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Early Support Development of Children with Disorders of the Biopsychosocial Functioning in Poland

Abstract

This article presents the results of a research study on the system of early child development support with developmental disabilities and their families in Poland. The analysis covered areas such as proximity and accessibility of services, infrastructural conditions, preparation of personnel, and occurrence of systemic barriers. The article provides a verification of the model of early intervention teams working in the field of diagnosis, design and implementation of impact, the responsibility for the course of therapeutic work and team development. In addition, the role of parents in therapy as well as the strengths and weaknesses of the system are discussed.

Keywords: special needs, early support development, system of early intervention

Introduction

The functioning of persons with developmental difficulties is particularly dependent on the efficiency of the system of support, care and rehabilitation. Early detection, diagnosis and taking impact depends on the quality of life of entities. An implication for the efficiency and effectiveness of revalidation interactions is the socio-economic situation of both, disabled people themselves and the state care over individuals that are socially dependent on a third person or an aid system.

The rapid development of the system of early intervention in Poland, as a whole psycho therapeutic interaction, initiated in case of detection of dysfunction, is dated in 1960s. The diagnosis counseling and rehabilitation for people suffering from various disabilities were formed at the time (Czyż, 2009). Over the years, the idea of early intervention has evolved, although basically the meaning of the concept has not changed. It changed the target group of recipients and oriented the focus on families with children, which in any respect require the support of development, from the moment a problem is detected to take the school. In Poland, at the beginning of the twenty-first century started working on the organization of the early support development system of children and their families. The regulations have been created, and over the years increasing number of teams was established to support early development. Those teams were including help with the increasing number of children, acting alone or with other educational-therapeutic institutions. According to the Education Information System, in 2008, by early assistance 14,021 children and their families were covered, in 2013 their number increased to 25592, and 2014 amounted to 29450 and continues to grow. Currently, work of early support teams regulates the basic implementation act to the Law on the System of Education of 1991, which is the *Regulation of the Minister of National Education of 11 October 2013 on the organization of early support for children's development*

and a number of other regulations also important for the functioning of the legislative system. The teams operate in all provinces and in terms of the early development support (not counting the training institutions for early development support teams such as: psychologists, speech therapists, surdo-, tyflo-, oligofreno- or nozoeducators, physiotherapists and others) therapists can gain knowledge in 62 universities.

Support of the child and family

All institutions involved in supporting child development and surrounding parental care are aimed at maintaining or restoring the proper functioning of families in the environment and their activation in the society together with the performance of the respective social roles. Wojciechowski (1998) notes that when considering issues related to support of children and families in specialist centers – psycho, medical, social and other educational or legal clinics understood as institutional – of formal support units, equally important is the informal support, which is the core idea of striving for the proper functioning of the system. This support applies to immediate family, social groups, professional groups, peers, and other groups with relatively strong emotional ties and considerable degree of intimacy between individuals. Initiatives take people to use their own life experiences and knowledge. Informal support is also the effect of foundations and associations activities, especially all institutions which provide services and resources used for therapy purposes. In conjunction with a professional, deliberately organized early assistance, where a support function is to act fully by professional with appropriate education code, holding the baggage of experience and usually equally large workshop methodology it creates a system which effectiveness depends on all the relevant elements.

The early development support is placing particular emphasis on the participation of parents in therapy. Parents not only have knowledge of child development problems, but above all actively strive to overcome difficulties in order to improve the quality of life for the whole family. Child development, particularly affected by disability, is guided not only by therapeutic institutions. Guidance also comes from other entities that contributed to support as informational, spiritual or material, but above all by turning the family environment and the immediate environment of the child to revalidation. Making decisions together, defining and implementing rehabilitation programs contribute significantly to the development of a child and determine the effectiveness of therapeutic interventions. As Wojciechowski (1998) noted, involving families in the rehabilitation process of a small child also helps to accept the disability and prevent parents from addiction to aid institutions. Enabling caregivers working with children is not easy because many of them, manifest hostility and lack of acceptance when exposed to aspects of disability. Therapists are faced with the problem of caretakers' shock associated with the occurrence of difficulties related to the diagnosis of disability. Kosmalowa (2004) proposes to introduce widespread use of the terms "family-centered therapy – family therapy" and not only therapy of the child.

