

Technical Support to implement reforms to support the development of family centred early childhood intervention services in Greece - ECI Greece

Grant Agreement n° 101048313

Family Centred ECI Training Package for Staff of ECI Services

PPT 4: Early Childhood Intervention: Framework, Guiding Principles and Practices - Towards a Paradigm Shift



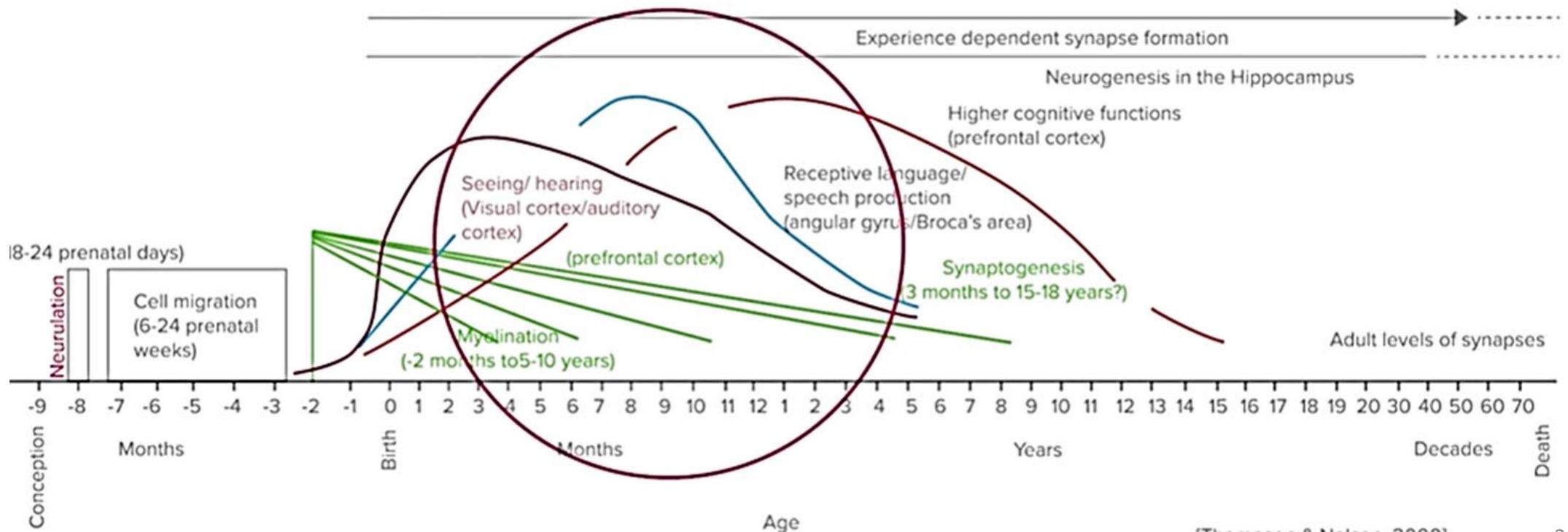
Funded by the European Union via the Technical Support Instrument and implemented by EASPD, in cooperation with the European Commission's Directorate-General for Structural Reform Support



Scientific Data / Neurodevelopment

200,000,000 children globally fail to reach their development potential in the first 5 years of their life.

Human Brain Development



Neuroplasticity

Neuroplasticity has to do with the ability of the nervous system **to change itself through experience** at cellular, metabolic or anatomical level.

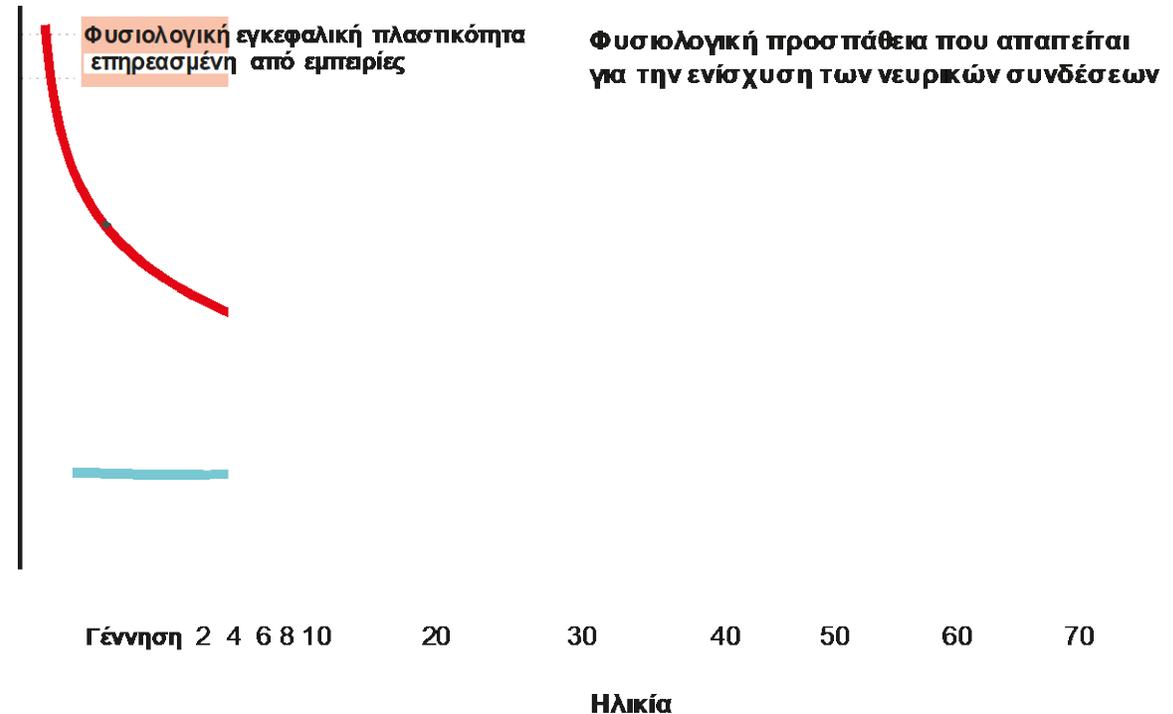


Neuroplasticity - the appropriate timing

This ability varies over time and it is known that **the younger the child the greater the ability** of the nervous system to change.

Nelson, 2000

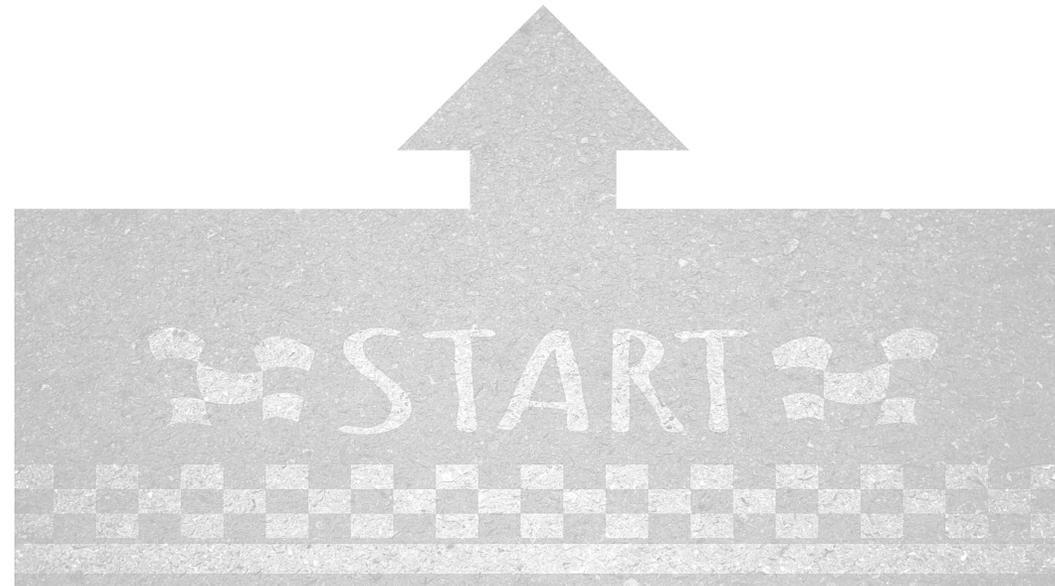
Μείωση της ικανότητας του εγκεφάλου για τροποποίηση και συμπεριφορά με την πάροδο του χρόνου



Πηγή: Levitt, P. (2009). Πηγή: Center on the Developing Child at Harvard University. Core concepts in the science of early childhood development, <http://www.developingchild.harvard.edu>. Αναπαράγεται με την άδεια του συγγραφέα.

