

Interdisciplinary

Early Childhood

Intervention

and

Family Support in

Austria

E.C.I.





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Main Points of Our Presentation

1. In this workshop you'll be given information about the model of E.C.I. which has been implemented in Austria/Styria for over 20 years;
2. What E.C.I. means for us;
3. Main points of organisation and financial concept;
4. Prerequisites of basic and further training for E.C.I. specialists;
5. After a short theoretical section, overview of the practical work in different families. The most important objective is the exchange of mutual experiences.



Occupational Description

- ❖ E.C.I. specialists are qualified to work with children with disabilities and children suffering from threatened or existing developmental delays or behavioural disorders;
- ❖ E.C.I. starts from birth or after impairment has been established until child enters an educational establishment (at age of 6);
- ❖ E.C.I. should start very early. Optimal development conditions are created through the earliest possible recognition of impairment;
- ❖ E.C. I. should have a preventive, compensatory, integrative and emancipatory effect, and aims to create more security for all those involved with the parents' special situation.



Occupational Description

- ❖ E.C.I. is considered as an emergency aid and a preventive measure to avoid secondary impairment and sociocultural disadvantages;
- ❖ Tasks within the families can be divided into many different areas, but there are two main areas:
 - working with the child**
 - working with the family**
- ❖ The activities of E.C.I. which focus on the child should be implemented in relation to resources and the experiences in everyday family life.



Occupational Description

- ❖ The **aim of working with the family** is to support the parents or the closest relation to the child (siblings....) in dealing with the affected child.
- ❖ An interdisciplinary approach is required to cover the wide variety of the range of tasks. Co-operation within the E.C.I. team and co-operation between different professionals *who are working* with the child and the family.



Organisation and Financial Concept

- ❖ ECI specialists visit the families once every week at home for 1,5 hours
- ❖ Fulltime job as ECI needs 12 – 14 families to support
- ❖ The service is voluntary – parents apply for this service at the government
 - there are no costs for families
- ❖ ECI specialists have prove their special training to be allowed working
- ❖ Different private services are covering the needs in our region
- ❖ All specialists have to pay attention to the general principles of E.C.I. and to the rules in the legal organisation concept

Prerequisites for Admission

**for professional training in
E.C.I.**

- ❖ A minimum age of 25 years;
- ❖ A degree in a related subject or completed professional training in the area of special education, psychology, medicine, therapy or social studies;
- ❖ At least two years relevant practical experience;
- ❖ A university entrance examination;
- ❖ Personal aptitude for this profession.



LARA

❖ **Diagnosis**

- ❖ Start of E.C.I: 5th month; in hospital until this time;
- ❖ Premature birth; (26th week of pregnancy, 980g), twin;
- ❖ Cerebral haemorrhage, brain cysts;
- ❖ ICP;
- ❖ General delayed development;
- ❖ Problems with feeding;
- ❖ Impaired vision.



Family Situation:

- ❖ **Mother:** distressed, overburdened, very active;
- ❖ Divorced, 8-year-old son lives in same household; the mother currently lives together with the
- ❖ **Child's father:** distressed, overburdened, conscientious;
- ❖ **Son** from previous partnership (10 years), lives with mother;
- ❖ **Twin sister:** 1050g birth weight; malformed kidneys, (operation IS necessary); problems with feeding; chances of survival still not clarified.



Early Childhood Intervention Aspects

Working with the family (parents)

- ❖ Working through the mourning process;
- ❖ Clarification of daily tasks (structure);
- ❖ Support with form of relationship (high tension at different levels);
- ❖ Advice regarding upbringing (problems of acceptance);
- ❖ Help with financial organisation (clarification of entitlement to benefits);
- ❖ Organisation of family-support measures;
- ❖ Giving information and advice in the family environment.



Early Childhood Intervention Aspects

Working with the child

- ❖ Strengthening of present abilities (perception);
- ❖ Support in the development of child's own behavioural competence;
- ❖ Support of concept formation and initiation of speech;
- ❖ Individually organised feeding;
- ❖ Reduction of number of toys and remedial measures (overburdening!)
- ❖ Shaping of contact with twin sister;
- ❖ Observation and shaping behavioural patterns.



Early Childhood Intervention Aspects

- ❖ **Interdisciplinary Co-ordination**
- ❖ Discussions with doctors at Children's Hospital;
- ❖ Co-ordination of intervention aspects with various therapists (physiotherapy, speech therapy);
- ❖ Co-ordination of appropriate goals with various alternative institutions which were made use of by the mother;
- ❖ Discussions with nursery school.



MAX

Diagnosis

- ❖ Birth in 32nd week of pregnancy ;Down's syndrome;
- ❖ Weight: 1520g;
- ❖ Start of Start of E.C.I: 5th day of life at hospital; E.C.I: 5th day of life at hospital;
- ❖ Problems with feeding;
- ❖ Weak muscle tone;
- ❖ Abnormal values in blood and thyroid glands.



