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EARLY INTERVENTION AND EARLY CHILDHOOD DEVELOPMENT SUPPORT – POLISH AND HUNGARIAN SOLUTIONS[1)]

Introduction

Early intervention and early childhood development support for young children with disabilities are among the key areas of interest for policy makers in European countries. Documents published in the last 20–30 years in Europe on concepts, principles and methods in early intervention present changes that are taking place in this field and show the evolution of the idea and theory (Chrzanowska, 2016). The contribution made by many authors representing various research perspectives resulted in the evolution of the theoretical basis and, in consequence, provoked certain transformations in the practical dimension.

The Polish support system for people with disabilities includes independent support models for young children and their families. Basic models are based mainly on the healthcare system (support is provided in early intervention centers) and the education system (support is provided in psychological and educational counseling centers, preschools and therapy centers). The forms of support rest on the assumption that difficulties which manifest in the early life of children who have or are at risk of disabilities are not linked only to an organic, constitutional impairment.

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Early support is defined as: "work oriented at multifaceted psychosocial assistance provided to the family to help it accept and integrate its new member, and at psychoeducational intervention for young children with disabilities that should start as soon as possible in order to improve their functioning and provide psychological and expert support to their families" (Kwaśniewska, Wojnarska, 2004, p. 186).

The issue of early intervention and early childhood development support becomes particularly significant in the context of the demographics of the European Union countries, including Poland and Hungary. The aging of the European population is a fact. As it turns out, birth rates and projections of births for decades to come look almost dramatic. In this context, the quality of support for young children and their families becomes one of the main priorities that can determine the future of countries and societies (Chrzanowska, 2016).

The article is the outcome of cooperation on the exchange of views and practices concerning support for young children and their families in Poland and Hungary. It attempts to show existing knowledge and previous experiences in the area of early intervention and early childhood development support in both countries. Thanks to the analyses presented, it is possible to outline the areas of difficulty and reflect on key issues addressed by Poland and Hungary from a systemic and institutional perspective.

Early intervention and early childhood development support in Poland – Definitional, legal, and systemic aspects

The idea of early intervention and support for families and children with intellectual disabilities dates back to the seventies of the 20th century in Poland (Piotrowicz, 2014, p. 14). At present, early intervention in Poland includes the following: early medical intervention, early psychological and educational intervention and early social intervention – crisis intervention.

It is treated as one of the primary objectives of preventive healthcare, where the following can be distinguished, depending on the time and specific interventions: **primary prevention**, which includes controlling risk factors that cause anatomical irregularities and developmental disorders – it attempts to prevent disease through health promotion, vaccination, etc.; **secondary prevention** – early detection of the pathogen contributes to stopping the progressing disease and prevents a significant deviation from the developmental norm; and **tertiary prevention** – it aims to curb the consequences and complications resulting from the negative stimulus through psychological, educational and medical interventions. It includes interventions that attempt to halt progression of the disease and restore health through rehabilitation (Kosakowski, 2000).

Both early intervention and early childhood development support are terms with shared principles that relate to the interdisciplinarity and comprehensive-

ness of diagnoses, rehabilitation programs for children, and support for their families. Available definitions emphasize different sources of financing and legal basis for putting the activities into practice. Early intervention and early childhood development support are terms that are usually used alternatively.

Analysis of the range of activities provided within the healthcare system, the education system and social welfare clearly shows that early intervention, early childhood development support, and crisis intervention are defined differently. It is worth stressing that specific services are dispersed and performed by different bodies and institutions that are part of different ministries in Poland.

Based on the Publicly Funded Healthcare Act of August 27, 2004, it is possible to contract healthcare services that include early, multi-specialist and comprehensive care of children at risk of disability or children with disabilities.

In Poland, the existing legal solutions make it possible to provide early childhood development support services. These issues are regulated by the Education System Act. In addition, the existing regulations allow for early intervention and comprehensive care of children at risk of disability and children with disabilities. The principles of this care are laid down in the Publicly Funded Healthcare Act.

Comprehensive services that aim to support young children's development and their families are provided within the healthcare system, the education system and social welfare. It is worth stressing that even though these systems provide different ranges of support services, which are offered in different locations and in different forms and are financed with different funds, they need to cooperate with each other in order to be effective.

