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Mapping the Early Childhood Intervention (ECI) Service in Poland.

Research conducted within the framework of „Agora Project on Early Childhood Intervention – developing experience in Early Childhood Intervention through participation and cooperation”.

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1. Brief summary of the report

The present report was created within the framework of an international project: "Agora – Early Intervention – development of services in the field of early intervention through participation and cooperation". The report presents the current situation in the area of Early Intervention in Poland. The analysis was based on source materials, previous reports and studies, as well as on the results of structured interviews, conducted directly or via on-line surveys, addressed to various groups of respondents. These included parents of young children using ECI services and professionals employed in various institutions involved in supporting the development of young children and helping their families. The report describes the current situation in the field of ECI in Poland, with special emphasis on the assistance provided to young children in the following sectors: health, education and social policy. The conclusions of the report contain main findings and pose research questions relevant for the further improvement of the Early Intervention / Early Development Support, integration of all activities across sectors, defining the care path of a child at risk of disability or delayed psychomotor development and a child with diagnosed disability, as well as effective family support.

2. Introduction

2.1. Information about the project, its goals and objectives

The Agora Project on Early Childhood Intervention and development of early intervention services through participation and cooperation is financed by Velux Foundations. It is based on cooperation of partners from several countries from Central and Eastern Europe: Poland, Hungary, Slovakia, Romania and Bulgaria. The project is carried out in cooperation with international and national organizations: European Association of Service Providers for Persons with Disabilities - EASPD, Dizabnet (Romania), EurllyAid, National Alliance for Social Responsibility – NASO (Bulgaria), Gezenguz Foundation (Hungary), EZRA Cardinal Stefan Wyszyński University in Warsaw Ltd. (Poland). The Polish partner is the leader of the first phase of the project, the aim of which is to examine and outline the current situation in the area of ECI in partner countries. The main objective of the project is to facilitate the implementation of strategies ensuring the development of an appropriate Early Childhood Intervention system at the local and national level. Cooperation between the partner countries and European level organizations dealing with the issues of the ECI, such as EurllyAid – The European Association on Early Childhood Intervention (EAECI), allows for the exchange of

experience at the international level and the application of solutions that work best, and effectively meet the needs of young children and expectations of their families. During the "Agora - Early Intervention" project, practical guidelines and tools will be developed to stimulate systemic and legislative changes in the area of early childhood support, which best suit the child and his/her family. The project will also provide examples of good practices that may be disseminated in other European countries and serve as a model for implementing support for other groups of children with special educational needs or children at risk of social exclusion (e.g. Roma children or children from migrant families). The "Agora – Early Intervention" project creates a platform for cooperation between organizations and institutions of partner countries, enabling joint development of high quality services and policy solutions in the area of ECI.

2.2. Goals and objectives of the country research

The aim of research conducted within the framework of the project was to assess the current legal situation and existing forms of assistance in the area of Early Childhood Intervention, as well as to highlight practical institutional solutions and investigate the perception of the role of various institutions in the context of wider policy. The parents of children using ECI services identified strengths and weaknesses of the solutions currently in force in Poland, and evaluated the accessibility of services in selected areas.

In line with the premises of the project, the overriding objective of the research was to assess the coherence (or the lack of thereof) of existing systemic solutions. The results of the research will be used to improve and build the ECI system that will guarantee the full availability of services, as well as the social inclusion of families with children with delayed development.

3. Methodology

3.1. Description of the methods used in the research

The research was conducted in two stages. The first one was theoretical and consisted in the analysis of source materials, while the second had an applied character and aimed at examining existing solutions in Poland. To this latter end structured interviews were conducted. Questions for research were formulated on the basis of individual stages of the System Development Model of Guralnic (2005), which is widely used in the field of ECI.¹

¹ https://depts.washington.edu/chdd/guralnick/pdfs/overview_dev_systems.pdf (retrieved 26.06.2018).

3.1.1. Desk study

For research purposes, available literature and other resources on support for small children (and their families) at risk of disability or with a diagnosed disability were identified and analysed. Such support is provided in three sectors supervised by respective Ministries: Health, Education, as well as Family, Employment and Social Policy. The analysis of source materials followed the same grid of thematic areas as the parents and professionals' questionnaire study. Relevant legal regulations pertaining to Early Intervention or Early Support of Child Development services were analysed. Statistical data collected at the state, institutional, NGO as well as local authorities level was also sought in sources such as Educational Information System, Report on the education of students with disabilities in 2017 issued by the Supreme Chamber of Control (NIK), Education Bureau of the City of Warsaw, Hans Asperger's Association for Helping Children with Hidden Disabilities "Niegrzeczne Dzieci", and Polish Association for People with Intellectual Disability.

3.1.2. Qualitative research (structural interviews)

As part of the project, two questionnaires were prepared: one for parents of young children using ECI services (26 questions), the other for professionals (22 questions) involved in management of centres supporting families and small children. The themes and questions included in the survey were first discussed in a team of representatives delegated by project partners, which included all participating countries (Poland, Hungary, Slovakia, Bulgaria and Romania). EurllyAid representatives played a key role in this process. The questionnaire was distributed in an electronic form or else a structured direct interview was conducted. Answers were analysed from two perspectives – that of service beneficiaries on the one hand, and service providers (divided into three sectors: health, education, social policy) on the other. In the analysis, particular emphasis was put on the assessment of the system's coherence and, above all, the level of ECI awareness among both the service providers and service users.

3.1.2.1. Brief description of the instruments/questionnaires used in the study

The areas and questions included in the survey were developed on the basis of the Early Intervention System Model proposed by Guralnic (2005). The thematic areas covered in the questionnaire matched the key issues for systemic solutions in the field of ECI:

1. screening and referral,

2. eligibility for the ECI system,
3. follow-up/monitoring,
4. access point to the service system,
5. interdisciplinary assessment
6. evaluation of potential stress factors for families,
7. development and implementation of individualized service plan,
8. monitoring and evaluation of the results of the implementation of the plan,
9. transition to new settings,
10. policy, legislation and financial resources,
11. training of personnel.

The area of "preparation of personnel" was included in the questionnaire for professionals only.

3.1.2.2. Procedure

Respondents' participation in the study was voluntary. Anonymity was guaranteed, with the answer provided used solely to analyse the overall situation in the ECI area. The sampling of respondents was random. The respondents, both in case of electronic form as well as in direct interviews, were primarily managers in support centres run by the three aforementioned ministries.

Appointed members of staff in ECI centres asked randomly selected parents to complete an on-line survey, while inviting others to take part in the study by providing a direct interview.

The questionnaires were distributed among representatives of a wide selection of institutions working in different regions of the country, to ensure that the assessment of the current state of ECI services adequately depicts both national and intersectoral dimensions. A dozen or so respondents from each of the ministries and a dozen or so parents replied to the questionnaire.

3.1.2.3. Participants

In the education system, where Early Childhood Development Support Teams (providing ECI services) in educational settings are established by law, leaders responsible for ECI services implementation from various regions of the country were interviewed. On the contrary, there are no uniform regulations for the ECI services in the health and social policy sectors in Poland. Nevertheless, many settings in these two sectors do provide services in this area. For this reason, representatives of hospital outpatient clinics and neonatology wards management, as

well as leaders of Poviats Family Support Centres (PFSC - reporting to the Ministry of Family, Labour and Social Policy), were also invited to participate in the study. The leaders of NGO operated centres with the longest history of ECI service provision were also included. As 2018 marked the fortieth anniversary of the establishment of the first ECI centre in Warsaw, it proclaimed the Year of Early Intervention².

Two groups of professionals were targeted in the study: experienced managers on the one hand and junior staff members on the other. Junior staff members were selected from participants of the ECI network of leaders involved in the development of ECI services, who are engaged in continuing education programmes run by the Education Development Centre in Warsaw.

Parent participants were recruited from different parts of the country, not only from urban areas. Majority of respondents were mothers, eager to provide comprehensive answers, well aware of the shortcomings of the ECI system. The respondents' children were in the 2-6 age range and had psychomotor developmental delay, including delayed speech development, and /or significant degree of disability.

