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THE IMPORTANCE OF EARLY CHILDHOOD DEVELOPMENT SUPPORT (ECDS) FROM THE PARENTS' PERSPECTIVE

ZNACZENIE WCZESNEGO WSPOMAGANIA ROZWOJU DZIECKA Z PERSPEKTYWY RODZICÓW

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disabled child,
disability, special
needs, therapy, early
development support,
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Słowa kluczowe:
dziecko niepełno-
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potrzeby, terapia,
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rozwoju, wychowanie
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Summary: Proper implementation of ECDS is crucial for the future school career of children with developmental disabilities. Effective implementation of tasks by specialists and the proper preparation of parents to support the child in overcoming difficulties and barriers are invaluable.

The article presents the results of research on the effectiveness of ECDS in the opinion of parents of children receiving this form of assistance. It also presents the views and experiences of parents associated with ECDS and the benefits arising from these activities.

Streszczenie: Właściwa realizacja wczesnego wspomaganie rozwoju dziecka ma zasadnicze znaczenie dla przyszłej kariery szkolnej dzieci z zaburzeniami rozwoju. Efektywna realizacja zadań przez specjalistów oraz właściwe przygotowanie rodziców do wspierania dziecka w pokonywaniu trudności i barier są nieocenione.

W artykule zaprezentowano rezultaty badań, których przedmiotem uczyniono efektywność wczesnego wspomaganie



rozwoju dziecka w opinii rodziców dzieci objętych tą formą pomocy. Przedstawiono poglądy i doświadczenia rodziców związane z wczesnym wspomaganiem rozwoju oraz korzyści wynikające z zajęć.

Early childhood development support follows from the right of young children and their families to get the help they need, especially when the child experiences developmental limitations.

Joanna Głodkowska (2017, p. 19)

Introduction

The birth of a child with developmental disabilities is always a very difficult event for a family. At that point, they need special support, help in strengthening emotional bonds, psychoeducation (i.e., an explanation of what actually happened), as well as information about the disability, problems related to it, and the child's needs arising from these problems. The disorganization of family life caused by the birth of a disabled child contributes – as Beata Ciupińska emphasizes – to the disturbance of family relationships and to disruptions in the emotional attitude of parents towards the child, which often translates into their use of incorrect educational methods. Usually, the family is not able to cope with such problems on their own and needs effective help and support from the outside (2010, p. 79).

Supporting disabled children and their parents is an increasingly common practice in the Polish education system. Early childhood development support is of particular importance in this respect as it initiates activities intensifying the child's psychomotor and social development. From the moment they have been diagnosed with a disability until the beginning of compulsory education, children can benefit from this specialized form of help and support.

Paragraph 8 of the Regulation of the Minister of National Education of 24 August 2017 on organizing early childhood development support (Journal of Laws of 2017, item 1635), obliges institutions carrying out activities in this field to cooperate with the family. Three main areas of cooperation have been distinguished:

1. Providing assistance in shaping desirable attitudes and behaviors in contacts with the child, including strengthening the emotional bond between parents and the child, recognizing the child's behaviors and shaping and consolidating appropriate reactions to these behaviors.
2. Providing professional instruction and specialist advice as well as consultations in the field of working with the child and identifying their needs.
3. Identifying and eliminating barriers and limitations hindering the child's functioning in their environment.

As part of early childhood development support, specialists who are trained to work with young children with impaired psychomotor development conduct activities aimed at:

- Maximum improvement, development and strengthening of the least damaged mental and physical functions of a child (e.g., visual perception or motor skills);
- Correcting disturbed and damaged functions (speech, logical thinking, cause-effect thinking, generalization, classification, visual memory, vocabulary and general knowledge, auditory analysis and synthesis, graphomotor skills);
- Compensating, stimulating and dynamizing the child's development.

The scope of these activities can be very wide, depending on the developmental deficits diagnosed by specialists. As Barbara Skałbania writes, "equipping parents with educational and rehabilitation skills necessary in their relationship with a disabled child, and providing the necessary support, is the basic task for specialists who help the child and their family" (2013, p. 142).

Research conducted by Barbara Chojnacka-Synaszko (2016, p. 204) has shown that the vast majority of parents of children who receive early childhood development support combine forms of active participation with passive participation in supportive activities. However, parents often show a passive attitude towards supporting the child's development at home; it is, therefore, important to take action to activate parents on the premises of a given institution.

