

COOPERATIVA
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EEG Online Study Session

Preventing institutionalization of children: strengthening families
and building community-based alternative care

ECI Portuguese Legislation Organizational Impact

Magda Calado

Social worker
Sintra-Oriental's ECI Local Team Coordinator

Maria do Rosário Baetas

Educational Psychologist
Sintra-Oriental's ECI Local Team staff member



ECI Portuguese Legislation Organizational Impact

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1. CECD ECI Service (UNIPI) History

The creation of the UNIPI **social response** arose from the need to respond to children who were referred to the CECD Mira Sintra **special education** school but who were not yet of the age for admission (<6 years), with financial support from the Ministry of Social Security (1994).

1. CECD ECI Service (UNIPI)

History

- Our **Special Education School** (admitted from the age of 6) was distributed across **several educational spaces in the community**
 - protocols had been established with the support of the CECD Mira Sintra pedagogical team (Educators, Therapists, Educators, Teachers, Assistants, among others)
 - financial support from the Ministry of Education

In this sense, it was possible to raise awareness and de-dramatize the monitoring of children with special educational needs, **promoting physical, social and educational integration.**

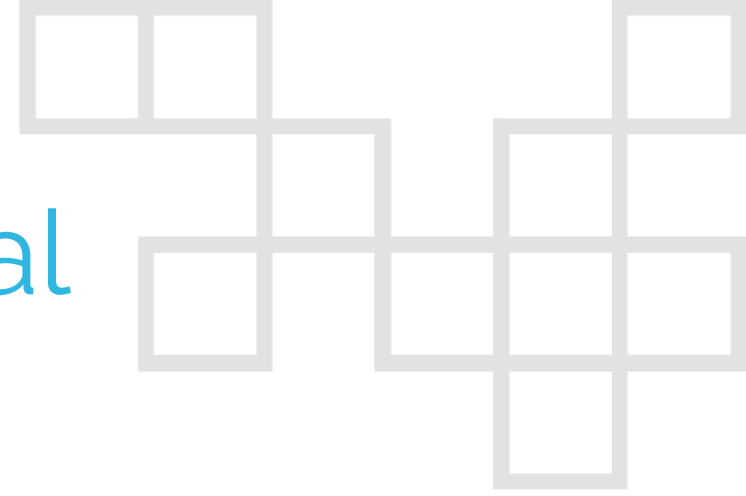
2. UNIP's Legal and Theoretical Framework until 2011

The **first cooperation agreement** was established with the Ministry of Social Security, covering around **30 children and families**.

In conjunction with the health services, the service's headquarters were set up at the Rio de Mouro **Health Centre**, which provided an office for interventions with families and children aged between 0 and 6 years old, referred for developmental delays and/or at risk of developmental disorders.

The **team** consisted of 1 psychologist, 1 social worker, 1 occupational therapist, 1 speech therapist and 1 special education and rehabilitation technician.

2. UNIPI's Legal and Theoretical Framework until 2011



In 2010, UNIPI's CECD had **3 cooperation agreements** covering **80** children and the technical team doubled (2 Psychologists, 2 Occupational Therapists, 2 Special Education and Rehabilitation Technicians, 1 Social Worker, 1 speech therapist).

Several **partnerships** were established with the **Sintra Municipal Council** (Education Division) and the **Ministry of Education** (Ordinance 1102/97).

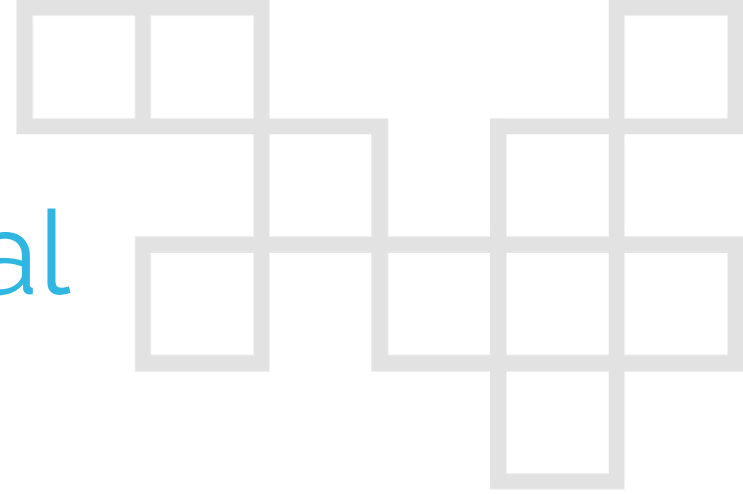
The last provided 3 kindergarten teachers and 1 assistant and also financed some hours of 3 therapists.

