

Family-centred, Routine-based Practice of Early Childhood Intervention Provided in Natural Environment in Poland.

Assessment Country Report of Piloting the
Family-centred Practices.



EDITORS

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There were three ECI service which took part in the pilot conducted 6 months (September 2019 – March 2020):

1. Association for Assisting People with Autism and other Disabilities "SPONIA Węgrów" in cooperation with Special Psychological and Pedagogical Clinic in Węgrów
2. Early Support and Intervention Center in Lublin as part of The Polish Association for Persons with Intellectual Disability
3. Early Intervention Center, a part of the pre-school faculties at the Special Elementary School No 327 in Warsaw, named after dr Anna Lechowicz.

The report below was elaborated by Agora Polish project coordinators – Małgorzata Dońska-Olszko and Anna Walkiewicz based on reports prepared by ECI service delivery teams from pilot organisations including local coordinators: Aleksandra Wnuk (Lublin), Gabriela Strąk (Węgrów) and Magdalena Janczak (Warsaw).

1 | How the pilot implemented the routine and family-centred approach?

1.1 | Work in natural surrounding (e.g. at the home of the family)

The great value of the project pilot was to support the child's development in a natural environment in which the family feels comfortable and safe. The family is the basic source of energy for the child and its developmental environment. Therefore, the therapists' primary aim during the pilot's implementation was to support the family in normalizing its daily functioning, so that a child with a disability could receive an effective help from family members. Therapeutic intervention was focused on developing optimal ways to establish and maintain relationship between parents and other family members with the child.

Home visits turned out to be a great source of information about the child and his family to the extent that exceeded the ECI therapists' expectations. Most of them, after the first visits at child's home, shared the reflection that the way how the child was presenting itself during the therapy sessions in the counseling center were not fully reflected the abilities that they could observe at home settings. Particularly that concerned social and communication skills. These were manifested especially during play activities with siblings, which we practically do not observe while implementing the ECI program in the centers. At home, children feeling emotionally secure demonstrated behaviours reinforced by positive and funny siblings and parents' reactions. Parents often emphasized that these were the behaviors and skills that they had previously mentioned to therapists and were difficult to elicit in clinics.

Similar statements have occurred in several families: "Oh, you see, I said, she/ he can do it." The level of parental satisfaction in such situations was very high and gave specialists the perfect opportunity to strengthen their parenting competences and emphasize how much the child can learn at home and achieve new skills in favorable and very safe conditions.

1.2 | Used tools (e.g. ECOMAP, routine based interview)

The Routine-Based Interview and the ecomap used during the piloting turned out to be very helpful tools especially for therapists, who at the beginning of the project were concerned about how meetings with families in a different convention would take place then the previously known. These tools allowed parents to share openly their problems, worries, and to talk about their relationships in the family resulting from their child's disability.

Entering a truly partner relationship with the family at work was not easy, especially when ECI specialists previously gave only some advice, suggestions, recommendations, and instructions, mainly being focused on the child, not on the whole family. Particularly physiotherapists were anxious about how difficult task for them it would be, because they were usually in a different role. Meanwhile, both physiotherapists and other specialists have admitted that the ecomap and the Routine-Based Interview provide a very helpful framework for working with family in their home settings and clearly direct the progress of these meetings and therapeutic intervention. Thanks to parents and therapists' joint analysis of daily routines in terms of difficulties and possible solutions, the Routine-Based Interview

became a contribution for discussing the areas of support that the child receives, or where is the lack of needed support. It also provided the basis for thinking on how to apply acquired skills during the individual therapy at the clinic into the everyday life situations. In discussing the routine-based interview very invaluable both for parents as well as for therapists was the opportunity to reflect on what the child learns and why it is essential in his/her everyday life.