Early intervention within the healthcare system in Poland

In the Polish healthcare system, the terms early developmental care and early intervention are used. Both terms cover early interventions that consist of assessing the risk of developmental delays and, if possible, in taking preventive measures (Jasiak-Pałczyńska, 2006, p. 28). When an infant at risk of developmental disorders is born, the hospital staff is required to provide an early care program for that child and to stimulate his or her development. Pediatricians, who have specific competence in the area of childhood diseases and their treatment, as well as neonatologists, whose responsibilities include examining, diagnosing and treating ill children in the prenatal period and after birth, play a very important role here. Early intervention within the healthcare system includes monitoring children's vital functions and observing their development. It also includes training for children's parents (legal guardians), individualized care provided for children and their families, as well as early developmental stimulation adapted to their needs. This type of intervention uses a comprehensive approach in providing support for the child and family in: making clinical diagnosis and multifaceted assessment of the child's functioning and developmental potential, as well as the family's diverse needs; developing, following, and evaluating individualized

treatment and therapy plans; and providing specialist counseling and training for the legal guardians of children at risk of disability (preemies, children at risk of developmental disorders, children with developmental irregularities and children with developmental disorders).

To be provided with services in this area, the family needs a specialty care referral, which can be issued by a primary care physician. In this case, it is a pediatrician or a family doctor. A given type of services is provided by outpatient clinics, rehabilitation units, day rehabilitation centers and early intervention centers. It is worth stressing that within the healthcare system, early intervention centers do not function as the Ministry of Health's organizational units. This provokes difficulties regarding the financing of services they provide. The basic organizational structure consists here of a complex of specific specialty care facilities that are financed with funds provided from other activities (Piotrowicz, 2014).

Early childhood development support within the education system in Poland

Early childhood development support is a very important task in the Polish education system with reference to the individual developmental characteristics and needs of children with disabilities, and also in preventing academic failure that might occur in the future. Early childhood development support is defined as early rehabilitative and educational interventions whose main goal is to stimulate children's development, taking into account their educational needs as well as their families' needs. Those interventions aim to stimulate children's motor, cognitive, emotional and social development from detection of disability till they start school. It is important for the support for children and their families to be provided as close to their place of residence as possible.

Early childhood development support was introduced in the Ministry of Education in 2005. It is provided in psychological and educational counseling centers, integrated and special preschools, special and integrated elementary schools and at children's homes if they are younger than 3 years old.

Early childhood development support refers to multi-specialist and comprehensive psychoeducational interventions that aim to stimulate young children's psychomotor, emotional, social, and communication development. It is also a support provided for parents and family in learning basic skills in living with a child with disability. Early childhood development support within the education system complements and aids the treatment process (Pilecka, 2009; Serafin, 2012; Twardowski, 2012; Cytowska, Winczura, 2016).

It is worth stressing that for many years, the prevailing view was that essentially, education refers to the preschool and school systems, while including early childhood development support (ECDS) in these systems involves implementing actions that open up to young children and their families. Early identification of the child's individual needs and psychophysical abilities consists, first of all, of at-

tempting to assess how the child's specific needs and skills influence the family's functioning. This includes basic existential needs, potential learning difficulties and behavioral issues that may influence the child's academic performance and the development of his or her abilities. Therefore, supporting children and their parents involves selecting appropriate interventions and providing appropriate developmental stimulation for children and their families that are related to specific areas of functioning affecting the learning process (Chrzanowska, 2016).

On September 1st, 2017, the new Regulation of the Minister of National Education from August 24th, 2017 on organizing early childhood development support became effective (Journal of Laws, Item 1635). The change was introduced as a part of the educational reform, which is responsible for the organization of early childhood development support in other types of settings. The catalog of settings where early childhood development support is provided was complemented with the following provision: The solutions included in the Regulation correspond to early childhood development support adopted in the EU countries. It should be emphasized that when the new regulation became effective, the regulation of October 11th, 2013 (Journal of Laws, Item 1257) lapsed. The most important solutions included in the regulation concern the issue of who is to be provided with ECDS (early childhood development support), who provides it and where it is provided.