Motivating parents to participate in activities conducted with their children by specialists is invaluable. Research by Ewa Skrzetuska and Magdalena Kozyra-Sekulska (2017) has shown that direct observation of classes is an important way for parents to acquire skills to support their child's development, as it contributes to a more thorough understanding of the legitimacy of the actions taken by therapists. As a result, parents increase their awareness of the practical incorporation of exercise into the actual activities of the child.

It should also be emphasized that parents of children who receive early childhood development support most often seek specialist information regarding the development of their child's speech, the assessment of school-type skills, ways of coping with difficult behaviors, improving self-service activities and solving educational problems.

When working with a disabled child – as noted by Joanna Skibska (2014, p. 197) – it is not only diagnostic and therapeutic measures that are important; special attention should be paid to preventive measures aimed at the child and support for their family. Assuming that the limitations resulting from a child's disability may contribute to the risk of marginalization or even exclusion of the entire family from social life, Sylwia Wrona and Kamila Wrona (2016) undertook research on how the parents of children who receive early childhood development support cope with stress. According to the respondents' declarations, it turned out that the greatest assistance in this area was provided by specialists implementing that support.

Method

In recognition of the importance of the proper implementation of the assumptions of early childhood development support for the child's future educational career and efficient functioning in assigned social roles, the subject of this research is the effectiveness of early childhood development support in the opinion of parents of children who receive this form of assistance.

The aim of the research was to find out about the parents' opinions on the importance of early childhood development support and

1. Ascertain the knowledge and experience of parents in the field of organizing early development support for their children;
2. Get to know the opinions of parents about the benefits of early childhood development support.

The research, therefore, sought answers to the following questions:

1. How do parents rate early development support activities for their children?
2. What is the parents' knowledge of early childhood development support and what are their experiences with using this form of assistance?
3. How do the parents of children who receive early childhood development support evaluate the results of these activities?

The research was conducted among 165 parents whose children received early development support in two specialist psychological and pedagogical early

childhood development support centers located in the Śląskie and Łódzkie voivodships.

The selection of the research group was deliberate; all parents whose children have participated in therapeutic activities in the clinics indicated above were asked to take part in the study.

The study used the method of a diagnostic survey – a questionnaire – which contained conjunctive closed questions as well as semi-open and open-ended questions.

The statistical analysis aimed at checking the relationship between the variables was performed using the Fisher test and the Kruskal-Wallis test.

Results

In the course of the undertaken research, the focus was on determining – based on the opinions of the parents of children receiving early childhood development support (ECDS) – how the idea of providing help and support to children presenting serious development problems is implemented and to what end. The respondents were, therefore, asked to explain what they thought ECDS was (Table 1).

Table 1

The essence of early child development support in the opinion of parents

In your opinion, early support for child development is: (N = 165)	Number	Percent
a form of help for the child and their parents	33	20.0
multi-specialist assistance in child development	21	12.7
the possibility of improving the functioning of the child	13	7.8
therapy needed in the development of a child with dysfunctions	12	7.2
additional pedagogical and speech therapy classes supporting the development of speech	9	5.4
activities improving the child's motor skills, communication with the child, understanding their needs and helping them gain independence	8	4.8
a chance for the child's development	8	4.8
other	11	6.6
in total	115	69.6

The answers to the question were not obligatory, which is why the total does not add up to 100%.

Source: own research.

Most of the parents (115, which constitutes 69.6% of the total number of respondents) commented on this issue. After categorizing the answers, it turned out that every fifth respondent considers ECDS to be a form of helping the child and their parents. The answers given by the respondents can also be considered a confirmation that the basic assumptions of ECDS had been implemented by the clinics where the research was conducted. Parents define ECDS as multi-specialist assistance, the possibility to improve the functioning of the child or activities improving disturbed functions; according to them, ECDS also gives their child a chance for development.

Analyzing the length of a child's participation in ECDS activities (Figure 1), it turned out that the most numerous group of children – almost 40% – attended the activities for less than one year, and every fifth child for a period of over three years. This may result from the systematic promotion of this form of assistance by clinics and their being granted the status of public institutions in the 2018/2019 school year.