Neuroplasticity & Early Childhood Intervention

The basis of the **Early Childhood Intervention concept**



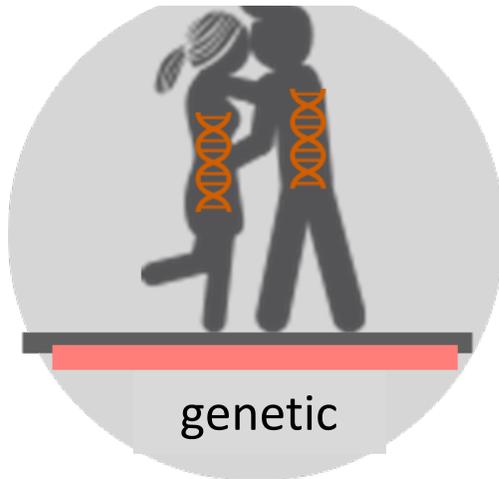
Neuroplasticity



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Neurodevelopment

Intrinsic factors



Extrinsic factors



NEURODEVELOPMENT

Neurodevelopment – the appropriate environment



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The Still Face Experiment



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Neurodevelopment & ECI

A **poor environment** is associated with other **risk** or neurodevelopmental pathology factors and creates the conditions for further disorders



Neurodevelopment & ECI

Effects of severe child neglect on the development of the brain

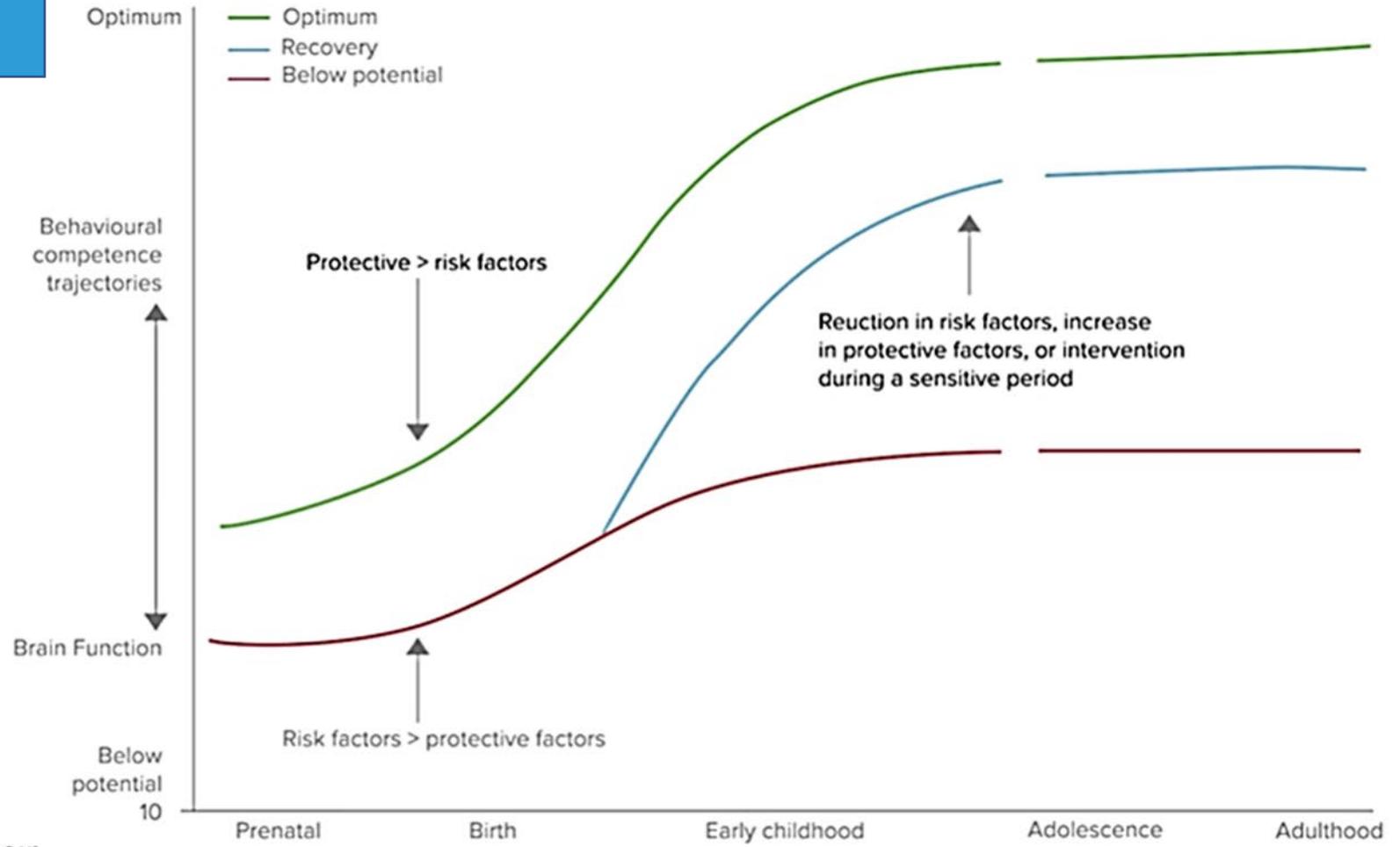


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Source: Perry, B.D. (2002). Childhood experience and the expression of genetic potential: What childhood neglect tells us about nature and nurture. *Brain and Mind* 3: 79-100. Reproduced with permission of the author.



The ecological development model



[Walker et al., 2011]



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Neurodevelopment & ECI

All the neurobiological data support the impact of the environment on the development and maturation of the Central Nervous System and **consider ECI responsible to improve the natural environment of the child.**



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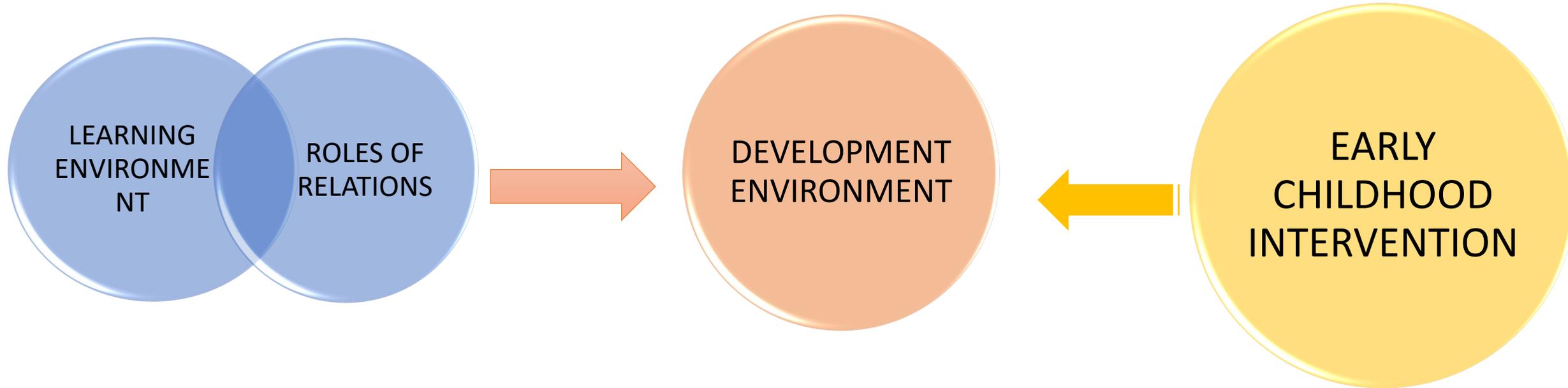
ECI for children with disability or developmental delay

Early Childhood Intervention (ECI) provides specialised support and services for infants and young children with disability or developmental delay and their families to help their **development, well-being** and **participation** in family and community life.

The aim of ECI is to ensure that parents and other **important adults** in the child's life can provide young children with disability and/or developmental delay with experiences and opportunities that help them gain and use the skills they need to **participate** meaningfully in their everyday lives.