ECDS is provided for children with disabilities who have been assessed as needing such support by a public or non-public psychological and educational counseling centers. ECDS can be provided in preschools and other types of preschool education settings, in elementary schools – including special elementary schools, in rehabilitation centers, and in public and non-public psychological and educational counseling centers, including specialist counseling centers – if they are able to carry out recommendations specified in the opinion about the need for ECDS, and also at the child's home (especially in the case of children who are younger than 3 years old). The location for ECDS is designated by the relevant head of any of the settings listed above with the approval of the child's parents (legal guardians). The ECDS (early childhood development support) team is appointed and formed in a given education setting by its head with the approval of the governing bodies (commune, country, city). The ECDS team is composed of people who are adequately prepared for work with young children with impaired psychomotor development: a special educator who has appropriate qualifications to work with children with a given type of disability, a psychologist, a speech therapist, and other specialists depending on the child's and family's needs. It is worth underlining that a separate team should be appointed for each child, taking into account the unique nature of his or her disability and individualized forms of support. The team's primary responsibilities include, among others: (1) to set the direction and schedule for therapy; (2) to establish and maintain cooperation with healthcare or social welfare centers to maintain the continuity

of treatment, rehabilitation or other support according to the child's needs; to make a multidisciplinary assessment of the child's functioning and develop an individualized development support program for the child to be implemented in cooperation with the family; (3) to specify interventions for the child's family that help to build relationships with the child and provide parental training and counseling; (4) to analyze given activities performed by specialists; and (5) to monitor the effectiveness of support provided for the child and family (Piotrowicz, 2014, p. 34). The team's work is coordinated by the head of the relevant preschool, school, ECDS center or counseling center, or a teacher, or a different specialist authorized by the head.

There are four to eight ECDS (early childhood development support) hours per month. Depending on the child's psychophysical abilities and needs, the sessions are conducted on individual basis with the child and his or her family. Specialists and parents very often think that a given number of ECDS hours is not sufficient, particularly for those children who do not receive any other support than ECDS in their place of residence, and access to specialists is sometimes complicated. What is more, it is worth stressing that the new resolution did not take into account the suggestions of people who support young children and their families on daily basis. It should be added that one ECDS session is often divided into units of several minutes that are shared among a number of specialists. Moreover, the number of hours in the educational setting where ECDS is provided has to be adjusted to the number of hours provided outside. Children older than 3 years of age can participate in sessions that are conducted with two or three other children and their families.

The cooperation between the team and the child's family mainly consists of: (1) providing support in shaping attitudes and behaviors that are desired in interactions with the child (forming emotional bonds, identifying the child's behaviors and improving appropriate responses to those behaviors); (2) providing training and counseling; and also (3) holding consultations about working with the child. Helping the family to adapt their home environment to the child's needs is a very important aspect of the cooperation between the team and the family, as well as acquiring specific teaching aids and necessary equipment and using them in work with the child.

Gaining information from various ministerial departments at the local level concerning the possibility of using support provided in other facilities is a key issue for the teams. It is very important that the interventions provided complement each other and are coordinated. When the outcomes of information outreach activities are discussed, a surge in the number of children provided with ECDS in Poland is observed. According to the data by the Ministry of National Education for 2016, more than 22 thousand children participated in ECDS (Data from the website of the Ministry of National Education https://men.gov.pl/pl/zycie-szkoly/wychowanie-przedszkolne – access date: September 2017). It is

worth noting, however, that sometimes, under the same regulations, children are found eligible for ECDS based on very different classifications in different parts of Poland. In some cases, a wide scope of disabilities falling under ECDS is used. In other cases, only a few disease entities are selected to determine the use of ECDS services. This results from the lack of an unambiguous definition of disability in education and a uniform list of diseases and impairments which would make children's eligibility for ECDS services clear. Nevertheless, according to the data from the Educational Information System (SIO), the number of opinions about the need for ECDS grows every year (Data from the website of the Educational Information System (SIO) https://cie.men.gov.pl/category/modernizacja-sio/aktualnosci/ – access date: September 2017).

Crisis intervention within social welfare

The social welfare department provides crisis intervention. These are emergency, short-term interventions that first of all aim to provide people in crisis situations with immediate assistance (Kasprzak, 2013 after: Piotrowicz, 2014, p. 9). Intervention in working with young children's families refers to socio-economic factors and psychological factors. It consists of providing intervention when the factors mentioned above are disturbed and impede children's development. The following issues can be listed here: family's financial inefficiency, poor living standards, social pathologies, low parental socioemotional maturity as well as single parenthood (Krasiejko, 2005). Crisis intervention consists mainly of providing emotional support, a sense of security, and financial support.

