

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 7: ECI Service Planning and Implementation – Family and Child Evaluation



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



# Chapter 3

## ECI Service Planning and Implementation – Family and Child Evaluation



# First meeting with family

- Parents share their expectations with ECI specialists regarding ECI service
- ECI specialist gives detailed information about terms of the service provision and responsibilities of both parts, hands-on an informational brochure and asks for an introduction to other family members as well
- ECI specialist receives the final confirmation that the family is ready to participate in ECI service and follow the terms of the service
- An formal, written informed consent/agreement is signed
- Main caregiver and ECI specialist agree on the service schedule: when, how many times, with whom and where the intervention should be delivered (in kindergarten, at home, or in both places)

## Step 2 - Child and Family evaluation by Inter/transdisciplinary team of ECI provider organizations

Family Assessment	Child Assessment
<ol style="list-style-type: none"><li>1. Family demographic information</li><li>2. Ecomap</li><li>3. Family day routine</li><li>4. Positive parenting skills' self-assessment</li><li>5. Home Safety and hygiene</li></ol>	<ol style="list-style-type: none"><li>1. Child personality profile</li><li>2. Child development assessment</li><li>3. Child specific assessment by different professionals if needed</li><li>4. Challenging behavior assessment (if needed)</li></ol>

# Competences of ECI specialist needed for conducting a child – family evaluation

Child age 0 – 30 month	Assessment areas	An environment where assessment is conducted	ECI specialists' competencies and training
<b>Child development</b>	Developmental Assessment: <ul style="list-style-type: none"> <li>• Communication</li> <li>• Motor (Gross, fine)</li> <li>• Social-emotional</li> <li>• Problem-solving</li> <li>• Adaptive</li> </ul>	Home, place where child lives, natural context	Pre-service training of ECI specialists to use of curriculum-based developmental assessment  Ongoing professional supervision
<b>Family Environment</b>	<ul style="list-style-type: none"> <li>• Family demography</li> <li>• Ecomap</li> <li>• Family day routine</li> <li>• Positive parenting skills' self-assessment</li> <li>• Home Safety and hygiene</li> </ul>	The home, place where the child lives, natural context	Pre-service training of ECI specialists in using the tools for assessment family and environment  Ongoing professional supervision

# Competences of ECI specialist needed for conducting a child – family evaluation

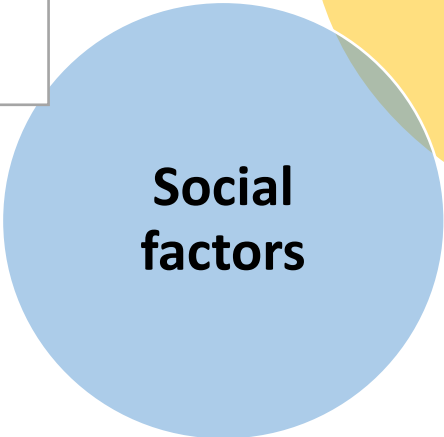
Child age 36 – 60 month	Assessment areas	An environment where assessment is conducted	ECI specialists' competencies
<b>Child development</b>	Developmental Assessment: <ul style="list-style-type: none"> <li>• 36 – 60 month children developmental assessment</li> <li>• Preschool academic skills</li> <li>• School readiness</li> </ul>	Home ECI center – group work sessions Kindergarten	<ul style="list-style-type: none"> <li>• ECI specialist - developmental assessment</li> <li>• Psychologist - Preschool academic skills and school readiness</li> <li>• OT or Speech therapist might be need</li> </ul>
<b>Family and Educational setting (kindergarten, school) environment</b>	In case a child is in service for the first-year family environment should be assessed  Kindergarten environment and child-caregiver interaction  Child's engagement in-class activities	Home ECI center – group work sessions Kindergarten	<ul style="list-style-type: none"> <li>• Trained ECI specialist</li> <li>• OT or Speech therapist might be needed</li> </ul>