2. UNIPi's Legal and Theoretical Framework until 2011

The implementation of this service was supported by the **CECD intervention model, framed within the Bio-Psycho-Social intervention model** (Bronfenbrenner, 1979):

- **active participation** of the **families**
- together with the **community**
- involvement in national projects, which allowed it to be
- Activities included: **groups of parents, fundraising initiatives** to purchase materials and support products, **applications for various projects.**

2. UNIPI's Legal and Theoretical Framework until 2011



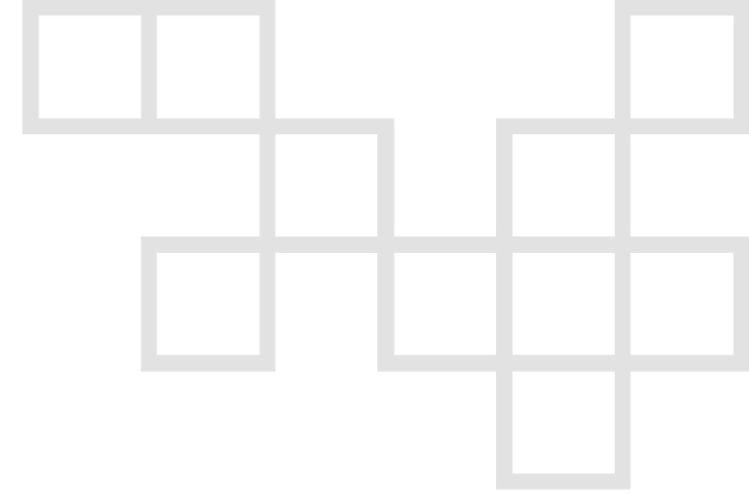
Intervention:

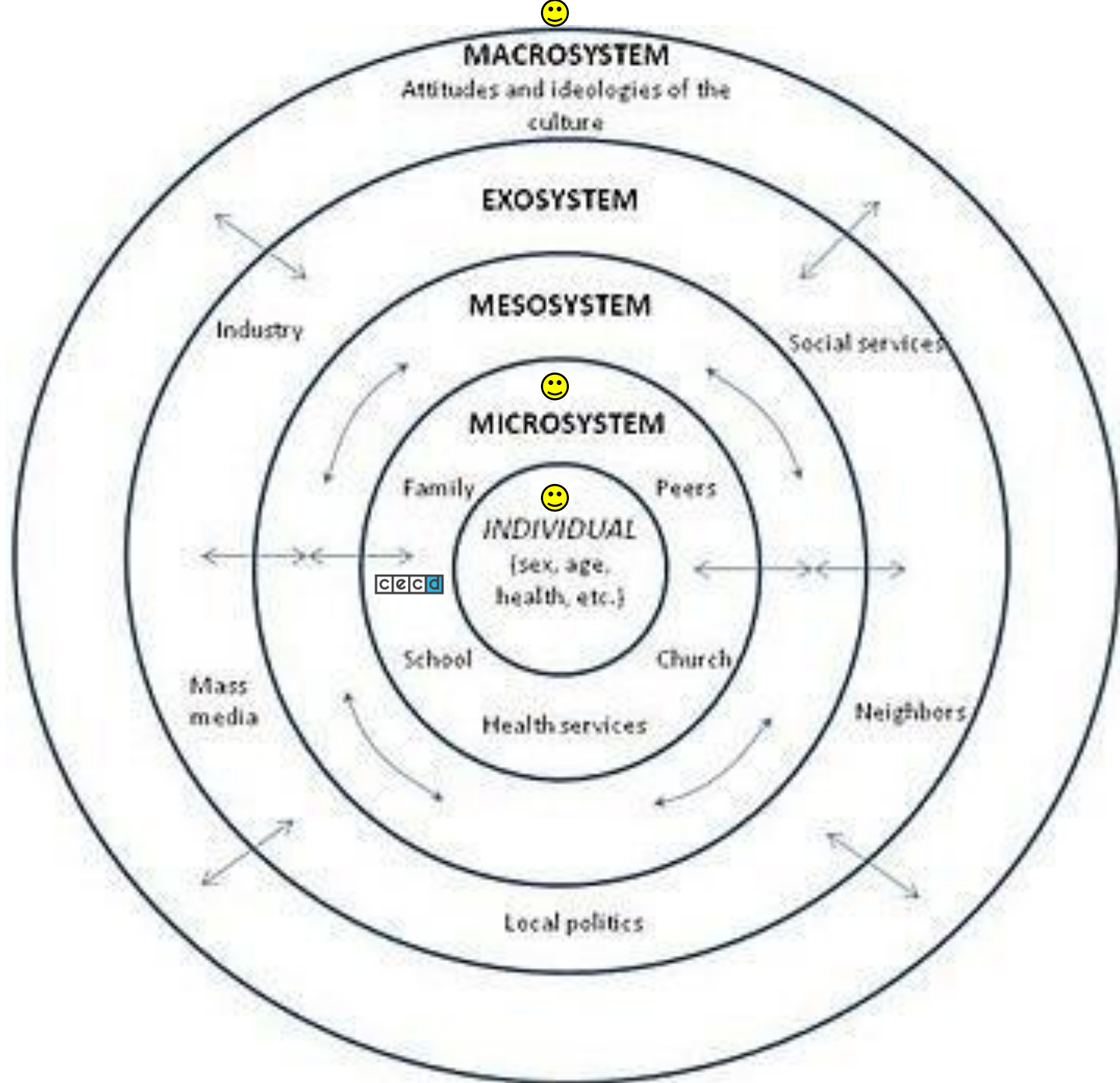
- networking and partnership work with both families and community services (social network).
- The support provided was **not** based **on therapeutic support** but **on a logic of assessing needs, expectations and resources**.