4. Results of the desk research

4.1. General overview around ECI services in the country

The population of Poland comprises 37.95 million inhabitants (2016), 18% of which are children and young people 18 year old or younger. The country is divided into 16 provinces, 380 counties and 2478 communes.

Implementation of early intervention in Poland has a history of a few decades. The first Centre for Early Intervention (OWI) was established in 1978 in Warsaw. It was founded by parents of children associated in the Polish Association for People with Intellectual Disability. In the following years, the association established Early Intervention centres in key Polish cities (Szczecin, Kielce, Rzeszów, Katowice, Gdańsk, Olsztyn and others). Currently, 30 Early Intervention Centres throughout the country operate within the structures of the Polish Association for People with Intellectual Disability, which annually support nearly 13,000 children and their families³.

The NGO operated Early Intervention Centres to date have no stable funding and each year they must seek financial resources to carry out their planned activities and maintain the continuity of services. Such institutions acquire funds from various sources – by entering open

² <https://psoni.org.pl/rok-wczesnej-interwencji/> (retrieved 27.06.2018).

³ Source: data provided by The Polish Society for People with Intellectual Disabilities.

grant competitions announced by the National Health Fund, using the educational subsidy for early support of child development, applying for funds from the State Fund for Rehabilitation of Disabled Persons or the local government. However, all these are projects with a definite (usually not very long) timeframe; annual programs prevail, more rarely with the financial perspective of 2- or 3-years.

Since 2005, following the based on the Ordinance of the Minister of Education of April 2005 Early Child Development Support Teams have been created at educational institutions (Psychological and Pedagogical Centres, schools, kindergartens). Their services are available to children who are not enlisted for child care services in a given setting provided the child has a valid opinion of an appropriate Psychological and Pedagogical Centre (PPC). In 2017 there were 32,958 such teams based at public educational institutions and 24,000 at non-public institutions⁴.

4.1.1. Current situation with regard to the selected domains

4.1.1.1. Screening and Referral

There is a national screening programme for infants in Poland implemented in paediatric hospitals and outpatient clinics, fully covered by the state. The legal basis for the screening programme is the ordinance of the Minister of Health of December 21, 2004 "on the scope of health care services, including screening, and the periods in which relevant tests are performed".⁵

In the system of education, all children are subject to school readiness assessment before they are admitted to the first class, in concord with the Ordinance of the Minister of National Education of February 14, 2017 on the core curriculum of pre-school education⁶.

The availability of screening services in both the healthcare and education system is statutorily guaranteed and regulated by appropriate procedures. For example, children with suspected bilateral hearing loss are diagnosed within the framework of a national hearing screening programme when they are 3 months old or younger, while children who are at risk of hearing impairment, undergo periodic hearing checks for as long as there is a risk followed by tests for birth defects, hip dysplasia and congenital diseases. Subsequent checks are carried out in 2nd, 4th, 6th year of life, when the physician evaluates the physical, psychomotor and social

⁴ Source: Ministry of National Education, Education Information System

⁵ Rozporządzenie Ministra Gospodarki i Pracy (Dz. U. z dnia 28 grudnia 2004 r.) (Ordinance of the Minister of Economy and Labor (Journal of Laws of December 28, 2004)).

⁶ Rozporządzenie Ministra Edukacji Narodowej (Dz. U. 2017. Poz. 356) (Ordinance of the Minister of National Education, Journal of Laws 2017, item 356).

development of a child. During the periodic health checks, the doctor evaluates the physical, psychomotor and social development of the child in order to detect possible abnormal focus and other vision defects or hearing impairments. Lateralization is assessed as well as speech and language development. The health checks also cover the condition of the musculoskeletal system: possible posture abnormalities, distortion of the limbs are evaluated. Measurements of body height and weight are routinely performed.

Kindergarten teachers conduct school readiness tests to assess whether future students are socially and emotionally prepared for the next stage of learning. They complete the observation sheet, describing all spheres of child's development and its self-reliance. The results of this assessment are discussed with parents, who receive a feedback form – a certificate of fulfilment of the obligation of one-year pre-school preparation. In case of significant developmental delays, parents and their children are referred to PPC. Recommendations of the PPC describe the needs of the child and determine the scope of additional support that will be implemented in the kindergarten or at the PPC. Parents cannot report to an ECI centre without a referral from a doctor or without an opinion on the need for ECI issued by the PPC.

Access to ECI services is based on a referral from a specialist doctor. The doctor makes a diagnosis based on the International Classification of Diseases - ICD 10. It is advisable that parents, when approaching PPC, have a medical assessment specifying the child's medical condition. However, if the parents do not have a medical assessment yet and are worried about their child's development, they will be admitted to the PPC, which will carry out the diagnosis and possibly issue an opinion on the need for early support of the child's development. The PPC will, however, require parents to submit a medical assessment during subsequent visits.

In the case of significant developmental delays detected at the six-year-olds health check, the director of the kindergarten may, in consultation with the parents, refer the child for a diagnosis at the PPC. Parents can apply directly to the PPC for a psychological opinion if their child's development is disturbing to some extent.

4.1.1.2. Eligibility for ECI

The relevant ordinance of the Minister of National Education defines early intervention (EI), referred to as the Early Developmental Support (EDS) in statutory law, as a series of multidirectional interventions directed at a child diagnosed with developmental abnormalities⁷.

⁷ Rozporządzenie Ministra Edukacji Narodowej (Dz.U.2017. poz.1635), (Ordinance of the Minister of National Education, Journal of Laws 2017, item 1635).

Early developmental support consists in stimulating the child's psychomotor development and development from the moment the disability is detected to the time school education starts. The scope of this intervention varies substantially, depending on the developmental delays and risks diagnosed by Professionals. It may include: psychomotor development, communication skills, speech and language development, sensory disabilities, etc. The EI/EDS can be offered to any child with a disability, from birth to the time the child enters primary school education. The child's family is also given support. The child's needs are diagnosed by PPC, where the assessment team issues an opinion - a document on the basis of which the Ministry of Education finances 4 - 8 hours of intervention per month. The opinion on the need for EDS contains a detailed description of the child's capabilities and developmental needs, as well as recommendations related to specific support and therapeutic approach. It may (and does) happen sometimes that parents have an opinion from PPC, but they cannot find a centre or a team of professionals who would be competent to provide adequate support for their child. In particular, this applies to children with serious and complex disabilities, complex medical needs such as respiratory disorders who require mechanical ventilation during classes, as well as those who are unable to communicate verbally.

EDS (in accordance with the ordinance of the Minister of National Education) may be organized in kindergartens and primary schools, as well as in special and public PPCs, provided they have appropriate facilities and equipment necessary to provide early support. In special cases, support may also be provided at the home.

In the above-mentioned educational institutions throughout the country there are teams of teachers and professionals dealing with EDS. There are no separate EDS centres in the education system.

Neither in the health nor social policy departments, there are legal provisions regarding EI. However, a child can be qualified for medical services, so-called guaranteed healthcare services that can be qualified as early intervention, based on referral from a specialist. Then parents with a child will attend developmental support sessions in a rehabilitation centre for children.

Many families and children benefit from the extensive EI offer of non-public centres run by NGOs; it was the NGO sector that actually started to organize help for families with young children with delayed psychomotor development or disability in Poland (in the 1970s). Parents can access these centres with referral from a doctor or an opinion on EDS needs issued by a PPC.

The Ministry of National Education, which is currently responsible for the implementation of the For-Life programme, is the leading Ministry coordinating the provision of EI / EDS in Poland. On the basis of a resolution of the Council of Ministers setting up the program "For Life"⁸ and the relevant Ordinance of the Minister of National Education⁹ Coordination and Rehabilitation Centres (reporting to the Ministry of National Education) were established, whose goal will be to integrate support measures for children with developmental risks / disabilities and their families, as well as setting criteria for access to the system and monitoring the entire process in a coordinated manner. For now, however, parents are often lost in the system or take recourse to the paid offer in the non-public sector.