Early Childhood Intervention Australia (ECIA), 2016 www.ecia.org.au

Necessary conditions for development & Early Childhood Intervention



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Recommended practices in early childhood intervention

Evidenced-based **recommended practices** apply qualitative indicators and are implemented by internationally recognised organisations

- Family-centered routine-based interventions
- Interventions in natural learning environment
- Teamwork, preferably transdisciplinary
- Coordination and integration of services and resources

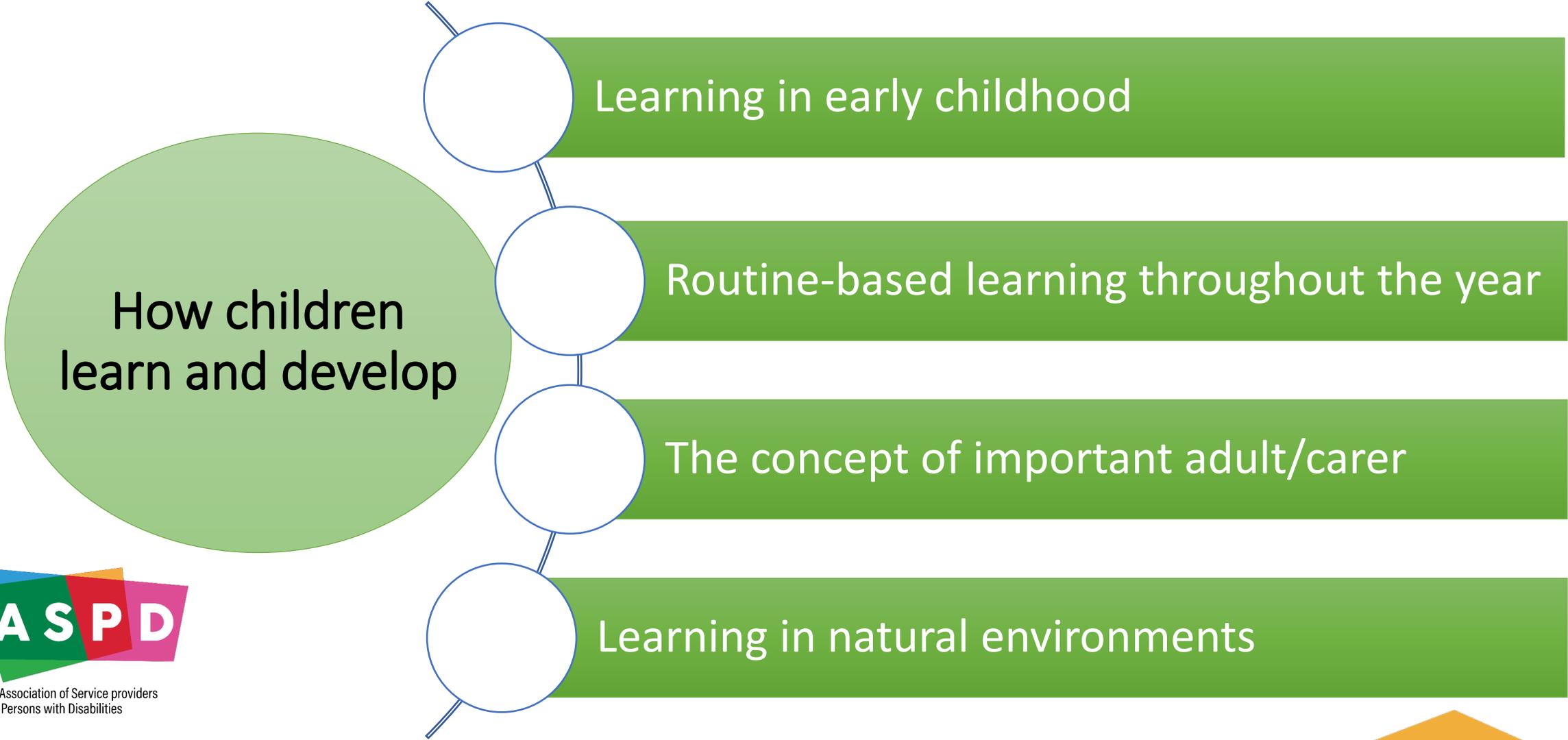


Learning & Development



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Development & Early Childhood Intervention



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Learning & Development

DAILY ROUTINES



THERARY

VS



Development & ECI



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Development & ECI



How children with disability learn & develop



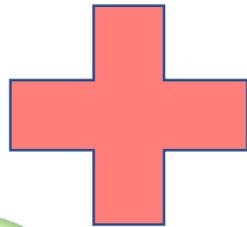
More observing parents



Access to opportunities

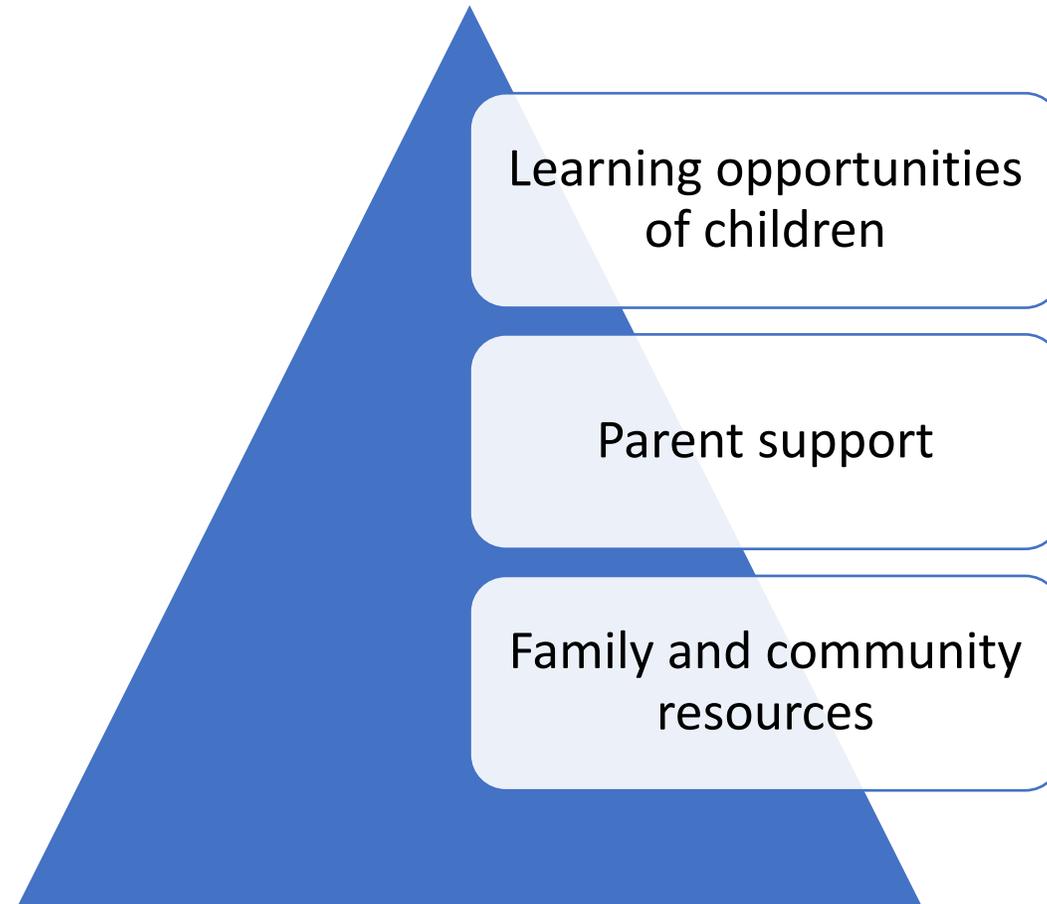
Secure connections (responsive and caring)

Key relations (nature and quality of relationship)



Additional help and Specialisation

FAMILY-CENTERED PRACTICE Carl Dunst



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Family-Centred Approach

Who has the highest impact on child development?