# Specialization of Transdisciplinary team members

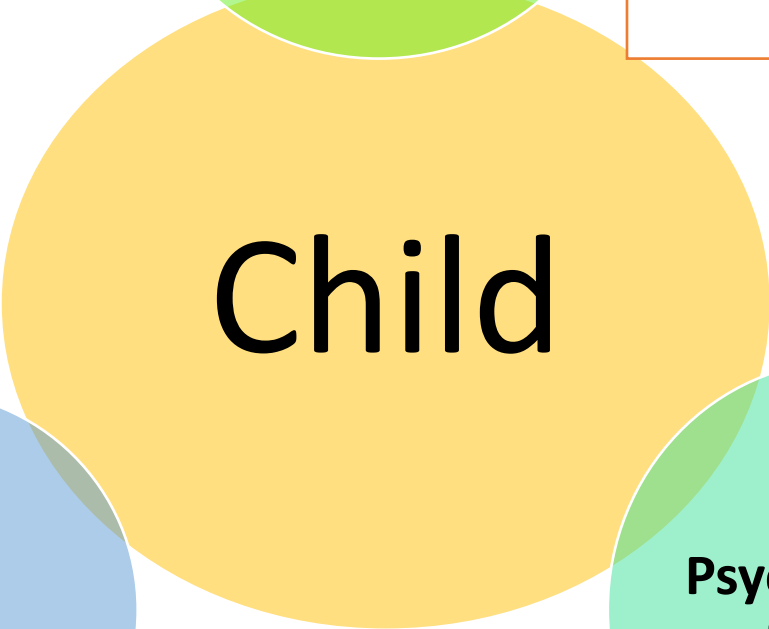
- **Psychologist** – cognitive and psycho-emotional development, challenging behavior
- **Occupational Therapist** - functional skills, motor development, an adaptation of environment, sensory integration, assistive technology
- **Speech and Language Therapist** – verbal, nonverbal, and/or alternative communication
- **Pediatrician** – monitoring of health status of a child, special diet, referral to health institutions of the children
- **Social Worker** – identification of family needs and mobilization of community recourses (it happened at the state level, that's why ECI service providers don't have SW in the internal team)
- **ECI specialist** - implementation of Individual Family Service Plan and working with parents and other family members in order to stimulate child's holistic and functional development; Plan and support of transition process in kindergarten, support adaptation and engagement in-class activities.

# Biopsychosocial Assessment

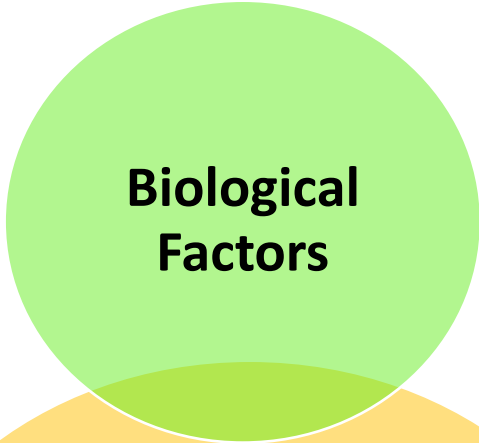
Social protection  
Family history  
Culture  
Traditions  
Economics  
Available education



**Social factors**



**Child**



**Biological Factors**

Gender  
Physical Health  
Mental health  
Genetics  
Immune system  
Stress comping  
Medicaments



**Psychological factors**

Personal characteristics  
Attitudes/beliefs  
Emotions  
Cognitive/Intellectual abilities  
Behavior  
Coping Mechanisms  
Past experience



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# Secure attachment protects a child from toxic stress



## Positive stress

Brief, infrequent

Mild, Moderate

"Emotional buffer" present

## Toxic stress

Permanent, frequent

More intense

"Emotional buffer" absent or insufficient

# What is Resilience?

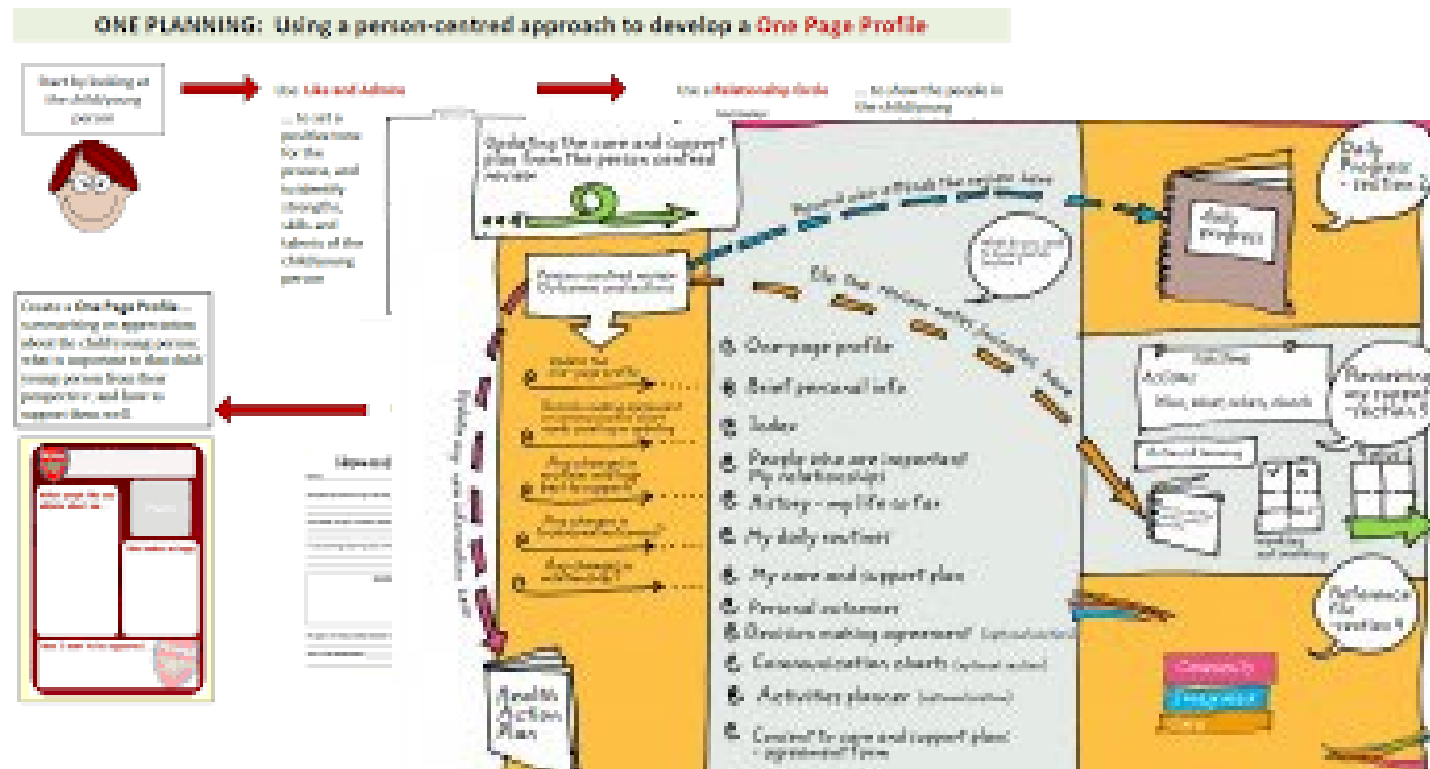
**What is resilience:** The product of protective factors or buffers that moderate the negative impact of risk and stress and enable positive adaptation.

