

## EARLY INTERVENTION AS A FUNDAMENTAL ASPECT FOR THE PREPAREDNESS OF CHILDREN WITH SPECIAL LEARNING NEEDS INTO THE EDUCATION ENVIRONMENT

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The paper is a partial output from the project KEGA 013KU-4/2019 E-learning educational modules on the issue of early care for families with children at risky development

**Abstract:** The paper describes the content and subsequent evaluation of the project with the intention of early intervention. The project of interest concerns the issue of early intervention, which is focused on the family with a child with a risky development. The project in question was evaluated very positively by experts and parents. The results of partial outputs (in the form of documents and supporting materials) in the evaluation process pointed out the importance of early intervention, which forms the basis of the readiness of a child with special educational needs for the educational process.

**Keywords:** evaluation, project, early intervention, special educational.

### 1 Ingression to Early Intervention

Early intervention is care, help and support for children with developmental disorders (with potential developmental problems) from birth. This period of development applies to the child from birth to six years of age, including the family as a system (Guralnick, 2001; Soriano, 2005; Thurmar et al, 2010; Bernasconi, Boing, 2015). According to Frohlich et al. (2005) and by Czeizelová (2009) such a form of help and support is needed for families who have a child with a disability. It is also suitable for families where a child with a risky development is being raised.

Children at risk of development in this sense are perceived as children in whom a developmental delay has been diagnosed or is expected to be endangered under the influence of negative exogenous or endogenous factors (Tichá 2014). Neurobiological and other human scientific disciplines have shown in recent decades that the early period of human development is crucial for its further development. In this early period, the child develops the fastest from a biological, psychological, social and emotional point of view. According to Soriano (2005), relationships and interactions between the parent and the child are formed during this period, which is an essential factor in the development of not only mental but also physiological functions. The parents' role is important within early support in the healthy child's development; special approaches are needed for the children with disabilities. Considering those facts, there was created a practical concept of helping children with developmental disorders and their families, the concept called for early intervention. It is based on the assumption that the development of an early child is largely influenced by mutual interactions with parents and the family atmosphere because the parents play an important role in the early development and growth of a child. Early intervention is focused not only on stimulating the child's development but also on supporting and assisting the family system during a crisis life situation (cf. Blasco 2001; Oberklaid, 2010; Tichá, 2014; Kováčová, 2016).

The family plays an important role in human development, from birth to old age. Matoušek, Pazlarová (2010) states *"the family is the first and binding model of society that the child encounters in its development. At the same time, the family presents certain values to the child, exposes him or her to certain conflicts and provides to the child a certain type of support"* (Matoušek, Pazlarová, 2010, p. 8). A family is a dynamic unit in which constant changes take place during its existence. Some changes in the family are expected, for which the family is theoretically prepared. These include the birth of a child, the entry of the child/children into school, leaving of adult children off the family, etc. At the same time, changes can be unexpected. These

include the birth of a child with a disability, divorce of parents, unexpected death of one of the family members, dependence of one of the family members, or mental illness, etc. Every illness, disability that appeared and became part of the family can be understood as a crisis of the whole family if we admit that most people with disabilities exist in relatively normal social relationships (Mydlíková, 2013). Even though the birth of a child with a disability is a serious trauma for the family, it is not an insurmountable situation. In many cases, it depends on whether the family can face the situation. It is evident that a child with a disability largely determines the lifestyle of the primary family, but an important role, in this case, is played by a support network on which the family can rely (Kováčová, 2019; Kováčová, Lištiaková, 2017). The opinion that crises are positive is gaining ground today. Their output should be the adoption of new, more effective strategies for overcoming life obstacles (Špatenková, 2009.) The birth of a child with a disability can be such a burden. For these reasons, the issue of early intervention makes sense. And it is this normality of the social relations of the family that is one of the hopes for a positive development of a person with a disability.

Early intervention has undergone various changes in recent years. It depended in many respects on political factors, on institutional systems, on undergraduate and postgraduate training, and also on the competence of the experts themselves, by whom it was provided in practice.

#### 1.1 Early Intervention in Slovak conditions

At present, early care in Slovakia is vested in Act no. 448/2008 Coll. about Social Services to support families with children and further is in the Concept of Special Education Counselling. Those documents include duties for early care such as diagnosis, intervention, and counselling.