Γονείς

Δάσκαλοι ειδικής αγωγής

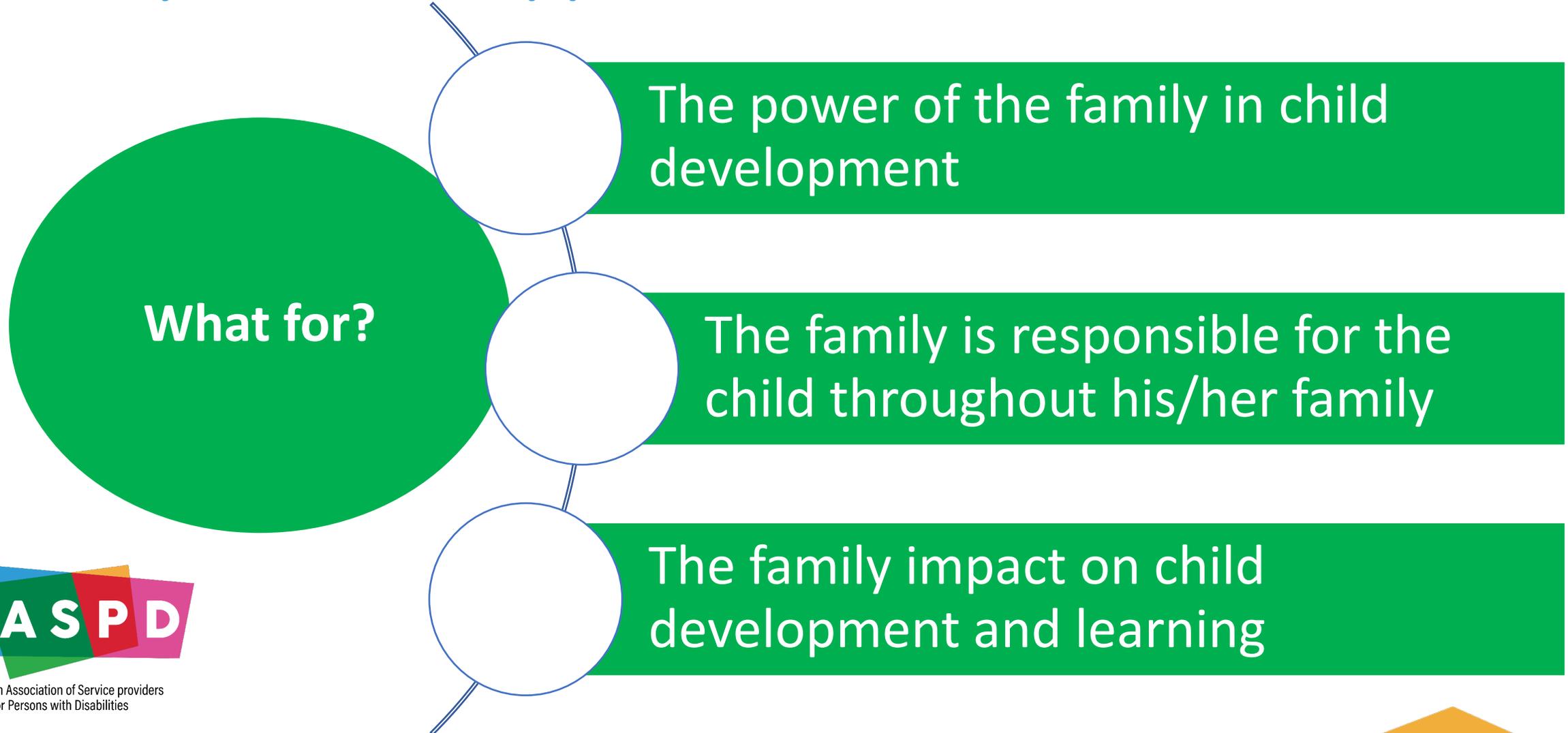
Θεραπευτές

Πηγή: Mahoney, G. & MacDonald, J. (2007) Autism and developmental delays in young children: The Responsive Teaching curriculum for parents and professionals. Austin, TX: PRO-ED. Μετάφραση και απόδοση με την άδεια του συγγραφέα.



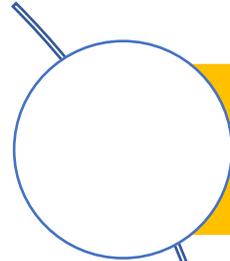
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Family-Centred Approach

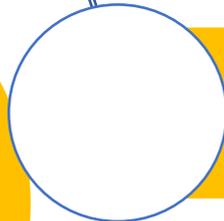


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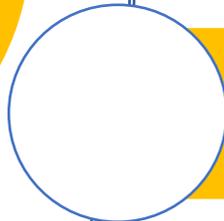
Family-Centred Approach



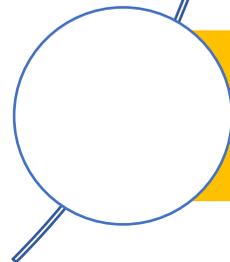
Promotion of the sense of competence and empowerment of the families



Intervention based on the strengths of the child and the family



Promotion of the adequacy and self-confidence of carers



Capacity-building and empowerment aiming the autonomy of families will be the ultimate goal



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Family-Centred Approach

The family-centered approach is not dependent on the intervention framework or the area of activity

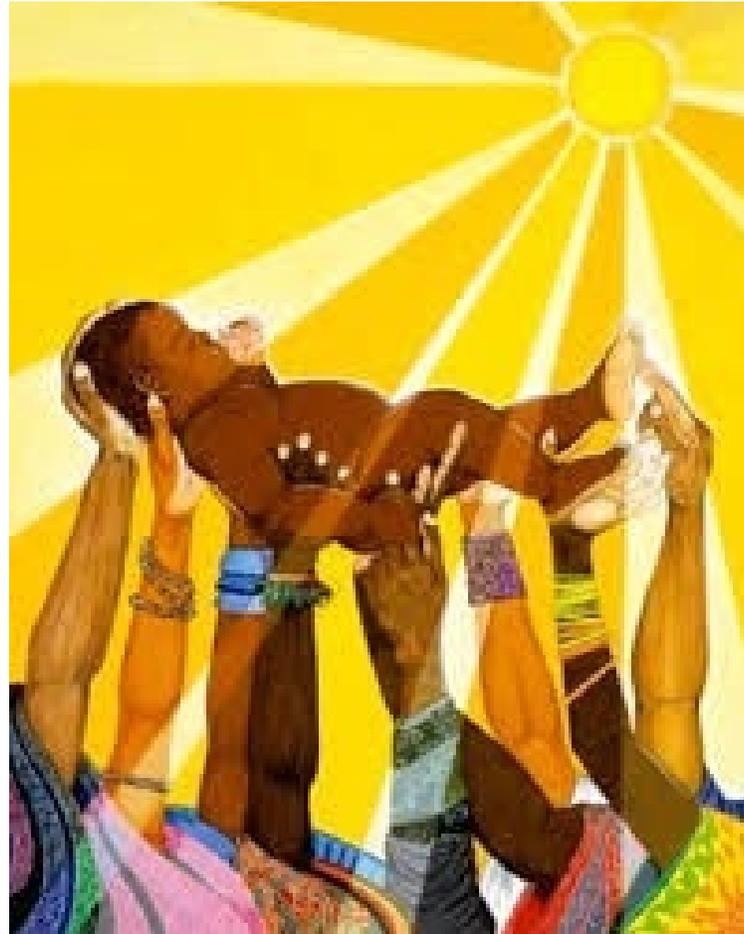
- Intervention in the natural learning contexts of the child and the family
- The intervention is built on the strengths of the child and the family
- Intervention based on the routines of the child and the family
- Intervention based on community resources



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Source: Dunst, Johanson, trivette, Hamby/1991

Family-Centred Approach



“ It takes a whole village to raise a child”



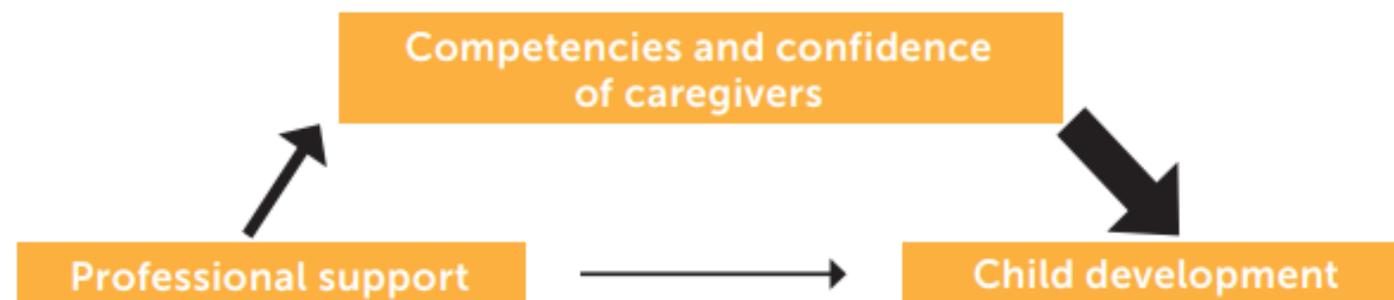
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Source: Dunst, Johanson, trivette, Hamby/1991

Family-Centred Approach

THE BASIS

Relations of impact of professionals on care providers and child development



Source: McWilliam, 2002, as cited in Almeida et al., (2011). Early childhood intervention practices based on routines. A training and research project. *Psychological analysis*, 1(29): 83-98. Adapted and reproduced with the author's permission.



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Family-Centred Practice

...a set of principles that determine not only **what** happens but also **how**

- **WHAT:** mobilisation of formal and informal resources to support the family
- **HOW:** “how” support is provided is as important, if not more, as “what” is done.



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-- Dunst, Trivette & Deal, 1994; Trivette & Dunst, 2000

Family-Centred Approach

HOW?



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Family-Centred Approach

WHAT CHANGES?