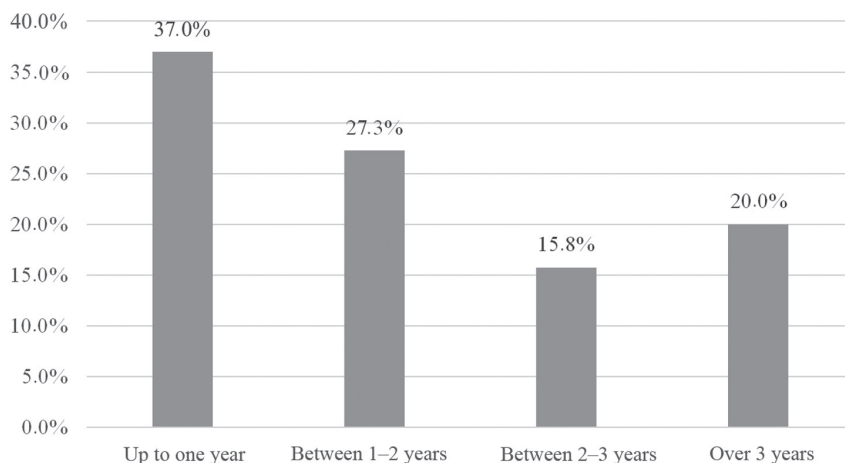


Figure 1.

The length of children's participation in ECDS activities.

Source: own research.

The effectiveness of therapeutic and rehabilitation measures depends on the age of the young patient. The sooner they receive specialist help, the better the results. Therefore, in the conducted research, an attempt was made

to determine when – that is, in what period of their life – did children start receiving ECDS (Figure 2).

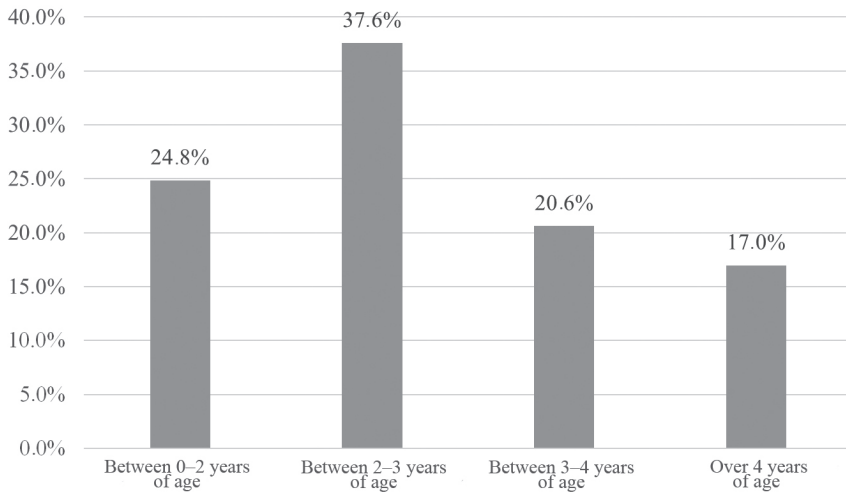


Figure 2.

Child's age when starting to receive ECDS.

Source: own research.

Most often, ECDS activities are attended by children between the ages of two and three, which is when, most probably, the most numerous group of parents notice developmental problems in their children. Only every fourth child receiving ECDS in the surveyed clinics got specialist help in their first months of life, although this is when the prognosis is the best. Children over four years of age have the lowest chances of compensating deficits and disorders as a result of rehabilitation, revalidation, training and therapeutic activities; in the diagnosed environment, however, they account for as many as 17%.

Why did as many as 75% of the children start receiving ECDS only after they reached the age of two? The answer to this question can be found in the data on the sources of information regarding this form of support (Table 2).

Table 2

Sources of information on early childhood development support among parents

Where did you get information on ECDS? (N = 165)	Number	Percent
a medical practitioner	27	16.3
psychological and pedagogical counseling center	32	19.3
nursery	20	12.1
kindergarten	27	16.3
the internet	20	12.1
TV	1	0.6
parents whose children have received ECDS	39	23.6
family and friends	45	27.2

The respondents could choose multiple answers, which is why they add up to more than 100%.

Source: own research.

It turns out that parents most often learn about ECDS from the parents of other children who receive this form of assistance, as well as from family and friends. Only every fifth respondent mentioned a psychological and pedagogical counseling center. Even less often, the source of knowledge is doctors (16.3% of indications), which is a pity because annual checkups or screening tests and control visits during infancy allow doctors to detect any developmental disorders. The conclusion is that ECDS is not sufficiently promoted by pediatricians and specialists, and it is a huge loss for children who require help and support, preventing them from starting their education as efficiently as possible.