As per European report on Early Childhood Intervention (2005), the early development support, except for the inclusion of family into therapy, should be

primarily available and should not require long waiting-time to undertake therapeutic work. Action should be taken:

- immediately as required support;
- close – benefits are to be carried out in the family home or institution close to home;
- adequately funded – draws attention to the system, which provides support to all in need, regardless of the financial condition of the family – the wealth;
- acting at least under an interdisciplinary model – where teams work together on establishing a diagnosis support program, consult its implementation and make changes adequately to the needs. The role of a parent in therapy is taken into the account. They are co-responsible for the development of the supported individuals and also take care of the development of its own, as a guarantee of effectiveness, following modern trends interactions and providing adequate support to the needs of entities.

In addition, the importance of multifaceted and multi-institutional cooperation is underlined for the benefit of persons covered by the support and the role in supporting the development of barriers and their removal, including those related to legal regulations, policy, infrastructure and geography, economics and financing and implications stemming from the business world (Gallagher & Clifford, 2000).

Study of the system of early development support in Poland

Method and material

Research on the functioning of the system of early development intervention in Poland was placed in the paradigm of pragmatic, quantitative strategies, using interviews and diagnostic survey (Creswell, 2013). The survey was designed to determine the availability of early development support services, infrastructure, preparation of personnel to conduct classes and the barriers to the implementation of activities. Research concentrated on prevailing model of early support development in Poland based on the guidelines for the model of multidisciplinary, interdisciplinary and transdisciplinary with regard to the role of the parent in the team (Twardowski, 2012), diagnosis of the strengths and weaknesses of early development intervention system and identification of areas to improve the quality of its operation. The study was conducted mainly in the southern parts of Poland between November and December 2016.

Characteristics of the study

The study involved 44 institutions in the following provinces: Malopolska, Slaskie, Podkarpackie, with subsidiaries in the Mazowieckie, Pomorskie and Lower Silesia. Information on teams work granted 47 people, including 20 directors and deputy directors, 4 coordinators and team members, including teachers, speech therapists, psychologists and early development intervention therapists. The vast majority of institutions operated in public sector (public institutions, private, local/municipal), providing services in the area where the headquarters are located, and surrounding areas. Seven institutions were located in other places – branches of early development intervention teams (10 institutions were located outside headquarters). Due to the previously mentioned period of data collection, teams

were divided into three groups: very young teams – the period of activity under 3 years ($N = 5$), the teams operating from 3 to 7 years ($N = 18$), the teams operating over 7 years ($N = 21$). Six institutions operated as a separate entity providing only the services for early development support, other work at kindergartens, schools and school teams (including the special facilities), psycho-pedagogical centers. Eight teams used the separated rooms, the rest used infrastructure facility at work. All parties benefited from the educational subsidies (financed by the county, town, municipality), five also drew financial benefits from commercial activities, and ten were financed also by the founders, donors, sponsors, benefited from sources with projects, grants and competitions and funds transferred to the Public Benefit Organization.

The early development intervention teams differed in terms of the amount of the personnel and the number of supported children. Due to these two variables following units can be divided into: very small ($N \leq 10$), small ($11 < N < 19$), medium ($20 < N < 50$) and high ($N > 50$). Due to the number of staff very small was 17, small – 13, medium – 10, high – 4. Due to the number of children covered by the early-assistance very small was 4, small – 5, medium – 17, high – 18.

Interpretation of test results

Availability of services

Operating hours of participating in research facilities allow free access of supported families to the services. Seven teams have not set rigid time frame, all work flexibly adapts to the needs of pupils, one facility provides stationary services only in the morning, 4 institutions only in the afternoon. All facilities indicated the willingness to change the hours as needed supported entities. The remaining 37 teams are available for early morning hours (most from 8.00 a.m., but 7 teams working well within the range 6.00 a.m. till 8.00 a.m.) and for late afternoon. Where necessary, the time availability can be changed and adapted to the possibility of entities covered by the aid (three institutions are closed earlier than 17.00 p.m., other in the time interval 17.00 p.m. till 20.00 p.m.). The teams work 5 ($N = 38$), 6 ($N = 5$) or 7 ($N = 1$) days a week.

