Assessment report on piloting family centred practices of Early Childhood Intervention in the natural enviroment in Bulgaria, Hungary, Poland and Slovakia.

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Title:
Assessment report on piloting family centred practices of Early Childhood Intervention in the natural enviroment in Bulgaria, Hungary, Poland and Slovakia.

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Contents

Introduction

The *Assessment Report of Piloting Family-centred Early Childhood Intervention (ECI) Practices in the Natural Environment in Bulgaria, Hungary, Poland and Slovakia* is developed within the ECI AGORA project supported by the Velux Foundations.

The ECI AGORA project supports the development of adequate ECI systems at a local and national level by:

- Supporting professional development in ECI services through the development of training modules adaptable to the needs and context of each organisation.
- Creating an all-embracing learning and convening space to bring together essential actors to co-produce high quality ECI services.
- Producing practical guidance and tools to provoke a systemic change on the social welfare system.
- Developing examples that can serve as inspiring guidelines for other countries in Europe and other groups of children with special needs or at-risk

The project started in 2018 with an overview of the state of play of the ECI systems in five target countries: Bulgaria, Hungary, Poland, Romania and Slovakia. The summaries in all the countries had similar findings: problems with accessibility, insufficient legislation, lack of coordination of institutions concerning the areas of education, health and social services, and diverse methodologies used by different ECI service providers (service provider).

As mentioned in a situation analysis based on the Developmental Systems Model: Early Childhood Intervention in Bulgaria, Hungary, Poland, Romania and Slovakia (Dobrova-Krol et al, 2019), the ECI services in different sectors continue to be mainly focused on the child rather than families and their resources and stressors. Considering this information, the project partners promoted evidence-based practices in Early Childhood Intervention: family-centred, routine based ECI practices provided in the natural environment.

Research and empirical data on ECI have highlighted the following major premises for organizing ECI supports and services namely (Eurlyaid, 2019):

1. **Adopting a family-centred approach to ECI**

   The aim of ECI services is to support families and significant caregivers as mediators on children's acquisition of competences within their natural environments, enabling children and their families to meaningfully participate in their daily environment and build relationships with key people in their lives. Family-centred is defined as a particular type of support practice that involves adherence to principles and values that include treating families and family members with dignity and respect; information sharing so that families can make informed decisions; acknowledging and building on family member strengths; active family member participation in early childhood intervention; and the provision or mobilization of supports and resources in response to family concerns and priorities.

2. **Articulation of services**

   Fragmentation of services undermines the capacity of the service system to support children and families effectively. Cross-sectoral cooperation between ministries of health, education and social affairs is essential. The complexity of problems encountered by children with disabilities and their families is not solved by only one discipline or specific service view, it needs coordination and an interdisciplinary view. Any system that offers a myriad of different services and professionals will add stress to family life.

3. **Inclusion and natural environments**

   To promote child and family inclusion and the autonomy and sustainability of the intervention process, support services should take place in children's natural environments. Natural learning environments offer a set of multiple learning experiences and include the family and community life, childcare, or kindergarten. ECI should provide services and support within children's routines and daily activities to promote full participation of children in learning experiences.

The Guidebook for professionals: Recommended practices in Early Childhood Intervention was developed in Portugal by the National Association of Early Intervention in collaboration with a network of Portuguese Universities and Network of Parents, within a project funded by Gulbenkian Foundation. It was translated through the ECI Agora project, supported by Velux Foundations, into English, Slovak, Bulgarian, Polish, Hungarian and Romanian, so that it could be used by the local actors that needed it most in each partner country.

Based on this Guidebook for professionals: Recommended practices in ECI (Dunst & Espe-Sherwindt, 2016; Boavida & Carvalho 2003; Boavida, Espe-Sherwindt & Borges 2000; Carvalho et al. 2016; McWILLIAM 2010; Guralnick 2001), Eurlyaid trained 30 ECI trainers and stakeholders from all 5 partner countries during 3-day-long train-the-trainers meeting in March 2019. Armed with these new tools and methodologies, the trainers adapted the training to their own environment and delivered it for local service providers from April to July 2019 in each partner country. Out of 19 trained service providers, 15 decided to take part in piloting the family-centred, routine-based ECI practice and work with families in the natural environment. Four service providers from Bulgaria (Burgas, Kardzali, Plovdiv and Sredets) even though were trained, had not enough personal capacity to implement the family centred practice in ECI and as result could not take part in this phase of the project. The partner in Romania - Dizabnet took part in the train-the-trainers activity but as it was simultaneously involved in several different projects could not take part in training, implementation, and evaluation process in Romania.

Blue marker - Project Partner

Green marker - Project Pilot

Methodology

This assessment report presents the results from the pilot implementation within 4 countries as showed in the Table 1.

Table 1 **Countries, pilots, professionals and families involved in the project**

Country	Piloting service providers (service providers)	N° of families involved in piloting	N° of evaluating families	N° of evaluating profesionals	N° of trained profesionals
Bulgaria (6)	Agency for Social Development "Vision" – **Varna** Alternative 55 Civil Association - **Stara ZAGORA** Health and Social Services Complex – **Targovishte** Civil Initiatives-Lovech Association, Care for Children with Disabilities Foundation – **Gabrovo** Centre for Social Support – **Belene** Centre for Social Support – **Sredets**	36	36	93	309
Hungary (3)	3 service providers of the Gézenguz Foundation in **Győr, Salgótarján** and **Budafok** – which were under the medical system.	200	44	18	35
Poland (3)	Association for Assisting People with Autism and other Disabilities "SPONIA" in **Węgrów** Early Support and Intervention Centre as part of The Polish Association for Persons with Intellectual Disability in **Lublin** Early Intervention Centre as a part of the Special Elementary School No 327, named after dr Anna Lechowicz in **Warsaw**	50	49	27	61
Slovakia (3)	Service providers according the Low on Social Services: Centrum včasnej intervencie - **Trenčín** – non-public service provider, western Slovakia region DOMKO-DSS – **Košice** – public service provider, eastern Slovakia region OZ ATHÉNA- **Hnúšťa** – non-public service provider middle Slovakia region	94	38	14	95
Total	15 pilots	380 Involved families	167 Evaluating families	152 Evaluating	500 Trained

The implementation itself lasted from 6 months in Poland, up to 12 months in Slovakia. The Agora trained trainers provided training to the local ECI support services on how to deploy family-centred tools and methodologies. Particular attention was given to make sure support services would understand child and family routines, family priorities, and family social networks. A larger space for internal consultations with the piloting team members was created to provide support to local service providers.

Every service provider made 2 assessments of the ECI process both among the team members and among the families involved in the piloting: 1st before the piloting – April-Sept 2019 and the 2nd after the piloting - April-Sept 2020.

Initial and final evaluations were comprised of questionnaires and analysis of summarized data.

- The evaluation by professionals was done by using the questionnaire Finesse II - Families In Natural Environments Scale of Service Evaluation (McWilliam 2011), see Appendix 1.
- The evaluation by families was performed by questionnaire Family-Centred Practices Scale (Extended Version) (Dunst and Trivette, 2004) – see Appendix 2.

The qualitative analysis of the implementation is a summary of the starting position of ECI services before the pilot, quantitative analysis of the questionnaires, and the qualitative analysis from piloting services described in the assessment country reports on ECI pilot implementation (Grigorova, Vasileva-Petrova 2020; Schultheisz et al. 2020; Dońska-Olszko, Walkiewitz 2020; Fričová et al. 2020). Country reports were prepared by the AGORA project partners from Bulgaria, Hungary, Poland, and Slovakia.

Figure 1 **Evaluating professionals**

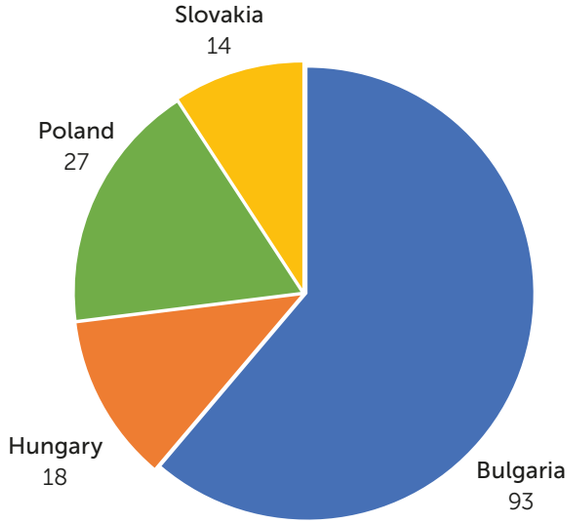
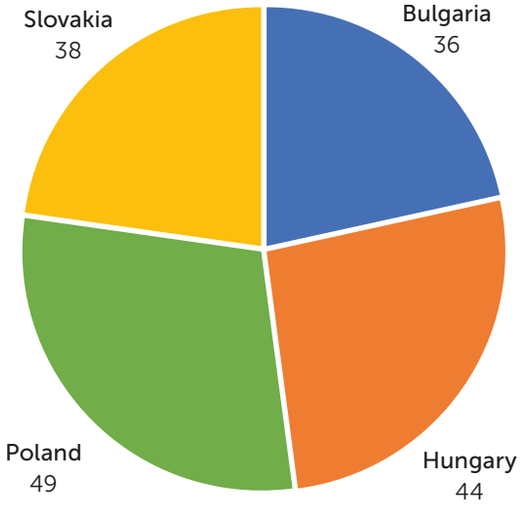


Figure 2 **Evaluating families**



Services' starting position

To give a clear and correct overview of the pilot assessment, we provide the explanation of the starting point of the services from each country.

Bulgarian service providers

In Bulgaria there were 4 Day Care Centres for Children with Disabilities from 0 to 18 years; 2 Complex for Social and Health Care Services for Children and Families – ECI activities in social services are provided within the framework of child-care services (Grigorova, Kostova, Vasileva-Petrova 2018) with minor or no engagement of the parents. One piloting organisation had a previous practice of family home visits. Understanding the importance of the ECI and parent involvement was low.

Hungarian service providers

In Hungary, 3 regional centres of the Gézengúz Foundation – the capital and the regional centres as well - were under the medical system. The whole Foundation network provided the same services concerning the quality management protocol. The family service before the pilot already included a plan made by the professional team (child neurologist, psychologist, physiotherapist, special education teachers) and families according to the families' needs and the child's special needs. The family centred practice was recommended and known by the professionals and families as well. Before the pilot, the families were involved by the referral of the professional (doctor), and the services took place in one of the Foundation's institutes. Professionals welcomed the planned pilot to support them creating a time frame and background for home-visiting and "coaching" modular service. The country report often named the ECI professionals as ECI therapists.

Polish service providers

In Poland there were 3 Early intervention centres - the child was under the care of several therapists and the home visit agenda was based on the activities organized by the professional to work with the child, who determined what the family needs were, told them what should be done, and evaluated 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 (Dońska-Olszko, Sobolewska 2018). The Polish partner in the country report often named the ECI professionals as ECI therapists.