4.1.1.3. Follow-up / monitoring system

Monitoring of children at risk of disability in the first year of life takes place in hospital wards / outpatient clinics. Then the parents attend a rehabilitation centre or visit a family doctor. If parents are aware of developmental risks, they can seek help in private institutions or in EI centres run by non-governmental organizations, where they pay for services¹⁰.

The ordinance of the Ministry of Education limits access to EDS benefits only to children with disabilities. In healthcare setting, assistance is also provided to those with disabilities, in particular in hospitals with neonatal wards.

In recent years, the government of our country has taken steps to prevent disability in young children. In December 2016, by a resolution of the Council of Ministers, the government introduced comprehensive support for families in Poland – the so called "For Life" programme, which will be implemented in 2017-2021. Task 2.4 of the "For Life" programme states, that a Coordination and Rehabilitation and Care Centre (CRCC) will be established in every county (there are 380 counties in Poland), in order to facilitate identification of disabilities and support children and their families from the moment a risk of disability is detected. Local authorities (mayors of cities with powiat rights) should identify ECI facilities that will play the role of CRCC. They should meet the conditions outlined in the relevant statute (127 para. 19, point 1

⁸ Monitor Polski z dnia 20 grudnia 2016 Uchwała nr 160 (Monitor Polski of December 20, 2016 Resolution No. 160).

⁹ Rozporządzenie Ministra Edukacji Narodowej (Dz.U. 2017.poz. 1712) (Ordinance of the Minister of National Education, Journal of Laws 2017, item 1712).

¹⁰ A. Brown, A. Niedźwiedzka, Raport: wczesne wspomaganie rozwoju dziecka – problemy i wyzwania 2013-2015 (Report on Early support for child development - problems and challenge 2013-2015), <https://i1.wp.com/www.wszystkojasne.waw.pl/wp-content/uploads/2016/04/Wczesne-Wspomaganie-Rozwoju.jpg> (retrieved 26.06.2018).

of the Act of December 14 establishing the For-Life programme). The following institutions may assume this role: public kindergartens, primary schools, including special settings, other forms of pre-school education, special school-educational centres, special training centres, a revalidation and educational centres, and PPCs (including specialist PPCs). The centres should, in particular, be able to provide care to children aged 3 and younger. Their activities must be addressed to all families from a given poviát.

4.1.1.4. Access point to the service system

There is no special, dedicated facility in the ECI support system. Parents concerned with the development of their child typically seek help of their physician.

In the near future, CRCC may become such an access point at the poviát level.

4.1.1.5. Interdisciplinary assessment

Diagnosis in PPC is carried out by a professional team, in cooperation with parents, who are first acquainted with the examination procedure. Often the diagnosis is based on observation, i.e. play session. Professionals observe the interaction between the child and parents through the Venetian mirror. One can also assess the child's social development with a standardized DSR tool.

Usually it takes the parents, a psychologist, a teacher, a speech therapist, a physiotherapist – depending on the child's needs; yet any specialist or physician can be invited to the team. Both parents are entitled to participate in the diagnostic process, yet in practice it is usually just one (it is typically the mother of the child who approaches PPC).

In PPC, the parent first goes to a psychologist, who conducts a detailed interview and establishes with the parent a further strategy of conduct: the date of the next meeting, the involvement of specific professionals and the diagnostic tools used. Parental consent to every element is needed. The diagnosis is then thoroughly explained to the carers. The parents are also asked about their expectations and needs¹¹.

4.1.1.6. Evaluation of potential stress factors

In Poland, tools for assessing family stress are not used in the diagnostic process. It is the child who undergoes diagnosing, not the family. Examination of the internal regulations of the ECI

¹¹ Diagnostic procedures are defined in the internal regulations of PPCs

centres shows, however, that there is an increasing awareness of the needs for family support; thus, psychotherapists are employed and support groups for parents are organized¹².

4.1.1.7. Development and implementation of the individualized services plan

There is a lack of coordination of actions across sectors, which impedes efforts to achieve an inter-ministerial agreement on the development of one coherent plan for the provision of ECI. Each department operates separately, poses different requirements for the family and the child, and establishes its own criteria for access to assistance as well as separate documentation that determines access to services.

The development of the Individual Therapeutic Plan in the education settings is required by law¹³ in the system of education only. Professional teams (comprising a psychologist, a teacher, a speech therapist and a physiotherapist) develop a plan of intervention for a child, adjusted to its current level of development and individual needs (which is called the program in the relevant Act of Parliament). In particular, the plan must specify:

- 1) the way of achieving development goals aimed at improving the child's functioning, strengthening his participation in social life, preparing for school education, eliminating barriers and limitations in the environment that impede the child's functioning, promoting the child's activity and participation in social life,
- 2) the way of supporting the child's family in the implementation of the programme,
- 3) depending on the needs - the scope of cooperation with:
 - a) kindergarten, another pre-school setting, a pre-school department in a primary school attended by a child, as well as other institutions where the child receives therapeutic interventions, to ensure consistency of all interactions supporting the child's development,
 - b) a healthcare provider able to diagnose the child's needs resulting from his / her disability, provide him / her with medical and rehabilitation support and recommended medical devices, as well as advice and consultations on supporting the child's development,
 - c) a social assistance centre to support the child and his family according to their needs,
- 4) the method of assessing the child's progress.

¹² Tasks implemented by PPCs.

¹³ Rozporządzenie Ministra Edukacji Narodowej o pomocy psychologiczno-pedagogicznej z dnia 31.08.17, (Dz. U. 2017. poz.1643) (Ordinance of the Minister of National Education on psychological and pedagogical assistance from 31.08.17, Journal of Laws 2017, item 163).

The therapeutic program is thoroughly discussed with the family. Professional team aims to meet the expectations of the family, discuss the course of intervention on an on-going basis and encourage the parents play with the child.

The requirement of close cooperation between the EDS team and other entities, e.g. medical professionals, is a dead provision of educational law. The Early Child Development Assistance report developed by the Citizens for Democracy program emphasizes: "Coordination of support is absolutely necessary both at the central and local government level. The regulations currently in force, which assume that the EDS team will coordinate support for a small child with a disability, are not implemented"¹⁴ (The same applies to the coordination of all services at the cross sectoral level.).

4.1.1.8. Monitoring and evaluation of the results of the implementation of the plan

A team of specialists working with the child systematically and evaluates his or her progress on an on-going basis and discusses the outcomes with parents. The programme is gradually modified as progress is made.¹⁵

4.1.1.9. Planning of transition to new settings

At the level of legal regulations, there is no obligation to create and implement a plan to transfer a child to another institution. The statutory duty of the PPC is only to advise parents and indicate the appropriate kindergarten or school facility¹⁶. PPC, when issuing a decision on the need for special education, indicates to parents a kindergarten / public school, an integration school or a special school closest to their place of residence and appropriate for the child's disability category. This does not mean, however, that the institution indicated by the clinic is obliged to accept the child.

In practice, parents are often left to their own devices when it comes to the choice of institution to which they apply for support.

¹⁴ A. Brown, A. Niedźwiedzka, op.cit.

¹⁵ Progress monitoring is set out in the internal regulations of EDS teams.

¹⁶ Rozporządzenia Ministra Edukacji Narodowej z dnia 1 lutego 2013 roku w sprawie szczegółowych zasad działania publicznych poradni psychologiczno- pedagogicznych, w tym publicznych poradni specjalistycznych (Dz.U. poz. 199 z 2013r. z póź.zm.) (Ordinance of the Minister of National Education of February 1, 2013 on detailed rules of operation of public psychological and pedagogical counseling centers, including public specialist clinics (Journal of Laws 2013, item 199, as amended)

4.1.1.10. Policy, Legislation and financial resources

At the present, there is no consistent cross-sectoral national policy in the field of EI / EDS in Poland. The state allocates funds for various activities in the field of EI / EDS organized by relevant ministries. Still, early education and intervention remains an underappreciated area¹⁷. It seems that an important reason for reducing funding is the lack of knowledge and awareness of decision makers that every zloty spent at the EI / EDS level will bring multiplied savings later. There is also no data that would support the hypothesis that the reduction of funds allocated to the ECI results from some efforts to maintain budgetary discipline.