Some parents emphasized that they did not realize how many learning opportunities promoting child development are provided by daily activities and how much has already been achieved, because what was once a problem, nowadays is not difficult. Therapists underlined that the interview ensure better understanding what the greatest challenge for the family is and in what areas additional support may be needed. Furthermore, it was also useful in reformulating with parents the therapeutic goals/ outcomes. Understanding the structure of the day and everyday life of the family based on the interview allowed parents to identify their own goals and needs.

Developing the ecomap with parents and thinking where and with whom the family most often stay with and where they receive help, etc. lead to very interesting discoveries even for the parents themselves. Some of them came to the conclusion that the most support they receive is from people from outside, and some, on the contrary, they can only count on their immediate family. When discussing the ecomaps, by the therapists participating in the pilot, at the supervision meeting, there were often positive reviews of this tool as a valuable source of information about the family resources and a strong belief that it is worth using ecomaps at work with every family who raises a child with disability. This tool provides the information about the families support network and gives the opportunity to see if the family needs more or less support when there is nobody to rely on. The ecomap also indicates people and places that should be taken into account when e.g. supporting a child with complex communication needs by preparing a communication tool with access to appropriate vocabulary, so a child has possibilities to use it with familiar people and in familiar context. At the same time, recognition of such places which are socially inclusive for families with children with disabilities allows ECI therapists easier to identify environmental resources and opportunity to support the employees of those local institutions.

1.3 | Work with family members beside the child with the disability

The project pilot has enabled working with the whole family of the child, which greatly expanded the ECI specialists' knowledge on the interests of family members, ways of spending time together and families' values and priorities. It is invaluable source of inspiration for further work with the child and his family. In many cases, it turned out that the recommendations we address for implementation at home are unsuccessful, because the child with grandmother performs much more interesting play activities supporting, e.g. development of small motor skills, and it is with grandmother the therapists should have talks about these topics, because she spends most of the time with the child. In many cases observing play activities with siblings and emphasizing their important role was an opportunity to strengthen the child's competences as well as to better understand its emotional and social skills demonstrated in games with the brother or sister. Individual work with a child at the center does not create such opportunities. Supporting the whole family - parents, grandparents, immediate members, including caregivers and friends in natural conditions and everyday situations, allowed to accept or understand the difficulties of the child and its behavior resulting from its disability. Identification and understanding of the child's needs by all people in its immediate environment was strong related to well-being of the whole family.

1.4 | Positive findings (what went smoothly, which attitudes of professionals and families changed)

The piloting had initiated a change in parents' and ECI specialists' attitude: from observing concrete child's achievements to perceiving its holistic functioning in everyday life and in a family environment.

Implementation of the pilot in the child's natural environment has allowed for:

- appreciation of the child's functioning natural environment by the ECI therapists, which enables observation of its behavior and skills, difficult to identify during space and time limited, arranged therapeutic sessions,

- understanding the most important families' challenges and needs by the ECI therapists, and therefore the recognition of areas requiring support, which sometimes resulted in making reformulations together with parents over the goals,
- ECI therapists' awareness of the value becoming a specialist who observes, carefully listens to parents and other family members of the child, as opposed to the omniscient specialist who gives instructions, recommendations and focus mainly on the child according to therapy plan and the goals set by itself,
- reinforcing the therapists' beliefs about the importance of building positive relationship with the family and supporting a family with a disabled child, as well as giving a mutual support between various therapists involved in working with the family,
- greater parents' openness and willingness to share all insights, worries and achievements and also increase family sense of safety,
- child' development observation and monitoring changes not only by the caregiver attending with the child to the ECI service delivery center but also by all family members,
- working also with family members from the child' natural environment, and therefore having possibility to see all of them, not focusing only on the child,
- better understanding of the child's needs and abilities, as well as its behavior often resulting from a specific disability or developmental delay by all family members,
- recognition of the child's "real" needs observed by parents and therapists as part of its daily routine, including play activities, mealtime, bedtime, waking up, etc.,
- strengthening the specialists' belief that child's development can be supported/ stimulated by its family members due to their natural competencies and better knowledge of the child' wants and needs and also a greater number of possible interactions,
- using new tools to diagnose the family environment in terms of support network and family daily functioning and routines, and the same increasing the parents/ caregiver's openness and had a positive influence on the means of communication with the therapist,
- changing the therapists and parents' ways of communication and therefore implementing the ECI goals indicated by parents, not by ECI specialists,
- defining the ECI goals and priorities by parents, which had a great influence on their belief that they can enhance own child's learning and development; parents also felt they were heard by therapists, which was a completely new experience for them,
- recognizing natural situations, opportunities to support child development and learning new skills in terms of child's independence, communication possibilities and participation in everyday family activities,
- making parents aware of the value of everyday situations as a child's learning opportunities,
- acquiring practical skills by parents in supporting their child' development, using appropriate intervention strategies and taking efficient activities even during the longer absence of the therapist,
- increasing the child's active participation in the family life as well as the child and its family in the local community.