A similar group of respondents (16.3%) indicate the kindergarten as a source of information about ECDS; this is probably why almost 40% of children go to specialist care when they are over the age of three (20.6% from 3 to 4 years old and 17% over 4 years of age).

The Results of Early Child Development Support in the Opinion of Parents

In the course of conducting the research, the parents of children who have received ECDS were asked to evaluate the effectiveness of the activities and the direct benefits that this form of assistance has brought. The respondents were asked whether the advice they received from specialists after the completion of the activities was sufficient (Figure 3).

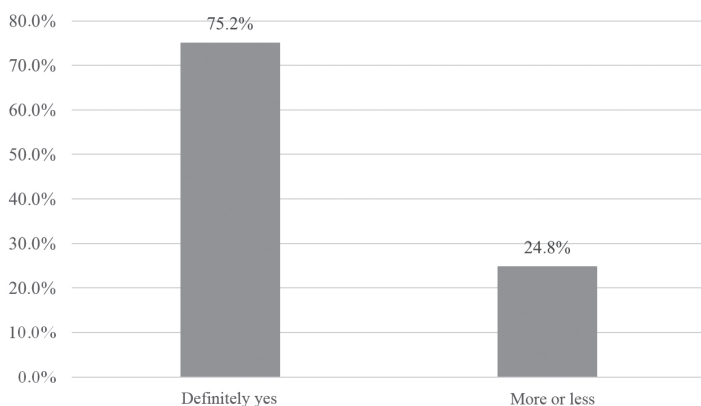


Figure 3.

Parents' opinion on whether the advice provided by therapists on working with children at home was sufficient.

Source: own research.

Parents unanimously considered the advice obtained from therapists sufficient to organize effective help for the child at home. It is worth emphasizing that the respondents could also have chosen “hardly” and “definitely not” when answering the question but none of them did so. Therefore, it can be concluded that the clinics correctly fulfill their assigned role in this respect.

The research also aimed to assess the effects of work with a child receiving ECDS. The statistical analysis was aimed at checking whether the respondents differed in their assessment of the effects of ECDS depending on their level of education, the field of education and the duration of ECDS. The analysis began with checking the nature of the distribution of the discussed variable in groups distinguished according to the levels of grouping (independent) variables. The performed Shapiro-Wilk test showed that the distribution of the variable in each group was different from the normal one. It was, therefore, appropriate to use a non-parametric test. Due to the fact that the number of compared groups always exceeded two, the analysis was based on the Kruskal-Wallis test. Table 3 presents the values of descriptive statistics and test results.

Table 3
The effectiveness of ECDS in the opinion of parents depending on their level of education, their field of education, and the duration of ECDS

Analyzed variables	group of respondents	M	SD	Min	Q25	Me	Q75	Maks	H	df	p
How do you assess the effects of your work with the child as part of ECDS so far?	vocational	8.69	1.26	6	8	9	10	10			
	secondary	8.60	1.32	5	8	9	10	10	0.100	2	0.951
	college	8.38	1.79	4	8	9	10	10			
How do you assess the effects of your work with the child as part of ECDS so far?	humanities and social sciences	8.55	1.45	4	8	9	10	10			
	technical	8.44	1.73	5	8	9	10	10	0.153	2	0.926
	medicine and science	8.43	1.47	5	8	9	10	10			
How do you assess the effects of your work with the child as part of ECDS so far?	up to one year	8.10	1.77	4	7	8	10	10			
	between 1 and 2 years	8.53	1.50	5	8	9	10	10			
	between 2 and 3 years	8.85	1.19	6	8	9	10	10	5.534	3	0.137
	over 3 years	8.91	1.21	5	8	9	10	10			

M – mean, SD – standard deviation, Min – minimum value, Q25 – lower quartile, Me – median, Q75 – upper quartile, Max – maximum value, H – test statistic, df – degrees of freedom, p – significance.

Source: own research.

The level of education did not differentiate the respondents in terms of their assessment of the effects of their work with the child receiving ECDS ($p > 0.05$). In each group, three-quarters of the respondents indicated a score of $Q25 = 8$ or more; half of the respondents rated the effects at a level of at least $Me = 9$. The results in each group were comparable – everyone rated the effects of their work with the child highly.