Slovak service providers

In Slovakia there were 3 service providers under the social care system. All of them were aware of family-centred practices as recommended practice. They worked 60% of their time in natural settings (the legislation states that the family must be involved and the provision of ECI in natural settings is preferred to the centre based one). The majority of staff members participated in a 150 hour-ECI-training, where many aspects and skills for working with families were presented. The tools used by the pilots to provide family centred practice of ECI differed among services. All services had short information about routine-based practices for supporting child development before the training.

Evaluation by pilots – data analysis

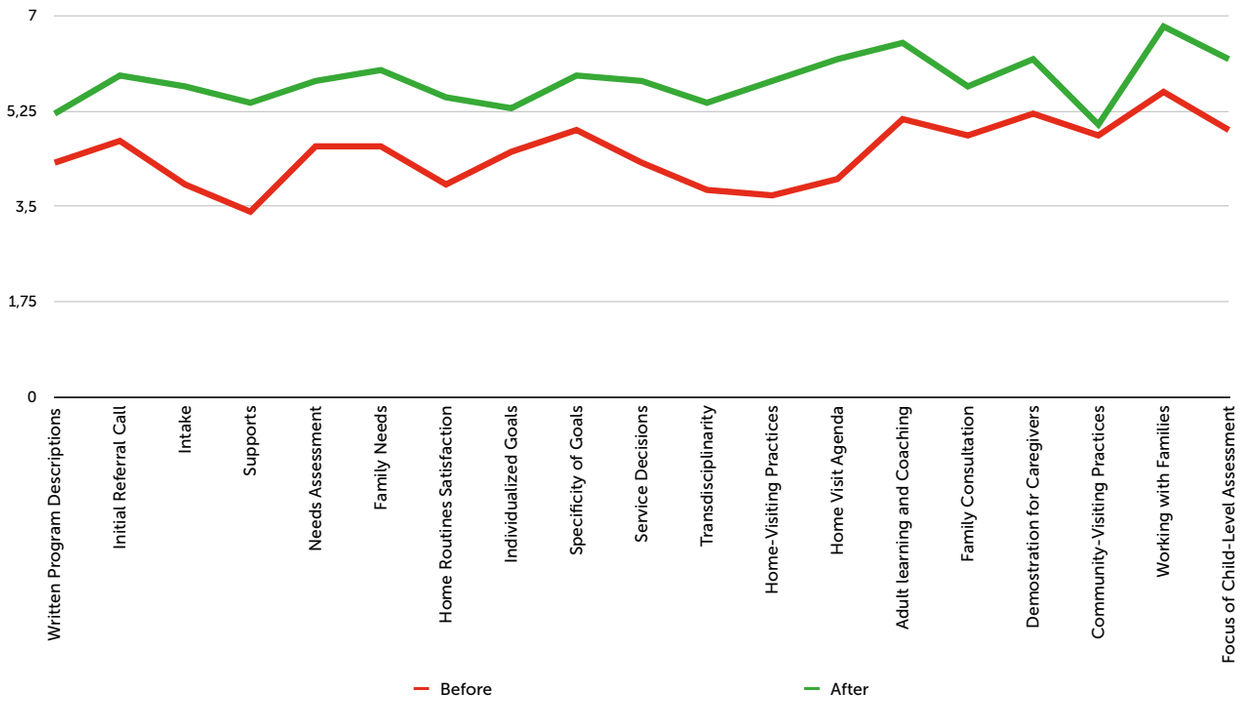
Summary outcomes

Based on the quantitative data, provided by the results of Finesse II, we can say that the **pilots in each country, considering the average scores, changed their way of working in 1,3 points (measured on 7-point scale) towards family centred practice of ECI**, which, considering the length of time of a one-year period, is a big step forward. Table 2 and Figure 3 show the changes in specific Items/Areas evaluated by the scale.

Table 2 **Change towards family centred practices in ECI**
Finesse II - Families in Natural Environments Scale of Services Evaluation, AVERAGE scores for Bulgaria, Hungary, Poland, Slovakia

ITEM		ALL COUNTRIES		
		AVERAGE Before N 152	AVERAGE After N 152	IMPROVEMENT
1	Written Programme Descriptions	4,3	5,2	0,9
2	Initial Referral Call	4,7	5,9	1,2
3	Intake	3,9	5,7	1,8
4	Supports	3,4	5,4	2,0
5	Needs Assessment	4,6	5,8	1,2
6	Family Needs	4,6	6,0	1,4
7	Home Routines Satisfaction	3,9	5,5	1,6
8	Individualized Goals	4,5	5,3	0,8
9	Specificity of Goals	4,9	5,9	1,0
10	Service Decisions	4,3	5,8	1,5
11	Transdisciplinarity	3,8	5,4	1,6
12	Home-Visiting Practices	3,7	5,8	2,1
13	Home Visit Agenda	4,0	6,2	2,2
14	Adult learning and Coaching	5,1	6,5	1,4
15	Family Consultation	4,8	5,7	0,9
16	Demonstration for Caregivers	5,2	6,2	1,0
17	Community-Visiting Practices	4,8	5,0	0,2
18	Working with Families	5,6	6,8	1,2
19	Focus of Child-Level Assessment	4,9	6,2	1,3
Average		**4,5**	**5,8**	**1,3**

Figure 3 FINESSE II Families in Natural Environments - Scale of Services Evaluation - Bulgaria, Hungary, Poland, Slovakia



Practice of service providers changed remarkably in 2 main areas:

(1) Marked increase of working with the family members instead of working directly with the child

(2) working in the natural environments / family homes instead of working in the centre/institution.

Analysis of collected evaluation data can explain in more detail what exactly changed. Summary outcomes of all the countries in Table 2 show the most remarkable change in the fields:

- **Home-Visit Agenda (+2,2 points)** - Visits to the family used to be filled in by professional-child activities and professional-parent consultations, sometimes also following the family service plan. After implementation, the family itself set the home-visit agenda, the family service plan, and the functional outcomes. This gave the ECI services a chance to actually meet the family's needs and increase the mastering of routine activities for the children.
- **Home-Visiting Practices (+2,1 points)** - Visits before the implementation of family-centred practices consisted primarily of demonstrating techniques to the family, who observed. After the project, the ECI professionals moved forward to consultation or coaching of families about the functional skills of the child, meeting the child-level and in many cases also family-level needs.
- **Support (+2,0 points)** – Pilot services used to determine formal and informal family supports. According to the summary data the change was due to using a questionnaire and a standardized ecomap tool to determine the extended family members, friends, neighbours, religious supports, professionals, and financial resources, with an indication of level of support from each. This is a big step towards addressing the community-based support for the family, which in turn provides families a chance to be more involved in the community and less dependent on the state or institutional services.
- **Intake +1,8 points** – The average standard of pilot services before implementation was in the beginning asking parents what their concerns, priorities, and resources were. In the end of the implementation, services used either structured conversation or an Ecomap tool to determine the family's support needs and

resources. The methodology improved through the use of standardised tools such as the ecomap, and the subject matter changed from "concern and support" towards the positive view of "support and resources".

There are 15 out of 19 areas measured by Finesse where the pilot organisations improved in more than 1 point, which we still consider to be an excellent outcome of the piloting and we must recognise and appreciate both the professionals and families who accepted a new and different way of providing ECI services. This proves the professionals and families' open mindedness, motivation and goodwill for change.

According to the evaluation data, one of the most challenging aspect was Community-Visiting Practices involving coaching the people working with children, for example in nurseries. This kind of practice was not possible to do in a short implementation period.

The results in the second phase of evaluation show the biggest changes in area of home visiting in Poland, Hungary and Bulgaria, which can be explained by moving ECI services from institutions to the family's natural environment in these 3 countries.

The second highest discrepancy scores are seen in the area of Intake and Supports, which confirms that the pilots in Poland, Hungary, Slovakia and Bulgaria implemented routine based practices and used mapping of family social network.

Moreover, both these elements were referred positively:

"Home care and resource mapping was a positive novelty for both parties."

physical therapist, Hungary

We will further address qualitative aspects of implemented Family Centred Practices further down the road when we describe the Positive Findings and Challenges.

Changes in the field, demonstrated by the above results, confirm that family-centred practices can be implemented and is worth our efforts as it brings a new enabling and empowering approach to work with families. It changes the traditional ways of working in ECI and moves away from a medical, professional-driven approach, that make families dependent on services to solve their daily challenges.

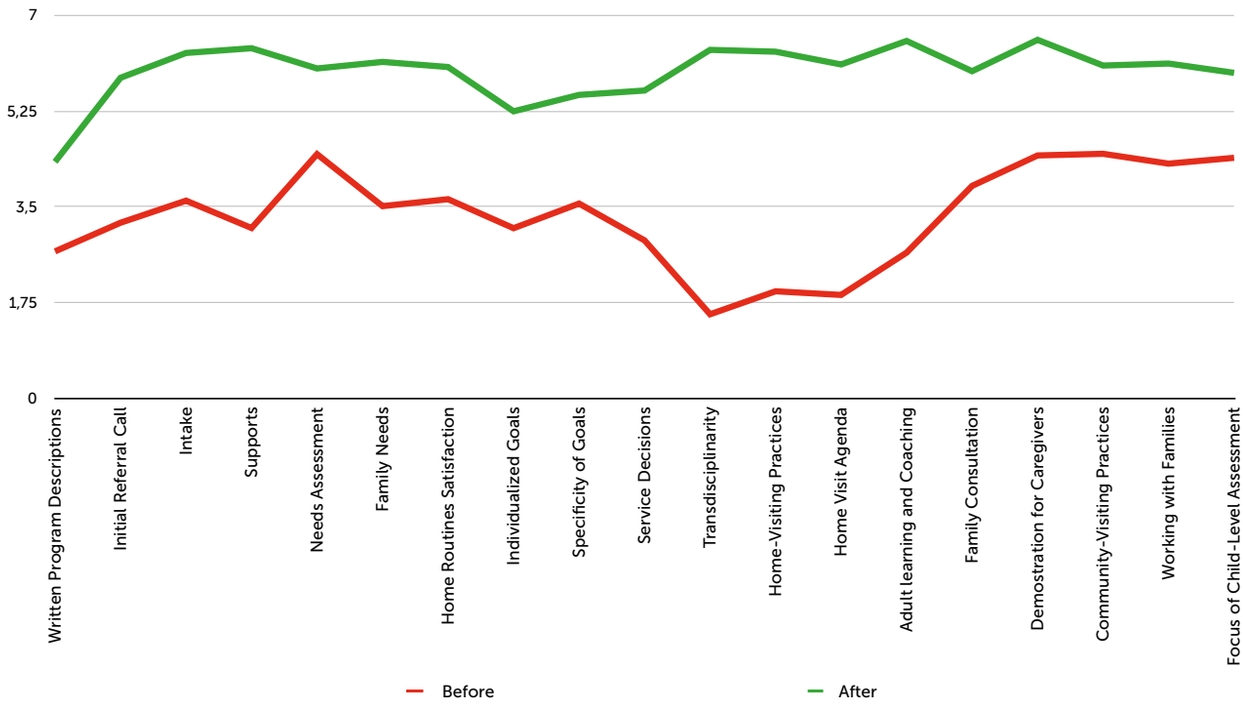
Poland

As also seen in Table 3 and Figure 4, the biggest change in professional´s practices happened in Poland, where the support being provided in ECI services moved to natural environments. **The Polish average discrepancy score was 2,7 points measured on 7-point scale**.