Family Situation

- ❖ Great, joyous expectations– enormous shock about Down's syndrome;
- ❖ The child is the sole central focus in their lives;
- ❖ All possibilities of support should be gone through;
- ❖ Worried that they may be neglecting something– question their activities very critically;
- ❖ Desperation alternates with meeting individual demands.



Early Childhood Intervention Aspects

- ❖ **Working with the family**
- ❖ Supporting the acceptance of the given situation;
- ❖ Clarification of the question of “blame”;
- ❖ Pointing out possibilities for a Down's syndrome child; dismantling prejudices;
- ❖ Looking for and finding common goals for upbringing and education;
- ❖ Building up the confidence of mother and father in their own upbringing skills;
- ❖ Parents' right to their own needs– normalisation of daily life;
- ❖ Information about and contact established with child-care facilities to relieve parents.



Early Childhood Intervention Aspects

- ❖ **Working with the child**
- ❖ Support of all perceptual areas/ attention/ concentration;
- ❖ Proposing and supervising health-promoting measures as basis of development;
- ❖ Introduction of therapeutic measures in daily life;
- ❖ Strengthening interests and initiated abilities (choice of material);
- ❖ Observation of behaviour and co-ordination with the objectives and needs of the parents;
- ❖ Pointing out individual learning behaviour;
- ❖ Special attention given to language development.



Early Childhood Intervention Aspects

- ❖ **Interdisciplinary co-operation**
- ❖ Support with the utilisation of medical treatment (specialists!);
- ❖ Finding a suitable range of therapies (possibilities regarding time and space);
- ❖ Day-care placement with specially trained staff– shared support objectives;
- ❖ Information about literature, seminars and relevant training courses – establishing contacts.



CHRIS

- ❖ Three years old; psycho-motorically retarded;
- ❖ Socially deprived;
- ❖ No active speech;
- ❖ Behavioural problems;
- ❖ Problems with practical skills;
- ❖ Interactive disturbances;
- ❖ Problems with gross and fine motoric skills.



Family Situation

- ❖ Mentally challenged mother (family childhood of violence and alcohol problems);
- ❖ Existential problems of the family (risk factors), (financial problems);
- ❖ Mother's nurturing skills restricted to functional actions, such as feeding, changing nappies and washing the child;
- ❖ Different attitudes between the mother and her partner towards education.



Early Childhood Intervention Aspects

Working with the family (the parents)

- ❖ Expanding the horizon regarding education and the child's development;
- ❖ Supporting the mother step by step to encourage interaction with her child;
- ❖ Developing rules of behaviour (working on behaviour);
- ❖ Informing and supporting the parents in coping with daily life (for example, cooking, handling money, etc.)



Early Childhood Intervention Aspects

Working with the child

- ❖ Stimulating perception;
- ❖ Stimulating gross motor skills and fine motor skills in daily-life activities;
- ❖ Increasing passive and active speech in cooperation with speech therapist;
- ❖ Initiating and promoting practical life skills.



Early Childhood Intervention Aspects

Interdisciplinary Cooperation with

- ❖ Pediatrician regarding the developmental diagnosis;
- ❖ Social worker (financial problems and opportunities for the family, common aims in working with family for better opportunities for the child, social paedagogic programmes for the mother, etc.; child care for relief of mother);
- ❖ Childminder (integration in small groups);
- ❖ Therapists - speech therapist, physiotherapist, psychologist, etc .



LEO

- ❖ 2.5 years; ADHS;
- ❖ Oppositional behaviour;
- ❖ Delayed speech development;
- ❖ Perception problems (body perception and dealing with own strength).



Family Situation

- ❖ They have three adopted children (18, 12 and 2½);
- ❖ The family is well off;
- ❖ They have a farm and their own company producing natural products for several farmers and thus have many visitors;
- ❖ The biggest aim of the adoptive parents is to give the children the best environment in which they can develop.



Early Childhood Intervention Aspects

Working with the family

- ❖ Behaviour modification: evolving clear rules and consequences;
- ❖ Strengthening the competence of the parents;
- ❖ Informing family about ADHS syndrome:
Increasing understanding of the syndrome and finding and developing a coping strategy between parents, child and siblings .



Early Childhood Intervention Aspects

Working with the Child to

- ❖ Stimulate perception;
- ❖ Encourage speech in playful situations;
- ❖ Increase social skills (so that child can control his/her own impulses in daily situations).



Early Childhood Intervention Aspects

Interdisciplinary Cooperation with

- ❖ **Pediatricians at Children's Hospital;**
- ❖ **Speech therapist;**
- ❖ **Family relief;**
- ❖ **Nursery school.**