No statistically significant differences were noted with regard to the field of education either ($p > 0.05$). In each group, less than a quarter of respondents indicated a score lower than $Q25 = 8$.

Similarly, the length of their child's participation in the activities did not differentiate the respondents in their assessment of the effects of their work with the child ($p > 0.05$). Slightly lower values of descriptive statistics were recorded among people whose children benefited from early development support for up to a year; half of the respondents in this group had scores not higher than $Me = 8$. This is understandable because the shorter the time of using specialized help, the more difficult it is to achieve exceptional results. In the remaining groups, three-quarters of the respondents indicated the grade $Q25 = 8$ or higher. However, these differences were not statistically significant, so it is not possible to infer real differences between the groups on their basis.

The respondents were also asked to refer to how they benefited from the fact their child has received ECDS. The collected data are summarized in Table 4.

The analysis of the data compiled in Table 4 shows that the vast majority of respondents see a number of positive effects brought by ECDS. The parents of children covered by this form of assistance most often indicate that the activities result in acquiring skills that allow them to work with the child at home and help to improve their relationship with them. The respondents also appreciate the acquisition of knowledge that allows them to support their own child, the acquisition of skills to deal with difficult situations – such as those related to controlling their child's difficult emotions – and improving their own mental condition. Among the respondents, the least popular effects were an increase in knowledge about the child's disability and the opportunity to exchange experiences with other parents.

The collected data was subjected to statistical analysis to determine whether the respondents differ in their assessment of the specific effects of their child's participation in ECDS depending on the level of education, field of education and the length of their child's participation in ECDS (as listed in Table 4).

Table 4
Parents' opinions on the specific effects of providing their child with early development support

ECDS effect indicated by parents (N = 165)	definitely yes		more or less		difficult to say		hardly		definitely not	
	L	%	L	%	L	%	L	%	L	%
Improvement of their relationship with the child	70	42.4	63	38.2	29	17.5	3	1.8	0	0.0
Acquisition of skills enabling work with the child at home	89	53.9	64	38.7	10	6.0	2	1.2	0	0.0
Acquiring the ability to cope with difficult situations	49	29.6	68	41.2	40	24.2	7	4.2	1	0.6
Increase in parental competencies	47	28.4	73	44.2	38	23.0	5	3.0	2	1.2
Increase in knowledge about disability	37	22.4	50	30.3	59	35.7	12	7.2	7	4.2
Chance to exchange experiences and information with other parents	44	26.6	57	34.5	37	22.4	19	11.5	8	4.8
Improvement of the mental state of the parent	50	30.3	69	41.8	35	21.2	8	4.8	3	1.8
Preparing the parents for the role of people supporting their child's development	58	35.1	74	44.8	24	14.5	5	3.0	4	2.4

The respondents could choose multiple answers; thus, they may add up to more than 100%.
 Source: own research.

The results of the Fisher test showed that only the field of education differentiated the parents in the studied population in terms of their perception of the following effects of ECDS: improvement of the mental state of the parent, preparing the parents for the role of people supporting their child's development and improving their relationship with the child. Tables 5, 6 and 7 present the test results.

Table 5

Identifying improvement of the mental condition of the parent as an effect of ECDS depending on the field of education of the respondents

Do you see an improvement in your mental state related to your child's participation in ECDS?	field of education						in total	Fisher's test result
	medicine and sciences		technical		humanities and social sciences			
	n	%	n	%	n	%		
Definitely not	1	4.8	2	3.3	0	0.0	3	p = 0.039
hardly	0	0.0	3	4.9	4	5.2	7	
difficult to say	10	47.6	11	18.0	13	16.9	34	
more or less	7	33.3	22	36.1	37	48.1	66	
definitely yes	3	14.3	23	37.7	23	29.9	49	
in total	21	100.0	61	100.0	77	100.0	159	

n – number; p – significance.

Source: own research.

The data presented in Table 5 show that the test result was statistically significant ($p < 0.05$). This means that there was a relationship between the variables. The differences between the groups were statistically significant. The effects of improving the parent's mental condition were least often noticed by people educated in medicine and the sciences. In this group, 14.3% of the respondents indicated the answer "definitely yes," and 33.3% indicated the answer "more or less." Almost half of the respondents (47.6%) chose "difficult to say." In the remaining groups, most of the respondents indicated affirmative answers; among people with technical education, 37.7% of the respondents chose "definitely yes" and 36.1% chose "more or less." Among people educated in the humanities and social sciences, these percentages were 29.9% ("definitely yes") and 48.1% ("more or less").