Table 3 **Change of professional practices towards family centred ECI - POLAND**
Finesse II- Families in Natural Environments Scale of Services Evaluation

ITEM		POLAND		
		AVERAGE Before N 27	AVERAGE After N 27	IMPROVEMENT
1	Written Programme Descriptions	2,7	4,3	1,6
2	Initial Referral Call	3,2	5,9	2,7
3	Intake	3,6	6,3	2,7
4	Supports	3,1	6,4	3,3
5	Needs Assessment	4,5	6,0	1,5
6	Family Needs	3,5	6,1	2,6
7	Home Routines Satisfaction	3,6	6,1	2,5
8	Individualized Goals	3,1	5,2	2,1
9	Specificity of Goals	3,6	5,5	1,9
10	Service Decisions	2,9	5,6	2,7
11	Transdisciplinarity	1,5	6,4	4,9
12	Home-Visiting Practices	2,0	6,3	4,3
13	Home Visit Agenda	1,9	6,1	4,2
14	Adult learning and Coaching	2,7	6,5	3,8
15	Family Consultation	3,9	6,0	2,1
16	Demonstration for Caregivers	4,4	6,6	2,2
17	Community-Visiting Practices	4,5	6,1	1,6
18	Working with Families	4,3	6,1	1,8
19	Focus of Child-Level Assessment	4,4	5,9	1,5
Average		**3,3**	**6,0**	**2,7**

Figure 4 Finesse II Families in natural environments - Scale of Service Evaluation – POLAND



Professionals started to focus on the whole family, they focused on supporting the family's daily functioning, and they used tools for understanding the child and family routines, family priorities, and the family's social networks, in order to assess the family needs as well as design and reformulate goals/outcomes. **Transdisciplinary teamwork** was evaluated as the biggest step towards family-centred practices in Poland – improvement was **4,9 points**. Both Home Visit agenda and Practices made big steps forward too. **Home Visit Agenda** improved **4,3 points**. **Home Visit Practices** improved **4,2 points**. It is also important to highlight that the lowest scores of all the piloting countries in the initial evaluation phase were demonstrated by the Polish pilots.

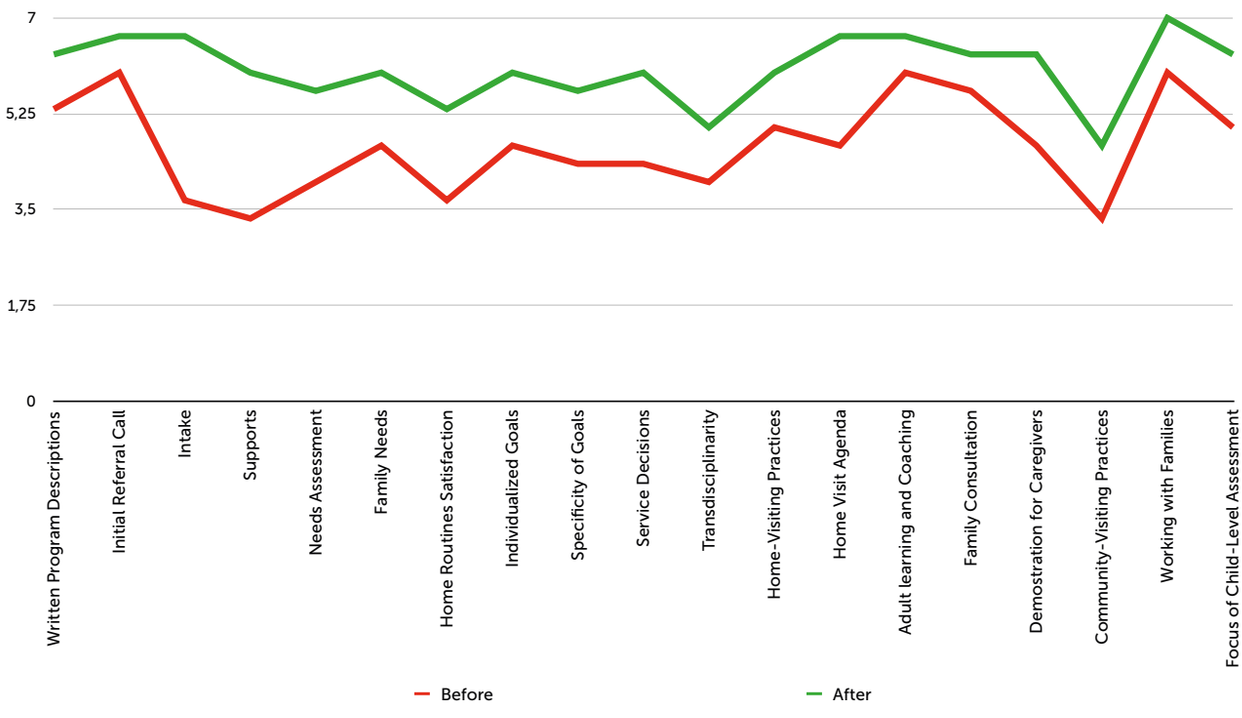
Slovakia

As seen in Table 4 and Figure 5, the second biggest change in ECI practices was made by **Slovak piloting teams, moving 1,5 points forward, out of a 7-point scale**.

Table 4 **Change of professional practices towards family centred ECI - SLOVAKIA**
Finesse II- Families in Natural Environments Scale of Services Evaluation

ITEM		SLOVAKIA		
		AVERAGE Before N 14	AVERAGE After N 14	IMPROVEMENT
1	Written Programme Descriptions	5,3	6,3	1,0
2	Initial Referral Call	6,0	6,7	0,7
3	Intake	3,7	6,7	3,0
4	Supports	3,3	6,0	2,7
5	Needs Assessment	4,0	5,7	1,7
6	Family Needs	4,7	6,0	1,3
7	Home Routines Satisfaction	3,7	5,3	1,6
8	Individualized Goals	4,7	6,0	1,3
9	Specificity of Goals	4,3	5,7	1,4
10	Service Decisions	4,3	6,0	1,7
11	Transdisciplinarity	4,0	5,0	1,0
12	Home-Visiting Practices	5,0	6,0	1,0
13	Home Visit Agenda	4,7	6,7	1,0
14	Adult learning and Coaching	6,0	6,7	0,7
15	Family Consultation	5,7	6,3	0,6
16	Demonstration for Caregivers	4,7	6,3	1,6
17	Community-Visiting Practices	3,3	4,7	1,4
18	Working with Families	6,0	7,0	1,0
19	Focus of Child-Level Assessment	5,0	6,3	1,3
Average		**4,6**	**6,1**	**1,5**

Figure 5 Finesse II Families in natural environments - Scale of Service Evaluation – SLOVAKIA



Slovak pilot services markedly improved their involvement of family members into their practices. One pilot service stated that work with the family increased up to 75% of the home-visit time, while another one indicated an increase of up to 80%. The biggest improvement according to the evaluation data generated:

- **Intake** - the work considering family´s resources and needs – **improved 3,0 points**.
- **Support** - they applied Ecomap with the majority of the 94 families – **improved 2,7 points**.

Concerning Slovak pilots, they were working 60% of their intervention time in the family environment before the implementation, so they presented only a slight increase in home-visiting during implementation. Nevertheless, the process of planning was better understood, and implemented on the basis of dialogue with the family and the tools used.

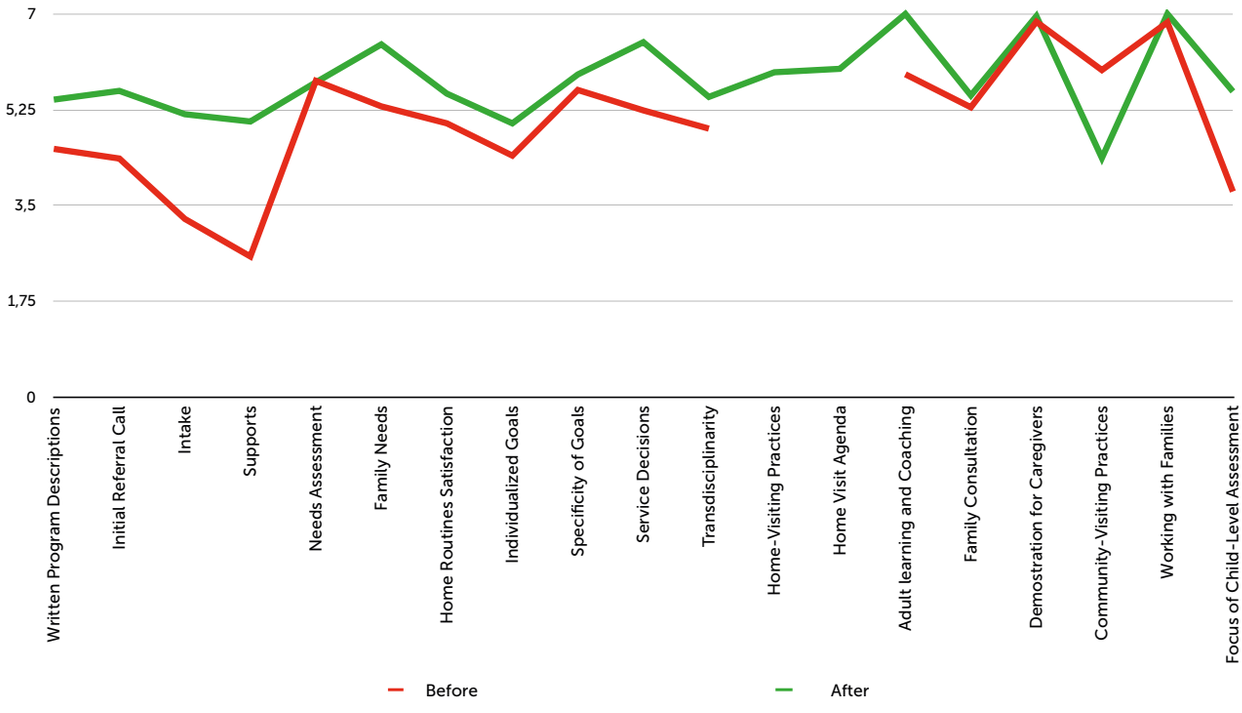
Hungary

As seen in Table 5 and Figure 6 - the third and still remarkable improvement towards family-centred practices happened in Hungary – **0,8 points on 7-point scale**.