What was the challenge?

An extremely big challenge for therapists when families were invited to participate in the project pilot was to overcome family members' fear of interference in their daily lives. In addition, during visits, it was often observed that family members (such as: dad, mom, grandfather, grandmother) showed a lack of acceptance of the child's disability and a lack of awareness of the needs of the child's development support due to its developmental delay or disability. Conversations with therapists often concerned the emotional problems faced by parents of a child with a disability (grief, dilemmas, difficulties in reconciling with having a disabled child, feeling of being stigmatized in the environment and disapproval of this situation). Parents also raised problems regarding their mutual relationship or other

issues which supposed to be covered rather by psychotherapists than by ECI specialists who don't have an adequate vocational training. When such problems were presented by parents, the therapists indicated places where to find a professional help, and at the same time encouraged parents to analyze everyday activities that affect their child's learning and development and its participation in family life.

1.5 | Challenges for the future (what was difficult and needs more knowledge, experience)

- changes in habits and usual schema; parents very often meet different specialists and kinds of therapies in different clinics, it is crucial to take care of the family as earlier as possible,
- therapists' insufficient knowledge in the field of coaching, dealing with adults' emotions, which were appearing more often in natural environment than in the ECI service settings,
- organizing a teamwork in a transdisciplinary model; lack of professional preparation to work in such a model,
- ensuring systematic supervision for a leading specialist - case mediator,
- time management – ECI specialists' experience from the project pilot shows that a lot of time during meetings is used for discussing daily routines and meetings the parents' need for "talking" and not enough time for focusing on the child's natural learning opportunities,
- dispersion of families' leaving places and long distances (e.g. in Warsaw) - travel time to children's homes is not taken into account in the salaries of ECI employees, provision of such ECI service must be organized in the child's local environment,
- there is an organizational problem with setting ECI service for children from divorced families – the child leaves in two different homes depending on the days of the week (parents and grandparents alternating care),
- clearly defined ECI service delivery tasks according to a family-centred model – families with more complexed problems such as parent's separation, serious illnesses, addictions and lack of life resourcefulness expected help in that areas, which caused the difficulty in defining the role and tasks of ECI during implementation of the project pilot,
- defining the mission and work philosophy of the ECI team; having systematic team meetings and conversations on the changes to implement it into professional practice,
- continuous improvement of qualifications, sharing knowledge and mutual learning, discussing child's and family' needs to provide an efficient support.

2 | What is a correlation between the changes in pilots and changes in families answers of the same pilots (how the particular movement towards new concept changed the perception of "family-centered practice")?