The transition from the legal framework to the **Decree-law 281/2009** caused **significant changes** at the **CECD Mira Sintra UNIPI** at various levels.

3. Notes on the Decree-Law 281/2009 impact

At a national level, the new legislation has restructured existing services and regulated the creation of new responses.





- Systemic Perspective - Biopsychosocial Development Model (Bronfenbrenner, 1979), General Systems Theory, Ecosystem Theory of Communication;
- Family-Centered Perspective
- Human development is a complex process involving the interaction between multiple systems.



Macrosystem



- The National Early Intervention System (SNIPi) operates parallel with National Systems: National Health System (NHS); Mainstream Public School and Social Security Early Childhood Services - referral by the doctor, educator, family or anyone.
- Regulated and uniform response in the country
Extension of ECI to more areas/greater coverage of responses
- Articulated management between 3 ministries
- Common language



- The teams that are part of SNIPi have elements with same professional roles and responsibilities versus different salaries, schedules, and working conditions.



At microsystem level the reform created some challenges for Mira Sintra:

- The geographical area of intervention was redefined, and it made it necessary to transfer processes to other teams.
- Families went from cooperating partners to external customers.
- Termination of some support dynamics like parents's support groups.
- The CECD Mira Sintra lost the autonomy for managing human and financial resources.
- Human Resources decreased due to the redistribution of resources.
- Former local projects and partnerships became unfeasible or reframed (XS Room, Response for All, Exhibition "We are Children").



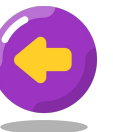
Person-Children



- In the transition of the model, the intervention with families and children remained in natural life contexts: home, daycare center, kindergarten, and community.
- Possibility of intervention through family support programs is maintained.



- Children in the context of kindergarten in the public school system are now referred to Decree-Law 54 to access educational measures.