The entire family is the intervention unit

Families and professionals work together like partners

Response to the priorities and objectives of the families

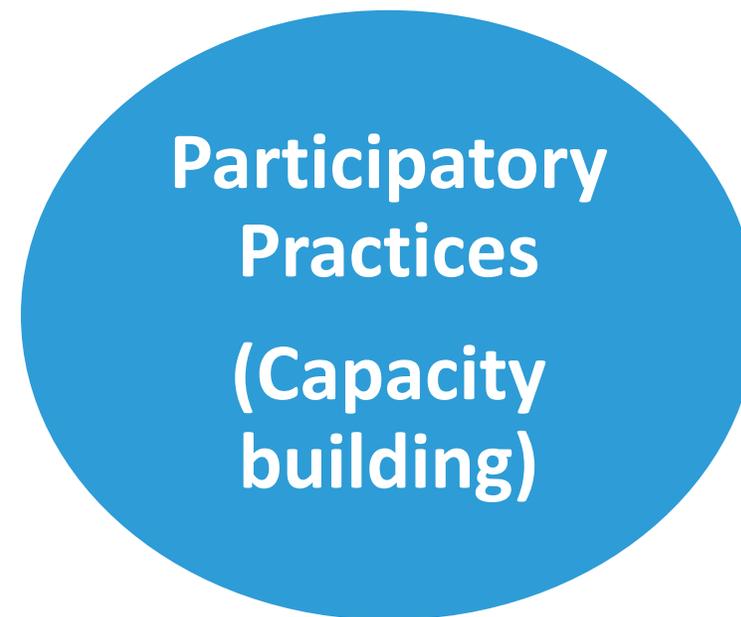
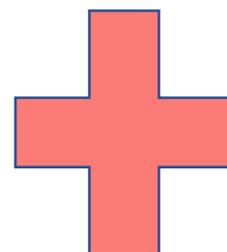
Professionals are agents at the service the family

Individualised practice for every family

EASPD

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Family-Centred Approach



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-- Dunst, Boyd, Trivette & Hamby, 2002; Dunst & Espe-Sherwindt, 2016

Components of effective assistance

- Education
- Professional experience
- Specialisation
- Knowledge of developmental pathologies
- Knowledge of using assessment tools
- Knowledge of evidenced-based and recommended practices



- Active listening
- Empathy
- Authenticity
- Reliability
- Honesty
- Understanding and Respect
- Sincere Interest
- Trust in its capabilities

- Share information with the family
- Encourage parents to make their own decisions

Participatory Practices

- Encourage families to use their knowledge and capabilities
- Help the family to acquire new capabilities

Family-Centred Approach

It is not enough to work with the family to be family-centered

Type of approach	Typical assumptions about the family	Typical assumptions about professionals and intervention
Family-centered	Families are viewed as fully capable of making informed decisions and acting on their choices.	The professional is viewed as the agent and tool of families. His role is to provide the necessary information to the family so that she can make informed decisions and create opportunities to strengthen their competencies. The intervention focuses on the promotion of competencies and the mobilization of resources and support to the family, in an individualized, flexible and responsive way.
Family-focused	Families are seen as capable of making choices, but options are limited to the resources, support and services that the professional deems to be best suited to the family needs; the family is seen as services consumer.	The professional supports and advises the family on how interventions should be performed, monitoring how the family uses the services provided by the professional.
Family-allied	Families are seen as minimally capable of effecting changes in their lives but are seen as the agent of professionals.	The professional establishes the interactions deemed important and necessary for the family and the family is supposed to implement and develop the prescribed interventions.
Professional-focused	Families are seen as deficit or pathological. Families are passive participants in the process, and there is little or no consideration for their opinions and views.	The professional is viewed as the expert who determines family needs and implements the interventions. A “paternalistic” model similar to the medical model.

Source: Dunst, Johanson, Trivette, Hamby/1991

Family-Centred Approach Guidelines

Carl Dunst

TEN PRINCIPLES IN THE FAMILY-CENTERED PRACTICE

1. Families and family members are treated with dignity and respect at all times
2. Professionals are sensitive and responsive to family cultural, ethnic and socio-economic diversity
3. Family choice and decision-making occurs at all levels of family involvement in the intervention process
4. Professionals share the information that the families need to make informed choices
5. The focus of intervention practice is based on family-identified desires, priorities and needs

Family-Centred Approach Guidelines

Carl Dunst



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TEN PRINCIPLES IN THE FAMILY-CENTERED PRACTICE

6. Support, resources and services are provided in a sensitive, responsive and individualized manner
7. A wide range of informal, community and formal supports and resources are used for achieving family identified outcomes
8. Professionals build on strong points, the child's skills and interests, as well as those of the parents and the family as the main paths to strengthen the family functions
9. Professional-family relationships are characterized by partnerships and collaboration based on mutual trust, respect, and problem solving
10. Professionals use help-giving practices which support and strengthen family functioning

Family-Centred Approach Guidelines

Adopting a family-centred approach which places the family on the focus of the intervention entails a

FUNDAMENTAL CHANGE

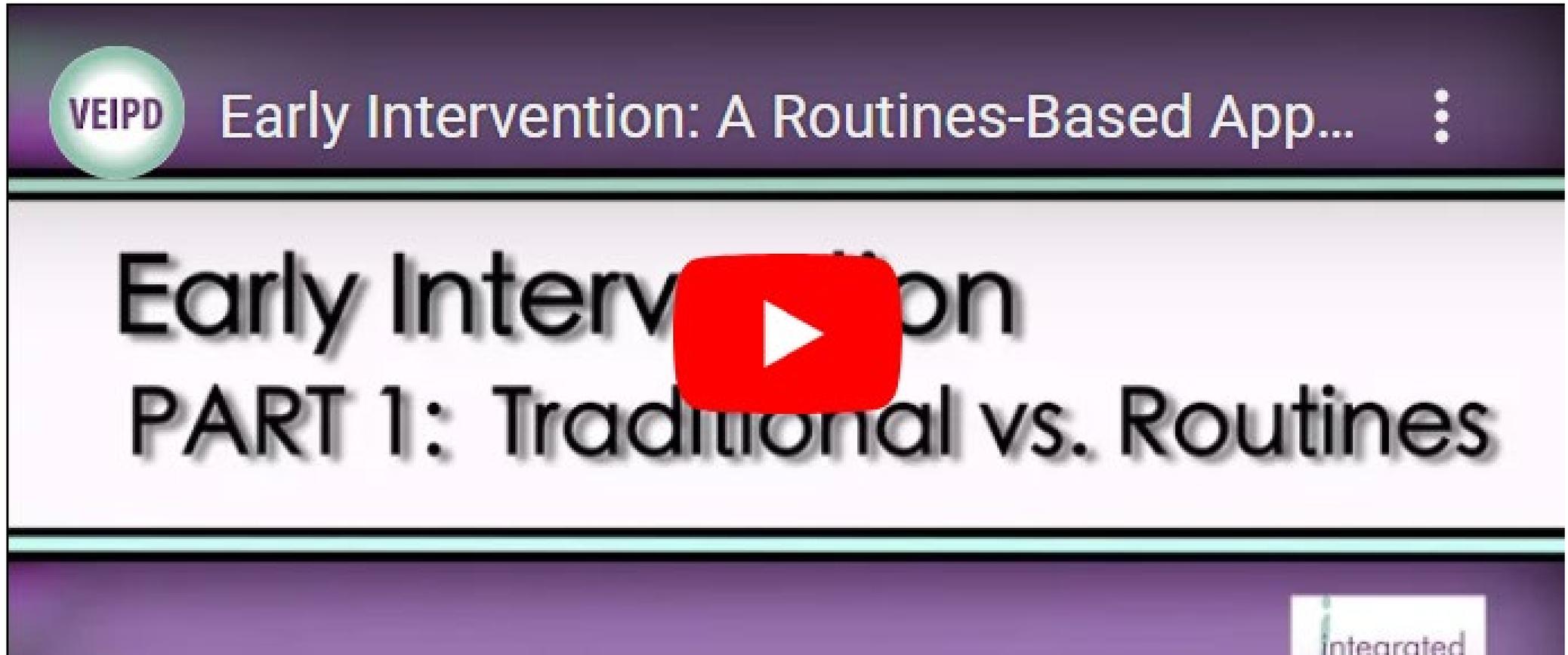
in the way we perceive of help-giving services for children with disability