Table 6

Identifying parents' preparation for the role of people supporting their child's development as an effect of ECDS depending on their field of education

Do you feel better prepared for the role of a person supporting your child's development thanks to ECDS?	field of education						in total	Fisher's test result
	medicine and sciences		technical		humanities and social sciences			
	n	%	n	%	n	%		
Definitely not	2	9.5	1	1.6	1	1.3	4	p = 0.035
hardly	0	0.0	1	1.6	3	3.9	4	
difficult to say	7	33.3	7	11.5	9	11.7	23	
more or less	10	47.6	27	44.3	37	48.1	74	
definitely yes	2	9.5	25	41.0	27	35.1	54	
in total	21	100.0	61	100.0	77	100.0	159	

n – number; p – significance.

Source: own research.

The data presented in Table 6 show that the test result was statistically significant ($p < 0.05$). This means that there was a relationship between the variables. The effects in the form of preparing the parents for the role of people supporting their child's development were least often noticed by those educated in medicine and the sciences. In this group, only 9.5% of respondents indicated the answer “definitely yes.” Among people with technical education, this answer was chosen by 41% of respondents, and among people with education in humanities and social sciences it was chosen by 35.1%.

The data in Table 7 show that the test result was statistically significant ($p < 0.05$), which means that there was a correlation between the variables. The effect of improving their relationship with the child was least often reported by parents with medical and scientific education. In this group, 42.9% of respondents chose the answer “difficult to say,” 23.8% answered “more or less,” and 33.3% “definitely yes.” The majority of people with technical education indicated “definitely yes” (50.8%). Also, people with education in the humanities and social sciences often agreed with the discussed statement: 41.6% chose “definitely yes,” and 40.3% “more or less.”

Table 7

Identifying an improvement in parents' relations with their child as an effect of ECDS depending on the field of education of the respondents

Do you see an improvement in your relationship with your child related to your child's participation in ECDS?	field of education						In total n	Fisher's test result
	medicine and sciences		technical		humanities and social sciences			
	n	%	n	%	n	%		
Definitely not	0	0.0	0	0.0	3	3.9	3	p = 0.049
difficult to say	9	42.9	8	13.1	11	14.3	28	
more or less	5	23.8	22	36.1	31	40.3	58	
definitely yes	7	33.3	31	50.8	32	41.6	70	
in total	21	100.0	61	100.0	77	100.0	159	

n – number; p – significance.

Source: own research.

Conclusions

The opinions of the parents of children receiving early development support were gathered in the course of the conducted research, both in relation to their knowledge of this form of assistance and concerning their personal experiences regarding the use of the activities and their individual assessment of the ECDS results.

1. The experiences of the parents of children receiving early development support can be considered positive. The respondents define ECDS as multidisciplinary assistance provided to the child and parents, enabling the improvement of the child's functioning through activities improving disturbed functions; according to them, ECDS is a chance for the child's development.
2. This form of assistance is most often used by children between the ages of two and three. It turns out that information about the possibility of receiving ECDS was most often obtained by parents from the parents of other children receiving this form of assistance as well as from family and friends. The idea, therefore, is not sufficiently promoted by pediatricians and medical specialists.

3. The parents recognize and value the results of ECDS. Therapists from the clinics in which the research was conducted meet the parents' expectations in terms of providing guidance on how to organize effective help for the child at home.
4. Regardless of their level of education and the length of their child's participation in the activities offered, the parents listed their many positive effects. They considered the acquisition of skills allowing them to work with the child at home and improving their mutual relations the most valuable positive effects. Among other specific benefits, they also indicated the acquisition of knowledge that would allow them to support the child, the acquisition of skills to deal with difficult situations (such as those related to regulating the child's difficult emotions) and improving their own mental condition.
5. The respondents with medical and scientific education less frequently noticed the following effects: an improvement in their relationship with the child, preparation of parents for the role of people supporting their child's development and improvement of the parent's mental condition.

Summing up, it is worth quoting the reflection of Joanna Doroszuk and Karolina Tersa: "It should be remembered that in order for the goals set in the development of a child to be achieved, their implementation must be continued by other institutions dealing with it. Early development support cannot be separated from activities that are undertaken before and after its completion. [...] The most natural place for such continuation seems to be school" (2018, p. 117).

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