3. Intervention with families – Case Study



Child Referral*

Pediatric ambulatory service at Fernando da Fonseca Hospital

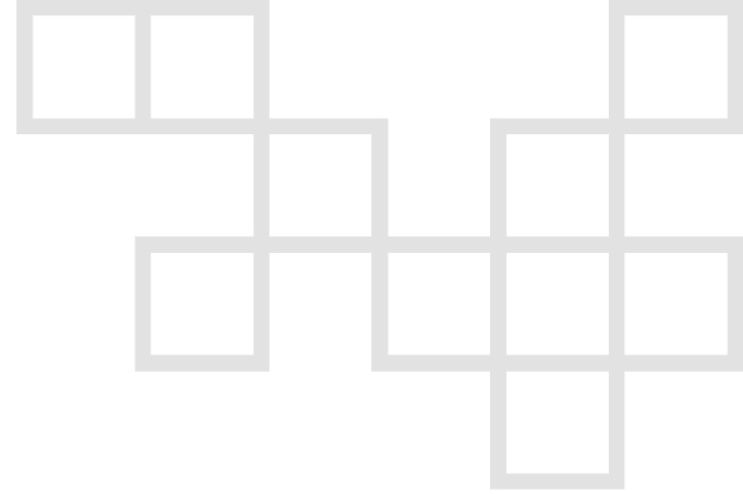
Eligibility Criteria:

Changes in Body Functions or Structures

- Developmental delay with no known etiology, covering one or more areas validated by a reasoned assessment, carried out by a competent professional for this purpose:
 - Cognitive
 - Language and communication
 - Social and adaptive
- Developmental Delay due to Specific Conditions
 - Atypical development with alterations in relationship and communication (ASD)

* Referral Form – National System for Early Childhood Intervention - Portugal – Translated and Adapted by the Eq. I.P. of ISS, IP/CDL-SATPR (TNM/MGP)