Families are accepted into the care of the teams in accordance with Regulation of the Minister of National Education of 11 October 2013 on the organization of early support of children with its opinion about the need for early development support. The waiting time for acceptance is different depending on the institution. Taking into account waiting for acceptance in the institution was up to date for 18 institutions, 2 weeks for 5 institutions, one month for 11 institutions, above one month for 6 institutions, when releasing a place for 3 institutions, no admissions for 1 institution.

However, in most institutions the waiting period does not exceed one month. It can therefore be concluded that the waiting time for acceptance does not affect child's development, but a separate issue is jurisdiction: the need for early intervention is stated by a panel, where the impeding interventions can be found in the form of bureaucracy, the waiting period to collect the composition of the case-law.

Infrastructure

Workplace of the early development intervention teams is easily accessible and well-connected. Infrastructure understood as housing conditions designed to the needs of young children with various disabilities, special aids and appliances can be assessed as unsatisfactory. Thirty-eight teams in the 44 tested did not own premises. They benefited from dedicated rooms at educational institutions or used the same premises in which the activities were conducted in accordance with the institution specialization. The narrowness problem concerned as well the teams placed in independent buildings, due to the growing number of clients. Architectural barriers were frequently reported as problematic. No ramps, elevators, or parking have a real effect on the ability to participate in activities. Teams' facilities in terms of therapeutic tools depended largely on the institution at which they work. Very wide variation was noticed here – from teams that have advanced, modern equipment and aids to the teams that have only aids such as blocks, books and puzzles. The richest assistance base had teams operating at the special and private centers. The weakest one had small teams, working on the side of other educational institutions. The best-equipped teams could use following equipment:

- the world's experience room,
- rooms with a specialist rehabilitation appliances,
- modern technical aids to teach the Tomatis method or Johansen training,
- equipment for biofeedback,
- aids to conduct sensory integration and arm therapy,
- own horse farms to conduct hippotherapy.

Each institution had adapted room for speech therapy and psychological consultation. Facility had space for small children care as well. Representatives of the surveyed groups pointed the large number of diagnostic and teaching equipment including computers and multimedia. Very large differences in equipment level of the researched teams lead to the conclusion that it is necessary to pay special attention to equipping facilities, which indicates insufficient quantity and quality of assistance to carry out effective activities using modern technological achievements.

Human capital

A strength of the early development intervention teams is highly qualified personnel. Therapists' qualifications, however, are not offset by employment stability. The main reasons for this connect to law regulations on the functioning of the early development intervention teams and financing their activities in the therapeutic work. An additional problem in the employment of the members is the lack of clarity in supervision over early assistance in Poland, which, among others, implies dilemmas regarding therapist working time. Only 5 facilities of early development intervention team members were employed on post ranging from 18 to 35 h/week. In the remaining institutions jobs were combined with contracts for work or commission. Therapists worked only in the framework of contracts or so-called overtime being employed by the educational institutions at which the teams work. Volunteering was also an option.

Team members were prepared in the field of early development support. Where appropriate, the team included speech therapists, special educators, psychologists,

physiotherapists and people specialized in the work of a specific method (e.g. SI therapists, Tomatis hand), dieticians and occupational therapists. Among the team members there was no social worker. The identified problem was lack of cooperation with doctors and nurses who do not get involved in the work teams, but often hinder work by not providing relevant information, which is crucial for getting early support. Despite the confusion and lack of employment (as it seems), the teams presented a compact and stable structure able to work together for the entities support. The interviewed teams indicated that they are proud of the skilled, talented and hard-working therapists who provide support and satisfaction for entities that acquire care. In addition, it was also noted the fruitful cooperation within the team, versatility and diversity of the impacts and continuous therapists improvement to provide quality services.

Barriers

Representatives of the early development intervention teams identified factors inhibiting and limiting therapeutic work. The most frequently declared factors included the regulations related to financing activities and the number of hours per unit covered by the support. Dilemmas of teams' work turn out to be also the case-law system, including inaccuracies concerning the judgments of the disability. The problem seemed to be a system for issuing opinions, regulations for the selection of facilities and conditions of employment for therapists/teachers in teams and intensifying problems of bureaucracy. For extralegal, most often articulated dilemmas included: cooperation with the family and the community, too many pupils per one therapist, staff shortages, and cooperation with other institutions having real impact on diagnosis and therapy, organizational problems as a result of hiring practices of early development intervention therapists.