Following certain early intervention guidelines is not easy in the Polish child and family support system. The principal reason for this is that comprehensive support for children and their families encounters legal obstacles; also, the healthcare, education, administration, and social welfare departments adopt inconsistent underlying policies. A supraministerial support program for families with young children with developmental disorders and/or disabilities that would take into consideration principles that go beyond these departments' areas of responsibility has not yet been introduced in Poland.

It is worth emphasizing that ministerial support involves doing specific tasks in the area of healthcare, education and social welfare at different levels of local government. Tasks are performed at the level of provinces, counties, cities and communes. Analysis of specific concepts behind individual ministerial facilities shows many similarities. The existing model encompasses making the assessment of needs and difficulties for both the child and his or her family and determining the forms of support both within the facility and outside. This means support from specific facilities and their specialist teams, consultations with specific specialists, whose main aim is to define given problems, develop support programs for the child and family, and to monitor its implementation.

Despite the existing guidelines, difficulties in exchanging information on the forms and types of child and family support are observed in individual ministerial facilities. In consequence, chaos ensues and the interventions provided are not monitored; this concerns mainly the type of support provided, the number of specialist sessions, and a uniform method of financing them.

Interdisciplinary support for young children and their families in Poland

To achieve better results of interventions that aim to improve both children's functioning in various developmental areas and their families' quality of life, it is very important that medical, psychoeducational and social services are coordinated. Interventions provided within the areas listed should complement each other and create a uniform system of support for young children and their families.

If interventions are to provide children and their families with early multispecialist and comprehensive support, the services offered should serve an informative function (provide information on the child's developmental process, possibilities to support his or her development, and available forms of support for the family), a diagnostic function (provide information on clinical diagnosis and describe the level of the child's functioning), and a stimulating and therapeutic function (support the child on a multidisciplinary basis – also at home - taking into account the child's and his or her family's individual needs and potential. This function emphasizes providing certain interventions in everyday situations in the child's natural environment) (Piotrowicz, 2014, p. 38).

To support children's development means to follow them, to discover their abilities, and to identify barriers in their immediate environment, which determines their learning to a large degree. The identification of needs (discovering, assessing, and diagnosing) can be seen as another objective of early intervention.

In Poland, the idea of early support for children and their families refers first of all to making comprehensive and consistent medical, psychological, educational, and speech therapy assessments. Emphasis is placed on the role of clinical and functional assessments, which should include children's guardians as well. The assessments listed play a major role in the process of supporting the child and his or her family. It is worth underlining that clinical assessment defines the types of disorders and thus determines the identification of their etiology and steers the rehabilitation process, focusing on learning strategies and support methods. Functional assessment covers the child's level of skills and knowledge relating to the learning process. It should be stressed that both assessments complement each other and it is necessary to understand them in order to manage the child's rehabilitation process effectively (Cytowska, Winczura, 2016).

In Poland, multidirectional therapeutic interventions require coordinated actions by many specialists from various fields. The interdisciplinary team is composed of: a psychologist, a physician (pediatrician, neurologist, child psychi-

atrist, cardiologist, ENT specialist or audiologist), a physical therapist, a speech therapist, and an educator/special educator. It can be therefore assumed that cooperation between specialists determines to a large extent whether an early intervention or childhood development program is successful or not (Skórczyńska, 2006). The team's primary responsibility is to provide the child's family with individualized support in attempting to define the problem in such a way that it seems solvable. The team's coordinated interventions are to produce the best possible results of the child's diverse therapy as soon as possible. Most frequently, therapy is provided in ECDS (early childhood development support) centers or at children's homes. Support at home is provided during regular home visit and includes exercises with the specialist or activities performed by the child's guardians supervised by the specialist. A program is designed for each child and his or her family that takes into account factors that determine its successful implementation. The following factors are included here: the child's initial assessment which stresses the strengths of his or her development and difficulties seen in daily life (clinical and functional assessment); assessment of parents' readiness for cooperation; individual team members' expertise; establishing the goals and central principles of the support plan for the child and family. The program is marked by comprehensiveness and coordinated actions in early intervention; it provides information, training, and evaluation. It includes a catalog of tasks that are used to assess the interventions planned (Serafin, 2012).

It is very important that not only young children's individual needs are addressed in the process of supporting their normal development but also their parents' needs. Research in this field proves that catering to the needs of individual family members ensures the effectiveness of child support services (Balcerzak-Paradowska, 2008; Kornaś, 2010; Sekułowicz, 2010).

