). There may be for example, about 1 hour for the visit, during which all the relevant professionals visit the family together. A member of staff from the Kommune can act as a meeting leader. The meeting leader ensures that the relevant points from the supervision tool are discussed. The child or young person should be at home, but not necessarily attend the whole meeting. The child or young person being home educated, should participate to the extent possible and meaningful.





6. The Kommune's supervisor (i.e. staff from the Kommune's authority department and other relevant professionals) meets and follows up on the discussions from the supervisory visit. The Kommune's supervisor then agrees on the points to be included in the supervision report by the employee from the authority's department.

7. The authority prepares a supervision report.

8. The family receives the supervision report for consultation.

9. The Kommune assesses whether there are grounds for approval, adjustment or termination of the home training. The review should be based on a holistic, professional and economic assessment of the overall situation of the child or young person and the family and discussion with the family.

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Guidance monitoring tool with time and phase plan

The preparation, conduct and follow-up of the inspection visit can usefully be based on the inspection guidance tool, which is available at the back of the handbook and can be downloaded from the National Board of Health and Welfare's website. The supervision tool can be used during supervision visits and contains, among other things, a time and phase plan to be completed by the parents prior to the supervision visit. The time and phase plan can be used as inspiration and to set goals and to document the different actions of the home training. The documentation of whether the child or young person has achieved the planned goals requires an assessment of the child's or young person's developmental and functional level before and after the training. The assessment can be based on relevant observations and test results of the child or young person's development.

At the supervision visit, the time and phase plan be used to get an overview of the training, the results achieved and the new or adjusted goals for home training.

The image shows two overlapping documents. The top document is titled 'Tids- og faseplan' and contains a grid with columns for 'Måned' (Month) and 'Fase' (Phase). The bottom document is a similar form, also titled 'Tids- og faseplan', showing a grid for tracking progress and goals. The forms are designed to be used during supervision visits to document the training process.

Parents of children or young people receiving home training report the following experiences from the supervision visit:

Mother of 15 year old boy with cerebral palsy says:

"The focus is on the child, and the municipality and parents have a joint task here. It is both important and nice to be able to draw on professionally skilled staff. It's also nice when the same people come to supervise the child".

Mother of a four-year-old boy with Down's syndrome reports:

"The monitoring visit should be conducted objectively and with mutual respect. As parents, you can be a little nervous when your child is being assessed, so there is a lot at stake. It is therefore important that the Kommune take a calm, open and appreciative approach. It is also important that they have realistic expectations, as some children develop slowly."

Father of four-year-old boy with infantile autism tells:

"I think it would be good if the municipality demystified the supervision visits. For example, it is important to clarify whether the municipality can withdraw the licence and the right to home education at the same time, and only on the basis of a supervision visit. As parents, you are worried about whether you doing it well enough".

Father of seven-year-old boy with infantile autism thinks:

"At the supervision visit, it is important that it is the same person who comes again and again. It is important that there is a contact person in the municipality who you can turn to and who knows who we are. It is important for us as a family, and therefore also for our child, that we do not start from scratch at each visit, which is a risk if it is not the same person who comes again".

An overall assessment

As far as possible, the effects of the various home training interventions should be assessed both individually and collectively. Be aware that unintended outcomes, both positive and negative, may occur. Physical training may contribute positively to the communicative development of the child or young person, even if this was not initially formulated as a goal. Conversely, an extensive physical training programme may exhaust the child or young person and the family to such an extent that home training has an undesirable negative outcome for the family's social well-being.

The results at different points in time provide a professional basis for assessing whether home training should continue as planned or whether adjustments should be made. It is important to be aware that adjustments may be needed for several reasons. If the goals set are not being met, the goals may need to be adjusted.

There may be several reasons why goals are not met, for example because the necessary resources or skills are not provided to give home training the right and planned content. Finally, there may be specific circumstances, such as illness or significant changes in the family, that prevent home training as planned. This may need to be addressed or corrected before deciding whether or not to continue with the home-based training.

Counselling during transitions

In assessing whether hometraining should continue, be rescheduled or possibly be discontinued, the Kommune should consider the child's or young person's overall situation, best interests and well-being. For example, it may be important whether the child or the young person has reached school age and therefore needs to receive education.