Resilient Family = Resilient Child

# Interview with parents for Child's Individual Profile based on Person-Centered Planning

## Five valued Experiences

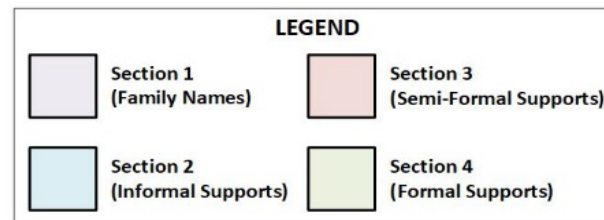
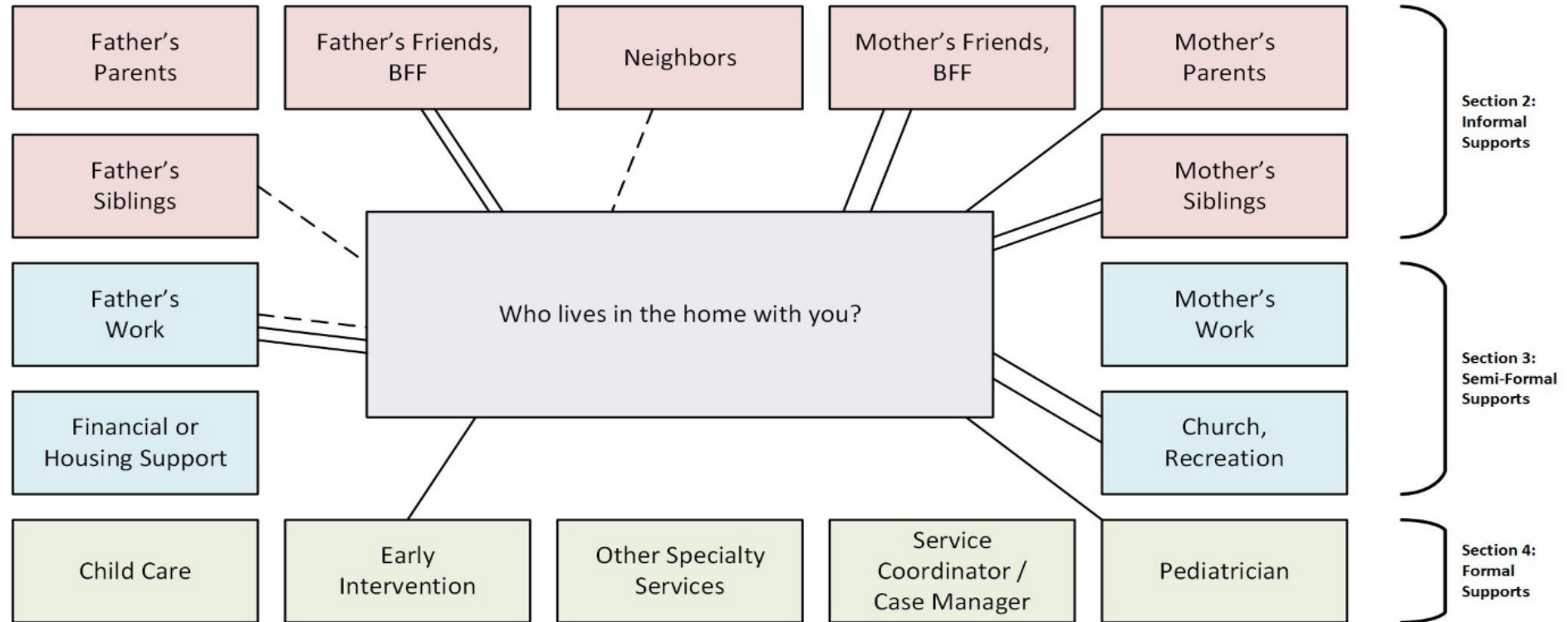
1. Dignity
  2. Relationships
  3. Ordinary Places
  4. Choice
  5. Contribution
- Fears
  - Like/Doesn't like



Interview with parents

Why is it important to create a child's individual profile?