In practice, comprehensive services in the area of assessment are provided and child and family support programs are developed thanks to awareness among specialists and parents who spearhead certain rehabilitation interventions for children. The network of early intervention centers run by non-governmental organizations can testify to this. It sometimes happens that those organizations contend with financial and organizational problems; nonetheless, they still have much higher standards than ministerial departments. The largest network of facilities is run by the Polish Association for Persons with Intellectual Disability. Those facilities set child and family care standards, which are then followed by newly established institutions.

History of early intervention services in Hungary

Early intervention services were introduced internationally in the sixties (1960s) and they became available in Hungary not much later. The first services were established in the seventies – most of them around the end of the decade.

The first pioneering steps were followed by sporadic service establishments in different parts of the country. Although services were developing, legislation slowly followed the professional progress. At that time, the definition of early intervention had a narrow meaning including only children with disabilities.

Legislative aspects

The legal frame of early intervention was mentioned for the first time in the Act 79 of 1993 on Public Education. This Act was modified several times until 2011 when a new act came into effect. The Act 190 of 2011 on Public Education has also been modified over the years. One of the modifications – the 15/2013 (2.26.) regulation of the Ministry of Human Capacities (EMMI), also called the pedagogical service institutions 15/2013 (2.26.) EMMI regulation – specifically concerns early intervention. Besides educational acts, there are some other acts which also mention early intervention. These are: Act 3 of 1993 on Social Management and Care, Act 31 of 1997 on Child Protection and Guardianship, Act 26 of 1998 on Equal Opportunities, and Act 125 of 2003 on Equal Treatment and Promotion of Equal Opportunities. Last but not least, ECI is provided to all in need as laid down in the Fundamental Law (this is the name of the Hungarian Constitution).

The valid definition of early intervention

The Hungarian definition of Early Intervention (EI) nowadays implements the principles of the European Agency for Development in Special Needs Education – EADSNE. The European Agency for Development in Special Needs Education (2010) proposed a research-based model directly involving health, education, and social sectors in Early Childhood Intervention (ECI). The previous approach focusing on the child mainly is now extended to children, their families and their environment. This extended model corresponds to the social model of disability rather than the former medical model.

Early Childhood Intervention (ECI) "is a composite of services/provisions for very young children and their families, provided at their request at a certain time in a child's life, covering any action undertaken when a child needs special support to:

- Ensure and enhance her/his personal development,
- Strengthen the family's own competences, and
- Promote the social inclusion of the family and the child" (EADSNE…, 2010, p. 7).

This broadly defined early childhood intervention recognizes five principles: availability, proximity, affordability, interdisciplinary working, and diversity of services.

EADSNE Surveys and ECI practice in Hungary

In 2003–2004, the European Agency analyzed national early intervention practices for the first time in 26 member countries that joined the survey. In 2010, the Agency aimed to examine the results of the first survey outcomes and recommendations in relation to the five key elements/principles mentioned before. These – availability, proximity, affordability, interdisciplinary working and diversity – were identified as essential factors within the model of Early Childhood Intervention (ECI) as proposed by the study of the Agency's 2005 survey. "26 countries – Austria, Belgium (French speaking community), Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom (England and Northern Ireland) – were involved in the project activities with 35 national experts being nominated for the project. Experts' contact details are available at the end of this report" (EADSNE…, 2010, p. 5). Summary reports published in 2005 and 2010 can be found at: http://www.european-agency.org/publications/ereports/.

"Additional countries became involved in the project update in 2009–2010; the participating countries were: Austria, Belgium (French speaking community), Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom (England and Northern Ireland)" (EADSNE…, 2010, pp. 8–9).

In the summary report, Hungary is mentioned as having a combination of centralized and decentralized ECI systems with a relevant distribution of responsibilities and tasks among the levels. On the other hand, there are no specific centralized quality standards established for ECI services; however, strong efforts are made to apply appropriate standards in NGO services.

In Hungary, ECI belongs to several sectors: public education, health, social, family and youth and administrative authorities. Because of this, the field suffered from division of labor among the different sectors. To solve this difficulty, the task was integrated under one ministry in 2013. However, the integration itself did not live up to expectations until 2014. In that year, the service co-ordination was given to the Family and Youth Affairs Cabinet within the Ministry of Human Capacities.