- ECI family-centred model was positively received and evaluated by families and therapists,
- all parents and ECI specialists drew attention that the current ECI service implemented in our country is focused on the child not on the family, and the family-centred approach in ECI is more satisfying both for parents and specialists,
- parents began to perceive better themselves and own family,
- parents began to present the attitude of facing the problems themselves arising from the disability of their child and independently seek solutions and support in a close environment rather than in therapists' cabinets,
- in the parents' opinion the ECI model is introduced by therapists as the support for family, not only for a child,

- therapists have identified family resources and the possibility of environmental support before starting the intervention,
- the family' needs and priorities are the set up for ECI outcomes and it is the family which evaluates the child' developmental progress and its participation in daily family life,
- parents felt appreciated and respected by ECI therapists,
- Integrated Family Service Plan (IFSP) were created in close collaboration and partnership between parents and professionals what increased the level of parents' satisfaction with the achieved outcomes,
- ECI specialists strongly recognized and appreciated the essential role of parents in supporting their child' development.

The therapists reported that: "During the pilot, we have learnt to look at each family as unique and as a part of a larger community. Our intervention activities particularly are aiming to improve the family members' and family-social interactions, taking into consideration the family' problems, priorities and needs. We have become more sensitive to the parents' needs and difficulties reported by them. As ECI therapists we have learnt how to effectively adapt our work to individual family' expectations. We understood the importance of being kind, respectful, having a good partnership with parents, based on trust and readiness to talk on topics bothering them and authentic concerns for their child and the whole family. With all this, we were trying to act professional. The child development and developmental disorders' expert knowledge, as well as knowledge of all available methods and forms of work, supporting the child's development was the basis for gaining the trust of parents, which allowed us to implement the family-centered model more effectively."

From the pilot institutions reports and conversations after the pilot, especially during the COVID#19 time, specialists affirmed that taking part in the pilot prepared them not only to change the accent and focus on from the child to the family. What's more they observed that during on-line ECI sessions:

- parents more easily think of daily activities and have own ideas how to support their child to develop its learning,
- parents also have concrete questions and want to consult the solutions, the ideas with the therapist,
- very often parents share their "good" observations about their child' functioning and skills which shows that they know how to look at the child and its needs,
- parents take more responsibility for what's happening in their child' and family' daily life and that they seem to feel more competent and empowered as parents.

All professionals are convinced that implementing the family-centered model within the pilot Agora project gave them tools and skills to be able to find an alternative way to continue ECI support in pandemic time COVID#19. Pilot helped professionals to change the role and become more a consultant/ coach to the family.

The following conclusions from the analysis of the results of surveys carried out before and after the piloting of the ECI family-centered model among parents (Family-Centred Practice Scale) and specialists (FINESSE II) can be drawn:

- significant changes occurred in all pilot centers in favor of higher average values of the given answers,
- comparing the Family-Centred Practice Scale questionnaire results before and after the piloting - there are no significant changes here; the average from the answers are in the range of 4,06 – 5,00 in Węgrów and Lublin pilot organisations and the biggest difference 2,77 – 5,00 in Warsaw pilot organisation. In many families the rating from the Family-Centred Practice Scale survey reached maximum average value - 5 points. In particular, there has been an increase in parents' sense of support by therapists in making decisions,
- analysis of the results of FINESSE II survey (for specialists) indicates a significant ratings diversity on individual survey questions with a clear upward trend in all pilot organisations – in Węgrów before the pilot, average of ratings for individual questions ranged from 0.71 to 5.41, and after piloting 6.41 - 7.00; in Lublin before the pilot 2.35 - 4.77, after the pilot 3.95 - 6.65 and in Warsaw 0.46 - 4.31, and after the pilot 2.60 - 6.40. A significant increase in average values in the surveys occurred in questions about working in a transdisciplinary model. Before the pilot started, the child was under the care of several therapists and the home visit agenda

was based on the activities the specialist takes, to work with the child and determines what the family needs are, tells the family what should be done, and evaluates the family's success in carrying out the intervention. Written ECI program materials exclusively described services for the child only. Almost all ECI individualized plans had only child-level outcomes and no family-level outcomes. After finishing the project pilot FINESSE II surveys show a significantly better understanding of the ECI philosophy focused on the whole family, based on the families' decision-making and its empowerment in improving the child's daily routine activities.