Results and a summary of research

Research on the functioning of the early development support teams provides information for identifying the strengths and weaknesses of their activities. Undoubtedly, important and positive aspects are flexibility and availability forms of support, short waiting period for acceptance and commitment of therapists to create most favorable support environment targeted to work with the family and child in need of therapy. Adverse circumstances are associated with:

- poorly functioning legal system creating restrictions on jurisprudence,
- hours and forms of support,
- practices of hiring employees,
- poor financing system, not retrofitting institutions aids to conduct therapy,
- poor infrastructure including lack of space.

However, teams present a very high level of determination; despite the drastic limitations, entities care system of early support is considered more seriously. Team members care about the development of children and assistance of their families. In order to maximize the benefits specialists need a broad knowledge and modern methods of therapy. Therefore, they are willing to participate in training courses and studies where they have potential to acquire the necessary knowledge and skills. The team members are full of energy, commitment, competent staff covering entities by care and support. The prevailing model (considering the issue globally) appears to

be multi and interdisciplinary. Team members devote too little attention to collaborations, parents are often treated as consultants rather than team members. A parent in the above mentioned relationship assumes the role of a contractor responsible for the task and consent to operate, but having no real impact on the formation of the therapy program. Cooperation within the team reminds a specialist consulting rather than a joint establishment and implementation of the program – it can be observed in task implementation and responsibilities for the diagnosis and support process. The selection of members is legally regulated and it is not conducive to the process of creating relationships within the team, the conjunction and partnership. Another very important issue which forms the basis for corrective action is cooperation with partners from outside. Main dilemma lies in the lack of medical entities such as doctors, nurses, and social workers in early development support teams. Their participation would provide a lot of relevant information on the health status and treatment options. Social workers caring for families would be an indispensable source of information on the child's environment growth, but above all for the wider care of the family in its natural setting. Poor cooperation with the environment and international financial institutions, limiting the support offered in the range of the early intervention of the development is concerning as well.

Conclusion

Summing up the study of the early development intervention system it is noticed that the tilt of action is moved towards human labor and not a systemic support or initiatives from above. At the moment, systemic support significantly interferes with the construction and functioning of early development intervention teams. In the complicated conditions of therapeutic success team members should pay particular attention to the role of parents. Psychology in fact emphasizes the relation asymmetry between therapist and the subject of the therapy. Although relationship in itself is already kind of therapy, it cannot be expected from a person sometimes emotionally not ready to take action, to be a full-fledged member of the team. It should also be noted that in many cases taking actions to the development of a child is exhausting for a parent. With respect for parent knowledge and skills, understanding importance of its support for the success of the therapy, an action model should be adjusted according to individual family. Parents should be active in providing support, but with particular emphasis on the psycho-physical capabilities. The specific activities of repair also requires a system of cooperation not only with the other institutions but also with the local community and business.

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Legislations

- Rozporządzenie Ministra Edukacji Narodowej z dnia 1 lutego 2013 r. w sprawie szczegółowych zasad działania publicznych poradni psychologiczno-pedagogicznych, w tym publicznych poradni specjalistycznych.
- Rozporządzenie Ministra Edukacji Narodowej z dnia 11 października 2013 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci.
- Rozporządzenie Ministra Edukacji Narodowej z dnia 18 września 2008 r. w sprawie orzeczeń i opinii wydawanych przez zespoły orzekające działające w publicznych poradniach psychologiczno-pedagogicznych.
- Rozporządzenie Ministra Edukacji Narodowej z dnia 23 kwietnia 2013 r. w sprawie warunków i sposobu organizowania zajęć rewalidacyjno-wychowawczych dla dzieci i młodzieży z upośledzeniem umysłowym w stopniu głębokim.
- Rozporządzenie Ministra Edukacji Narodowej z dnia 6 listopada 2013 r. w sprawie świadczeń gwarantowanych z zakresu rehabilitacji leczniczej.
- Ustawa z dnia 12 marca 2004 r. o pomocy społecznej (z późniejszymi zmianami).
- Ustawa z dnia 7 września 1991 r. o systemie oświaty (z późniejszymi zmianami).

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