Characterization of The Families Participation in the Local Intervention Teams

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Research subject: National and international studies about the participation of families in early intervention services have led to a research project that intends to understand the participation of families in the support provided by the Local Intervention Teams, the National System of Early Intervention in Childhood (SNIPI).

Method: Family members of children between the ages of 0 and 6 were interviewed, fulfilling the eligibility criteria to integrate these teams, with the aim to identify what families understand by active participation and how these families participate at all times in the intervention, in line with Family-Centered Practices, as well as to identify facilitators and barriers to active family involvement, to help practitioners identify techniques and strategies that keep parental participants active in the support provided by the Local Intervention Teams. An interview and a questionnaire, the Enabling Practices Scale, were used for data collection. The interview script was developed by the author, according to the bibliographic collection previously done and with her professional practice in early intervention over the last years. Also, the author used the Enabling Practices Scale which was to be completed by family members at the end of their interview. The selected instrument came from the collection and bibliographic analysis of the available evaluation tools on the subject. Data collection took place between March and December 2016 and a total of twenty relatives were contacted in the North, Center, Lisbon, Alentejo and Algarve regions.

Results: The results show attitudes (perception) of the participation of the families, about the support provided to them by the Local Early Intervention Teams.

Conclusion: In this article, we intend to present the results obtained with the interviews conducted and with the completion of the Enabling Practices Scale by family members, characterizing the perception of the participation of the families, about the support provided to them by the Local Early Intervention Teams.

Key words: early intervention, family, participation, facilitators, barriers

INTRODUCTION

Family-Centered Practices (FCP) are defined as a set of practices that recognize the centrality of the family and promote their strengths and capacities (Trivette & Dunst, 2005). Dunst (2000) and their colleagues have greatly contributed to the operationalization of FCP by Early Intervention (EI) professionals among children and families. According to this model we identify EI as priority targets to promote children's learning opportunities, support for parents and mobilization of family and community resources. Families are supported, based on their strengths, unique and differentiated as individuals and families. The role of the family is respected, being the main unit of intervention and the key element in the decision-making process and child care.

According to the recommendations of the Division for Early Childhood (2014), by Dunst, Boyd, Trivette and Hamby (2002) and Carvalho et al. (2016) we understand the participation of families in the support provided by EI teams as the active participation of families at all times of the support provided by the professional. The family should have informed knowledge and the opportunity to make decisions at all times of support. The EI professional should act as a facilitator, sharing all the information with the parents, creating opportunities for all family members to demonstrate and acquire competencies and encourage them to make decisions about the desired resources and supports.

Dunst and Trivette have identified three components that characterize effective aid practices in family-centered programs, namely the provision of aid that on the one hand empowers skills and, on the other, has repercussions on empowerment; technical quality, relational practices and participatory practices. The technical quality includes the theoretical and practical knowledge of the professional about the area in which he works. It is the result of their training and professional experience (Carvalho et al., 2016). The relational practices relate to the interpersonal characteristics and representations of the professional that influence the relational aspects of the support, namely the positive beliefs and beliefs about the competences and capacities of the family (Carvalho, 2004). Carvalho et al. (2016) refer that they are the basis for the professional to recognize and validate the existing strengths and thus use the family's capabilities to improve their functioning. Participatory practices contribute to strengthening the family's competencies and promoting new skills and positively influencing the control that the family experiences in its family functioning (Carvalho et al., 2016). Participatory practices refer to the professional's behavior aimed at the participation of the family in the decision-making process and informed choice and in the use of existing forces and developing skills to achieve the resources, supports and services desired by the family. These practices have been described as practices that are more likely to result in positive family assessments of their abilities (Dunst & Espe-Sherwindt, 2016; Carvalho et al., 2016).

We verified the importance of understanding the interactions between professionals, families and children during the intervention to verify family participation in EI programs (Dunst, Bruder & Espe-Sherwindt, 2014; Peterson, Luze, Eshbaugh, Jeon & Kantz, 2007). To better understand how families participate in the support provided by EI programs in Portugal, in line with FCP and identify the factors that contribute to participation, can guide practitioners to identify intervention techniques and strategies that keep active parents in services that support your child's learning and development.

AIM

This article is intended to present the results obtained by completing the Enabling Practices Scale (EPS) by family members supported by Local Early Intervention Teams (LIT), the National System of Early Intervention in Childhood (SNIPI) from five regions at Portugal.

METHOD

Data were collected between March and December 2016. These data are part of a set of data collected as part of a qualitative case study that serves PhD research. The sample consisted of 18 families, 5 of the Northern Region, 2 of the Central Region, 2 of the Lisbon Region 7 of the Alentejo Region and 2 of the Algarve Region, with an average of 36 years of age (s.d. 6.48). The children were mostly boys and were on average 44 months old (s.d. 18,46). The author used the EPS to fill the families of children supported by LIT. EPS was developed by Dempsey (1995), based on theoretical assumptions of training and capacity practices, with the objective of being an instrument that intends to measure practices that enable the family, used by professionals with families and individuals with special needs (Dempsey, 1995; Dunst, Trivette & Hamby, 2006). This questionnaire thus allows, evaluates and monitors the level of parental participation in EI programs (Dunst, Trivette & Hamby, 2006), which we consider in accordance with the objective of the investigation. The EPS was filled by families who had been in the program for at least six months and also at the point of program exit, fulfilling the inclusion criteria. The families indicated on a Likert Scale, selecting one of five possible answers, the value that corresponds to their relation and participation. The results were submitted to descriptive statistical analysis, using the SPSS Statistics 24. Thus, the absolute frequency of the responses obtained in each of the items was calculated.