CHANGE

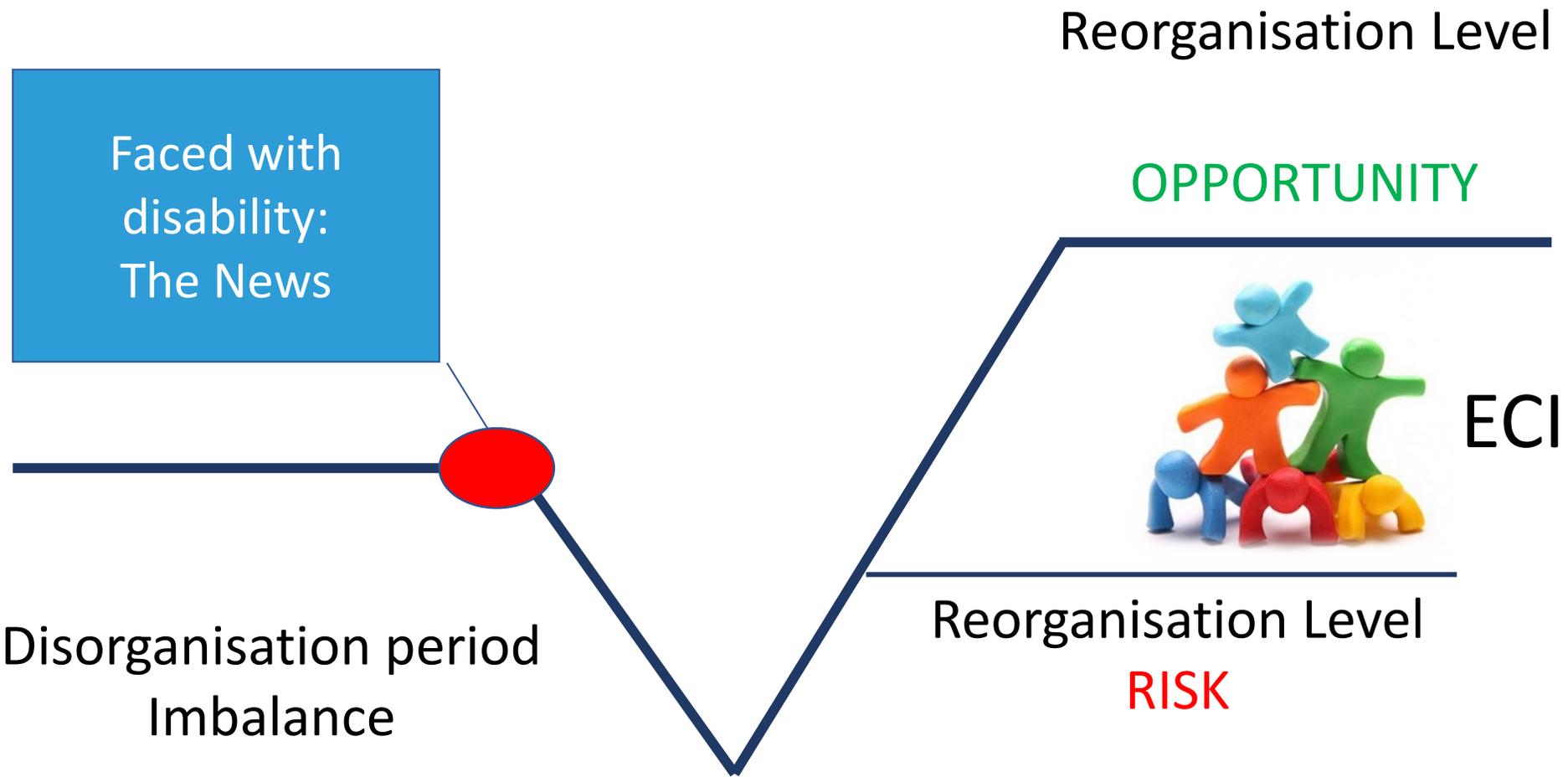
in the way the professional perceives of their role but also in the beliefs for families



Family-Centred are Successful



Child with Disability: **The turning point**



-- Reuben Hill, *Families Under Stress*, cited in *On This Journey Together*

Family-Centred Approach for Children with Disability: The Challenges

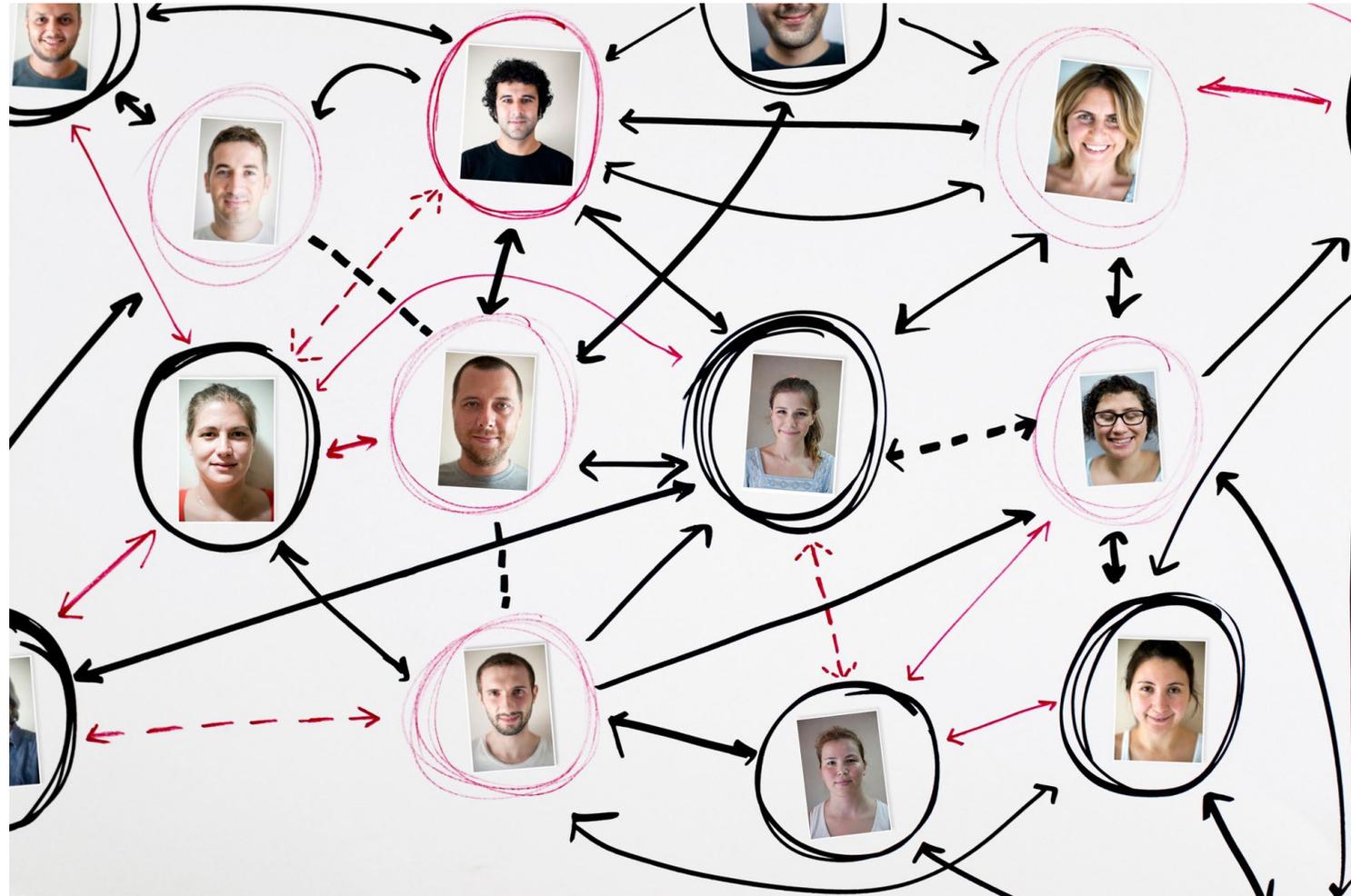
- Determine what strategies and experiences will be effective for the specific child and family
- ESPECIALLY FOR CHILDREN WITH DISABILITY who have the same relational needs but need to develop special techniques, adaptations and contexts to establish relations
- Identify and bring to the fore the disability-related stress factors, the need for knowledge of the child's special health condition and for additional resources

Family-Centred Approach for Children with Disability: **The Challenges**



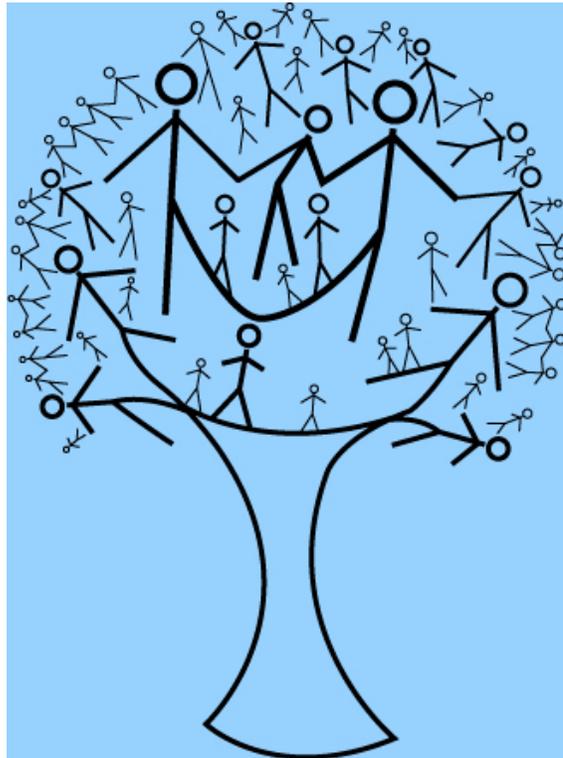
- Technical knowledge and skills
- Their personality qualities
- Special techniques to support the family
- Collaboration and teamwork capability
- Available resources