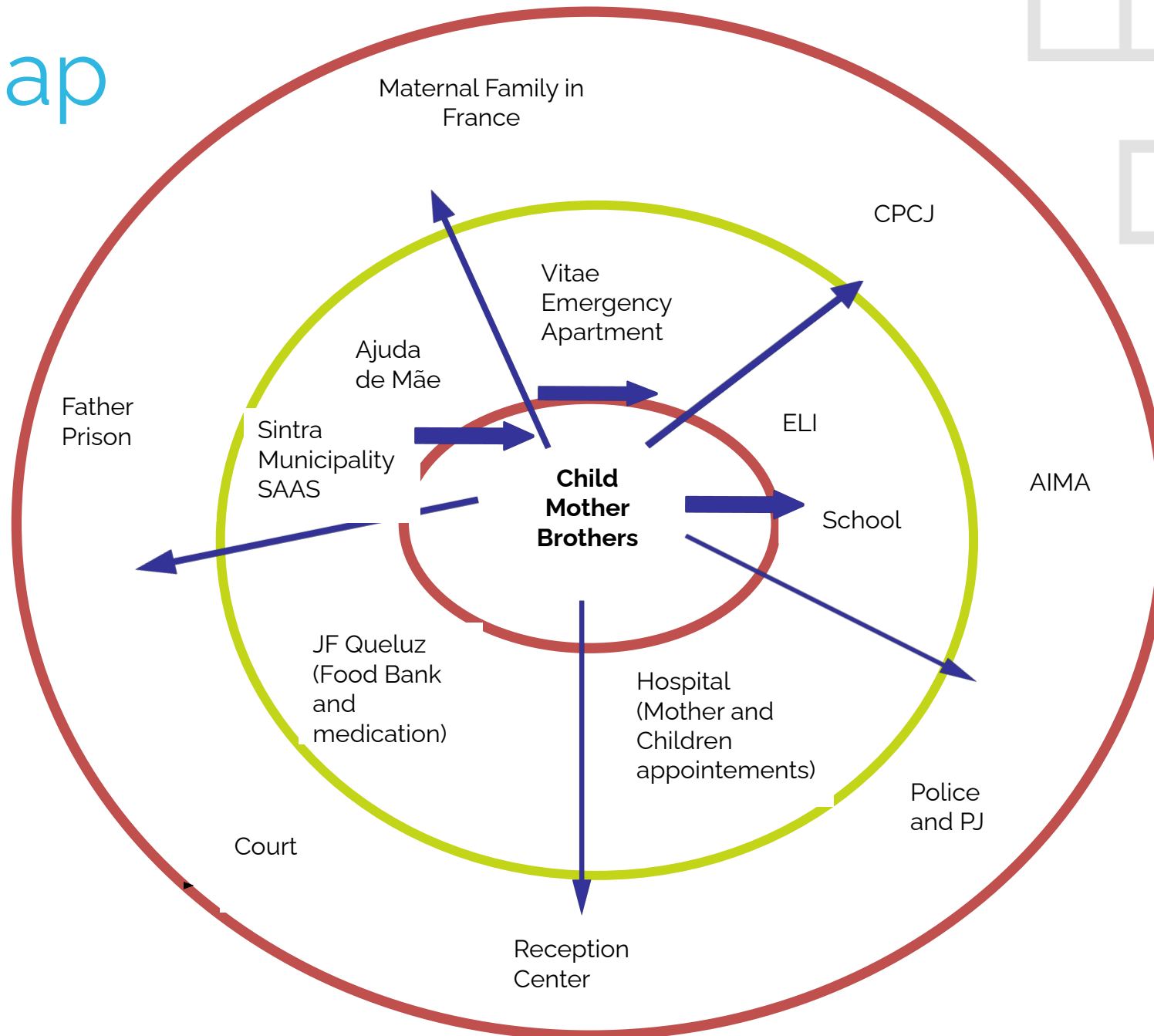
First interview with family and child



Assessment and diagnosis of the needs of the child and the family

- Mother and 2 children in an emergency apartment, unemployed, without economic means, pregnant, undocumented
Father arrested for sexual abuse of stepdaughter
Child referred to ELI – integrated into JI, undocumented, followed in developmental consultation
Sister – integrated in the 1st cycle of basic education, undocumented, attending Psychology ambulatory service due to sexual abuse
Mother accompanied in Psychiatry and Psychology ambulatory service and started follow-up in Gynecology/Obstetrics

Ecomap



Individual Early Intervention Program

1. Monitor child's global development – training and empowerment in sessions/meetings with the family; articulation with the School and with the health services;

Promote the articulation between the different actors of the services involved – Technicians in the areas of education, health, housing, social action and justice

Practical example: preparation for the baby's birth: need to meet online with all stakeholders so that older children, together with the mother, could get to know the temporary reception center and its technicians, where they would stay while the mother was in the hospital for the baby's birth.

Currently

- Child in school postponement, with support from Special Education Kindergarten; continues with regular follow-up in the development consultation; still without social benefits to which they are entitled due to lack of documentation; Older sister continues to have psychological support Baby with good development in the care of the mother but in the process of integrating daycare Mother already has documents, she has actively started looking for work and it is expected that she will soon be able to become autonomous from the services Father sentenced to 7 years in prison

Summary

Some ideas to share

ECI is an important issue: families who ask for help, need to be supported!

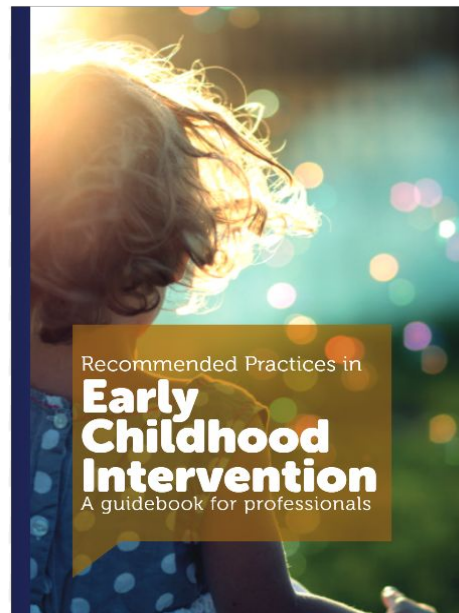
The way you do it, makes difference: collaborative paternship is a model which urge to have the support of professionals, with consistent knowlegde about child development, networking, community resources and ecossistemic intervention. Transition, from a expertise-clinic base model to a systemic intervention, needs to be supported on personal characteristics and tecnical supervision.

The implementation of ECI needs a **law** that reframed the practices and built a share identity – in Portugal we have it.. Everyone can refer a child 0-6 years – the process is clear and accessible. But the process needs **time** to grow is consistency and it will be useful if this national service allocate, **financial and human resources**, with a **protected budget** and a **special frame for professionals**, with the **same responsibilities** and the **same job conditions**, protecting **the stability of the**

Bibliography

- A guidebook for professionals:

<https://www.eurlyaid.eu/eciguidebook-englishversion/>





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Thank you!

Centro de Educação para o Cidadão Com Deficiência CRL

Av. 25 de Abril, n.º 190, Mira Sintra, 2735-418 Cacém

Telf. 219 188 560

geral@cecd.pt

www.cecd.pt