The governmental programme "For life" (2017-2021), which is a pilot project for future legislative solutions, may be viewed as a first step towards building a comprehensive ECI system. The government has now allocated significant funds for the program (2017-2021), making provisions for integrated support of development of young children at risk of disabilities and with disabilities, as well as for family assistance instruments.

There is no coordination of services provided across sectors. The responsibility of the respective ministries can be delineated as follows:

HEALTH – screening, care for preterm babies in neonatal wards, outpatient clinics for monitoring and supporting the development of children at risk and children with congenital disabilities, paediatric rehabilitation centres supporting children's development.

SOCIAL POLICY – issuing a disability certificate for children below the age of 16 (by Poviatic Disability Assessment Teams), granting family benefits (care allowance of 153 PLN and care benefit of 1447 PLN, special allowance for families with a low income threshold for education and rehabilitation of a child with disability in the amount of 100 PLN)¹⁸, assisting families with inadequate parenting skills/families at risk (by providing family assistant), supporting the development of young children in orphanages.

No specialist help for children with disabilities is provided in nursery (children from 0 to 2,5 years old), which are supervised by this ministry.

EDUCATION – is gradually implementing the biopsychosocial model, which recognizes the need of support for child development, as well as the necessity to work with family and the

¹⁷ <http://www.frd.org.pl/wpisy-wiedzy/edukacja-malych-dzieci-standardy-bariery-szanse-raport/> (retrieved 26.06.2018).

¹⁸ Ustawa o świadczeniach rodzinnych z dnia 28.listopada 2003 r. (Dz. U. 2003, nr 228, poz.2255) (The Act on Family Benefits of November 28, 2003 (Journal of Laws 2003, No. 228, item 2525).

wider environment. It must be noted that the availability of kindergartens for children with disabilities remains low¹⁹.

NON-GOVERNMENTAL SECTOR – providing services in Early Intervention Centres established by non-governmental organizations and for-profit private centres²⁰.

In the health sector, it is the National Health Fund, which finances services through universal health insurance (the mandatory contribution is 9% of personal income). Some highly specialized services are financed directly from the budget of the Ministry of Health.

In the education sector, the so-called mixed financing model is in place; it is partly decentralized, i.e. educational services are financed from the budget of local self-government at various levels, and from educational subsidies and targeted subsidies at the central level. The Act of November 13, 2003²¹ on Local Government Authorities (LGA) revenues indicates three legal instruments aimed to provide local government with adequate income for the tasks they perform: own revenues, general subventions from the state budget, targeted subsidies from the state budget. In practice, the financing model for specific educational tasks, including EDS Teams, corresponds to the level of LGA decentralization.

Non-governmental organizations rely on subsidies from both ministries; they also apply for targeted subsidies within the framework of competitive grant schemes, e.g. those operated by the State Fund for Rehabilitation of Disabled Persons. However, they have no guarantee that they will receive funds, which causes significant difficulties in maintaining the continuity of services.

The ministries sometimes seem to try to relegate the responsibility for ECI to one another²².

The ECI benefits are more easily available in large cities, while in the countryside parents often have to commute over 50 kilometres to the nearest support centre. Assistance in principle is free, but it is not always available at the time of diagnosis.

4.1.1.11. Personnel preparation

Higher education institutions offer full-time undergraduate and postgraduate courses to educate EI / EDS Professionals. Postgraduate studies are targeted at people with an earlier degree in

¹⁹ Ocena Zespołu do spraw opracowania modelu kształcenia uczniów ze specjalnymi potrzebami edukacyjnymi powołanego przez Ministra Edukacji Narodowej Zarządzeniem Nr 39/2017 z dnia 13 października 2017 r. (Evaluation of the Team for developing a model of education for students with special educational needs, established by the Minister of National Education by Regulation No. 39/2017 of 13 October 2017.)

²⁰ Ibid.

²¹ Ustawa o dochodach samorządu terytorialnego (Dz. U. z 2017 r. poz. 1453 ze zm.) (The Act on Local Government Income (Journal of Laws of 2017, item 1453, as amended).

²² A. Brown, A. Niedźwiedzka, op.cit.

education and/or special education. Requirements for professionals working in the education sector are different from those in force in the health sector.

In the education system, professionals with master's degree (psychologist, physiotherapist, speech therapist) have full qualifications to work with young children and their families. In turn, special education teachers have to complete 3 semester postgraduate studies in early intervention to upgrade their qualifications.²³.

In the education sector professionals work in teams which include a psychologist, a teacher, a therapist and a speech therapist. Members of professional team develop their competences by attending various types of courses, trainings and conferences. Discussion of individual cases of children with developmental difficulties and intervention plans contributes to the flow of knowledge and enables more experienced therapists to share their experience. Professionals supervise each other's activities with the child and discuss them later. This is not the case in all facilities, as there are no specific requirements related to supervision in EI. Also, no specific requirements are in place for those who wish to become a supervisor.

The development of ECI services in Poland is compromised by a substantial shortage of professionals in many specialties – including paediatric neurologists, child psychiatrists, as well as psychologists, physiotherapists and speech therapists²⁴. The staff working with young children too often comprises solely young employees with very limited professional experience. EI / EDS is a relatively new area of knowledge in our country. Shortage of specialised teachers is also highlighted in a report of Highest Chamber of Control published in 2017 r.²⁵.

4.1.2. Conclusions and description of possible limitations of the study

Lack of coherent systemic solutions, shortcomings in legal regulations, as well as the parallel functioning of ECI services offered by the public, private and commercial sectors constituted a significant challenge in providing detailed description of the current situation in the field of ECI in Poland²⁶.

²³ Rozporządzenie Ministra Edukacji Narodowej w sprawie kwalifikacji nauczycieli z dnia 1 sierpnia 2017 (Dz.U.2017. poz. 1575) (Regulation of the Minister of National Education on the qualification of teachers from August 1, 2017, Journal of Laws 2017, item 1575).

²⁴ A. Brown, A. Niedźwiedzka, op.cit.

²⁵ Raport NIK o kształceniu uczniów z niepełnosprawnościami z 2017r. (Highest Chamber of Control Report on special needs education 2017) <https://www.nik.gov.pl/aktualnosci/nik-o-ksztalceniu-uczniow-z-niepelnosprawnościami-2017.html>

²⁶ Graphs with statistical data illustrating the development of ECI services in recent years, broken down into various sectors.

5. Results of the structural interviews with service providers, families and, where applicable, policy makers.

5.1. Description of findings with regard to selected domains

5.1.1. Screening and referral

EDUCATION: In the system of education, diagnosis of a child's needs is carried out at the PPCs, following parents' application. Sometimes parents turn to a PPC for help based on teacher recommendations, or suggestions from primary care physicians/paediatricians. Parents are notified in advance of the diagnostic tests date. These include an assessment of multiple facets of the child's functioning: psychological, education readiness, language acquisition, as well as physical development and sensory integration. Assessment is performed by a team of relevant specialists, who are later involved in therapy. Once a year or more often, if necessary, evaluation of the implementation of the individual therapeutic program is carried out. The child's development is analysed in numerous aspects, with all areas considered, including the impact of diagnosed needs on the child's functioning in the environment. It may be interesting to note that one of the responding institution (a school) reported that the topic of ECI did not concern them.

HEALTH: Screening of under 1-year olds is conducted in neonatal wards and outpatient clinics. The neonatologist, when necessary, refers the child to an ECI facility. Neonatologists perceive screening tests and examinations as neonatological/paediatric medical procedures. Also, other examinations of the new-born described on the basis of source materials are not considered to be ECI screening. The screening and examination procedures are focused on the so-called milestones in child development. In a situation where parents themselves report to a neonatologist worried by their child's development, the child is examined by a neonatologist, who decides whether or not neurological consultation is necessary or whether the child needs to be referred to an ECI facility. If such problems "come to light" after the child reaches the age of one, the child remains under the care of a family physician.