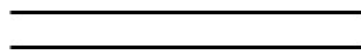
# ECOMAP



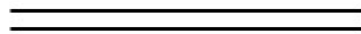
# Ecomap lines - meaning



**Rectangle.** Place around each piece of ecomap information



**Very thick line.** Draw two lines so there is space between them making a thick line. Use the line to connect the centre family box to the support rectangle any time the family talks, texts, or sees the person frequently. This means every day or many times in a week.



**Moderately thick line.** Draw two lines so there is a little space between them. This line should be used if there is frequent contact such as once per week.



**Thin line.** Draw one line to connect the family box with the person. Use a thin line when there is limited contact such as once per month or once per year. If there is no contact leave the person off the ecomap or do not draw a line.

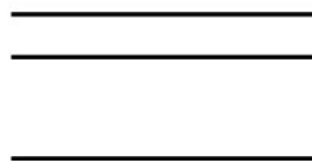


**Dotted line.** Draw a dotted (sometimes called a dashed) line to connect the family box with the person to indicate a stressful relationship. A dotted line can be used next to any type of line (very thick, thin).

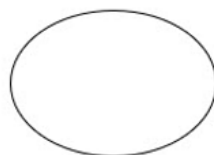


# Ecomap lines – correct and incorrect

Correct



Incorrect



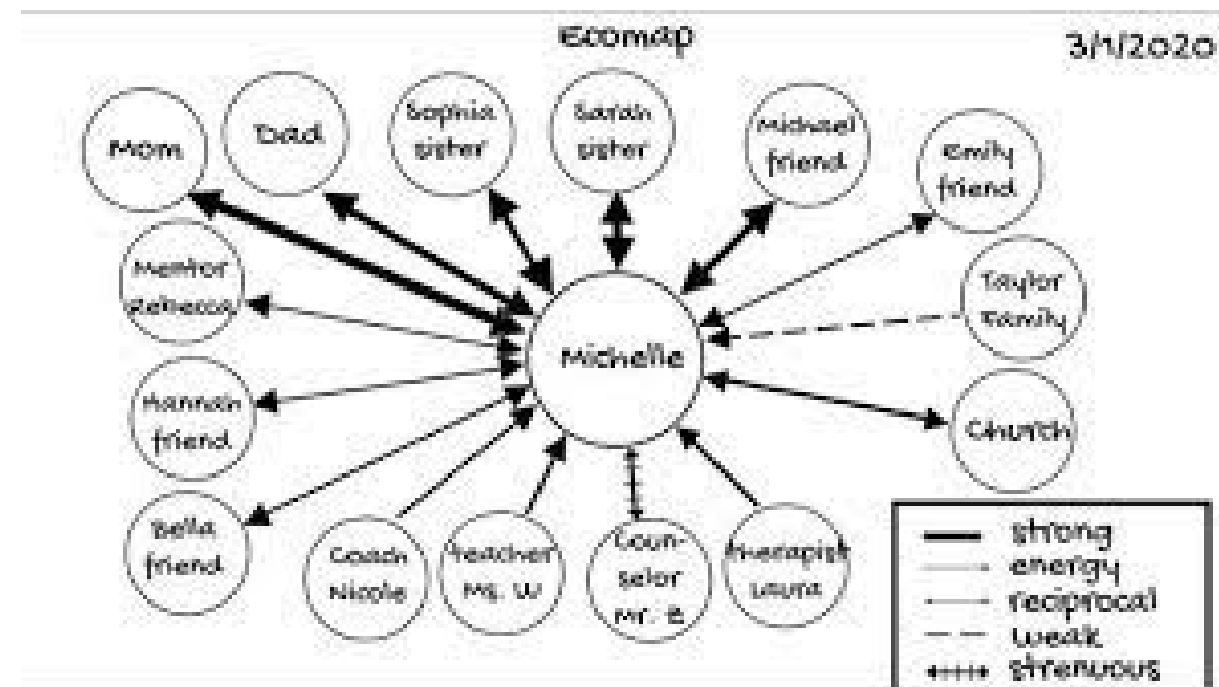
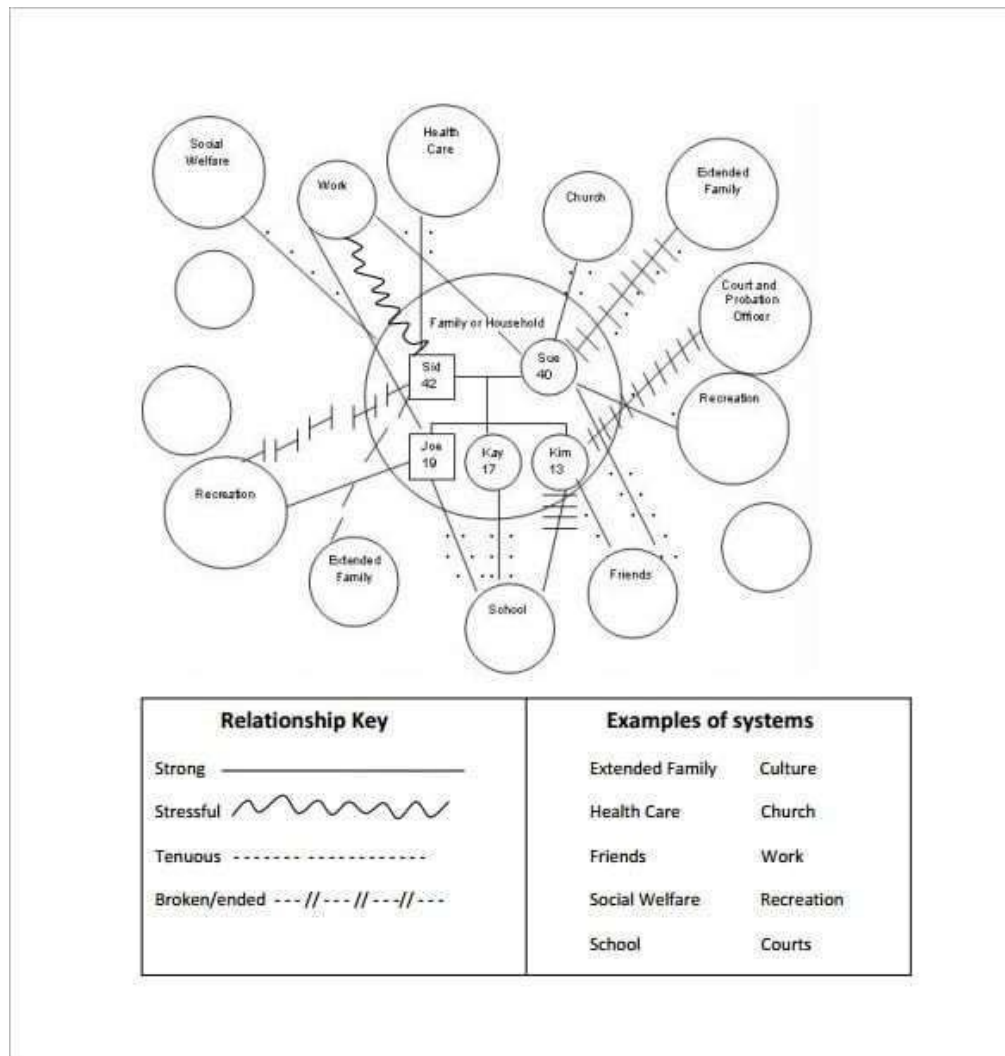
Do not colour between the lines to make a thick line