Results of the Hungarian Project on ECI co-financed by the European Union

In 2009, the results of the first comprehensive study on ECI practice were published. The report on the study is more than 400 pages long and analyzes the whole system from all possible aspects. The English summery can be found on this site: http://www.t-tudok.hu/?en/social-inclusion/the-structure-and-operation-of-the-early-intervention-system-in-hungary.

The study findings were analyzed with both qualitative and quantitative methods. Several professions were questioned via interviews: nurses, GPs, early intervention service providers, experts in perinatal intensive care centers, and expert committees; also, parents' opinions were the focus of the project. In Hungary, early intervention refers to the provision of services to premature babies or babies with disabilities and 0–5/7-years-old children. Intervention starts immediately after identification of a problem and reporting it to the service.

One of the most important outcomes of the project was the estimation of the population concerned. As in 2008 the criteria of necessities were defined in various ways, the exact number of children with special needs was not reliable. Moreover, not all children with special needs received care and integrated data did not exist either (www.t-tudok.hu, 2017). According to the data collected during the study, there are about 10 thousand children in Hungary who need early childhood development services. According to data collected from two thirds of institutes providing early intervention, about 30 percent of children with special needs do not receive services. The project found a huge discrepancy between Budapest and the countryside: while only 15 percent of children in need live in Budapest, more than 50 percent of the whole population receive care in the capital. The project detected improvement concerning the inequality of service provision, and several examples of good practices were also found. In addition to the analysis of systemic problems, the project proposed ideas to support the improvement of the care system (Kereki, Lannert, 2009; Kereki, 2010, 2011).

According to another source, the number of children who received early intervention services in October 2012 was over 50 thousand excluding those who received services from social sources, because of their families'/parents' problems in Family Support Centers (Goldman et al., 2013).

Present practice

Since 2011, ECI services have been mandatory by law and offered as part of specialist pedagogical services. The above mentioned 15/2013 (2.26.) regulation of the Ministry of Human Capacities (EMMI in Hungarian), also called the pedagogical service institutions 15/2013. (2.26.) of the Ministry of Human Capacities, specifies the framework of service provision nationally. The inequality is slowly disappearing in the country, although the quality of services is not kept up at every institution. In the past, ECI was not included among the tasks of specified pedagogical services. The network in general was not prepared for the task of ECI. Before 2011, professionals were trained in preschool education but not in the early intervention field. Since 2013, specified pedagogical services have had the task of providing complex early childhood intervention and prevention.

Recently, several projects co-financed by the European Union – besides the one mentioned earlier – have been launched in the area of health, social, and educational sectors. These projects aim at cross-sectoral harmonization of tasks in Hungary (Kereki, 2013; Kereki, 2015; Kereki et al., 2014). These new trends keep up with the international practice of including child mental health services in ECI provisions (Danis, 2015; Kereki, Szvatko, 2015; Németh et al., 2016) according to the broad definition of ECI (as recognized by the EADSNE).

The trends follow the changes expressed as follows: "A traditional focus on trying to identify single biological and/or environmental factors that cause developmental delay has in recent years been replaced by a model of child development that emphasizes the complex dynamic interplay between biological factors within the child and the caretaking environment. This transactional model postulates that developmental outcomes are the end result of a complex transaction between intrinsic or within child factors (e.g. genes, central nervous system development, temperament) and environmental factors (e.g. parenting style, amount of stimulation, socioeconomic status)" (Danis, 2015).

In Hungary, the task is as follows: "Once appropriate regulations become effective, people who are eligible for services will receive support that: promotes the child's development, increases the family's competence, and fosters the child's and family's social integration. Early intervention and care services promote comprehensive support for educational development, counseling, social, communication and language competence, motor development and psychological assistance" (Németh et al., 2016, p. 95).

The projects called TÁMOP 6.1.4. (Social Renewal Operational Program 6.1.4) (Kereki et al., 2014) and TÁMOP 3.4.2./B (Social Renewal Operational Program 3.4.2./B) (Kereki, 2015) describe the early childhood development support process that is monitored by various sectors and the effective regulations that aim to harmonize intersectoral actions. Also, a Protocol for specified pedagogical services was created (Kereki, 2012a, 2012b; Kereki, Surányi, 2012; Kereki, 2013; Kereki et al., 2014; Kereki, 2015; Kereki, Szvatkó, 2015).

In specified pedagogical services, early intervention, conductive pedagogy, educational counseling, and expert committee activities are all included.

