

Bożena Grzeszkiewicz Ph.D.
University of Szczecin

Supporting children's development

Supporting children's development means strengthening this, what steps out already and what we recognized as good and beneficial in result of the diagnostic procedure. I want to turn the attention to the support of the development, which regards children of disturbed development or menaced with disturbance of development. Threatening child's development factors can have a prenatal, perinatal, postnatal character.

Most often are those children in whom was affirmed:

- "the threat of incorrect development caused by loading of factors of high perinatal risk, (for example, the premature infants whose psycho - motoric development is globally or inharmoniously delayed);
- delay of the psycho - motoric development or intellectual disorder caused by the course of different pathological units, such as: the inborn defects of the nervous system (for example, microcephaly, hydrocephalus, meningeal ruptures-pithy), the genetic complexes (for example, Down's syndrome), the damages of the central nervous system where the main symptom are the dysfunctions of the organ of movement (for example, children's cerebral paralysis), the general disorders of development (children's autism, Rett's syndrome and others);
- manifold disability, so called, intellectual with coupling disabilities in range of the organ of movement, the sense of sight or/and hearing;
- intellectual disorder without settled aetiology ”

We also must take under consideration the group of children in whom disability emerges in the first years of life in result of injuries, different sickness complications, and also the negative influence of stimuli flowing with surroundings, resulting with

necessity of realization of specified medical operations, character of hospital environment, lack of suitable care and natural conditions of development (for example, caused by long period of hospitalization). Everyone of these children requires individual help adapted to the stage of development, clinical state, signaled needs.

The main aims of early support of development are:

- the improvement of the health state of the child or in case of deep disability the prevention of its deterioration;
- building a satisfying contact with surroundings;
- preventive treatment of secondary disorders;
- child's preparation to education;
- support of the handicapped child's family

Actions taken on the advantage of early support of development

The early support of development in Poland embraced all children ranging from infants to those who undertake studies in elementary school, whose development runs irregularly, with delay, or are intellectually disabled. It is led with the child and his family, it is confirmed by:

- The act with day 7 September 1991 r. about the system of education;
- The decree of the Minister of National Education with day 12 February 2001r. in matter of giving opinion about the need of early aid of the child's development ;
- Decree MENiS with day 4 April 2005 r. in matter of early organization of support of the children's development (the basic act);
- The act with day 11 April 2007 r. about changing the law about the system of education as well as about changing some other different acts .

The issue of early support was also captured in *Strategii rozwoju edukacji na lata 2007-2013 (Strategy of development of education on years 2007-2013)*. It was recorded in it that children, in whom developmental disorders or health problems were detected, should be embraced from birth by medical, psychological - educational and

social integrated care. Undertaken action included creating Workings Pilotage Government Program, (which is supposed to last from 1.01.2005 to 31.12.2007). Its main aim is the quantitative and qualitative qualification of needs and medical,

social, educational problems of children in age from 0-6 years from group of risk. Parents of children with development disorders receive "Exercise book of the Child's Investigation", which contains information related to the course of the pregnancy, labor, child's development (beginning from 3-10 days of life until 60-64 months of life). The detection of early irregularity of development is the aim of these investigations. After ending the pilotage, a report will be worked out, which will be the study basis of a National Program of Early Help for Children with Disorders in Development.

Supporting children's development should be undertaken with the moment of the child's birth of risk of development. Its essence is the delivery of professional, universal and systematic medical, psychological, and pedagogical care. Help given in early childhood allows not only to effectively compensate the dysfunctions and deficits occurring in a child, but also it prevents the appearance of disorders of development of a secondary character .

Children from group of risk of development with the release from the neonatal ward should already be notified to a specialist clinic dealing with control of development, where risk factors are verified and analyzed (anamnesic and symptomatic), the child's state and his family situation is estimated, and mothers of disabled children "should be under the care of a psychologist, receive reliable information relating to disorders of child's development."

Multispecialist and multistage diagnosis

The early, complex diagnosis is the basis of the early support of the child's development. It should include a pediatric medical investigation, followed-up by anthropometric measurements, a psychological, pedagogical, speech therapy, and physiotherapeutic evaluation, for example, from graph of psychomotor profile and the composition of diagnostic team depends on the kind of disability. The most often complex diagnosis contains diagnosis:

1. medical - its aim " is the settlement of the child's health state, the possible causes of the biological - somatic disorders as well as the methods of treatment with the use of methods of medical and pharmacological therapy. The participation in the medical diagnosis include a: pediatricist, laryngologist, ophthalmologist, psychiatrist, neurologist, orthopedist, doctors of other specialities;

2. psychological - consists of the evaluation of the child's psycho - motoric development, defines the functioning of the family: the attitude and structure of the parents' personality and the acceptance of the disabled child;

3. speech therapy - consists of the evaluation of the current state of the child's communication with surroundings, and also the evaluation of way of communicating by members of the family (for example, the parents are deaf);

4. pedagogical - defining specific educational needs of the child and the persons' from his family participating in his upbringing. It requires getting to know the family and her general psychosocial situation.