Table 5 **Change of professional practices towards family centred ECI - HUNGARY**
Finesse II- Families in Natural Environments Scale of Services Evaluation

ITEM		HUNGARY		
		AVERAGE Before N 18	AVERAGE After N 18	IMPROVEMENT
1	Written Programme Descriptions	4,5	5,4	0,9
2	Initial Referral Call	4,4	5,6	1,2
3	Intake	3,3	5,2	1,9
4	Supports	2,6	5,0	2,4
5	Needs Assessment	5,8	5,8	0
6	Family Needs	5,3	6,4	1,1
7	Home Routines Satisfaction	5,0	5,5	0,5
8	Individualized Goals	4,4	5,0	0,6
9	Specificity of Goals	5,6	5,9	0,3
10	Service Decisions	5,2	6,5	1,3
11	Transdisciplinarity	4,9	5,5	0,6
12	Home-Visiting Practices	ND	5,9	ND
13	Home Visit Agenda	ND	6,0	ND
14	Adult learning and Coaching	5,9	7,0	1,1
15	Family Consultation	5,3	5,5	0,2
16	Demonstration for Caregivers	6,9	7,0	0,1
17	Community-Visiting Practices	6,0	4,4	-1,6
18	Working with Families	6,8	7,0	0,2
19	Focus of Child-Level Assessment	3,8	5,6	1,8
Average		**5,0**	**5,8**	**0,8**

Figure 6 Finesse II Families in natural environments - Scale of Service Evaluation – HUNGARY



The Hungarian piloting teams worked in family homes and moved to on-line sessions later, when restrictions due to Covid-19 were applied. The pilots did not presented scores in the initial phase of evaluation in the items linked with home visits. On the basis of their declared starting point the visits were not performed in natural environments so the biggest change happened in the items Home-visiting Practices and Home Visit Agenda.

Both tools for understanding the child and family routines, family priorities, and family social networks were used for working with families. Functional goals were developed and prioritized using these instruments as well. The most remarkable measurable change was reported in the work with the family needs and sources of support – pilot services **improved by 2,9 points in intake and by 1,4 points in Supports.**

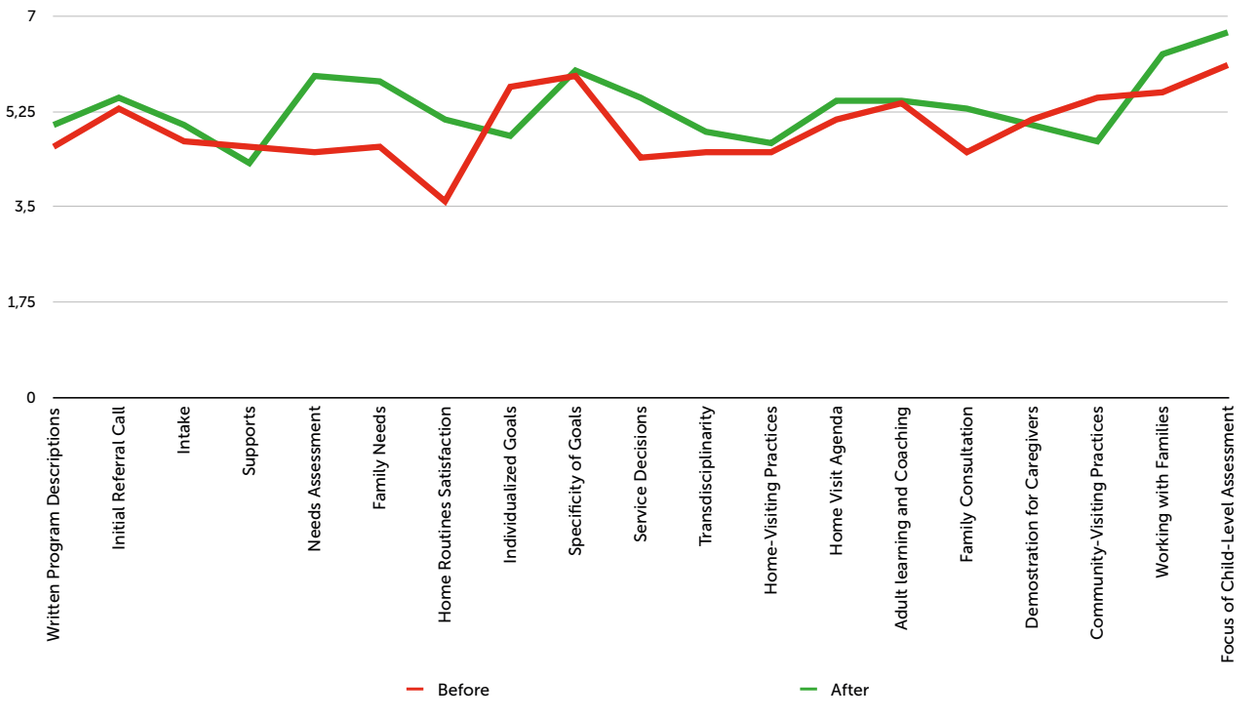
Bulgaria

As seen in Table 6 and Figure 7 - **the piloting organisations in Bulgaria reported change** of professional practice towards the family centred ECI **in 0,4 points out of 7-point scale**.

Table 5 **Change of professional practices towards family centred ECI - BULGARIA**
Finesse II- Families in Natural Environments Scale of Services Evaluation

ITEM		BULGARIA		
		AVERAGE Before N 93	AVERAGE After N 93	IMPROVEMENT
1	Written Programme Descriptions	4,6	5,0	0,4
2	Initial Referral Call	5,3	5,5	0,2
3	Intake	4,7	5,0	0,3
4	Supports	4,6	4,3	-0,3
5	Needs Assessment	4,5	5,9	1,4
6	Family Needs	4,6	5,8	1,2
7	Home Routines Satisfaction	3,6	5,1	1,5
8	Individualized Goals	5,7	4,8	-0,9
9	Specificity of Goals	5,9	6,0	0,1
10	Service Decisions	4,4	5,5	1,1
11	Transdisciplinarity	4,5	4,9	0,4
12	Home-Visiting Practices	4,5	4,7	0,2
13	Home Visit Agenda	5,1	5,4	0,3
14	Adult learning and Coaching	5,4	5,4	0,0
15	Family Consultation	4,5	5,3	0,8
16	Demonstration for Caregivers	5,1	5,0	-0,1
17	Community-Visiting Practices	5,5	4,7	-0,8
18	Working with Families	5,6	6,3	0,7
19	Focus of Child-Level Assessment	6,1	6,7	0,6
Average		5,0	5,4	0,4

Figure 6 Finesse II Families in natural environments - Scale of Service Evaluation – BULGARIA



It is important to note, that the Bulgarian service providers starting point was mostly day-care centres and the work with families in these conditions was difficult. In this regard, working in family homes required a bigger change of mind-set on both professionals´ and families´ sides. Family-centred practices during piloting varied among the 6 service providers. These 6 service providers implemented the approach by first contact, interview, assessing the child, family counselling and planning. Routine-based assessment and assessment of resources and challenges were part of their work. Some of them worked in the natural environment, one service provider also worked with grandparents, while another service provider stated that "social workers met with families and the professional had consultation with the child followed by meeting with parents". Some of the service providers made general statements about family-centred practices in ECI without detailed specification about what they changed during the implementation period.

Evaluation by families – data analysis

Family-centred practices service provide the framework for all aspects of this ECI model. Families are the best sources of information regarding the family-centred practices they experience in working with ECI professionals. The *Family-Centered Practices Scale (FCPS-EV) – Extended Versio*n (Dunst & Trivette, 2004) was chosen as the strategy to gather information from families.

Table 6 below describes the total number of families who received services through the pilot, the number of families who completed the FCPS at Time 1 (49% of the total group), and the number of families who then again completed the survey at Time 2.

Table 6 Description of Family Participation

Country	Number of Families Participating in Pilot	Number of Families Completing FCPS at Time 1	Number of Families Completing FCPS at Time 2
Bulgaria	36	36	36
Hungary	200	50	44
Poland	50	50	49
Slovakia	94	51	38
Total	380	187	167

The FCPS-EV consists of 17 items, each describing a specific practice. Families are asked to rate the frequency of use for each practice on a 5-point Likert scale, ranging from *1=Never* to *5=All of the Time*. The scale has been used extensively in studies describing the relationship between parent ratings of family-centred practices and changes in child and family functioning. A copy of the scale is contained in Appendix 2.

As can be seen below in Figure 7, the overall average rating (all items) given by families across the four countries was high at both times: 4.44 at Time 1 and 4.67 at Time 2. The overall averages for individual countries ranged from 4.13 to 4.74 at Time 1, and 4.17 to 4.91 at Time 2. The average rating from families in all four participating countries was higher at Time 2.

Figure 7 Average Rating (All Items) at Time 1 and Time 2

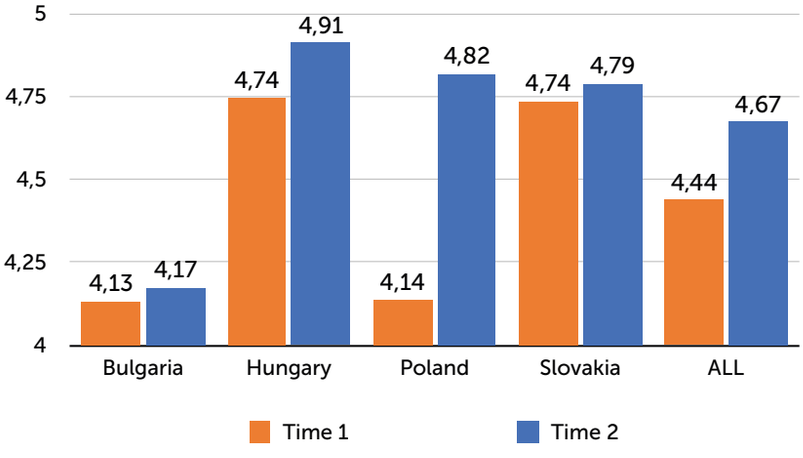
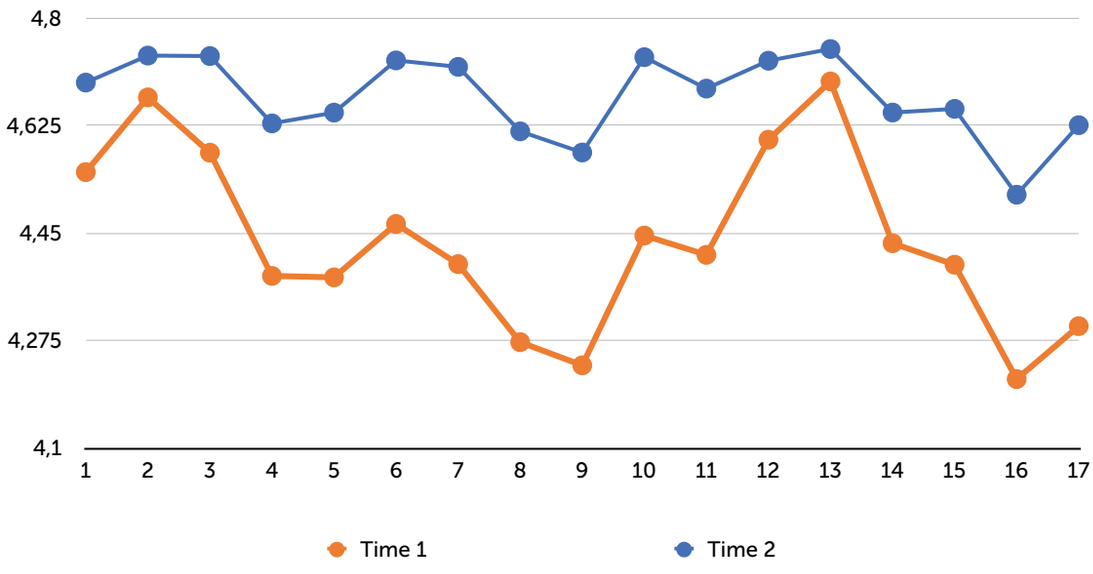


Figure 8 below shows the changes from Time 1 to Time 2 for each of the 17 survey items. As can be seen, each item on the survey was rated more highly by families at Time 2.