SOCIAL POLICY: In the Poviatic Family Support Centres (PFSC), as part of screening procedure, a psychologist conducts psycho-physical diagnosis based on the following tests: Raven Matrices Test, Children's Dictionary Test, Rotter Incomplete Sentence Blank Test, Family Evaluation Scale. Psychophysical diagnosis takes into account intellectual abilities, as well as emotional and social competences. It is aimed to determine the child's strengths and needs in the area of social and emotional development, as well as required care. In the case of a child applying to the Poviatic Disability Assessment Team for a disability certificate, a

physician and a psychologist assess the child's functioning. During the meeting, the child is examined, his/her health status is assessed, and it is determined whether the child is able to perform independently age appropriate activities. The procedures are listed in the Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities of August 27, 1997. Parents are informed at the meeting of the Disability Assessment Team about the assistance provided by the PPC or Early Intervention Centres.

PARENTS: Although a GP may refer a child to an ECI Centre, in practice paediatricians often focus on common diseases, such as colds, viral infections, etc., and „they are afraid of “different” children." In parents' experience, neonatologists are better in that they immediately react to a child's needs by issuing appropriate referrals. Another option for parents is to visit a PPC without a referral, however, there is often no staff experienced in dealing with children with major development problems in such institutions, and sometimes even in such a specialized facility, one can meet with the “let's wait and see what happens, the child may yet catch up” attitude.

Parents do not have sufficient knowledge about the ECI system. It too often happens that they find support only after many years of seeking help for a child with evident developmental abnormalities. However, some of the families surveyed received help very quickly. During the first visit in paediatric clinic, the examination is carried out by a physiotherapist or a psychologist. Then further consultations are set, but parents do not always receive sufficient and clear information.

5.1.2. Eligibility for the ECI system

EDUCATION: PPCs inform that they are entitled to issue an opinion on the need for early intervention and developmental support. Schools indicated that they lack such competences.

HEALTH: Physicians are entitled to issue an opinion about the need for ECI.

SOCIAL POLICY: PFSCs are not entitled to refer a child to the ECI system. They do not qualify children for ECI, but only refer them to the PPC or Poviast Team for Disability Assessment.

PARENTS: Parental responses indicate that knowledge about officially established criteria for ECI is lacking in this group. They also do not have full knowledge of which ministries are responsible for ECI services. "Often it is the whim of an employee of the facility or a doctor who thinks, for example, that the child is not promising, so he/she will get less physio!". "The problem is that in case of severely disabled children who need support in multiple areas, the

centres are not able to provide comprehensive care; in consequence, under the current regulations, partial support is offered as part of an early intervention programme, hence parents have to pay for the remaining services in another centre, and it's quite a lot of money." A child who receives a referral for therapy in the ECI area (e.g. physiotherapy, speech therapy) from a physician can only use the services of ECI centres or outpatient clinics that receive funding from the health department, while a child with an opinion about the need for early support issued by a PPC can only use the services of institutions / teams that are financed by the Ministry of Education. Unfortunately, parents do not have enough knowledge on how this system works. Meanwhile, they are forced to collect different sets of documents for institutions functioning under the jurisdiction of three, or at least two ministries. In the social policy sector, they need to obtain a disability certificate for their child, entitling them to receive family benefits, in the education sector they have to apply for an opinion on the need for early support of development, while in the health sector they will seek a referral from a doctor for physiotherapy. Obtaining a single document issued by one entity would greatly simplify the situation of the family. Currently, getting full documentation takes months, during which time the child cannot start using the services.

5.1.3. Follow-up/monitoring

EDUCATION: The assessment team in the PPC decides, on the basis of collected documents, whether there is a need to provide a child with ECI. Then a multidisciplinary assessment of the child's functioning level is conducted, and individual intervention plan is developed. Children may receive various forms of services or (depending on the facility) a one-off free consultation and guidelines are provided.

HEALTH: Children at risk of developmental deficits are referred for neurological assessment. The neonatal outpatient clinic takes care of children during the first year of life and, in most cases, it will be able to set the therapeutic path for the child in this time. If a child requires further neurostimulation, it is directed to an ECI Centre. If development problems become evident later, after the child's first birthday, he or she remains under the care of a family doctor.

SOCIAL POLICY: The coordinator of family foster care is in constant contact with the family. Once a month, he or she submits a report on cooperation with the family, which contains information on the child's development, his / her progress in learning, interaction with family members / peers, etc. Information about the child's development is based on

a psychophysical diagnosis. If necessary, the PFSC directs the child's guardians to a PPC and other institutions providing assistance in the area of ECI.

PARENTS: For children who were not diagnosed and treated early on, there is no clear path within the system. Often, the inclusion of such kids in ECI depends on the willingness and experience of the counselling staff. "The system is failing us, it is often simpler and faster to obtain a diagnosis in the private sector, which means additional costs." The family doctor can conduct the diagnosis, however, in parents' experience, paediatricians do not have knowledge about, for example, early detection of autism.

5.1.4. Access point to the service system

EDUCATION: PPCs are access points within the system of education. Alternatively, ECI centre run by the Association for People with Intellectual Disabilities may play such a role, where children can be referred for early diagnosis and implementation of therapy.

HEALTH: Doctors report lack of knowledge on this issue.

SOCIAL POLICY: PPCs and ECI centres run by the Association for People with Intellectual Disabilities, act as point of access.

PARENTS: Some parents are aware of the role of PPCs as access points. Many, however, get information from the Internet or from other parents in a similar position. One of the respondents reported that it took her five years to find support in a PPC.

5.1.5. Interdisciplinary assessment

EDUCATION: The key instruments of assessment are observation of the child's behaviour and reference to the age-related standards. Depending on the age of the child and the nature of disorder such instruments as DSR tools, Leiter test, Raven Matrices test, Columbia scale, ADOS, Stanford-Binet Intelligence Scale, etc., are used. Each specialist has his/her own observation sheets and evaluation methods. The assessment is not made in an integrated way, but rather separately by each therapist. The evaluation involves such specialists as a psychologist, a pedagogue / special education teacher, a speech therapist, a physiotherapist, a sensory integration diagnostician, a physician and optionally - in some institutions – willing parents. Parents do not take part in design of the assessment. Respondents report that – unfortunately – a significant proportion of parents is not interested in cooperation. They do not provide information on the extent the parents are familiar with the tools used in the assessment process.

HEALTH: The assessment is carried out only in the first year of the child's life, because only in this period the child is under the care of a neonatal clinic. It follows an established algorithm – the parent answers questions (on the achieved developmental milestones). The doctor then informs the parent about the prognosis.

SOCIAL POLICY: The assessment is made during a meeting of the child situation assessment team, which comprises a social worker, a psychologist, a foster family coordinator, and - depending on the situation – a teacher and or a psychologist from the school / kindergarten the child attends, as well as an employee of the Social Welfare Centre. At the meeting of the team, foster carers are invited, and in the case of limited parental rights, biological parents as well (this is not the case in all institutions). The assessment of the child's development is carried out by a psychologist. Standardized tests with up-to-date reference ranges are used for that purpose. The decision on issuing a disability certificate is made by a team of a paediatrician and a psychologist. Some of the responding institutions, however, claimed that this issue was did not apply to them.

PARENTS: Diagnosis is made on the basis of free play under the supervision of a psychologist, interviews, tests (by one or more specialists), examination of basic neurological reflexes and tests of sensory integration. Parents are present during the assessment, yet the tests used are not shown nor explained in detail.

5.1.6. Evaluation of potential stress factors for families

EDUCATION: Stress factors are assessed on the basis of an interview, an environmental interview and family observation. In some facilities there are support groups for families of children covered by ECI services. There are no standardized instruments to determine the level of stress; at meetings with staff parents share their problems and are given advice or referred to other specialists.

HEALTH: The assessment of family stress factors is not within the competences of physicians.

SOCIAL POLICY: Coordinator of family foster care evaluates the situation of the family during regular home visits. Among the respondents, however, there were institutions that reported that this issue lies outside their scope.

PARENTS: Specialists do not address the family issues, the needs of family members or ways of coping with stress.