Intervention for families is provided to children up to the age of seven if their developments are endangered due to disabilities. Some facilities offer early intervention include high-risk neonatal wards, early childhood diagnosis and therapy departments, private clinics, special needs education counselling centres, social service homes, children's homes, as well as various non-profit organizations and civic associations (Tichá, 2014). Even though each of the mentioned facilities provides aid for child development. In 2014 the early intervention network has been established as a non-profit organization that seeks to provide comprehensive support to the families through a transdisciplinary expert team (psychologist, social worker, special pedagogue, physiotherapist, speech therapist, therapeutic educator).

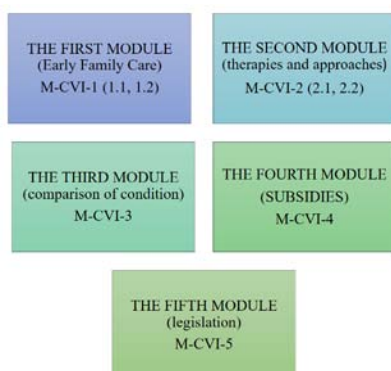
Since the beginning of 2015, Early Intervention Centers have been established in the Slovak Republic, namely, in Bratislava, Žilina, Banská Bystrica, Prešov, Košice, Trenčín, and they have also been invited to participate in this project. The mentioned centres work based on the early care pedagogical model that is oriented to children with risky development, disability or disease (Kováčová, 2019). The main purpose is to form an effort for intensifying developmental stimulation, compensation, reeducation or correction of child limits.

#### 2 Comprehensive Evaluation of the Early Intervention pedagogical model

The pedagogical model is usually represented by workers from the field of assisting professions, for example, teachers, special and therapeutic pedagogues, psychologists within counselling facilities or kindergartens (Kováčová, 2019). Currently, in the context of early care and supportive therapeutic strategies, there is no information materials (considering conditions of our country), which would provide insight into the mentioned issue in terms of theory, application, research, and praxeology. It is the

content line of the project that has the ambition to be helpful and at the same time could be a benefit for the gradual development of early care (counselling, diagnostics, intervention) in our conditions.

Figure 1: Project structure based on modules



### 3 Project Evaluation

The conceived project intended to create a unique e-material that is currently absent in our conditions, which primarily meets the needs of practice in the field of therapeutic concepts to help in early assistance to families with children with risky or potentially risky development.

From a transdisciplinary and interdisciplinary point of view, the approach develops the issue of early care with the use of therapeutic concepts of assistance in the process of counselling, diagnosis and intervention.

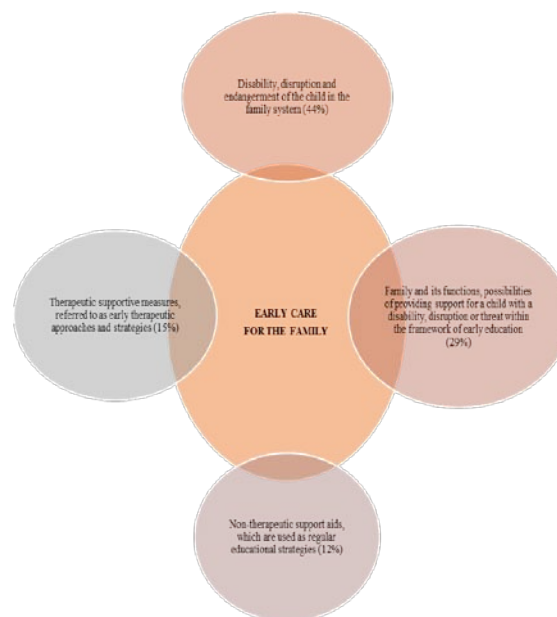
#### 3.1 THE FIRST MODULE - characteristics and evaluation

Theoretical module (M-CVI-1), which is divided into two relatively large units. The first unit is a module called Early Family Care. The mentioned module will contain a comprehensive overview of basic professional and scientific knowledge in the field of therapeutic concepts to help in early family care. This module enables pedagogical staff and students to understand the psychological, psychotherapeutic, medical, special pedagogical and educational aspects of therapeutic concepts to help in the early care of a family with a child with risky or potential risky development.

It provides information on the possibilities of diagnostics, counselling and intervention in solving family problems. It is about developing topics such as:

- the birth of a child with a risky or potentially risky development
- support for the family as a system,
- support for siblings,
- support of the child from the interdisciplinary point of view of helping professions,
- support for volunteers.