In this new practice, a new approach is trying to find its place. It is called Integrated Parent-Infant/Young Child Consultation – a new profession and practice in Hungary. This profession and method offers a new dimension to both cross-sectoral and intra-sectoral intervention process (Prónay et al., 2015).

Future Trends according to the National Disability Program 2015–2025

"Early recognition, diagnostics"

A key task for the years ahead is to interconnect and accord the individual areas that comprise the early intervention process, including in particular early

recognition, special educational consulting, early development, education and care (hereinafter jointly referred to as Early Development), as well as the benefits and services offered to the family of a person with disability.

Early childhood intervention comprises from prevention, screening phase, problem recognition and warning through making a diagnosis, various therapeutic, special educational development, and advisory activities. The individualized and target-oriented special assistance serves the child's personal development, reinforces the family's own competence and is dedicated to the family's and child's social inclusion.

The early identification of disability plays a crucial role in the individual's quality of life, given that the precondition to launching any individualized developments, services and benefits accessible to the person with disability is the soonest possible professional identification of disability. This is of special importance in the group of children with disabilities, as in their case, efficient early intervention requires not only a quickly and accurately established diagnosis but also a concerted activity of the health care sector, the social sector and the public educational sector in charge of early development. Consequently, the key objectives in the period covered by the Program are to meet the personal and objective conditions for establishing an early health diagnosis, to develop the related technical protocols, and to create the yet missing connection points between early recognition and the supply system for early development.

One of the biggest obstacles to establishing an early diagnosis and commencing proper developments at present is the lack of information and the consequential and not always evident patient path. Therefore, the launch of developments that permit access in each relevant point of the supply system to knowledge, information, and data concerning each individual disability and the accessible services by both the experts and the people with disabilities and their family members is a key priority issue. A strongly correlated aim is to set up a simple patient path that can be easily perceived by the related persons. In pursuit of preventing any deficiencies that can be identified in the system, several factors that can underlie a more flexible child path through an accurate determination of the transfer paths, the warning paths, and the tasks need to be specified. Moreover, a condition for having an efficient child path in effect is the development of a network-structured institutional system, as well as the development of an integrated data collection, data management and uniform IT system" (Decision 15/2015…, pp. 10–11). "Relying on cooperation between the health-care and the social sector, the strategic responsibilities related to the treatment, provision of, and care for persons suffering from diseases that originate from or cause disability need to be reviewed" (Decision 15/2015…, p. 12).

Summary

Analysis of the solutions in early intervention and early childhood development support in Poland and Hungary shows many similarities in child and family support both at the ministerial level and the non-governmental level.

According to the recommendations of the European Agency for Special Needs and Inclusive Education, the model of early intervention should meet the following criteria: (1) availability (the main goal is to reach all children and families that need support as early as possible, this issue is considered a priority in all countries); (2) proximity (support should be available to all people who need it and it should be provided as close to the family's place of residence as possible); (3) affordability [support is provided free of charge or for a small fee as it is funded publicly (healthcare, social welfare and education sectors) or by non-governmental organizations]; (4) interdisciplinary working (various specialists with different backgrounds, teamwork promotes the exchange of information among team members, children and families); (5) diversity of services (it is directly connected to the diversity of disciplines involved in early intervention) (www.european-agency.org). Diverse early intervention and development support services for children and families are inextricably linked with government ministries both in Poland and in Hungary. This entails that each department in a given ministry receives resources and uses them within the scope of its activities only. Such an approach to providing support contradicts the principle of comprehensiveness, which is one of the fundamental elements of early support. It should be underlined that it is necessary to meet each of the above listed criteria both in Poland and Hungary to reach and maintain the high European standards. It is possible only if the criteria are interrelated and none of the ministries is unconnected from the others in the area discussed.

Applying the principles of a comprehensive, coordinated, and integrated system of preventive, diagnostic, therapeutic, and rehabilitative interventions where young children with impaired psychomotor development and their families are at the center of all actions is a big challenge for both countries. Both Poland and Hungary need to introduce uniform standards that would make it possible to provide an appropriate interministerial level of care and support.

At present, the need for cooperation in early intervention and early childhood development support is noticed; also, it seems necessary to combine them into one system of coordinated services which promotes children's development and supports their families during the critical years. Furthermore, governmental programs that support and promote the ideas of early intervention and early childhood development support should be launched. The practices of non-governmental organizations which bring together parents – often the founders of ECDS centers and promoters of specific types of therapies – would be a great support for the ministries in satisfying the real needs of specific groups of beneficiaries.