5.1.7. Development and implementation of individualized service plan

EDUCATION: All services are provided according to a previously agreed plan. This follows from the Ordinance on the organization of early developmental support, which binds the ECI facilities within the system of education. The plan is based on observation, the diagnosis and needs assessment, as well as an analysis of whether the child is not provided with similar forms of assistance elsewhere, e.g. in the kindergarten. Members of the ECI team appointed by the director are responsible for the development of a plan for each child receiving services at the centre. The team usually consists of a psychologist, a pedagogue, a speech therapist and other specialists involved in a child's therapy, depending on needs. Respondents point out that due to the lack of cooperation with the health services and other institutions, the services which the family uses are not coordinated. A team of specialists on the basis of an opinion on the ECI needs, a multidisciplinary diagnosis and family reported develops a service plan.

HEALTH: Medical facilities do not implement any such plan, as they are not ECI centres within the meaning of the regulations in force.

SOCIAL POLICY: Responders participating in the survey reported that the issue was outside the scope of their institutions.

PARENTS: Parents are not aware of the obligatory nature of the ECI plan. The majority of respondents was not presented with such a document. In the facilities that do develop such plans, parents are not always involved.

5.1.8. Monitoring and evaluation of the results of the implementation of the plan

EDUCATION: Monitoring is carried out by an ECI coordinator; each therapeutic activity is subject to evaluation by a team of specialists employed at the facility. Sometimes therapeutic activities are modified on the basis of feedback from parents, following their acceptance. Monitoring relies mainly on observation and involves a team of specialists and parents, sometimes - though very rarely - other people relevant specialists (e.g. Physiotherapists from other institutions, kindergarten teachers, employees of the Municipal Social Welfare Center). The entire ECI service plan is considered, then all spheres of child development are evaluated.

HEALTH: Physicians do not assess the results of ECI intervention, because it is not implemented in the neonatal clinic.

SOCIAL POLICY: Responders participating in the survey reported that the issue was outside the scope of their institutions.

PARENTS: Many parents are not aware of the process of monitoring of intervention results, which are evaluated by a teacher. However, there are exceptions: "The results of therapy are discussed in detail with me, I also know the areas of difficulties with which the child may have a problem in further education." Respondents do not mention any written form of the assessment that would be passed on to parents.

5.1.9. Transition to new settings

EDUCATION: A child is covered by ECI services until they start school education, but ECI therapy and pre-school attendance are not mutually exclusive and are often carried out simultaneously. A team of specialists suggests which institution is best for the child. "Considering a given disability or deficits, we try to suggest solutions to parents, but the final decision is made by the parents themselves." Respondents indicated that in many cases the final decision is taken contrary to the suggestions of specialists, under family pressure or influence of other parents, which is not always for the benefit of the child. The therapists who take care of the child discuss opportunities for the further educational path with the family, and - at the request of the family - prepare an opinion on the child's functioning.

HEALTH: Physicians perceive this issue as lying outside their scope.

SOCIAL POLICY: All institutions participating in the survey report that the subject does not apply to them.

PARENTS: Before moving to a new setting, parents can discuss the perspectives of their child's education with specialists who have been dealing with the child so far. The PPCs, in which parents can discuss the offer of educational institutions, are helpful in planning a further child's school career. "First of all, the family must be involved, because this is our problem and if we do not get fully engaged, it will be at the expense of our child, because everything in Poland is done on the line of the least resistance."

5.1.10. Policy, legislation and financial resources

EDUCATION: Respondents are acquainted with the legal regulations regarding the services provided, they understand that the financing of services is based on educational subsidies, calculated in accordance with an algorithm data that relies on data provided by school directors to the educational information system and a conversion rate related to the number of hours specified in the ordinance. They report that the amount of funds received for this purpose is not adequate to the needs. This is due to the fact that the data in the educational information

system relate to the previous year, while applications for support are received on an on-going basis.

HEALTH: The legal basis for sources of funding is the same as for other health services.

SOCIAL POLICY: All institutions participating in the survey report that the subject does not apply to them, because there are no provisions regarding ECI in the social policy sector.

PARENTS: Inconsistency and lack of coordination within the system is the everyday experience of families with a child with a disability. When the family is forced to use additional therapy available only on the commercial market, depending on the situation of the child and the accessibility of publicly funded ECI services, the costs of providing early intervention may consume around 5% of the household budget, in some instances reaching the level of several hundred euros (with an average gross salary of about 1,000 euros, this means a significant part of household expenses is consumed by ECI services).

5.1.11. Training of personnel

EDUCATION: All requirements for ECI specialists (with the exception of speech therapists, psychologists and physiotherapists) are defined in the current regulations on specific qualifications required of teachers: a postgraduate level degree in the field of Early Child Development support is necessary.

HEALTH: Staff training in ECI area is not conducted, physicians follow sector-specific regulations on improving qualifications and professional development.

SOCIAL POLICY: There is no supervision in the institutions operating within the social policy sector, problematic cases are discussed in a wider forum of specialists.

PARENTS: not applicable, this question was not addressed to parents.

5.2. Conclusions and description of possible limitations of the study

Many respondents from the Ministry of Social Policy and the Ministry of Health answered, "not applicable", which is the result of lack of legal regulations in the area of government departments and lack of awareness of professionals that their tasks are part of the WI area. The results of the surveys fully illustrate the lack of systemic WI solutions and the inconsistency of the activities undertaken. The above situation hindered the presentation of a clear picture of solutions available to the family and a child with impaired development. It should be added that in Polish, a consistent terminology used by professionals has not been established, which also did not facilitate obtaining clear answers in the message.

6. Discussion of the findings of both studies, general conclusion

The following conclusions are based on the analysis of source materials and the results of both questionnaire and structured interview studies, interpreted in the context of systemic solutions in the area of ECI established in the developed EU countries²⁷:

- 1) The terminology used to refer to activities in the area of Early Intervention in Poland is inconsistent and lacking in clarity.
- 2) Inconsistent definitions of ECI benefits used by specialists working in centres / institutions reporting to different ministries or operating in the private sector lead to the perception of early childhood intervention and early developmental support as two entirely distinct areas of activities.
- 3) There is lack of uniform and well-defined support system for the family and child diagnosed with disability or at risk of disability.
- 4) No legal regulations are in place that would provide for a coordinated system of benefits in the area of ECI.
- 5) Cooperation is missing between entities reporting to different ministries and providing services in the field of ECI at the local level. Due to the lack of legal regulations, cooperation is perceived as an expression of "goodwill", rather than a statutory obligation.
- 6) There is significant differentiation in the availability of services between large urban agglomerations and the so-called poviats in Poland. Low availability of ECI services is particularly notable in rural areas, where long distances require time consuming journeys to the ECI centres.
- 7) Staff shortages across the country mean there is not adequate number of various specialists, both in medical services (neonatologists, child neurologists, child psychiatrists, physiotherapists), as well as educational system (psychologists, special education teachers, speech therapists and augmentative and alternative communication therapists).
- 8) A system of supervisory support for personnel working in the area of ECI, ensuring ongoing professional development of all ECI staff, is urgently needed.