Figure 8 **Changes in Average Rating (1-5) by Item from Time 1 to Time 2**



Since it is not unusual for this survey to generate high ratings, Carl Dunst and his colleagues suggest a different way to look at results, i.e., to measure **(1) adherence** to family-centred practices overall, and **(2) adherence** to the two primary components of family-centred practices: the items describing relational practices and the items describing participatory practices.

- *Relational practices* used by professionals include practices such as active and reflexive listening, empathy, authenticity, credibility, honesty, comprehension, sharing, and belief in family competence. Ten of the 17 items on the FCPS-EV (Items 1, 2, 3, 4, 6, 9, 11, 12, 13, and 14) have been shown through factor analysis to be relational practices.
- *Participatory practices* used by professionals include collaboration, promoting active family participation in ECI, encouraging decision making by the family, encouraging families to use their existing knowledge and capabilities, and helping families learn new skills. Seven of the 17 items on the FCPS-EV (Items 5, 7, 8, 10, 15, 16, and 17) have been shown through factor analysis to be participatory practices.

Dunst (personal communication) equates a highly stringent level of adherence with a **benchmark of 85% of the ratings given by families being a 5**, or ***All of the Time***. Dunst's previous research indicates that it is rare for programs to achieve this benchmark, particularly in the area of participatory practices, i.e., those practices most likely to promote parent feelings of confidence and competence.

The following analyses provide a closer look at the changes in family-centered practices from Time 1 to Time 2 in terms of adherence to the benchmark suggested by Dunst. Three of the four countries provided "percentage of 5s" data for analysis: Hungary, Poland and Slovakia.

In Figure 9 below, for the group of three countries, the percentage of 5 (*All of the time*) ratings for the entire survey increased noticeably, from 63.2% at Time 1 to 79.0% at Time 2. This increase was visible in all three countries, with the most marked increase in Poland.

Figure 9 Percentage of "5" Ratings: Entire Survey

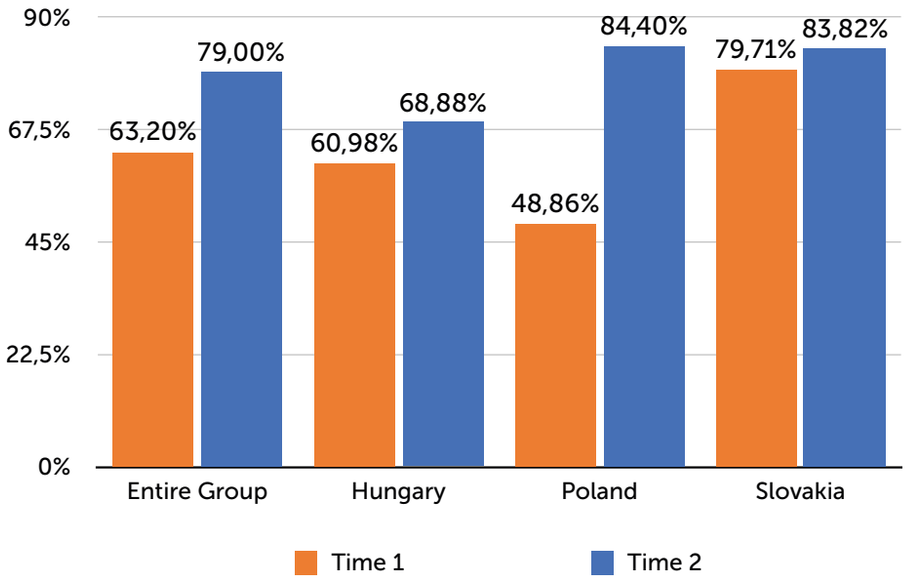
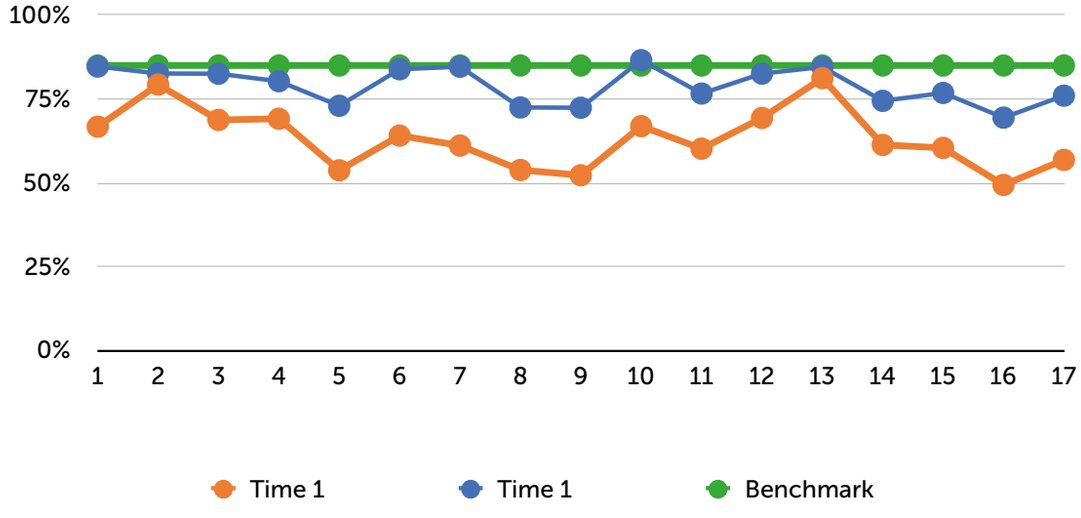


Figure 10 below displays the percentage of "5" ratings for each of the 17 items on the FCPS-EV for the three countries as a group. As can be seen, the Time 2 ratings were higher and much closer to the 85% level of adherence when compared to the Time 1 ratings.

Figure 10 Percentage of "5" Ratings by Item at Time 1 and Time 2



Figures 11 and 12 below look more closely at adherence to the relational (10 items) v. participatory (7 items) practices at Time 1, and then again at Time 2. Both sets of practices are rated more highly at Time 2 than Time 1, with relational practices receiving a slightly higher rating than participatory practices at both times. At Time 2, both sets of practices moved closer to the benchmark of 85%.

Figure 11 Changes in Relational Practice Ratings from Time 1 to Time 2

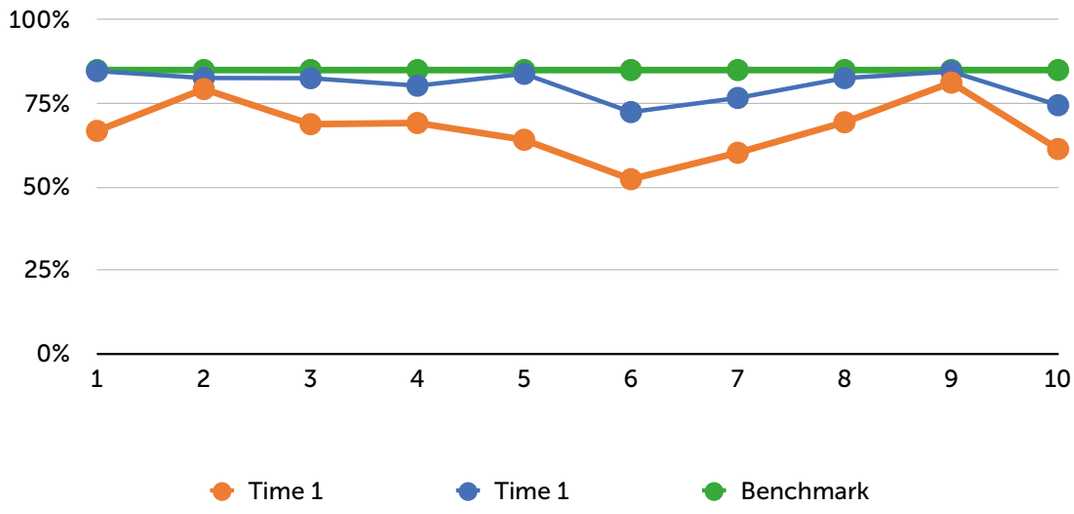
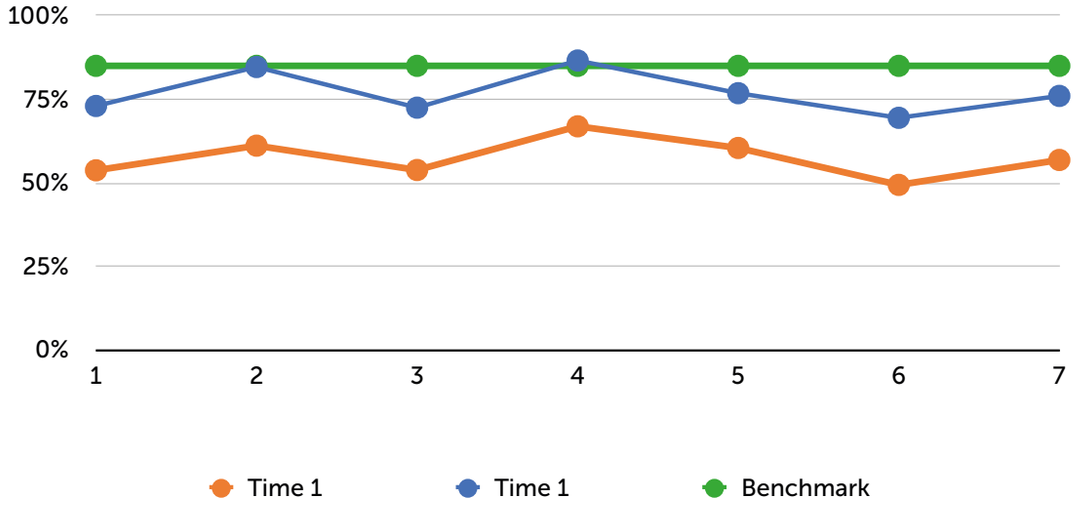


Figure 12 Changes in Participatory Practices Ratings from Time 1 to Time 2



Clearly families noticed a change in the practices being used by professionals. What is so compelling is that not only did family ratings of relational practices move closer to the benchmark of 85% at Time 2, but family ratings of participatory practices did as well.