Early intervention and early childhood development support seem to involve certain "autonomy" in both countries. On the one hand, it results from certain freedom of intervention; on the other hand, this freedom becomes an indeterminate state of a still developing child. It so happens that some children receiving early intervention services are not defined as people with disabilities yet. It should be underlined that some of them get a disability certificate in the process of their individual development, while some parents intentionally renounce the document. There are also children who despite early developmental challenges overcome difficulties thanks to therapy.

Unfortunately, both early assessment and available support widely promoted in all theoretical, ideological, or legal declarations encounter certain difficulties nowadays. It should be noted that this is an area that is sensitive to economic fluctuations that the Western world is experiencing at present (D'Addato, Wiliams, 2013). It so happens that countries seem not be aware of the fact that the costs the ministries that implement the ideas of early intervention need to incur now will reduce their contributions to secondary and lifelong care expenditures in the future.

The system should primarily direct specialist services to child and family support in a broad sense so that both children and their families develop and function effectively in the social environment despite the existing difficulties. The main goal of this process is to assist children and their families in overcoming barriers in the area of disability perception and to implement planned interventions supporting development, thus enabling the child and his or her family to get involved in activities improving the quality of their life.

It sometimes happens that certain types of support the children with developmental issues are provided with are not very helpful. This is due to the number of facilities that provide assistance, different principles regarding support assignment and distribution, and the heterogeneous nature of support; as a consequence, parents feel confused and experience lack of information on where and what kind of support they can receive.

Providing child and family support may involve the need to take precautions and take into account its negative consequences. Sometimes, minor support is more effective than excessive support provided without a specified goal.

Analysis of the solutions adopted both in Poland and Hungary in the area of early intervention and early childhood development support shows that in child-oriented therapy, it seems very important not to forget the child's environment and family members' individual needs. In early support, meeting the needs of the child's family is as important as supporting the child with disability.

Challenges for the Polish and Hungarian solutions worked out in the area of early intervention and early childhood development support that emerge from the analysis of the situation in both countries include the need to stabilize and make credible ministerial declarations on undertaking collective action in the area of comprehensive child and family support services.

Also, interactions between facilities providing early support and the government ministries are complicated. As a consequence of the sectorial divide described above, the exchange of information between, for example, education institutions and social welfare institutions is difficult. Interactions between these fields have to comply with formal requirements; they do not resemble cooperation, instead they resemble handing affairs over to each other. It seems necessary that issues relating to social welfare become an intrinsic element of early support, inherent in its transdisciplinary teams' work. Unfortunately, such situations are far from the ideals called for.

From the point of view of specialists who form teams supporting children and families, investment in their training seems a great challenge in both countries. The opportunity to improve one's knowledge and skills and the possibility to use public subsidies while therapy is already in progress seem equally important.

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EARLY INTERVENTION AND EARLY CHILDHOOD DEVELOPMENT SUPPORT – POLISH AND HUNGARIAN SOLUTIONS

Abstract

The article is an immediate outcome of the cooperation in the exchange of views and practices relating to support for young children and their families in Poland and Hungary. The authors attempt to present knowledge and experiences in the area of early intervention and early childhood development support in both countries. Thanks to the analyses presented, it is possible to point out the areas where difficulties arise and reflect on key issues addressed by Poland and Hungary from a systemic and institutional perspective.

Key words: early intervention, early childhood development support, child with disability, family, model, team, ministry

WCZESNA INTERWENCJA I WCZESNE WSPOMAGANIE ROZWOJU – ROZWIĄZANIA POLSKIE I WĘGIERSKIE

Abstrakt

Artykuł jest bezpośrednim efektem podjętej współpracy na temat wymiany poglądów i praktyk w wymiarze wspierania małego dziecka i jego rodziny w Polsce i na Węgrzech. Autorki podjęły w nim próbę przedstawienia stanu wiedzy i doświadczeń w obszarze wczesnej interwencji i wczesnego wspomagania rozwoju w obu krajach. Prezentowane analizy pozwalają wskazać obszary występujących trudności oraz podjąć refleksję nad głównymi kwestiami podejmowanymi przez Polskę i Węgry o charakterze systemowym i instytucjonalnym.

Słowa kluczowe: wczesna interwencja, wczesne wspomaganie rozwoju, dziecko z niepełnosprawnością, rodzina, model, zespół, resort