Early Childhood Intervention = RELATIONSHIPS



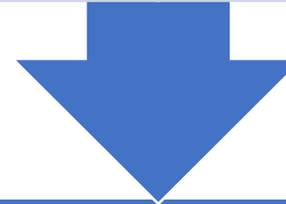
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Early Childhood Intervention = RELATIONSHIPS



The Early Childhood Intervention is Relationship-based

Between parents, family members, carers and the child	Between the family and the Community	Between the family and the ECI professionals	Among professionals themselves
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The quality these relationships and collaboration affects and outcomes and success of Early Childhood Intervention



-- Raver & Childress, 2015

Relations with the
Family:



Family-centred
Framework

Relations among
professionals:



Working together as a
Team



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-- Raver & Childress, 2015

Family-Centred Approach

Working as a TEAM



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What is a TEAM?

Placing people together in a room does not make them a Team!



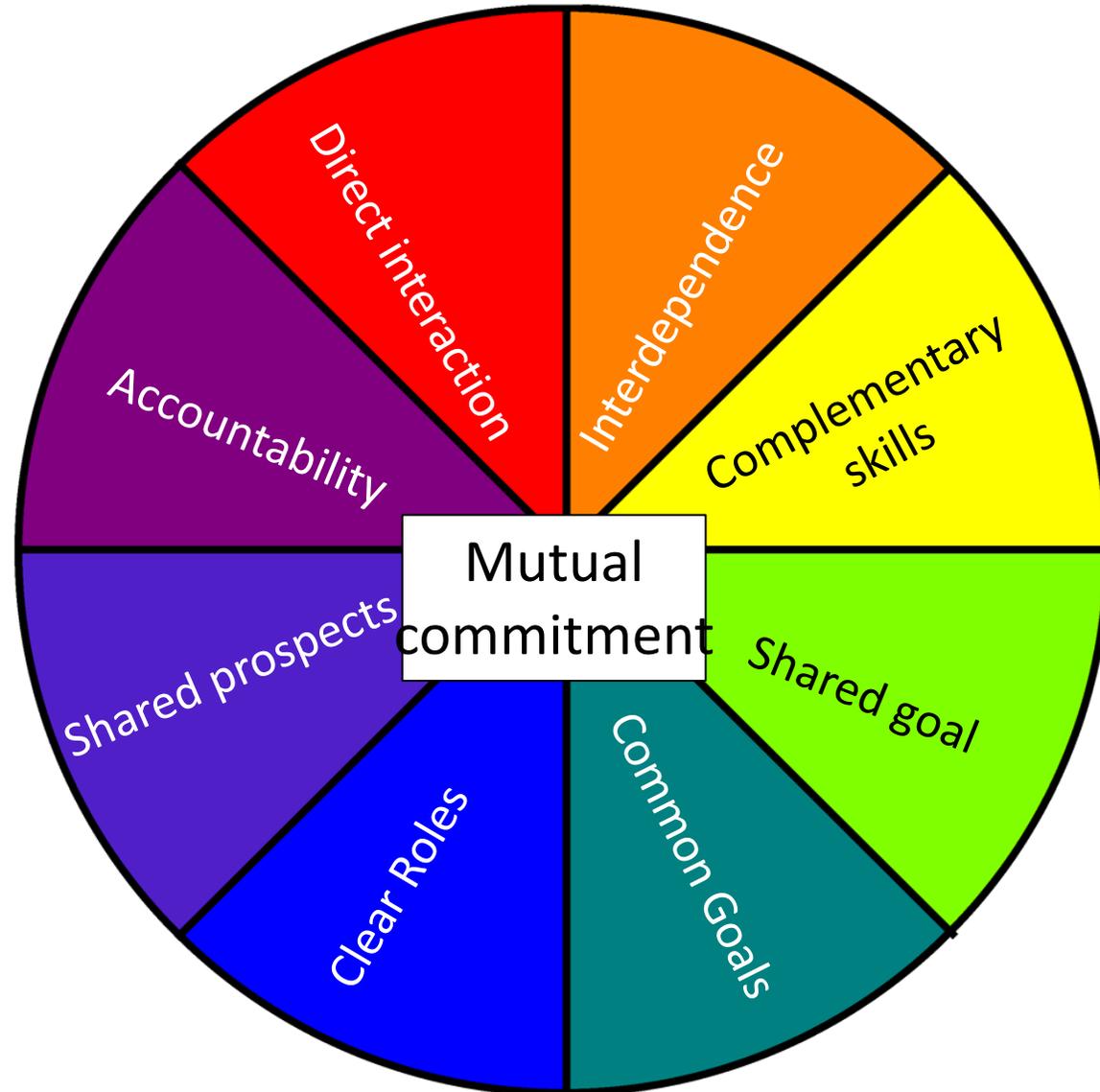
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Training Programs and services for children who are at risk of or have developmental delay or disability always involve by default several adults.

The quality of relationships and interactions among these adults impacts the success rate of these programs and services.

Team collaboration should be such as to promote and maintain a collaborative and ongoing relationship between these adults so as to achieve the appropriate outcomes for children

Key Terms



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Remember!!

- The Family is a member of the TEAM
- Every family has:
 - unique knowledge/perspective
 - skills that are complementary to those of the professional
 - the role of the child's parent who ultimately takes the decisions



3 ECI Teamwork Models

Most programs use one of these teamwork options:

- **Multidisciplinary**
 - Professionals from different specialties work independently with few opportunities for cooperation and communication
- **Interdisciplinary**
 - Professionals from different specialties actually perform assessments separately, share information, can plan together, but provide the intervention on the basis of their own specialty
- **Transdisciplinary**
 - Professionals make every effort to work continuously together rather than in isolation.

-- Raver & Childress, 2015



- Which model does the structure of your team resemble?
- What is the role of the family in each of the above cases?

Transdisciplinary Team

*The transdisciplinary model consists of a team of professionals from different disciplines, characterised by **sharing and exchanging knowledge and competences** among its members, thus developing a common **language** and mutual **trust**. The boundaries between disciplines become increasingly blurred, thus promoting consensus among team members –**including the family as a partner** and the key decision-maker in the evaluation and intervention process (Carvalho, 2004). In addition, this model argues that the family is an integral part of the ECI team and should, therefore, be valued and respected, like any other team member.*

Transdisciplinary Team/Key Principles

Intervention with children takes place in the time between the visits of the professionals and is provided by their important caregivers.

Young children are not able to transfer skills from a learning context to their daily lives. They learn through ongoing interactions with their natural environment over time rather than in isolated lessons or sessions.

It is the children's caregivers who contribute mostly to the promotion of the child's development and should, therefore, embrace the intervention goals as if they are their own.

(McWilliam, 2003b)

Transdisciplinary Team/Primary Service Provider

In this model, one of the professionals is selected by the team to be in regular contact with the family and represent all team members. This member is called the Case Mediator (CM) and

- is responsible for the implementation of the intervention plan;*
- mediates between the family and the team, as well as other services.*
- coordinates the services and resources that meet the family-identified needs of the child and the family (Almeida, 2009).*
- is responsible to do most of the visits to the family context or other to consult the family about specific needs requiring more specialized support.*
- is responsible for the implementation of the intervention plan with the family - the rest of the team provides secondary support.*

Transdisciplinary Team/Primary Service Provider

*With this teamwork modality, based on the figure of the CM, the **unification of the knowledge** that the team has about the child and the family is assured (Glennen & DeCoste, 1997). The fact that it is, preferably, only one professional who takes on the regular contact with the family on behalf of the whole ECI team, makes the intervention less “intrusive” for the family, who can establish easier a relationship of trust and complicity with the professional who mediates the relationship with the ECI services. In fact, data from the National Survey of Service Coordination in Early Intervention refers that 96% of parents that relate to a single professional consider it useful, while this percentage drops to 77% and 69% when parents relate to two or three professionals, respectively (Dunst & Bruder, 2004, as cited in Almeida, 2009).*

Advantages of the transdisciplinary model

- ↓ intrusiveness and stress for the family
- ↓ confusion for the family
- ↓ Fragmentation of services into organisations or development sectors
- ↑ More coherent intervention plans and a holistic approach
- ↑ Effectiveness and good cost effectiveness
- ↑ Knowledge and skills for everyone including the family