From pre-school to school

When the child reaches school age and is home-schooled, the child must be educated either at home or in a school. This may mean that the Kommune has to assess whether there is a need to reduce the amount of hometraining, especially in cases where the child has been home trained full-time at pre-school age.

The Kommune must assess the extent to which home training is realistic when the child is also receiving education. This may also have an impact on the calculation of lost earnings for parents who home train.

It is up to the Kommune to provide an appropriate school offer. If this is not available in the Kommune, it may be considered whether the child should be offered another option - for example in another Kommune or in one of the specialised regional services. The choice of school must be made in consultation with the parents and their wishes must be clearly stated in the recommendation. It is important that the start of school is planned well in advance.

From young to adult

When the young person turns 18, the possibility of home education ends. Parents should therefore be advised well in advance of the young person's 18th birthday about the options available when their child turns 18. At this point, he or she becomes an adult and therefore has his or her own sagsbehandler.

When the young person turns 18, this means that he or she is no longer covered by parental parental responsibility. The Kommune will therefore have to focus first on the young person's own circumstances and needs. For example, the Kommune can no longer provide help with lost earnings.

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4. REFERENCES AND LINKS TO MORE KNOWLEDGE AND LEGISLATIVE REFERENCES

▲Danske Handicaporganisationer (2013): Kend Spillereglerne - 13 right answers for people with disabilities and their loved ones.

▲SFI (2014): Home training - evaluation of the rules on help and support under Section 32(6) to (9) of the Service Act.

▲SFI (2014) Training and habilitation services for children and young people with disabilities - a knowledge overview.

▲SFI (2011): Children with a disability and their families.

▲Socialstyrelsen (2015): Trænings- og habiliteringsindsatser til børn og unge med betydelig en durigt disability - inspiration for municipalities.

▲Socialstyrelsen (2015): Vidensportaltema om børn/unge cerebral parese, www.vidensportal.socialstyrelsen.dk

▲Socialstyrelsen (2014): People with autism - social interventions that work

▲Socialstyrelsen (2013): Guide to help and support - parents of a child with a physical or mental disability

▲Socialstyrelsen (2013): Method manual - tools for investigation and action plan in the field of child disability

▲Sundhedsstyrelsen (2014): National Clinical Guideline for Physiotherapy and Occupational Therapy for Children and Young People with reduced functional capacity due to cerebral palsy.

▲Sundhedsstyrelsen (2011): Programme for the rehabilitation of children and young people with acquired brain injury.

LINKS TO KNOWLEDGE AND ADVICE

Guidance and advice is available in several places, both as a sagsbehandler and as a parent. There are both advisory and appeal bodies, and it is possible to seek advice and guidance from user organisations, most of which can also put you in touch with other parents.

Ankestyrelsen

The Appeals Board is the appeal body for social and employment matters and deals with around 65,000 cases each year. The Board also produces studies and statistics for ministries, politicians, Kommunes and the general public, and helps to ensure that cases are dealt with in a uniform manner throughout the country.

Decisions of principle are published on the Ankestyrelsen's website. Another important tool is the Practice Studies - studies of decisions taken by municipalities.

The Ankestyrelsen also has a legal hotline, which offers legal advice to Kommunes that dealing with a case. Sagsbehandler can email questions to the Ankestyrelsen.

Read more about the Ankestyrelsen and the legal hotline at www.ast.dk

Organisations you may need to contact

Disability organisations work to improve the living conditions, circumstances and support opportunities for people with disabilities. This is often done through information, advice and training.

Read more on the websites of disability organisations:

- ▲ ABA Association, www.abeforeningen.dk
- ▲ The Brain Child Association, www.hjernebarnet.dk
- ▲ The Brain Injury Association, www.hjerneskadet.dk
- ▲ Landsforeningen Autisme, www.autismeforening.dk
- ▲ Spastikerforeningen, www.spastikerforeningen.dk

There are also links to many user organisations at www.handicap.dk

DUKH - the independent disability advisory service.

DUKH is an independent institution under the Ministry of Social Affairs and the Interior. DUKH helps to strengthen legal certainty for people with disabilities. It does this by providing impartial advice to people with disabilities and their relatives.