²⁷ Wczesna interwencja - postępy i rozwój w dziedzinie 2005-2010 (Early Childhood Intervention – Progress and Developments 2005–2010); European Agency for Development in Special Needs Education, Odense, Denmark, 2010. https://www.european-agency.org/sites/default/files/early-childhood-intervention-progress-and-developments_ECI-report-PL.pdf

Council conclusions on early childhood education and care: providing all our children with the best start for the world of tomorrow (2011/C 175/03); Official Journal of the European Union C 175/8 z 15.06.2011 r.; [http://eur-lex.europa.eu/legal-content/PL/TXT/HTML/?uri=CELEX:52011XG0615\(04\)&from=EN](http://eur-lex.europa.eu/legal-content/PL/TXT/HTML/?uri=CELEX:52011XG0615(04)&from=EN)

Inclusive Early Childhood Education - New Insights and Tools Contributions to the European Study; European Agency for Special Needs and Inclusive Education, Odense, Denmark, 2017, https://www.european-agency.org/sites/default/files/IECE_Synthesis_Report_2017.pdf

- 9) Lack of comprehensive intervention model leads to failure to provide the child and his/her family with the necessary forms of support / therapy due to the lack of appropriate specialists (this also applies to children with severe, disabilities and serious medical needs).
- 10) Lack of access to ECI benefits in the system of education for families with children at risk of developmental issues and for families concerned about the development of their child results in limited preventative actions in the field of disability prevention.
- 11) Inadequate focus on family as a whole in the intervention plan follows from the model of interactions centred on child and medical needs. Family therapy is available only in the private sector.
- 12) There is lack of standardized diagnostic tools for the assessment of the development of young children in concord with the biopsychosocial model of disability, screening tools and balance checklists, as well as parental stress assessment instruments.
- 13) Access to information about benefits and services related to ECI is far from adequate – informal ways of acquiring knowledge and information about the right to benefits, therapeutic methods, or the quality of services, dominate.
- 14) Underestimation of the importance of ECI and pre-school education by both national and local level decision makers and parents of young children impedes early intervention.
- 15) Low social awareness and knowledge related to the normal development of the child during infancy and early childhood is low.
- 16) There are no ECI services for children staying in nurseries, i.e. below 2.5 year of life.
- 17) The dominant model of pre-school institutions leads to exclusion of children with special educational needs.
- 18) There is intense development of the private sector in the area of ECI services that require out-of pocket expenses from parents and lowering trust of parents in the quality of ECI services in the public sector.

7. Questions for future research

Evaluation of the functioning of Coordination and Rehabilitation and Care Centres (CRCC) set up by the "For Life" programme is needing to answer the following questions:

- 1) To what extent CRCCs provide support for at risk children (in particular infants in the first 6 months)?
- 2) Do CRCC manage to coordinate ECI activities at the local level?

- 3) Have CRCC become recognizable as an access point to the ECI system for families with a child with a disability or a child at risk of disability?

Evaluation of processes of transition from the medical model of diagnosis and treatment in the area of ECI to the biopsychosocial model, which takes into account the degree of social inclusion of family with a child with a disability is also necessary:

- 1) Do families receive adequate psychological support?
- 2) Do the diagnostic processes and the multi-disciplinary support provided for the child and his/her family take into account the biopsychosocial model of disability?
- 3) Does the process of diagnosis and therapy take into account the need to adapt the environment to the needs of the child and the family, in order to ensure the family's effective social inclusion?

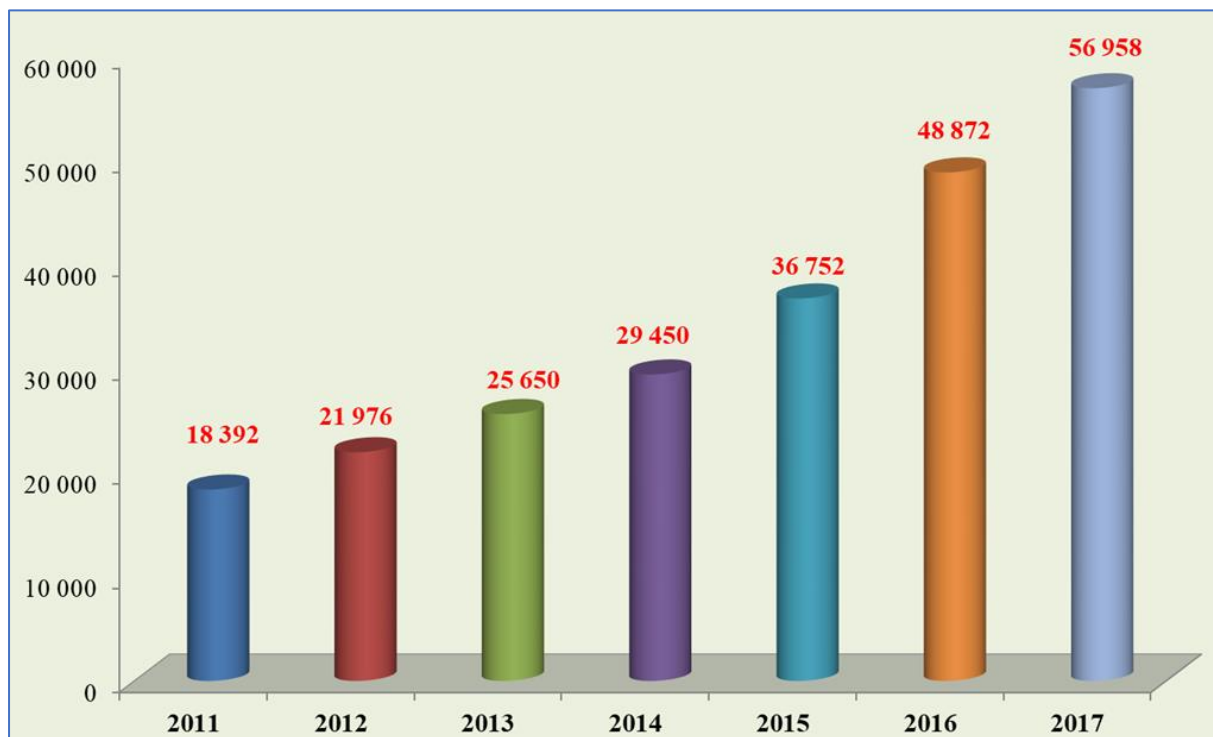
8. Appendix

8.1. Sources cited

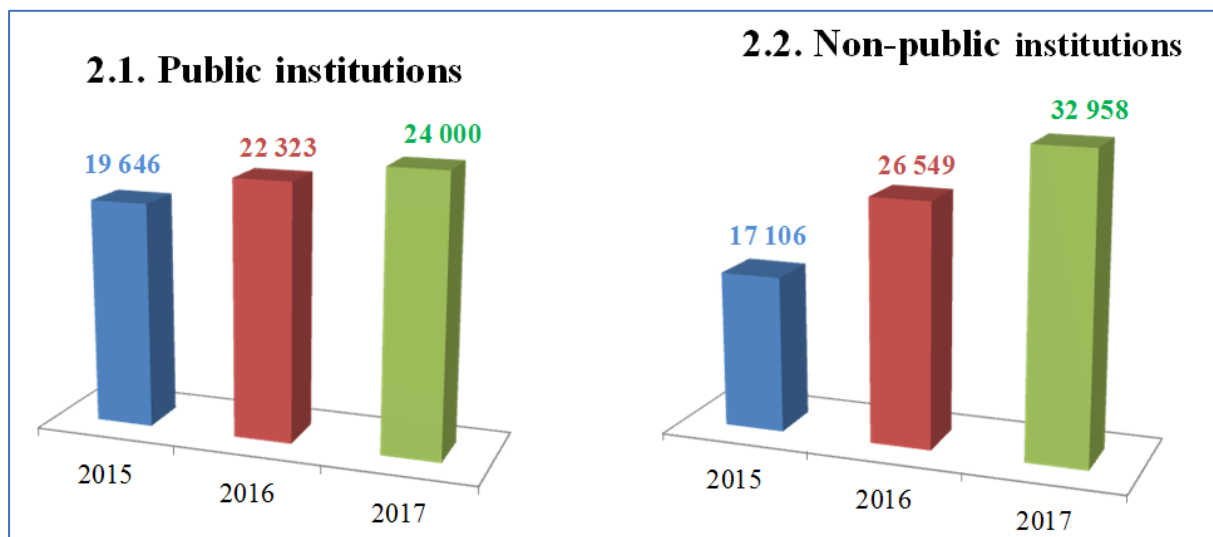
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- 19) Ustawa o dochodach samorządu terytorialnego (Dz. U. z 2017 r. poz. 1453 ze zm.) (The Act on Local Government Income (Journal of Laws of 2017, item 1453, as amended).
- 20) Ustawa o świadczeniach rodzinnych z dnia 28.11.2003 r. (Dz. U. 2003, nr 228, poz.2255) (The Act on Family Benefits of November 28, 2003, Journal of Laws 2003, No. 228, item 2525).
- 21) Ustawa Prawo oświatowe z dnia 14 grudnia 2016 (Dz. U. 2017 poz.59), 21) Act on Educational Law of 14 December 2016, Journal of Laws of 2017, item 59).
- 22) Wczesna interwencja – postępy i rozwój w dziedzinie 2005-2010 (Early Childhood Intervention – Progress and Developments 2005–2010); European Agency for Development in Special Needs Education, Odense, Denmark, 2010.
https://www.european-agency.org/sites/default/files/early-childhood-intervention-progress-and-developments_ECI-report-PL.pdf