Figures 13 and 14 below illustrate the changes in percentage of 5 ratings (*All of the Time*) in relational and participatory practices by country. Each country moved closer to the benchmark of 85%.

Figure 13 Changes in Relational Practices Ratings by Country (10 items)

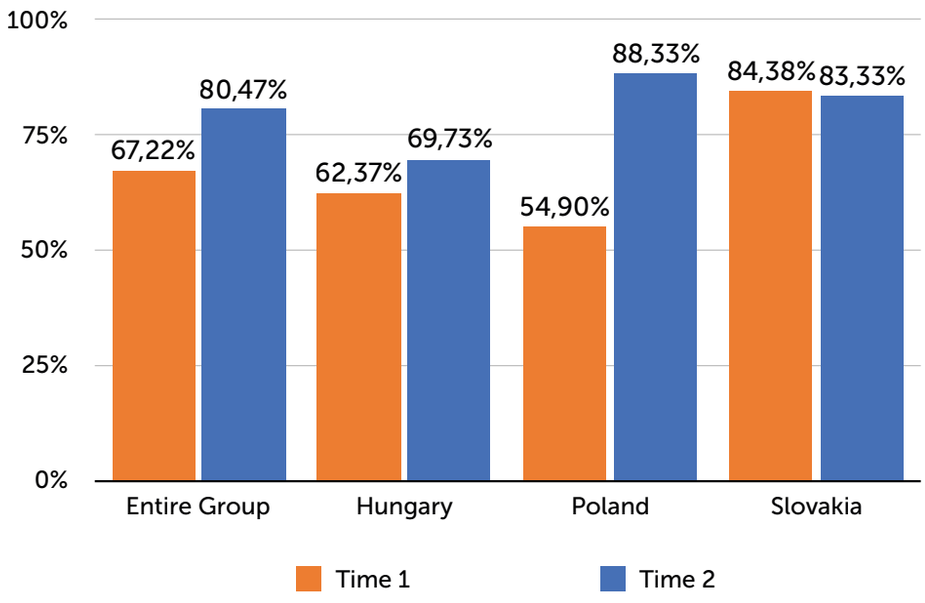


Figure 14 Changes in Participatory Practices Ratings by Country (7 items)

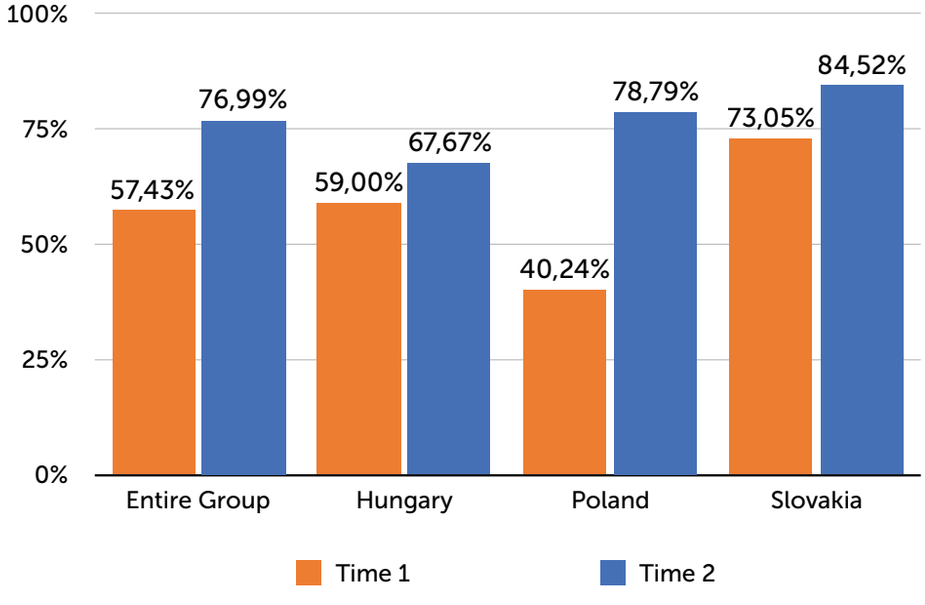


Table 7 below contains the 17 survey items ranked based on the difference (or size of change in percentage of 5s) between Time 1 and Time 2 for the entire group of three countries, from the largest to smallest difference. The relational practice items are shaded in pink, the participatory items in green. Although positive changes occurred in the ratings of all 17 items, with several of the items very close to the benchmark of 85%, it appears that the greatest changes occurred in the family ratings of participatory practices.

Table 7 FCPS Items Ranked by Difference between Time 1 and Time 2

Item	Relational (pink) or Participatory (green)?	Time 1 % 5s	Time 2 % 5s	DIFFERENCE
7	Works with me and my family in a flexible and responsive manner	61.1%	84.7%	23.6%
9	Presents me all the options about different kinds of supports and resources available for achieving what my family considers important	52.2%	72.4%	20.2%
16	Helps me learn about things I am interested in	49.3%	69.4%	20.1%
6	Understands my child(ren) and family's situation	64.1%	83.9%	19.8%
10	Is flexible when my family's situation changes	66.9%	86.6%	19.7%
5	Provides me information I need to make good choices	53.7%	73.0%	19.3%
17	Supports me when I make a decision	56.8%	76.0%	19.2%
8	Helps me be an active part of getting desired resources and support	53.8%	72.5%	18.7%
1	Really listens to my concerns or requests	66.7%	84.7%	18.0%
11	Builds on my child(ren) and family's strengths and interests as the primary way of supporting my family	60.2%	76.6%	16.5%
15	Helps me and my family accomplish our goals and priorities for my child(ren)	60.4%	76.8%	16.4%
3	Sees my child(ren) and family in a positive, healthy way	68.7%	82.6%	13.8%
12	Does what they promise to do	69.3%	82.6%	13.3%
14	Recognizes the good things I do as a parent	61.3%	74.4%	13.2%
4	Is sensitive to my family's cultural and ethnic background	69.1%	80.3%	11.2%
13	Works together with me and my family based on mutual trust and respect	81.2%	84.6%	3.3%
2	Treats me and my family with dignity and respect	79.3%	82.6%	3.3%

In summary, the FCPS-EV showed visible changes in parent perceptions of the professionals' use of and adherence to both relational and participatory family-centred practices as viewed by families. These changes were apparent in all the countries, with Poland showing the most dramatic increase. Research over the years has repeatedly demonstrated that relational practices are easier for professionals to adopt, while participatory practices are more challenging. As a result, what is quite remarkable in this project is the change in the ratings given by families to the participatory practices being used by the ECI professionals. That change suggests that the professionals have embraced the family-centred framework, thus increasing the likelihood of strong child and family outcomes.

Positive findings – Narrative country reports analysis

In all country reports, implementing family-centred practices in ECI delivered more benefits than challenges. It becomes evident that there is a direct link between the amount of change the piloting teams implemented in their practice and the benefits they reported. In the following chapter we summarize all the benefits mentioned in country narrative reports. The abbreviation of the countries in brackets refers to countries where the findings were detected.

For professionals

As seen in Table 4 and Figure 5, the second biggest change in ECI practices was made by **Slovak piloting teams, moving 1,5 points forward, out of a 7-point scale**.

- **ECI provided in family environments helped professionals to enter the daily lives of the families, they got an insight into the everyday life situations and real difficulties, as well as the families' own space and environment** (for example, what kind of home equipment they have, how exactly the meals take place, family rituals, etc.) (HU, PL, BG)
- **appreciation of the child's functioning in natural environment by the professionals, which enables the observation of the child´s behaviour, resources, the tools, preferences and skills,** aspects difficult to observe during established therapeutic sessions that are limited in space and time. All this leads to **a better understanding of children and families** (PL, HU),
- **working also with family members in the child's natural environment**, and therefore having the opportunity to meet all of them (parents, siblings, grandparents...) and **understand their roles**, not focusing only on the child, but also on family needs and **support of the family in "normalising" its daily functioning** (PL, SVK, HU, BG),
- **understanding the most important family challenges and needs, and therefore the recognition of areas requiring support**, which sometimes resulted in making **reformulation of the goals together with parents** (PL, BG, SVK),
- **recognition of the child's "real" needs, as observed by professionals as part of the child's daily routine, including play activities, mealtime, bedtime, waking up**, etc., **using new** tools for understanding the child and family routines, family priorities, and family social networks (PL, SVK-adopted version, HU-many professionals (BG),
- **using the mapping of the family's social network to assess their needs, resources, and stressors** (PL, SVK, HU, BG),
- **professionals´ awareness of the value of becoming a professional who observes, carefully listens to parents and other family members of the child**, as opposed to the omniscient professional who gives instructions, recommendations and focus mainly on the child according to their therapy plan and goals (PL),
- **strengthening the professionals' belief that child's development can be supported/ encouraged by its family members using** their natural competences and better knowledge of the child's motivation and needs, as well as a greater number of possible interactions through the child's natural routines (PL, SVK),
- **reinforcing the professionals' beliefs about the importance of building positive relationship with the family and supporting a family with a child with special education needs** (PL, HU, BG),
- **improved teamwork - giving mutual support between various professionals working with the family** (PL, SVK),
- **changing the professionals´ and parents' ways of communication** and therefore implementing ECI goals indicated by parents, not by ECI professionals (PL, BG),
- **improved planning and better understanding of the role of the family plan** (PL, SVK, HU, BG),
- **enhanced efficiency of the work as a result of meetings with all the family and external experts of the child** (BG),
- **greater results in the work through a stronger partnership, shared decision-making and assessment** (BG).