Do not add any type of arrow

Use a rectangle instead of a circle

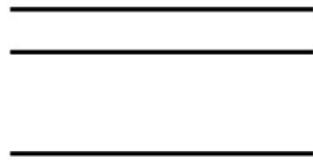
Use straight lines to connect supports.  
Do not use curved lines.

# Ecomap examples

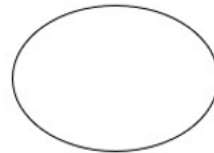


# Ecomap lines – correct and incorrect

Correct



Incorrect



Do not colour between the lines to make a thick line

Do not add any type of arrow

Use a rectangle instead of a circle

Use straight lines to connect supports.  
Do not use curved lines.



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# Routine based assessment

**What are parents expecting from ECI Specialists?**

**What do parents actually want from ECI Specialists?**

**Routine based assessment and intervention**

- Gathering information from families regarding their interests, priorities, concerns and everyday routines and activities is to develop meaningful child and family outcomes/goals and to design intervention strategies that build on family strengths and capacity
- Gathering this information from families is best done through conversations with families rather than through a formal interview or by the family completing the survey form.

# Assessment of child and family routines

The following questions can be used to elicit family responses:

- Tell me about your day?
- What happens most mornings? Afternoons? Nights? Weekends?
- Where do you and your child spend time?
- What activities do you, your family, and your child like to do (e.g., hiking, going on picnics, playing games at home)?
- What activities do you, your family, and your child have to do on a regular basis (e.g., go to the store, give kids a bath, feed the horses, prepare meals, walk the dog)?
- What does your child enjoy and what holds your child's attention? (e.g., people, places, things such as toys, dog, being outside)
- What makes your child happy, laugh, and/or smile?
- What makes you and your family happy, laugh/smile?
- Who are key family members, other caregivers, or important people who spend time with you and your child?
- Are there activities that you used to do before your child was born that you would like to do again?
- Are there new activities that you and your child would like to try?