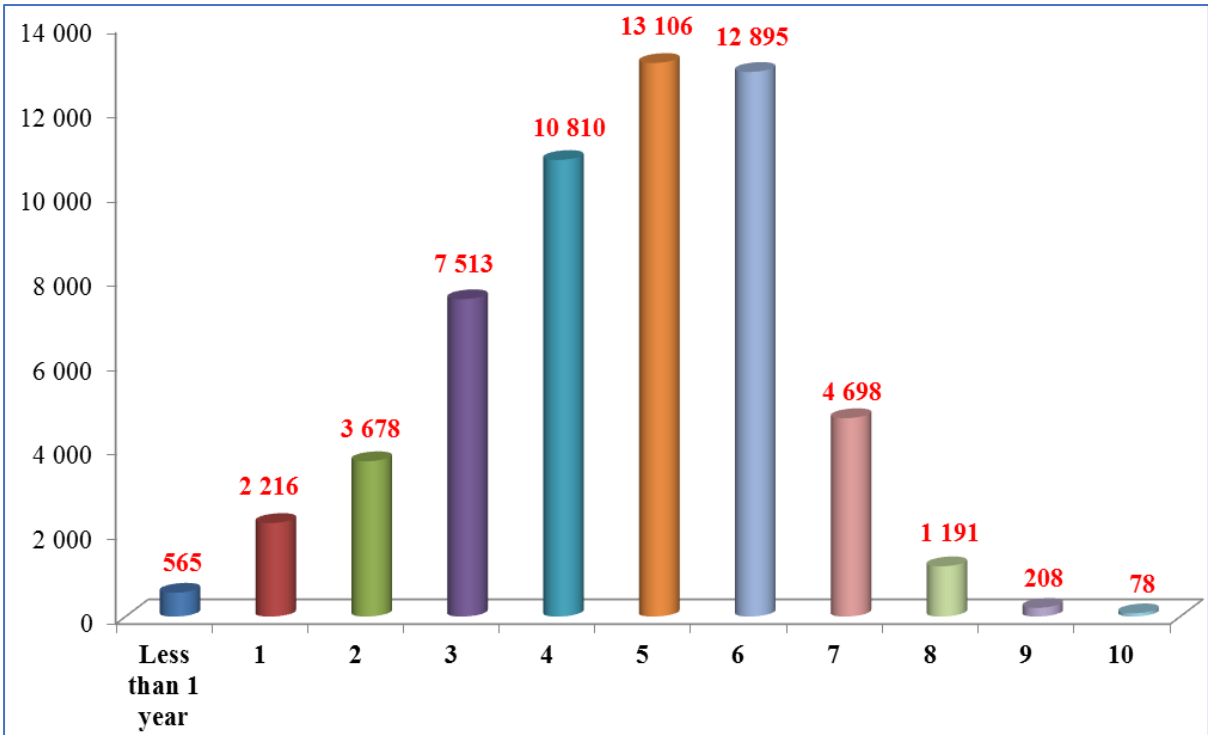
8.2. Statistical data charts



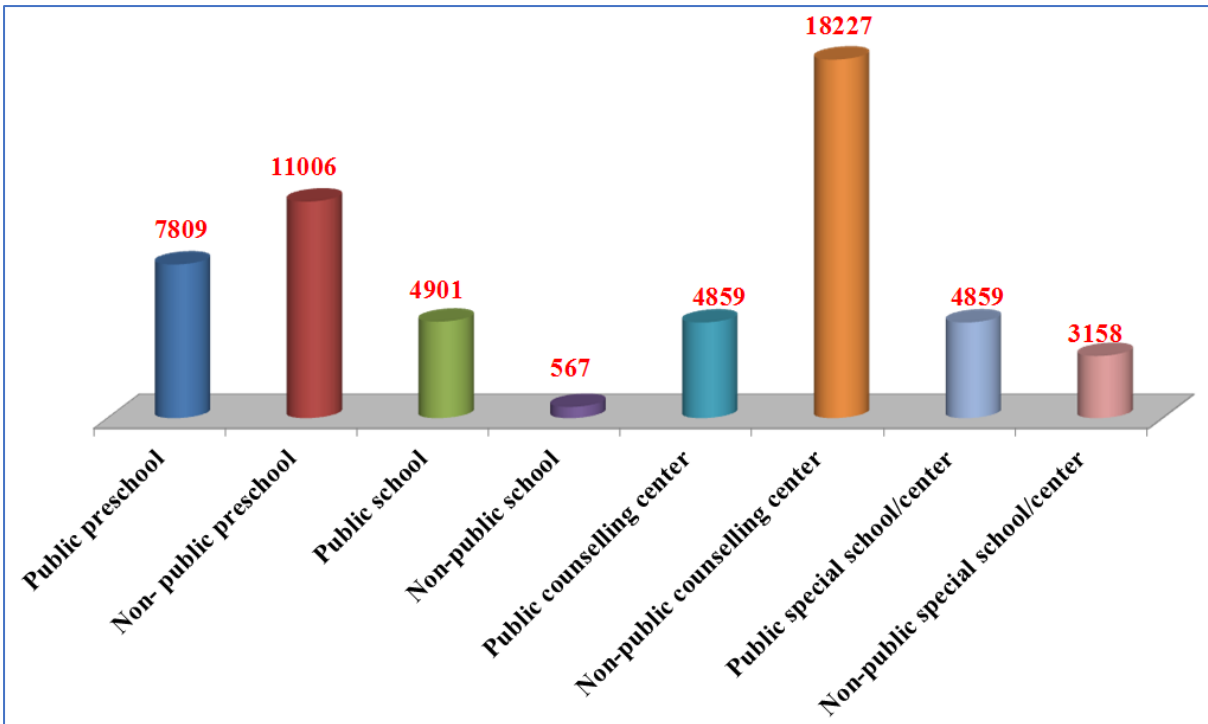
Number of children (age 0-10) in ECI services 2011-2017



2015– 2017 comparison between public and non-public services. Number of children in ECI (age 0-10)



2017 - number of children in ECI services Age division



2017 - number of children in different kind of ECI services

8.3. Glossary of terms and abbreviations

Early Intervention - EI / Early Developmental Support – EDS

The term early intervention in Poland is used in healthcare services, while the concept of early developmental support is employed in the system of education. Both systems operate in an inconsistent and uncoordinated manner, even though the services provided often cover the same area, or even concern the same client. Early Intervention centers in our country are most often established and run by non-governmental organizations, mainly associations and charities (foundations).

There are two child development assessment systems in Poland functioning in two sectors:

- Social policy system - represented by Municipal / Poviats Disability Assessment Teams, issuing disability certificates.
- Education system - represented by Psychological and Pedagogical Centers, issuing decisions on the need for special education and an opinion on the need for ECI.

Psychological and Pedagogical Centers – PPC

PPCs serve as diagnostic and developmental support centers for children in the education system. PPCs role is to provide formal assessment and statement of early development support needs, as well as the so-called decisions (formal documents) about special education requirements. These documents provide grounds for financing support services for students.

Centers for Coordination, Rehabilitation and Care – CCRC

These centers, aimed at coordination of activities across different sectors in the area of early intervention, were established by the Minister of National Education in each poviats (an administrative area at a local government level) following the introduction of the governmental programme "For Life" (2017-2021)

Poviats Family Support Center - PFSC

PFSCs are institutions established at the poviats level (reporting to the Ministry of Family, Labour and Social Policy). The primary purpose of PFSC's activity is to provide social assistance with a cross-border range: children, families, the elderly, the sick and the disabled; and protecting children from foster care in the event of inability to provide care and education by parents.