Figure 2: Share of individual topics in the FIRST MODULE



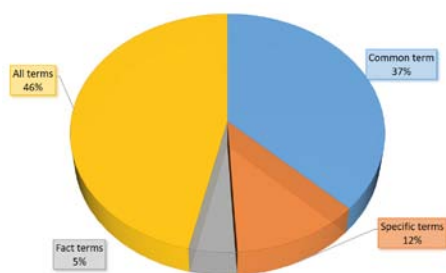
When evaluating the topics in the FIRST MODULE, we chose 4 topics (Table 1).

Table 1: The topic (FIRST MODULE)

The first topic	<ul style="list-style-type: none"> <li>Focuses on the definition of basic terminology focused on the disability, disruption and threat of the child in the family system.</li> <li>Compared to other topics this one is dominant. At the same time, we consider it to be important since the parents after a child's birth need to search for information and a prognosis of disability.</li> <li>It has a 44% share of the total module content. Individual findings are documented in the following tables.</li> </ul>
The second topic	<ul style="list-style-type: none"> <li>The content of the second topic focuses on the family and its functions, on the possibilities of providing support for a child with a disability, disruption or threat in early education.</li> <li>The topic was evaluated as important for obtaining information from parents who found themselves in a difficult life situation.</li> <li>It has a 29% share of the total module content. Individual findings are documented in the following tables.</li> </ul>
The third topic	<ul style="list-style-type: none"> <li>Focuses on the supportive means of non-therapeutic nature, which are used as common educational strategies.</li> <li>The total proportion of the content filling module has a 12% share.</li> <li>Individual findings are documented in the following tables.</li> </ul>
The fourth topic	<ul style="list-style-type: none"> <li>Focuses on the supportive means of a therapeutic nature, called early therapeutic approaches and strategies.</li> <li>The total proportion of the content filling module has a 15% share.</li> <li>Individual findings are documented in the following tables.</li> </ul>

Based on the analyses of generated documents (Figure 3, Table 1), the research team did the final analysis and subsequently assessed it.

Figure 3: Analysis of specific text (FIRST MODULE)



For each part of the FIRST MODULE, certain degrees of syntactic and semantic difficulties were selected.

Table 2

degrees of syntactic difficulties	15,912
degrees of semantic difficulties	27,3

Three other modules contain information that is based on documents that have been published outside the described project.

### 3.2 The SECOND MODULE – therapies and approaches

The praxeological module (M-CVI-2) was divided into two content-rich units. In terms of content, it provides practical possibilities as well as limits of help through expressive therapies and therapeutic approaches.

Two topics were generated into the module: Expressive therapies in early care, and Early care therapeutic approaches (Figure 4).

Figure 4: Share of individual topics in the SECOND MODULE

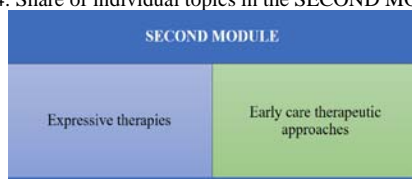
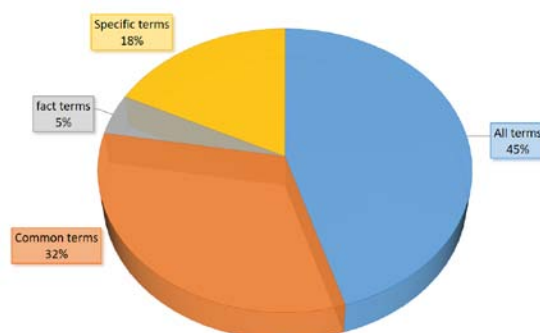


Table 3: The topic (SECOND MODULE)

<b>The first topic</b>	<ul style="list-style-type: none"> <li>Expressive therapies (M-CVI-2.1) in early care contains information on specific possibilities of support, activities and games within various therapies.</li> <li>Specifically expressive therapies involving early art therapy (Valachová et al., 2019), early bibliotherapy (Kováčová, Lištiaková, 2017; Chanasová et al., 2020), early psychomotor therapy, early music therapy, early drama therapy, etc.</li> <li>The recommendations on a case-by-case basis take into account the peculiarities of specific disadvantages.</li> <li>It has a 65% share of the module total content. Individual findings are documented in the following tables.</li> </ul>
<b>The second topic</b>	<ul style="list-style-type: none"> <li>Early care therapeutic approaches (M-CVI-2.2), contains information about existing options of supports and games that are applicable therapeutic approaches.</li> <li>These include the use of the concept of basal stimulation, Snoezelen, Sensory Integration Therapy (Fábry Lucká, 2020), Early Occupational Therapy (Ergotherapy) and others (Kováčová, 2016; Kováčová, Lištiaková, 2017).</li> <li>It has a 35% share of the total content of the module. Individual findings are documented in the following tables.</li> </ul>

Based on the analyses of generated documents (Figure 4, Table 4), the research team did the final analysis and subsequently assessed it.