*Questions were compiled from resource materials by Robin McWilliams, Juliann Woods, Barbara Hanft, M'Lisa Shelden and Dathan Rush by NECTAC, 2005, 2012 / ECTA Center, 2014*

# Pieces of information

## Within Each Routine

1. What does everyone else do?
2. What does the child do?
  - **Engagement**
  - **Independence**
  - **Social relationships**
3. How satisfactory is this routine?
4. How well is this routine working for the child?  
(“goodness of fit”)

# Important information

- Go through each “routine” (time of day or activity)
- Get a sense of family’s and child’s functioning
- Write down significant information
- Star the parent concerns (they don’t have to say “concern”)
- Recap concerns with the family, showing them the starred items
- Ask what the family would like to concentrate on
- Write down these outcomes
- Ask them for the priority order when selecting goals

Dr. Robin McWilliam



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# Important information

- Intense conversation that will last about 2 hours (**discussion 1.5 hours**)
- Helpful to have a note-taker who summarizes concerns expressed by family & things going well (2 people working together)
- Family selects **6-9 child goals** and **2-3 family goals** with 6 child goals being minimum (**goal selection 30 minutes**)
- Select family & child outcomes to work toward

# Time, Worry, and Change Questions

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*“Now let me ask you a couple of general questions...”*

- *Do you have enough time for yourself or yourself and another person?*
- *When you lie awake at night, what do you worry about?*
- *If there is anything you’d like to change about your life, what would it be?”*
- *Is there anything you used to do that you would like to be able to do again?*



## List and Prioritize

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*“Let’s make a list of what would you like to work on?”*

- **Let parent start**, you can use notes to remind parent of what they said
- Share notes with parent carefully

*“Lets put these goals into priority order. If you could only choose one thing to work on, what would it be?”*

- Proceed until all goals are numbered



1. Child outcomes
2. Child-related parent outcomes
3. Parent outcomes

**Minimum of 6-9 child outcomes**

**Minimum of 1 parent/family outcome**

**Do not influence the process**

- (withholding)
- ① Carley talking (wake up, meals, potty, bath)
  - ② Potty training - 1<sup>st</sup> step
  - ③ Carley repeating words (↓)
  - ④ Info. re: napping importance
  - ⑤ How to sleep earlier
  - ⑥ T'Keak love alone
  - ⑦ Develop schedule for the day
  - ⑧ Late afternoon: Mom things to do with kids
  - ⑨ Carley eat <sup>out</sup> appropriately on outings.
  - ⑩ Time for T'Keak once a week 2-3 hrs.
  - ⑪ How to prevent Carlei's falling out.





## Managing the Interview

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- Make use of a “parking lot”
- Families often begin to solve their own troubles just by saying them out loud
- Don’t forget to acknowledge ideas and feelings
- Don’t forget to come back to them at another time
- Manage time and distractions effectively
- “For the sake of time let’s select one more time of day to discuss”



# Child and Family Routine Assessment Summary and Analysis

**Instruction:** The parent completes the family report Routine Questionnaire. At the same time, the specialist in the relevant parts of the form below notes problematic routines, specifically in which part of the routine there are particular difficulties and how the parent would like the child to be involved in the routine activity.

After writing down routines for improvement, the specialist asks the parent to choose the priority routines, for which he wants to develop a work plan for the next 6 months. The highlighted priorities are moved to Child and Family Services Goals and Strategies.

Daytime Segments / Time	Child's involvement in the daily routines	Priority chose by the parent
<b>Awakening time (morning hygiene):</b>  <b>Satisfaction Score: _____</b>	Child involvement: (How the child is involved / What the child is doing?)  Change:	Check if this issue is a priority for you
<b>Dressing / Undressing:</b>  <b>Satisfaction Score: _____</b>	Child involvement: (How the child is involved / What the child is doing?)  Change:	Check if this issue is a priority for you

# Home Safety and Hygiene Assessment Form Part A

## Home Safety and Hygiene Assessment Form. Part A

1. Home Safety	On admission Date: _____			Reassessment Date: _____		
	Yes	No	In	Yes	No	In
1. Pay special attention to washing hands with soap during daily activities such as: before cooking, after changing the baby's diaper, when returning home from the street, after using the toilet, tidying the house and throwing out garbage.	●	○	○	●	○	○
1. Knives, scissors, pins, needles, or other sharp objects are inaccessible to the child or used under the supervision of an adult, <u>taking into account</u> age and development.	●	○	○	●		
2. Trash can is covered with a lid or is in the closet.	●	○	○	●		
3. Depending on the age and development, the child does not have access to a ventilator, where fingers may be inserted or switched on.	●	○	○	●		
4. Medications are not accessible.	●	○	○	●		
5. Cleaning chemicals are not accessible.	●	○	○	●		
6. Insect or other hazardous sprays or poisons are not	●	○	○	●		

Home Safety and Hygiene Summary and Analysis Form – Part A			
Issue	Need for Improvement	Versions of strategies/activities for improvement	Priority chose by the parent √
1. Home Safety ----- % Outcome: _____			Check if this issue is a priority for the family. √
2. Items or information essential for life ----- % Outcome: _____			Check if this issue is a priority for the family.
3. Toys and equipment safety ----- %			Check if this issue is a priority for the family.