DUKH will also help to improve case management in the field of disability through prevention. This is done by disseminating experiences in articles, on the web and through extensive lectures and courses.

About DUKH

- ▲ DUKH provides advice and information on the rules in the field of disability.
- ▲ DUKH mediates in cases between citizens and authorities.
- ▲ DUKH is impartial and does not take sides in a case.
- ▲ DUKH covers the whole country.
- ▲ DUKH gives free advice.
- ▲ DUKH helps to strengthen legal certainty for citizens with disabilities.
- ▲ DUKH informs about developments in the field of disability through articles, lectures on the Internet and thematic booklets.

Read more about DUKH at www.dukh.dk

VISO

VISO is the national knowledge and special advice organisation in the social field and in special education. VISO's advice is free and nationwide. VISO's advice helps to ensure that specialised knowledge is used where it is needed.

VISO advises and assists in the investigation of:

- ▲Vulnerable children, young people and adults.
- ▲Children, young people and adults with disabilities - including cases involving home care.

Read more about VISO's counselling services for professionals and the types of counselling VISO can offer citizens at www.socialstyrelsen.dk/viso

LEGISLATION

Section 32a of the Service Act on home training

§ 32 a. The local authority shall, at the request of the holder of parental authority, authorise the parents to provide home training, in whole or in part, in the home, as referred to in Section 32 - Paragraph 1, Point 3, if the following conditions are met:

- 1) The home training promotes the best interests and well-being of the child or young person and meets the child's or young person's needs.
- 2) The parents are able to carry out the tasks.
- 3) The home-based training follows documentable training methods.

Paragraph 2. Health care training elements that are either established as hospital care or otherwise have the character of specialised health care treatment cannot be approved as part of the home training.

Paragraph 3. Approval pursuant to paragraph 1 shall be based on a child health examination, cf. section 50. If the training method contains physical health care elements to a not insignificant extent, the municipal council shall ensure that the decision on approval of the training method is made with the involvement of relevant health care expertise.

Paragraph 4. The local authority shall monitor the child's or young person's intervention on an ongoing basis, including that the intervention meets the child's or young person's physical, mental and social needs. If the training method includes physical health care elements to a not insignificant extent, the local authority shall ensure that the supervision of the training method is carried out with the involvement of relevant health care expertise.

Paragraph 5. The Kommune council shall provide assistance to cover lost earnings under sections 42 and 43 to parents who care for and train a child or young person under 18 years of age with a significant and permanent physical or mental impairment at home. No assistance may be granted to cover the loss of earnings resulting from home education of children under Chapter 8 of the Act on Independent Schools and Private Comprehensive Schools, etc., regardless of whether the education is provided in combination with home education under that Act. If the local authority attaches importance to the extent of home education in connection with a decision on assistance to cover lost earnings, it must make a concrete assessment of the extent of home education on the basis of the age and functional capacity of the child or young person.

Paragraph 6. The local authority shall provide training equipment, courses, assistants, etc., when parents train a child or young person at home. The costs of training equipment, courses, assistants, etc. for child or young person may not exceed DKK 500.000 per year.

Paragraph 7. The Minister for Social Affairs and the Interior shall lay down detailed rules on special support in the home, including rules on documentable methods, approval of home training, involvement of health professionals competences, supervision of the intervention, help with covering lost earnings, use of health professionals training elements and tools, training courses, carers, etc., including the framework for payment of support support.

Sources of knowledge in the legislation

At www.retsinformation.dk you can find, among other things, the entire Service Act, Health Act and Folkeskoleloven as well as updated orders and guidelines in the field. The following is a list of relevant sources of knowledge in the legislation:

- ▲ Authorisation of health professionals and on health professional activities, including health records of authorised health professionals (record keeping, storage, disclosure and transfer, etc.).
- ▲ Social Services Act, Chapter 7.
- ▲ Ministry of Children, Education and Equality's Order on special education and other special educational assistance in primary schools.
- ▲ Ministry of Children, Education and Equal Opportunities' decree on special educational assistance in primary schools for children who have not yet started school.
- ▲ Ministry of Children, Education and Gender Equality's Ordinance on the Act on Independent Schools and Private Comprehensive Schools, etc.
- ▲ The Statutory Order on Assistance to Children and Young Persons with Significant and Persistent Physical or Mental Impairment in Need of Assistance or Special Support.
- ▲ The Ministry of Social Affairs and the Interior's Order on the Act on Legal Certainty and Administration in the Social Field.