RESULTS

From the results obtained, we verified that most of the family members responded actively to the support given to them by EI professionals, mostly selecting the option "5 – Completely true". The items that obtained the highest absolute frequency (> 80%), in option "5" were items 1, 5, 6, 9, 12, 14, 18 and 22, with

item 14 reaching a total of 94% of responses. The items that obtained the highest absolute frequency for the option "4-In most cases it is true" were items 10, 16 and 17, and item 16 obtained 50% of the answers. The item 22 obtained the highest absolute frequency of answers for the option "1 - It is not entirely true", with 22% of the answers, being the item that obtained the lowest absolute frequency for option "5", with 11% of answers. The items 7, 10, 13, 15, 17, 19, 20 and 21 were the ones that obtained the greatest variability of responses in the range of the scale, and four of the five possible options were selected. The items that obtained the highest absolute frequency (> 80%), in option "5" were items 1, 5, 6, 9, 12, 14, 18 and 22, with item 14 reaching a total of 94% of responses. The items that obtained the highest absolute frequency for the option "4-In most cases it is true" were items 10, 16 and 17, and item 16 obtained 50% of the answers. The item 22 obtained the highest absolute frequency of answers for the option "1 - It is not entirely true", with 22% of the answers, being the item that obtained the lowest absolute frequency for option "5", with 11% of answers. The items 7, 10, 13, 15, 17, 19, 20 and 21 were the ones that obtained the greatest variability of responses in the range of the scale, and four of the five possible options were selected. Table 1 presents the main descriptive statistics obtained for each of the items relating to the responses of family.

Table 1 – Results obtained by completing EPS (1 – It is not entirely true; 2 – In most cases it is not true; 3 – Somewhat true; 4 – In most cases it is true; 5 – Completely true)

Items	Ν	N Frequency %				
	18	1	2	3	4	5
1 – The team and I agreed on what is most important in the Individual Plan for Early Intervention (IPEI)		0	0	0	17	83
2 –It is easy to follow the advice of the staff		0	0	0	28	72
3 – The team has considered the opinion of my family and my friends when we discuss the IPEI.		6	0	0	22	72
4-I have an active role in the most important decisions when building the IPEI.		6	0	0	28	67
5 – The suggestions from the team, to work with my son/daughter, make me feel comfortable.		0	0	0	17	83
6 – The team accepts the beliefs and values of my family.		0	0	0	11	89
7-I am an equal partner in the relationship with other team members.		6	0	11	28	56
8 – Working with the team makes me feel more capable.		6	0	0	22	72
$9-\mbox{It}$ is easy to work with the team when we both plan the IPEI.		6	0	0	11	83
10-I feel most responsible for the progress of my son/daughter.		11	0	11	39	39
11- With the support of the team, I am able to quickly resolve problems.		0	0	17	28	56
12 – The suggestions that the team makes are positive.		0	0	0	17	83

Items	N Frequency %					
	18	1	2	3	4	5
13 – The team encourages me to contact my family and my friends when I need advice.		11	0	17	22	50
14 - The team is concerned with my son/daughter and my family.		0	0	6	0	94
15 – The support the team gives me, meets the needs of my family		0	6	6	11	78
16 – The team anticipates the concerns and needs of my family.		0	11	0	50	39
17 – I am primarily responsible for important changes in my son's/daughter's life.		6	0	11	39	44
18 – I feel comfortable in giving opinions to the team if she asks me for help.		0	0	0	11	89
19 – Following the suggestions from the team, I learned how to deal with the concerns of my family.		0	6	11	22	61
20 – The team offers adequate help to the needs of my family.		0	6	6	22	67
21 – We decide the goals of the IPEI		22	0	33	33	11
22 – The team were pleased to accept my suggestions.		6	0	0	11	83
23 – I feel that I am able to accomplish the suggestions provided by the team.		0	0	6	28	67
24 – The suggestions that the team gives me to work with my son/ daughter at home produce good results.		0	0	6	22	72

With the data obtained by filling out the EPS by family members, we find that families recognize that professionals listen to them and care about them, respecting their cultural beliefs and personal values, and recognizing and valuing the strengths of family members (items 3, 6, 14, 22 and 23).

The majority of family members perceive that they participate actively in the support provided, although their participation in all phases of the intervention process is not verified, more specifically in the decision of the objectives of the Individual Plan for Early Intervention (IPEI) and in their implementation and monitoring in the daily life of the family. Most family members say that it is easy to work together with the team when planning the IPEI (83%), feel comfortable in giving suggestions to the team if she asks for help (89%) and that both agree with what is most important in the intervention plan (83%), although only 56% refer to being equal partners in the relationship with other team members, 67% reported having an active role in the most important decisions in the preparation of the intervention plan and 11% refer to deciding the IPEI objectives.

The family seems to recognize the positive results of the professionals' support in the development of their child, although they do not seem to be aware of their power in the intervention, according to the answers obtained in items 10 and 17.

CONCLUSION

The relationship between professionals and families, based on the principles of the FCP, is developed throughout the support process, from the first contact of the family with the LIT to the time the family/child moves to another service. The family is an active partner in all the support provided and the professional supports the family to assume the power that naturally have (Carvalho et al., 2016; Dunst, Bruder & Espe-Sherwindt, 2014). According to the results obtained with EPS, we can verify that practitioners implement practices that build authentic relationships with families (Relational Practices) and begin to implement practices that promote choices, decision-making power and family involvement in the support provided (Participatory Practices).

We are aware that these data are not representative of the support provided by EI professionals in Portugal. They are part of a qualitative case study within the scope of a doctoral research and are intended together to identify how support is being provided by EI professionals in Portugal, according to which are the national and international recommended practices.

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