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# Safety and Hygiene Assessment Form

## Part B – ECI Center, Kindergarten

### Center Safety and Hygiene Assessment Form – Part B

Center Physical Environment and Toys.	On admission			Reassessment		
	Date: _____			Date: _____		
	Yes	No	In	Yes	No	In
1. The inner door of the kindergarten/center/door of a building/exit to a backyard is locked so the child <u>can not</u> go outside when the adult is not watching.	●	○	○	●	○	○
2. The child <u>can not</u> fall/fall to the lower floor (e.g., protected by stair railings, balconies, or windows equipped with protective nets/shutters).	●	○	○	●	○	○

### Center Environmental Safety and Hygiene Summary and Analysis Form (Part B)

	Need for Improvement	Versions of strategies/activities for improvement	Priority chose by the parent
3. The floor where the child walks or crawls, or may fall off playground equipment, is safe in case of fall; the child <u>can not</u> be injured or hurt.			√
4. In the kindergarten/center, play equipment/space is safe for the child (e.g., has no corners or sharp edges, protruding parts, protruding bolts, or nails that could injure the child).			
5. Furniture (wardrobes) in kindergarten/center is low, or a tall closet on which the child may climb is attached to the wall and <u>can not</u> be turned over; the child can not fall under the furniture.	Center Physical Environment and Toys:  ---- %		Check if this issue is a priority for the family.  √
6. Power devices, rosettes, power switches are protected/covered in the kindergarten/center.	Outcome: _____		
7. Considering the child age and development, inappropriate toys/items (e.g., too small or crumbly, moving parts, polyethylene bag) which can be life-threatening are out of			

●	○	○	●	○	○
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# Positive Parenting Skills Assessment

## Positive Parenting Skills Assessment Form

Goal I: Verbal communication between legal <u>representative</u> /foster parent and a child.	Assessment				Reassessment			
	3	2	1	0	3	2	1	0
1. We read books together almost every day, I read or tell tales and stories.	3	2	1	0	3	2	1	0
2. I sing, play with my hands or recite children's poems almost every day.	3	2	1	0	3	2	1	0
3. I always praise him if he burbles, makes voices, say words, or sings.	3	2	1	0	3	2	1	0
4. I always "voice" the child's emotions, feelings, objects, and events around me, call names and tell them what I do.	3	2	1	0	3	2	1	0
5. I spend at least 5 minutes with each child before bed, singing, telling, or reading.	3	2	1	0				
Maximum possible score: 15	<b>Total Score:</b> _____ <b>Received %:</b> _____ <b>Result:</b> _____							
Instructions for calculating points: A) Calculate the total score obtained according to the marked answers; B) Divide the total points obtained by 15 and multiply by 100, and you will get %.								
Percentage / Results: 80-100% = child development supporter, 46-79% = needs improvement, 0-45% = inappropriate								

Appendix 3. Positive Parenting Skills Summary and Analysis Form

Positive Parenting Skills Summary and Analysis Form			
Sphere	Need for Improvement	Versions of strategies/activities for improvement	Priority chose by the parent ✓
1. Verbal communication:  ---- % Outcome: _____			✓
2. Non-verbal communication:  ---- % Outcome: _____			
3. Used discipline  ---- % Outcome: _____			✓



# ECl recourses



Support language and literacy development in early childhood.

## Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

**POSITIVE SOCIAL RELATIONS**

MEISR

Within the framework of the three child outcomes, positive social-emotional skills refer to how children get along with others, how they relate with adults and with other children. For older children, these skills also include how children follow rules related to groups and interact with others in group situations such as a child care center. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children.

The organization of the items below is intended to help teams understand what information about the child's skills across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of alerting caregivers that she is awake.

**ACQUIRING AND USING KNOWLEDGE AND SKILLS**

Within the framework of the three child outcomes, the acquisition and use of knowledge and skills refers to children's abilities to think, reason, remember, problem solve, and use symbol-based language. This outcome also encompasses children's understanding of the physical and social worlds. It includes understanding of early concepts (e.g., symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, the acquisition of language and communication skills, and early literacy and numeracy skills. The outcome also addresses the precursors that are needed so that children will experience success later in elementary school when they are taught academic subject areas (e.g., reading, mathematics).

The organization of the items below is intended to help teams understand what information about the child's skills across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of alerting caregivers that she is awake.

**TAKING ACTION TO MEET NEEDS**

Within the framework of the three child outcomes, the use of appropriate behavior to meet needs refers to the actions that children employ to take care of their basic needs, including getting from place to place, using tools (e.g., fork, toothbrush, crayon), and in older children, contributing to their own health and safety. The outcome includes how children take care of themselves (e.g., dressing, feeding, hair brushing, toileting), carry out household responsibilities, and act on the world to get what they want. This outcome addresses children's increasing capacity to become independent in interacting with the world and taking care of their needs.

The organization of the items below is intended to help teams understand what information about the child's skills across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of taking action to meet needs. For example, "turns over" for the purpose of moving to get or see something.