3 | What will follow after the implementation of pilots?

3.1 | How the pilots done can be supportive for spreading of the concept further (e.g. to legislation, to authorities, stakeholders, parent organizations) as an argument for a change of ECI system in your country)

Definitely yes. The project pilot has shown that it is work in a natural environment, through everyday situations, that is much more effective and less overloading for the family. It is also valuable in the context of the family's belief that its members have a real impact on their child's developing skills: an increase of their sense of competence, and also sense and faith in further actions.

The Association for Assisting People with Autism and other Disabilities „SPONiA Węgrów” in cooperation with Special Psychological and Pedagogical Clinic in Węgrów has been disseminating the ECI family-centered model through running workshops, organized conferences, meetings with parents, representatives of public institutions and post-graduate students. The pilot coordinator presented its results during a national workshop for ECI leaders organized in February 2020 by the Centre for Education Development.

The Early Support and Intervention Center employees in Lublin as part of The Polish Association for Persons with Intellectual Disability have also taken a large number of actions to popularize the family-centered model:

- the Education Office in Lublin was informed about the ECI center participation in the project pilot and the basic principles and objectives of the family-centered model were introduced, which met with a great interest of the Head of Special Education Department, who suggested to familiarize first the auditors with this model after the pilot, and then specialists working in ECI centers in Lublin and in the Lublin Province,
- the ECI model and the project pilot was presented to the institutions which they cooperate with in exchange of good practice (kindergartens and schools accomplishing ECI service in Lublin and Zamość),
- a family-centered model was presented as the first element in the process of preparing children and parents for inclusive education during an information-consultation meeting organized on February 11, 2020 in Lublin by the Ministry of National Education and the European Agency for Special Needs and Inclusive Education, which was attended by the representatives of The Education Office in Lublin and in branches, the Education Department as well as school headmasters and representatives from counseling centers from around the province.

The Warsaw pilot center included specialists from other pilot organisations implementing a family-centered model to participate in developing national ECI standards within the experts' team commissioned by the Ministry of National Education.

Based on the gained experience as part of the pilot project, we are planning to:

- organize trainings/ workshops for schools' headmasters and teachers/ specialists employed in ECI service within the county/ province,
- set up a consultation/ advisory point that will facilitate involvement of other ECI service providers in joint activities for developing high-quality support standards,
- disseminate the tools (e.g. The Routine-Based Interview, The Ecomap) which have influence on changing the approach to the philosophy on ECI in all persons involved in the service provision.

3.2 | How your partner organization as a future ECI AGORA CENTER will deepen the understanding of the routine and family-oriented concept among the providers and families - what further education you plan, what other activities you plan after finishing Agora project?

To summarize, all specialists are convinced that knowing the ECI family-centered model and given tools have a great impact on their future ECI practice, having no doubts that it also significantly enriched its current workshop and that it is definitely worth to promote the family-centered model practice in our country.

In order to internally improve ECI practice in a family-centered model, it is necessary to:

- update the professional knowledge by participating in trainings, conferences and becoming familiar with publications translated under the project - Guide Book,
 - expand knowledge in the field of coaching and working with family,
 - ensure a systematic supervision on ECI service practices and practical use of tools presented in the model – the routine-based interview, the ecomap,
 - develop the principles of teamwork and an internal document (leaflet) presenting the philosophy of work in a family-centered model and the consistent implementation of the model's assumptions in everyday ECI practice,
 - gradually move into work in a transdisciplinary model, including a family leading specialist/ case-mediator.
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Project partners



EASPD, Eurllyaid and partners from Central and Eastern European countries: Hungary, Slovakia, Bulgaria, Poland, Romania. The ECI Agora project, supported by The Velux Foundations, aims to support the development of adequate ECI systems at a local and national level.



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