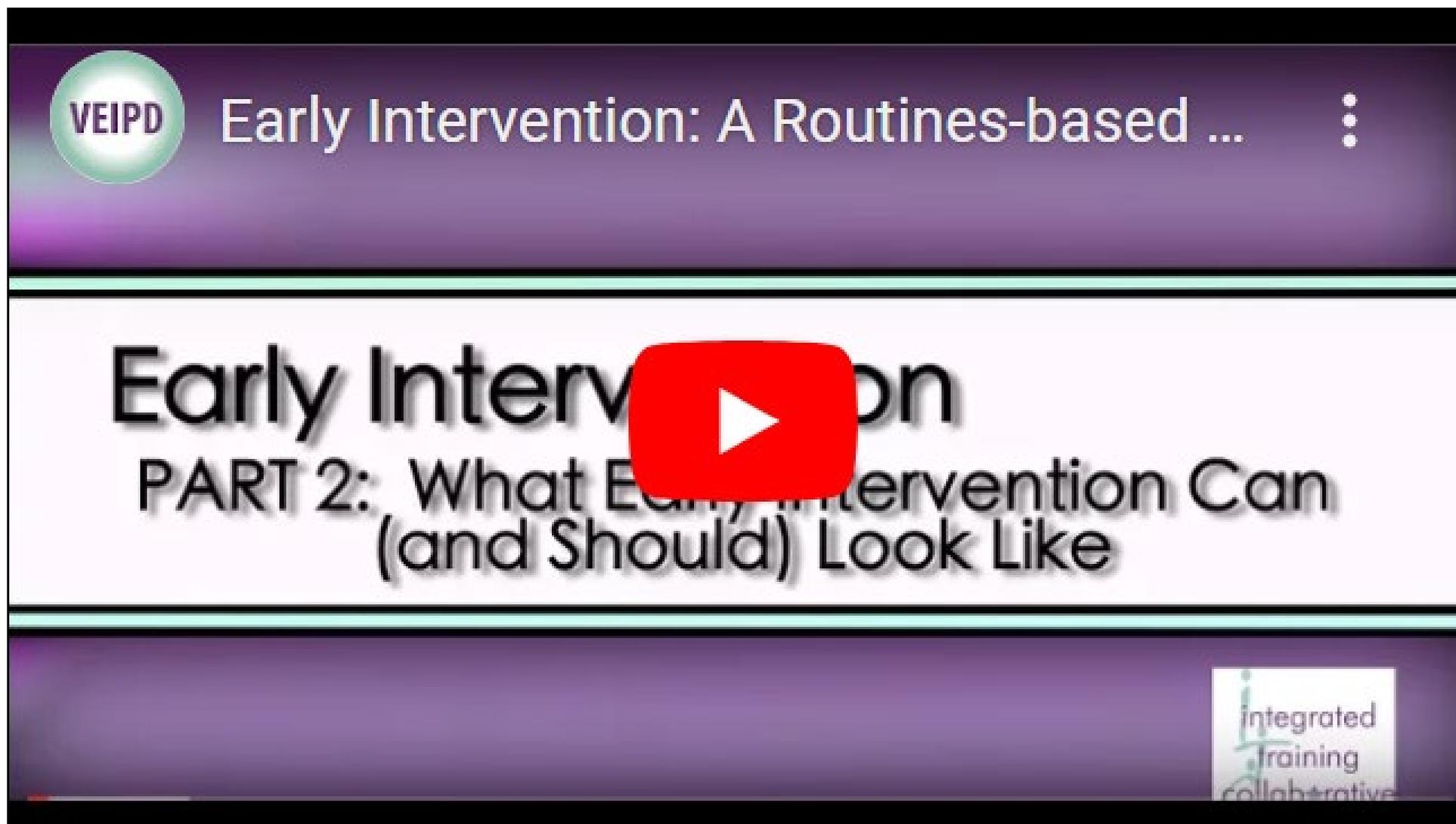


Challenges of transdisciplinary model

- Different expectations for the role and purpose of the team and members
- Fear of each member losing their professional identity
- Ineffective communication strategies
- Reluctance to share knowledge and skills
- Lack of confidence in the skills of other members
- Resistance to learning new skills



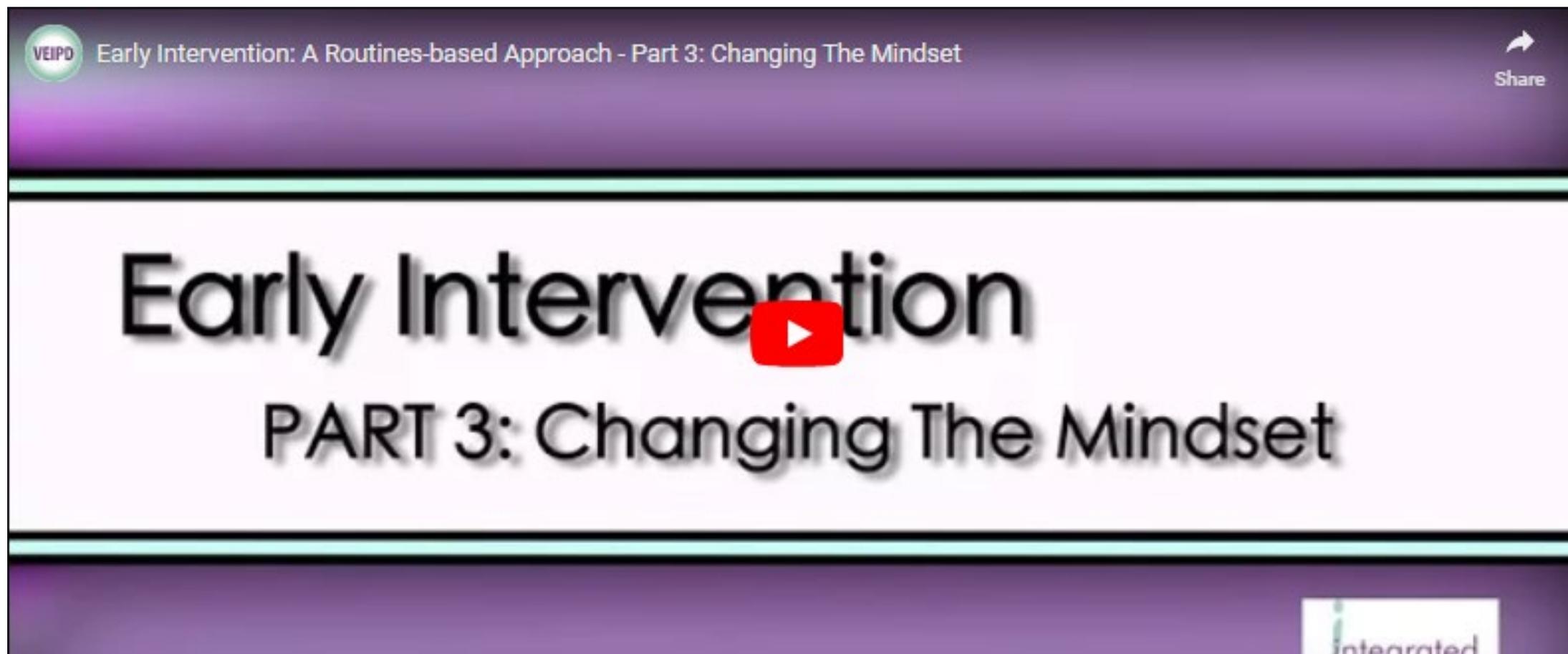
The paradigm SHIFT



The paradigm SHIFT- The case of Portugal

	Before	Now
Target Population	Children aged 0 -3 years with disability	Children aged 0-6 years with developmental disorders and/or at risk and their families
Context	Stimulation Centres Therapeutic Centres Institutions	Natural contexts (home, nursery, kindergarten, etc.)
Practices	“Ready-to-wear”	“Tailor-made” Individualised
Role of professionals and families	Experts/decision makers = Passive service recipients	Facilitators = Active participants / decision-makers
Goals / outcomes	Child Development	Prevention Child Development Empowerment/family capacity-building
Teamwork	Multidisciplinary	Transdisciplinary (including the family)
Organisational structure	Sectoral (with occasional links among sectors) Fragmented Services	Intersectoral Community-based Integrated services
ECI Philosophy	Child centred Based on “deficits”	Family-centered Based on strengths

The paradigm SHIFT - THE CHALLENGES





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The action has received funding from the European Union via the Technical Support Instrument and is implemented by EASPD, in cooperation with the European Commission's Directorate-General for Structural Reform Support

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Thank you!