For families

- **positive experience in receiving the care and counselling in natural family-home environment** (HU, PL, SVK, BG),
- **greater parents' openness and willingness to share all insights, worries and achievements, as well as increased family's sense of safety and trust** (PL),
- **child' development observation by all family members - not only by the caregiver attending the centre with the child** (PL),
- **better understanding of the child's needs, abilities**, and behaviour often resulting from a specific disability or developmental delay, **by all family members** (PL, BG),
- **making parents aware of the value of everyday activities as a child's learning opportunities: recognition of the child's "real" needs as observed by professionals as part of the child's daily routine, including play activities, mealtime, bedtime, waking up**, etc., **using new tools** for understanding the child and family routines, family priorities, and family social networks, 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 (PL, SVK, HU)

„Mapping the routines was not easy. There were some things I had to think about, but after we were done with it, I was really faced with what activities, things that are harder to do (dressing, talking, bathing ...) I got a lot of useful advice on these, which I accepted. It helped me a lot, we improved a lot, we learned to talk with hand signals, I gave my son more space to get dressed and so on..."

mother, Hungary

- **great influence on the belief that parents themselves can enhance their own child's learning and development, parents reconsidered their role** (PL, HU, BG),
- **clearer information for the family about its support network, resources, and stressors** (PL, SVK, HU, BG),

„Once it was done, I noticed what hidden sources of stress I have that make our already difficult family life even more difficult, which in itself was interesting to me!"

mother, Hungary

- **increasing the parents´ openness**, with a positive influence on communication between parents and professionals (PL),
- **parental decision making – parents defining the ECI goals and priorities**, parents also felt they were heard by therapists, which was a completely new experience for them (PL, SVK, HU),
- **parents acquiring practical skills to support their child's development**, using appropriate intervention strategies and implementing efficient activities even during the longer absence of the therapist (PL, BG),
- **increased opportunity to find solutions to the issues that arise from week to week aligned with the family daily life** – through weekly home visits (HU),
- **increasing the child's active participation** in the family life, as well as the child and family's participation in the local community – **leading to effective inclusion** (PL),
- **matching the activities for supporting the development of the child with the child's own interests and priorities**, increasing the child's motivation and comfort for engaging in a specific activity (SVK),
- **Shift from deficit-oriented perspective to a strength perspective, valuing the child's abilities**, and in this regard shifting from teaching the child things that he/she lacks to things where he/she has potential for faster progress (SVK), **Better rational expectations for the child's development, smaller goals, less failure, faster success with positive effect on the child and family's well-being, as well as on the dynamics of the whole family** (HU),
- **strengthening of the family functioning** (BG),

- **more individualized and flexible support** (BG),
- **development of family goals which are defined and prioritized according to the family's needs, expectations and values** (HU, BG, SK),
- **greater results in the work thanks to stronger partnership, shared decision-making and assessment** (BG),
- **change of attitude of some parents related to understanding how important cooperation is** (BG).

Challenges – Narrative country reports analysis

The following challenges have been highlighted by the piloting organisations in the country reports from Bulgaria, Hungary, Poland and Slovakia. While most of them are manageable, it is vital that service providers and families take them in consideration to ensure the best outcome possible for the ECI support.

- **to overcome the fear of family members of interference in their daily lives** – even more when families showed difficulties in adjusting to the news of their child's disability, and a lack of understanding of what kind of development support is needed. Pilot services who work in the family environment for four years, like in Slovakia, don't mention this. (BG, PL, HU)
- **changes in habits and usual routines;** parents very often meet different professionals and kinds of therapies in different clinics. It is crucial to support the family as early as possible and maintain a broader perspective on the family's needs, even though parents request support primarily for the child. Some families reported that the work of professionals is enough and they did not see their role in the child´s development. Bulgaria reported that some parents refused to let professional into their homes (PL, HU, BG, SVK)
- synchronising the activities of professionals working in both social service and in natural environments **requires a lot flexibility and adapted resources** (BG),
- **coaching and dealing with parents and adult emotions can be skills not possessed by the therapists.** These skills appear more often and are more important when working in the child's natural environment then in the ECI service settings. The Slovak pilot services did not identify this as a challenge – all pilots had social worker and psychologist in the teams and majority of professionals in Slovakia attended 150-hour training on work with families (PL, BG, HU),
- **organizing a teamwork in a transdisciplinary model,** while there is a lack of professional preparation to work in such a model (PL, SVK),
- **ensuring systematic supervision by a leading professional, such as a case mediator** (PL),
- **time management** – ECI professionals' experience from the project pilot shows that a lot of time during visits 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 (PL),
- **long distances between the different families supported** (e.g., in Warsaw) - travel time to children's homes is not considered in the salaries of ECI professionals, while the provision of such ECI service must be organized in the child's local environment (PL),
- there is an **organizational problem when it comes to ECI services for children in divorced families** – the child lives in two different homes depending on the days of the week (parents and grandparents alternating care) (PL),
- **clearly defined ECI service delivery tasks according to a family-centred practice** – families with more complex problems such as parents separation, serious illnesses, addictions, and lack of life resources expected help in that areas, which caused difficulty in defining the role and tasks of ECI services during the implementation of the pilot project, and highlights the need to have cross-sectoral cooperation with social affairs (PL),
- **defining the mission, work philosophy and methodology as a ECI team.** Having systematic team meetings and conversations on the changes to implement in professional practice, to discuss "what, in what order and how" (PL, SVK),

- **continuous improvement of qualifications, sharing knowledge and mutual learning**, discussing the child's and family's needs in order to provide an efficient support (PL, BG, HU),
- **adapt frequency of home visits and geographical accessibility, so that professionals can provide systematic family-centred practice** (SVK, BG),
- **adapt the family-centred model according to the situation of the family and family members personalities** – e.g., use of routine base interview can be understood as detailed data-collection and its use can be time-consuming (SVK, HU),
- **building a trustful relationship between parents and professionals** (BG).

Conclusion

The piloting of family centred practices in all four countries led to changes that were identified by families and professionals:

- 19 service providers, 500 professionals from Bulgaria, Hungary, Poland and Slovakia were trained in the evidence-based framework and practices described in this report.
- 15 service providers began to implement the framework and practices over a 12 month period.
- The professionals self-reported changes in their ECI practices. Their ratings of the items on *Finesse II - Families in Natural Environments Scale of Services Evaluation* on average moved forward 1,3 points within 12 months.
- 380 families took part in the pilot implementation.
- 187 families - clients of the piloting organisations took part in the evaluation of family-centred ECI at Time 1, and 167 of those families completed the Time 2 evaluation.
- The changes in the *Family-Centered Practices Scale – Extended Version* suggested that the families perceived an increase in the professionals' use of family-centred practices (both relational AND participatory) over the 12 months of the piloting period.

Research on ECI (Boavida & Carvalho 2003; Boavida, Espe-Sherwindt & Borges 2000; Carvalho et al. 2016; McWILLIAM 2010; Guralnick 2001) support that the use of family-centred practices within each child and family's natural environment are evidence-based, up-to date, and the recommended way to provide effective early childhood intervention services. Based on the above presented data, the 15 service providers from Bulgaria, Hungary, Poland and Slovakia markedly improved their practices and the services they delivered to children and their families. The positive findings reported both by professionals and families highlight the countries' efforts to adopt and adhere to the framework in which the professionals were trained. Nevertheless it is important to underline that the pilot experience was the first step for implementing evidence-based ECI practices in the different countries; for these changes to remain and be ingrained, it will be necessary for each country to maintain a continuing investment in professional development through reflective supervision and professional training. With this pilot experience "we throw seeds on the soil and now we need to take good care of them to see them growing and to able to collect the results of this harvest" for the well-being and inclusion of all children and families in our societies.

We hereby would like to thank all the involved trainers, service providers and families for their willingness, personal involvement, and ability to work within this "new" paradigm in early childhood intervention. New paradigms demand new mind-set both for professionals and for families. All parties understood and showed a lot of effort and commitment to put it into practice. This has been one of the greatest and most impactful factors in the long-term transformations brought by the ECI AGORA project. The piloting of family-centred practices left a mark on the professionals and families involved and created an inspiring blueprint for the new generation of services to follow.

Follow up

All piloting organisations declared that they continued using family-centred practices in their ECI services. Many of them planned to organize workshops and other activities to spread family-centred practices among the professionals and families they cooperate with.

The piloting of family-centred practice in ECI was part of the ECI AGORA Project, and made possible thanks to the support of the Velux Foundations. Working with partners from across four Central and Eastern European countries (Hungary, Slovakia, Bulgaria, Poland), the ECI AGORA Project aimed to create national ECI AGORAs, which will enable ECI services to:

- Share expertise.
- Find solutions to their identified problems.
- Connect with potential partners for their projects.
- Find potential funders for their investment plans

We summarize here how the partner organizations as a future ECI AGORA CENTERS will, after piloting the family-centred practices, deepen the understanding of the routine and family-centred concept in their countries. Their own positive experiences implementing this methodology, learning about its benefits and challenges, helped the partner organizations to define the needed next steps towards building a more systematic early intervention system at national level, following family-centred practices.

Gezenguz Foundation in Hungary declared "all institutions can promote the AGORA pilot experience at the local level with lectures, workshops, and experience sharing. In the future, we aim to launch a postgraduate course in which we will introduce the concept of the ECI AGORA project to professionals working in early childhood intervention. Our long-term plan is to develop a module that can be connected to the university education of professionals and can be included in the curriculum as ECI training material."

EZRA in Poland declared: "to summarize, all professionals are convinced that learning about the ECI family-centred model and being given tools have had 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-centred model practice in our country.

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

- update the professional knowledge by participating in trainings, conferences and becoming familiar with publications translated under the project – Guidebook for Professionals: Recommended Practices in ECI;
- expand knowledge in the field of coaching and working with families;
- ensure a systematic supervision of ECI service practices and practical use of tools presented in the project – tools for understanding the child and family routines, family priorities, and family social networks;
- develop the principles of teamwork and an internal document (leaflet) presenting the philosophy of work in a family-centred model, and the consistent implementation of the model assumptions in everyday ECI practice;
- gradually implement a transdisciplinary model, including a family leading professional/case-mediator."

NASO in Bulgaria declared: "NASO has more than 2,000 members and based on this we will make sure that early childhood intervention reaches every region of Bulgaria. In order to contribute to the sustainability of the ECI AGORA project, NASO will continue implementing its practices aimed at the dissemination of early childhood intervention. We will further work on developing strong coordination and collaboration mechanisms among all institutions that have to deal with children and their families. NASO as an umbrella organization will implement family-centred ECI services throughout Bulgaria and provide information on this new methodology. In this regard, during the Roadshow in Varna, Plovdiv and Gabrovo, where government representatives were present, the basis for inclusion in the legal framework was laid and we will continue to work in this direction."

NASSP in Slovakia decided: "Our following steps to support and implement family-centred practices in ECI system in Slovakia will be to:

- negotiate the creation of a cross-sector working group for building a national comprehensive system of early childhood intervention
- advocate for creating a national strategy with particulars steps towards setting up a comprehensive ECI system in the country and its approval by the Slovak government
- translate the Guidebook for Professionals – Recommended Practices in ECI, on how to provide family-centred practices and distributes it to all service providers in Slovakia
- produce a video on how and why early childhood intervention services should be delivered according to family-centred practices
- train representatives of families in family-centred practices in ECI
- lead a professional discussion on the topic: how to involve child development in social services of early childhood intervention in Slovakia, so that the families do not have to visit parallel therapists to support their child
- organize a Slovak conference on ECI at national level."

Each ECI Agora partner developed a Roadmap identifying the next steps that need to be taken in every partner country for establishing ECI family-centred practices in the child's natural environment.