	Not yet	Some times	Often	Past this	Age in months	Functionale Domain	Dev. Domain	MEISR codes
<b>1. Waking Up (Outcome 3)</b>								
1					5-1	I	A	
2					1-3	I	A	
3					6+	I	M	1.8
4					6-10	I	M	1.9
5					6-10	I	M	1.10
6					7-8	I	M	1.14
7					9-12	S	CM	1.16
8					12	I	M	1.16
9					24+	I	M	1.17
10					31+	I	A	
<b>2. Meal Times (Outcome 3)</b>								
1					5-1	I	A, CM	
2					2-5	I	A	2.2
3					2-5	I	A	2.3
4					3-4	I	A	



## POSITIVE SOCIAL RELATIONS

Within the framework of the three child outcomes, positive social-emotional skills refer to how children get along with others, how they relate with adults and with other children. For older children, these skills also include how children follow rules related to groups and interact with others in group situations such as a child care center. The outcome includes the ways the child expresses emotions and feelings and how he or she interacts with and plays with other children.

The organization of the items below across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of alerting caregivers that she is awake.

## ACQUIRING AND USING KNOWLEDGE AND SKILLS

Within the framework of the three child outcomes, the acquisition and use of knowledge and skills refers to children's abilities to think, reason, remember, problem solve, and use symbols and language. This outcome also encompasses children's understanding of the physical and social worlds. It includes understanding of early concepts (e.g., symbols, pictures, numbers, classification, spatial relationships), imitation, object permanence, the acquisition of language and communication skills, and early literacy and numeracy skills. The outcome also addresses the precursors that are needed so that children will experience success later in elementary school when they are taught academic subject areas (e.g., reading, mathematics).

The organization of the items below is intended to help teams understand what information about the child's skills across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of exploring "crib toys" for the purpose of exploring.

## TAKING ACTION TO MEET NEEDS

Within the framework of the three child outcomes, the use of appropriate behavior to meet needs refers to the actions that children employ to take care of their basic needs, including getting from place to place, using tools (e.g., fork, toothbrush, crayon), and in older children, contributing to their own health and safety. The outcome includes how children take care of themselves (e.g., dressing, feeding, hair brushing, toileting), carry out household responsibilities, and act on the world to get what they want. This outcome addresses children's increasing capacity to become independent in interacting with the world and taking care of their needs.

The organization of the items below is intended to help teams understand what information about the child's skills across settings relates to this outcome. When considering the routines-based skills and abilities included below be sure to think about them in the context of taking action to meet needs. For example, "turns over" for the purpose of moving to get or see something.

1. Waking Up (Outcome 1)	
1-1-1	Makes vocal sounds
1-1-2	Enjoys being held, rocked, touched
1-1-3	Smiles, kicks, moves arms excitedly
1-1-4	Seems happy to see adults
1-1-5	Makes transitions out of bed with assistance
1-1-6	Turns towards the sound of someone
1-1-7	Calls out for adults
1-1-8	Wakes up without crying immediately
1-1-9	Leaves room to find an adult
1-1-10	Cooperates with adults' requests

2. Meal Times (Outcome 2)	
1	Makes transitions to and from mealtime
2	Can get distracted during nursing
3	Gets excited at the sight of food
4	Follows simple requests with gesture
5	Tries to feed others with spoon
6	Uses words to interact with others at mealtime

1. Waking Up (Outcome 1)	
1	Shows interest in crib toys
2	Tries to get hold of objects in the crib or play area
3	Plays with crib toys
4	Wakes with a communicative call
5	Plays with toys in room until adult or sibling intervenes
6	Wakens gets out of bedroom and explores

2. Meal Times (Outcome 2)	
1	Moves in response to voice
2	Pushes spoon away
3	Smells different things
4	Enjoys messy activities with hands – playing with food
5	Uses words or signs for "eat" and "drink"
6	Says "No" meaningfully
7	Uses words or signs for specific foods or drinks
8	Uses new words regularly

1. Waking Up (Outcome 3)		Not yet	Some-times	Often	Past this	Age in months	Functional Domain	Dev. Domain	MEISR codes
1	Sleeps more than is awake (sleeps 14-18 hours per day (2-4 hour intervals))					0-1	I	A	
2	Is awake more during the day than at night					1-3	I	A	
3	Turns over					6+	I	M	1.8
4	Comes to sitting					6-10	I	M	1.9
5	Pulls to stand					6-10	I	M	1.10
6	Maintains sitting					7-8	I	M	1.14
7	Raises arms to be picked up/held when he/she first wakes up					9-12	S	CM	1.16
8	Stands and cruises around crib					12	I	M	1.15
9	Climbs in and out of bed independently					24+	I	M	1.17
10	May waken crying from dreams					31+	I	A	

2. Meal Times (Outcome 3)		Not yet	Some-times	Often	Past this	Age in months	Functional Domain	Dev. Domain	MEISR codes
1	Cries when hungry					0-1	I	A, CM	
2	When nursing or bottle feeding, sucks strongly enough					2-5	I	A	2.2
3	Drinks appropriate amount from bottle or when nursing					2-5	I	A	2.3
4	Feeding schedule is more consistent (every 3-4 hours)					3-4	I	A	



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Thank you!