ANNEX: INDICATIVE MONITORING TOOL FOR FOR USE DURING INSPECTION VISITS

The supervision tool can be downloaded from the website of the National Board of Health and Welfare.

Guidance tool for inspection visits

TO BE COMPLETED BY THE PARENTS

- Basic information about the child and the family.
- Content and method of home training.
- Time and phase plan.
- Parent's description of family's satisfaction with home training, including satisfaction of any siblings living at home with home training.
- Any other information or circumstances.
- Cooperation with day care or school.

TO BE COMPLETED BY THE KOMMUNE

- Basic information about the family and the supervisors from the municipality conducting the supervision visit.
- Cooperation with day care or school.
- Overall assessment of the home training in relation to the material submitted by the family and the interview with the family.
 - Themes about the child's developmental needs, as inspiration for what topics and issues might be relevant to highlight in the dialogue with the parents, including the objectives of the time and phase plan.
 - Supporting questions for dialogue between the local authority supervisor and the parents about the family's well-being with the home education.
- Conclusion and agreements.



Monitoring tool for parents and professionals attending supervisory visits to home training under Section 32a of the Service Act

The municipality and parents may choose to use the following supervision tool as a basis for the two annual mandatory supervision visits. The supervision tool is intended as a template for the supervision visit and can be used by the professional staff that the Kommune considers should participate in a supervision visit. The supervision tool also serves as a dialogue tool between the family as home educator and the Kommune. The tool can be used, for example, to set expectations about the purpose of the supervision visit and the issues that would be relevant to discuss during the supervision visit.

The supervision tool includes a time and phase plan for documenting home training. The following should be taken into account the individual child's functional capacity and development, based on the parents' and the method providers' description of the training. In addition, the child's development should be assessed in relation to the goals set for the training.

The purpose of the supervision visit is to follow up whether the child or young person receives the special help or support needed to support the child's development, welfare and well-being through the hometraining. At the same time, the supervision shall clarify whether the conditions for approval of the hometraining continue to be met. On the basis of the supervision, a supervision report shall be drawn up and sent for consultation to the parents and the child or young person. The report contains the Kommune's assessment of whether the home training should be continued, adjusted or possibly discontinued.

The professionals who attend the supervision visit may vary from child to child, as it will depend on the child's or young person's disability and the training method used.

If the training method used by the parents in the home training contains physical health training elements to a non-significant extent, the Kommune should ensure that relevant health expertise is involved in the case management as well as in the supervision visits.

In addition to the child's or young person's functional level, a starting point for the Kommune's assessment could be whether there are types of training/training elements which, in contexts other than home training, would be provided by authorised health professionals (e.g. Physiotherapists or Occupational Therapists). It may also be relevant for the local authority to consider whether the training that the child or young person would have been offered in a Kommune setting under Section 32 would have been carried out in whole or in part by health professionals. The role of the health professional is described in more detail in guidance on special support for children and young people and their families, and the Order on authorised health professionals medical records (record keeping, retention, disclosure and transfer etc.).

It varies from family to family which parts of the supervision tool are relevant to complete. It is up to each Kommune to assess this. The monitoring tool indicates who should complete what.

The child or young person and any siblings may be involved where possible and appropriate. The parts of the form completed by the parents must be sent to the contact person from the Kommune prior to the supervision visit. The parts of the form to be completed by the Kommune supervisor should reflect the overall Kommune assessment etc. and should thus cover the opinions of all the Kommune participants in the supervision visit.