The project ECI AGORA also introduced a strategic document *"Strategies for Policy Changes in Early Childhood Intervention"* (NASO, Atanasova, 2020). This document gathered positive examples of countries where a ECI system is already built or is in progress, and identified recommended process of systemic changes towards creating coordinated ECI system. Strategies for Policy Changes in Early Childhood Intervention can serve as a guide for countries which are initiating the process of system changes in ECI.

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Appendix I

Questionnaire for pilot evaluation - Finesse II (McWilliam 2011)

FINESSE II

Families In Natural Enviroments Scale of Services Evaluation

R. A. McWilliam
2001
Siskin Children's Institute, Chattanooga,
Tennessee, USA
Original version dated 2000

Directions:

In rating each item, first read all of the descriptors. On the scale above the descriptiors, circle the number that best represents your **typical practice**. On the scale below the descriptiors, circle the number that represents what you would like to do on this item (**ideal practice**).

1. Written Program Descriptions (brochures, flyers, etc.)

Typical Practice

1	2	3	4	5	6	7
Written materials exclusively **describe** services for the child only, such as therapy and instruction.		Written materials **emphasize** services for the child only, such as therapy and instruction.		Written materials **mention** emotional, informational, and material support for families.		Written materials **emphasize** emotional, informational, and material support for families.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

2. Initial Referral Call

Typical Practice

1	2	3	4	5	6	7
Person handling the initial referral call describes the program **solely** in terms of therapy and instruction for children.		Person handling the initial referral call describes the program **primarily** in terms of intervention for children.		Person handling the initial referral call describes the program primarily in terms of intervention for the child and **mentions** support to families.		Person handling the initial referral call describes the program **primarily** in terms of support to families.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

3. Intake

Typical Practice

1	2	3	4	5	6	7
No systematic method is used to determine the family's resources.		The family is **asked** what their concerns, priorities, and resources are.		A **conversation** with the family is used to ascertain their supports and resources		An **ecomap** is developed to determine the family's informal and formal supports and who lives with the child.

Ideal Practice

If discrepancy between typical and ideal practice, why?

4. Supports

Typical Practice

1	2	3	4	5	6	7
Child's primary caregivers and services already received are the only supports identified during IFSP/IEP development.		**Informal and formal supports** are determined **without** an indication of level of support from each.		**Oral or written questionnaire** is used to determine the family's supports, **with** an indication of level of support from each.		An **ecomap** is used to determine extended family members, friends, neighbors, religious supports, professionals, and financial resources, with an indication of level of support from each

Ideal Practice

If discrepancy between typical and ideal practice, why?

5. Needs Assessment

Typical Practice

1	2	3	4	5	6	7
Hardly any needs assessment is conducted. Mostly **testing results** are used to plan interventions.		In addition to formal testing, **formal** assessments are carried out to plan interventions.		Everyday routines are considered, but assessment is organized by **developmental domains**.		In addition to any testing, **informal** methods are used to determine the child's engagement, independence, and social relationships in everyday **routines**.

1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

6. Family Needs

Typical Practice

1	2	3	4	5	6	7
Families are **asked** what their needs are.		Families complete a **questionnaire** about their needs.		Family-level needs are identified **informally** but they are **not** asked directly about their needs and desires for any change in their lives.		Family-level needs are identified primarily through informal or semi-structured conversations about everyday routines as well as **direct questions** about their needs and desires for any change in their lives.

1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

7. Satisfaction With Home Routines

Typical Practice

1	2	3	4	5	6	7
For planning interventions, families are **not asked** about their satisfaction with everyday routines.		**Professionals** decide which routines are working well for families.		**Families** are asked about their satisfaction with routines but **not to score** their satisfaction.		Families are asked to rate their satisfaction with each routine on a 1 (negative)-5 (positive) **scale**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

8. Individualized Outcomes/Goals

Typical Practice

1	2	3	4	5	6	7
Almost all plans have only child-level outcomes that don't specify participation and no **family-level outcomes**.		Plans have child-level outcomes that **don't specify participation** and **family-level outcomes**.		Plans have **fewer than 6** outcomes, some of which are **participation-based** child-level outcomes and some are family-level outcomes.		Plans have **6-12 outcomes**, some of which are participation-based child-level outcomes and some are family-level outcomes.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

9. Specificity of Outcomes/Goals

Typical Practice

1	2	3	4	5	6	7
Child-level outcomes **do not specify the behaviour**, just the domain (e.g., Johnny will communicate)		Child-level outcomes **specify the behaviour** but **not criteria for acquisition and generalization or time frame**.		Child-level outcomes specify the behaviour and **criterion for acquisition but not generalization or time frame**.		Child-level outcomes specify the behaviour, criteria for acquisition **and generalization, and time frame**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

10. Service Decisions

Typical Practice

1	2	3	4	5	6	7
Services are decided upon on the basis of **the child's delays or diagnoses**.		Services are decided upon on the basis of **outcomes/goals, assigning professionals to match the domains of the outcomes**.		Services are decided upon, after beginning with a **primary service provider**, then adding other team members, so **every IFSP/IEP has a team of multiple professionals**.		Services are decided upon, after beginning with a primary service provider, then, outcome by outcome, **adding only necessary people**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

11. Transdisciplinarity of Home-Based Early Intervention (write NA if not applicable)

Typical Practice

1	2	3	4	5	6	7
Two or more service providers work with the family at separate times and with **little communication** between or among them.		**Two or more service providers** work with the family at separate times and **communicate** with each other.		One service provider has the most contact with a family, but others have **separate visits**.		One primary service provider works with the family, **with consultation**, as needed, from professionals from other disciplines.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

12. Home-Visiting Practices

Typical Practice

1	2	3	4	5	6	7
Visits consist primarily of the home visitor's **working directly with the child**.		Visits consist primarily of the home visitor's **demonstrating techniques** to the family, whose main role is to observe.		Visits consist primarily of **consultation with/coaching of** the family about functional child skills but **not meeting family-level needs**.		Visits consist primarily of consultation with/coaching of the family about functional child skills **or meeting family-level needs**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

13. Home Visit Agenda

Typical Practice

1	2	3	4	5	6	7
The home visit agenda is the **activities the home visitor takes**, to work with the child.		The home visit agenda is a **mixture** of professional-child activities and professional-family talk.		The home visit agenda is **almost exclusively predetermined by outcomes/goals** on the IFSP.		The home visit agenda is functional outcomes but the **family has the opportunity to set the home visit agenda**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

14. Adult Learning and Consultation/Coaching

Typical Practice

1	2	3	4	5	6	7
The home visitor determines what the needs are, **tells** the family what should be done, and evaluates the family's success in carrying out the intervention.		The home visitor makes **suggestions** about **professional-identified** needs.		The home visitor makes suggestions about **family-identified** needs, without **little input** from the family.		**Together**, the home visitor and the family provide information about needs, about potential interventions, and about the success of interventions tried.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

15. Family Consultation

Typical Practice

1	2	3	4	5	6	7
Developing interventions consists of the home visitor's mostly **telling** the family what they should try.		Developing interventions consists of the home visitor's **giving suggestions** to the family.		Developing interventions consists of the home visitor's **giving suggestions** to the family and asking the family for their **input**.		Developing interventions consists of the home visitor's **mostly asking** questions of the family, including *Have you tried _____?*
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

16. Demonstrations for Caregivers

Typical Practice

1	2	3	4	5	6	7
The early interventionist works with the child to demonstrate for the caregiver, with little discussion.		The early interventionist works with the child to demonstrate for the caregiver, explaining what he or she is doing.		Demonstrations are accompanied by discussion between the early interventionist and the caregiver, but not preceded by much conversation about this skill.		Demonstrations of interventions occur **after conversation** about implementation in everyday routines and are accompanied by discussion between the early interventionist and the caregiver.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

17. Community-Visiting Practices

Typical Practice

1	2	3	4	5	6	7
The early interventionist works directly with the child on skills that might or **might not be relevant for classroom routines**.		The early interventionist works directly with the child on skills that fit **within classroom routines**, but spends **little time consulting with/ coaching** the teaching staff.		The early interventionist **consults with/coaches the teaching staff** on interventions that fit within classroom routines, but with **very little demonstration**.		The early interventionist consults with/coaches the teaching staff on interventions that fit within classroom routines, using **demonstration** as necessary.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

18. Working With Families

Typical Practice

1	2	3	4	5	6	7
Early interventionists are friendly and respectful to families but **do not support their decision making about their child**, attend to their needs, or give them a role in administration of the program.		Early interventionists are friendly and respectful to families and support their decision making about their child but **do not attend to their needs** or give them a role in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child **but do not give them a role** in administration of the program.		Early interventionists are friendly and respectful to families, attend to their needs, support their decision making about their child, **and give them a role in administration of the program**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

19. Focus of Child-Level Assessment and Intervention

Typical Practice

1	2	3	4	5	6	7
The focus of assessment and intervention is on the child's **performance of skills listed on developmental tests or curricula**.		The focus is on the child's performance of **functional** skills listed on developmental tests or curricula.		The focus is on the child's **engagement, independence, and social relationships but not necessarily in everyday routines**.		The focus of assessment and intervention is on the child's engagement, independence, and social relationships **in everyday routines**.
1	2	3	4	5	6	7

Ideal Practice

If discrepancy between typical and ideal practice, why?

Appendix II

Questionnaire for family evaluation - Family centred practices Scale (Dunst, Trivette 2004)

Family-Centered Practices Scale

(Extended Version)

Carl J. Dunst and Carol M. Trivette

This scale includes a list of statements that describe different ways professionals might interact with and treat families. Please indicate which response best describes how the Family, Infant and Preschool Program staff member interacts with and treats you as part of working with your child(ren) and family.

Please indicate how the Family, Infant and Preschool Program staff member *interacts with and treats* you and your family.	Never	Very Little	Some of the Time	Most of the Time	All of the Time
Really listens to my concerns or requests	1	2	3	4	5
Treats me and my family with dignity and respect	1	2	3	4	5
Sees my child(ren) and family in a positive, healthy way	1	2	3	4	5
Is sensitive to my family's cultural and ethnic background	1	2	3	4	5
Provides me information I need to make good choices	1	2	3	4	5
Understands my child(ren) and family's situation	1	2	3	4	5
Works with me and my family in a flexible and responsive manner	1	2	3	4	5
Helps me be an active part of getting desired resources and support	1	2	3	4	5
Presents me all the options about different kinds of supports and resources available for achieving what my family considers important	1	2	3	4	5
Is flexible when my family's situation changes	1	2	3	4	5
Builds on my child(ren) and family's strengths and interests as the primary way of supporting my family	1	2	3	4	5
Does what they promise to do	1	2	3	4	5
Works together with me and my family based on mutual trust and respect	1	2	3	4	5
Recognizes the good things I do as a parent	1	2	3	4	5
Helps me and my family accomplish our goals and priorities for my child(ren)	1	2	3	4	5
Helps me learn about things I am interested in	1	2	3	4	5
Supports me when I make a decision	1	2	3	4	5

Agora

Project partners

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