In case of need, other specialists are also appointed to the diagnostic team.

In the past, the diagnosis was concentrated mainly on detecting disorders and dysfunctions. At present, great importance is put on , so called, diagnosis for development. It has great meaning, because it allows to determine the resources, which the child has as well as positive factors inherent in his environment of everyday life. Diagnosis for development is directed: at the child's development; the qualification of resources, that is the strong points inherent in the child and his surroundings; based on reflection. Indispensable for laying-out the directions of work with a small handicapped child is defining the sphere of the closest development. It indicates the child's developmental potential, but it also serves the choosing of suitable methods of stimulation.

The diagnosis should be sporadically repeated and recorded, then it gives the information about the course of the child's development and also legitimacies of the undertaken rehabilitation activities.

Unfortunately, in many cases full diagnosis is made too late, sometimes even in the age of 2-5

years, despite the fact, that symptoms of many disorders were earlier signaled by

parents. Here, one should mention, that without the parents' part early supporting is not possible, as sensibility, attentive observation led by them through the whole day in different situations permits to perceive this, what can be established as an essential diagnostic symptom. It happens that pediatricists belittle signals, parents' concerns and do not direct the child to experts. Beyond this, the access to specialist care is difficult for many parents due to, for example, place of residence (because the majority of experts are found in large cities), lack of information (regarding the: treatment, rehabilitation, forms of help, support, active foundations, associations), the family's socioeconomic status etc. Still many parents do not perceive the early diagnosis as the most important factor conditioning the success of the process of supporting the child. There are also parents, who need help in "decoding" and the understanding the diagnosis.

Diagnosis should show direction and range of undertaken actions.

Supporting in conditions of kindergarten

A complex diagnosis is indispensable for planning and programming work with the child. Depending on the results of the diagnosis an "Individual therapeutic program" is constructed. The handicapped children are accepted to integrated kindergartens, with integrated and special groups on the basis of opinion given by a psychological-pedagogical clinic, defining the degree of disability. The opinion contains the general data related to the level of cognitive and social development, information about the degree of disability as well as the kind of help, that should be offered to a child. This is first of all a quantitative diagnosis. It is not sufficient to undertake therapeutic actions and rehabilitation. Therefore, a qualitative diagnosis is indispensable. In order to make one, necessary is the information obtained:

- from free conversations with parents - concerning the child's health state, co-occurring illnesses, taken medicines, course of rehabilitation, degree of independency, habits, forms of the child's activity, problems and living situation of the family;
- from analysis of records - including the information from different posts under which care was the child;
- from the child's observation on the kindergarten's premises during different forms of activities;

- from evaluations of the psycho - motoric, social, emotional development of the child;
- from conversations with teachers working in the group;
- from conversations with experts employed in kindergarten.

After gathering these information and including recommendations from doctors, experts (and also the observations of parents), an individual therapeutic program is created.

The aim of the program is the development of kept competences and teaching everyday activities with the use of kept capabilities, and also working out the ways of regulation by the child of the relations with surroundings, suitable skills and habits which would make his functioning possible at home, in the environment, in kindergarten, at school.

The therapeutic influences have to be adapted to the child's individual needs and psychophysical possibilities and also to the predispositions and possibilities of the parents.

The individual therapeutic program contains the range, the aims of therapy, and ways of their realization. Its assumptions are presented to parents along with recommendations to working together at home. Depending on the needs and progresses made by the child, the individual program undergoes modifications (mostly every three months).

Observations of the child in kindergarten are very important in preparing and modifying the individual program. They give us the possibility of evaluating his behaviors in different situations (spontaneous, inspired, and steered) and during different times of day. It permits on: defining strengths and weaknesses of the child; verification of the prepared program, its modification, which depends on child's needs and conditions.

Working with disabled children in pre - school age bases, first of all, on: the thorough familiarity with the child and his closest educational environment; team programming of the rehabilitation work; integrated rehabilitation influence of experts and family environment; the adjustment of rehabilitation to the needs and capabilities of the child, his family as well as environmental conditions; giving tasks in respect to the

sphere of the child's closest development; applying positive reinforcements; the cohesion of the rehabilitation process.

Ending

Early help is necessary not only for the child, but also for the parents, as the birth of a disabled child has great influence on the family's functioning and the relations between its

Early supporting of the child's development is a chance of defeating developmental difficulties, it creates possibilities for the children for better functioning in later life, and for the parents it is a chance of accepting the difficult situation, strengthening parental competences, understanding the child's needs. It should be organized and conducted in such a way, so that the largest number of children in the age of 0-6 years with developmental disorders could benefit from it.

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