Figure 4: Analysis of specific text (SECOND MODULE)



For each part of the SECOND MODULE, certain degrees of syntactic and semantic difficulties were selected.

Table 4

degrees of syntactic difficulties	11, 214
degrees of semantic difficulties	22,8

### 3.3 The THIRD MODULE – comparison of condition

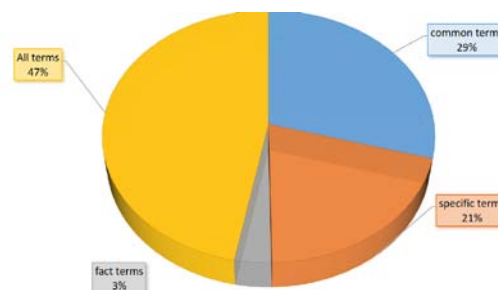
Due to the commercialization of educational services, there are rare comparisons of educative institutions for people with specific needs. The position of schools in comparison with the past is significantly changing considering the declining demographic curve and increasing competition in the market of education (Pitoňáková, 2016). Otherwise, ethical issues and social marginalisation are more and more topics of immediate interest, especially in mass media (Hajduk, 2020).

Table 5: Comparison of conditions with individual states (THIRD MODULE)

Comparison	%
Comparison of conditions at the national level	48
Comparison of conditions at European level	34
Comparison of conditions at the level of countries outside Europe	18

Comparative Module (M-CVI-3) provides a comparison of the conditions in Slovakia with the existing conditions in the neighbouring countries. The individual findings are documented in the following table (Figure 5, Table 6).

Figure 5: Analysis of specific text (THIRD MODULE)



For each part of the THIRD MODULE, certain degrees of syntactic and semantic difficulties were selected.

Table 6

degrees of syntactic difficulties	17,85
degrees of semantic difficulties	31,6

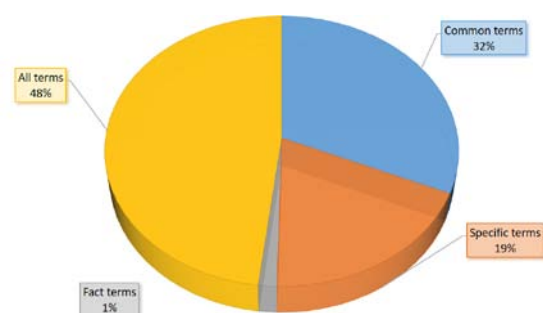
### 3.4 THE FOURTH MODULE – subsidies

The grant (subsidy) module (M-CVI-4) consists of support for teaching staff and students. It is a collection of professional, scientific and research papers and studies from the authors of the project in the field of pedagogy, psychology, medicine, nursing and psychotherapy.

The subsidy module will provide an overview of the latest scientific and research findings in the field of therapeutic concepts of assistance in the field of early care for families with children with risky or potentially risky developments.

The Slovakian experts have not yet been systematically trained for providing early intervention services, it is surprising that in the Slovak Republic no study program would anchor this fact and prepare experts for practice. In recent years, early intervention in academia has been provided as part of studies in helping professions such as a semester or two-semester theoretical preparation, which is rather informative.

Figure 6: Analysis of specific text (FOURTH MODULE)



For each part of the FOURTH MODULE, certain degrees of syntactic and semantic difficulties were selected.

Table 7

degrees of syntactic difficulties	15,4
degrees of semantic difficulties	25,9

### 3.5 The FIFTH MODULE – legislation

The legal-legislative module (M-CVI-5) expands the competencies of pedagogical staff and students in the field of early intervention in terms of legal-legislative awareness of family support as a system. This module was not subject to the evaluation, as legislative documents were not analyzed.

## 6 Conclusion

We consider improving awareness of early intervention to be an integral part of inclusive awareness and building an inclusive society. The project was conceived under the National Program for the Development of Living Conditions of Persons with Disabilities for the years 2014–2020 in the areas of raising awareness and respect for the family and home. Early care and information about it, not only among the scientific, professional and general public, can expand and support the quality of provision and effectiveness of use within the counselling individuals in their surroundings who require individual and specific care from birth and probably throughout life. By expanding this support service with enlightenment, the quality of life and survival of the child and the whole family as a system also increases.

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