TO BE COMPLETED BY THE PARENTS BEFORE THE SUPERVISION VISIT

Basic information about the child and family

Date of filling in the form

Child's name

Parent's names

Child's CPR number

Child's ability to function and possible diagnosis

E-mail

Telephone number

Name and age of any siblings of the child

Participants at the supervision visit (e.g. parents, child, assistant trainers, method provider)

Home training method(s) and, if applicable, method provider and contact person

Home training full-time/part-time, including e.g. institution/school/home tuition



TO BE COMPLETED BY THE PARENTS (POSSIBLY IN COLLABORATION WITH THE METHOD PROVIDER) PRIOR TO THE VISIT

Content and method of home training

Brief description of the content, method and execution of the home training (example of training plan attached, photos and video clips if applicable)

Brief description of how the child and any siblings feel and are involved in the training



COMPLETED BY THE FAMILY (POSSIBLY IN COLLABORATION WITH THE METHOD PROVIDER) BEFORE THE SUPERVISION VISIT FOR DISCUSSION DURING THE VISIT

Time and phase plan

The time and phase plan serves as a follow-up of goals and documentation of activities carried out in the approved home training scheme. If relevant, e.g. training plans, schedules, video clips, before and after pictures can be attached.

The list of different types of goals is given as an inspiration to which goals may be relevant to assessment of the child's or young person's development. Several targets may also be set within the same target type if this appropriate.

The time and stage plan is completed by the parents prior to the meeting. It is completed on the basis of the target types relevant to the child or young person. The form can be based on the material provided by the methodology provider, if any, on the home training method. At the supervision visit, the municipal supervisor(s) will review the time and phase plan in dialogue with the parents.

1. Target types (selection and formulate the goals, relevant to the training of the child or young person):	2. What goals (training elements), have been in focus since the last supervision visit?	3. To what extent has the goal been achieved and why? (e.g. To a great extent, to some extent, to a lesser extent, not at all. Justify the assessment and supplement with evidence from e.g. pictures, video and testimonials)	4. Hvilke nye eller justerede mål, skal der arbejdes videre med?
Motor goals:			
Communication goals:			
Social/interpersonal goals:			



1. Target types (selection and formulate the goals, relevant to the training of the child or young person):

2. What goals (training elements), have been in focus since the last supervision visit?

3. To what extent has the goal been achieved and why? (e.g. To a great extent, to some extent, to a lesser extent, not at all. Justify the assessment and supplement with evidence from e.g. pictures, video and testimonials)

4. What new or adjusted goals should be worked on?

Behaviour (issues):

Ordinary daily life/
Independent living skills:

Sensorial goals:

Academic/
Intellectuals
Skills:

Health:

Other:



The goals formulated under points 2 and 4 of the above table must be concrete, specific and measurable over time.

The formulation of goals can usefully be based on the following SMART goals:

SMART goals are:

- Specific
- Measurable
- Acceptable/timely
- Realistic
- Time-bound.

Read more about SMART goals in the National Board of Health and Welfare's Methodology Manual - Tools for Assessment and Action Planning in the Field of Childhood Disability.

The forms submitted by the parents will be used for a discussion at the supervision visit in order to determine the final goals for the child or young person's development. It is the responsibility of the Kommune to set the final goals in dialogue with parents.

If necessary, test the final goals with the following questions:

- What concrete skill the child needs to master before the goal is reached?
- Is it clear through the target formulation what is to be achieved and how to collect practical information on whether the target has been achieved?
- Are the child and family involved in the goal setting process and is there agreement that it is a good and relevant goal?
- Is the child's developmental history taken into account in the goal setting process in order to determine whether the goal is realistic to achieve?
- Are all relevant professionals (i.e. the Kommune's supervisor and any external professionals) involved in the goal setting process in child's developmental history and the resources available in the intervention, in order to determine whether the goal is realistic?
- How long should the target be worked on before results of the intervention can be expected?



**COMPLETED BY PARENTS PRIOR TO THE SUPERVISION VISIT
AND DISCUSSED WITH THE SUPERVISORS FROM THE
KOMMUNE AT THE SUPERVISION VISIT**

Parents' description of the family's well-being with home training, including any siblings at home's well-being with training at home

Parents briefly describe the satisfaction of the child, parents and any siblings living at home with home training:

**TO BE COMPLETED BY THE PARENTS PRIOR TO THE
SUPERVISION VISIT**

Any other information or circumstances

Parents briefly describe the child's, parents' and any siblings' satisfaction with the home training:



TO BE FILLED IN BY THE PARENTS (POSSIBLY, IN COOPERATION WITH DAY CARE OR SCHOOL) PRIOR TO THE SUPERVISION VISIT

Cooperation with day-care centre or school

Brief description of cooperation with day-care centre or school (if applicable):

Description and assessment by relevant professionals, if possible. If necessary, refer to the attached annex with the statement(s) of the day-care centre(s), (e.g. action/student plan, annual report/supervision report):



TO BE COMPLETED BY THE MUNICIPALITY PRIOR TO THE INSPECTION VISIT

Basic information about the family and the supervisors from the Kommune carrying out the supervision visit

Date of the inspection visit

Date of last inspection visit

Any points of attention from the last inspection visit that need to be followed up or taken into account

Follow-up date

Name, job title and contact details (if any) of the local authority professionals involved in the supervision topic

Date of receipt of the completed form and other relevant material from the parents (should be done 2 weeks before the supervision visit):



TO BE COMPLETED BY THE KOMMUNE (POSSIBLY IN COOPERATION WITH THE DAY CARE CENTRE OR SCHOOL) PRIOR TO THE SUPERVISION VISIT

Cooperation with day-care centre or school

Brief description of cooperation with day care or school (if applicable):

Description and assessment by relevant professionals, if possible. If necessary, refer to the annex(es) containing the opinion(s) of the day-care centre, school or home education supervisor (e.g. action/student plan, annual report/supervision report):



TO BE COMPLETED BY THE KOMMUNE SUPERVISOR DURING THE INSPECTION VISIT

Overall assessment of home training in relation to the material submitted by the family and the interview with the family

Overall, is home training fit for purpose?

How does the hometraining support the child's development, welfare and well-being?

Why/why not does hometraining support the child's development, welfare and well-being?



IS USED AND COMPLETED BY THE **KOMMUNE'S SUPERVISOR** AT THE SUPERVISORY VISIT IN DIALOGUE WITH THE PARENTS ABOUT THE CHILD'S DEVELOPMENT

Themes about the child's developmental needs, such as inspiration for topics and questions, relevant to be highlighted in the dialogue with the parents, including the objectives of the phase plan.

Different themes are listed as an inspiration for the issues and topics that may be relevant to be covered in the in relation to the development needs of the child or young person. Skip themes (or parts of themes) if they are not relevant.

Health

For example, you can ask about:

- What is the child's height and weight?
- Does the child have any illnesses (infections)?
- How is the child's gross and fine motor development?
- What is the child's sleep pattern?
- What diet is the child receiving?
- How does the child eat?
- What kind of exercise does the child get?
- How clean is the child?
- What are the child's activity limits, energy and energy surplus?

Note if necessary:

Learning and day care/school conditions

Depending on the age of the child, questions may include:

- How are the child's cognitive functions (language, speech, memory, attention, concentration)?
- Does the child need/receive special education?
- How is the child's attachment to institution/school?
- How is the child's interest in other children perceived?
- How is the child's interaction with other children perceived?
- How does the child respond to instructions from adults?
- Does the child take the initiative to play?
- How are the child's opportunities to participate actively in activities at home and possibly in the institution/school?
- Is the child able to keep him/herself entertained?
- How is the child's relationship with other children (e.g. in the institution/school) perceived?



Leisure activities and friendships

For example, you can ask about:

- What characterises the child's friendships and relationships with other children?
- Does the child enjoy being with other children?
- Does the child have friends?
- Does the child have opportunities to communicate and play with other children?

Development and behaviour

For example, you might ask:

- How is the child's general development in relation to age?
- Is the child easy to comfort when upset?
- Can the child express joy, anger, etc.?
- Does the child show signs of inappropriate withdrawn behaviour or inappropriate outward behaviour?
- How does the child perceive him/herself?
- Does the child show pride in own progress and achievements?
- How do parents perceive the child's well-being and best interests?
- What development do the parents see in the child?
- Does the child thrive in the home environment?

Family relations and relationships

For example, you might ask:

- Does the child show attachment to parents and other caregivers?
- Does the child show attachment to siblings?
- Does the child respond with satisfaction when receiving loving care?
- Do siblings thrive on being home-trained?
- Do parents thrive with the training?

Note if necessary:

Note other relevant themes and help questions





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