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"International perspectives on early childhood care and education"

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EDITORIAL

International perspectives on early childhood care and education

Perspectiva internacional sobre el cuidado y la educación en la primera infancia

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La atención, el cuidado y la educación de los niños durante los primeros años tiene un valor inestimable para la sociedad, por lo que resulta imprescindible invertir en su cuidado y educación, sin olvidar que los programas y servicios de atención infantil deben considerarse una necesidad inmediata. Los profesionales y expertos se encaminan hacia un sistema integral de atención y educación para los menores. De hecho, actualmente, en las agendas políticas la provisión y la calidad de los servicios de educación y el cuidado de la primera infancia ocupan un lugar prioritario (Wodon, 2016). El bienestar infantil supone un tema de interés internacional enmarcado por una inversión social para proporcionar a los niños una base para su aprendizaje y desarrollo, apoyado por discursos e investigaciones teóricas y empíricas que evidencian la importancia del cuidado y la educación infantil.

No es casualidad que la atención a la primera infancia forme parte de los servicios sanitarios, educativos o sociales. Cada vez más, las políticas se centran en mejorar la salud, la nutrición y la educación durante la primera infancia, ya que las experiencias en esta etapa se consideran determinantes para el desarrollo del niño, y la variedad de factores de riesgo que alteran su desarrollo llevan a largo plazo a una falta de capital humano que deriva en pobreza y desigualdad (Pathak & Macours, 2017). Por lo tanto, los niños deben tener las necesidades básicas cubiertas y los países deben hacer un esfuerzo para que así sea. Los líderes de cada país deben considerar que los programas que cubren las necesidades esenciales durante la primera infancia suponen una inversión en capital humano, que no solo repercute en el desarrollo del menor a corto plazo, sino que también permitirá ahorrar costos en los servicios posteriores.

Los países realmente preocupados por los niños se comprometen a formar y apoyar adecuadamente a los encargados del futuro de los niños: los profesionales de la primera infancia. Cuando el salario y las oportunidades de progresar no quedan limitadas, el país cuenta con profesionales altamente cualificados, preocupados y comprometidos con el cuidado y la educación de los niños, lo que se traduce en una calidad de los servicios (Aubert, Molina, Schubert & Vidu, 2017; Lunn Brownlee et al., 2015). En esta línea, se atiende a dos tipos de formación indispensable; la formación inicial, que proporciona un conocimiento básico del desarrollo infantil, los trastornos, alteraciones y factores de riesgo que pueden incidir en el correcto desarrollo; y la formación continua o desarrollo profesional, que facilita la capacitación, la práctica y la reflexión sobre la realidad de sus prácticas diarias. Estas oportunidades son parte de los planes estatales de cada país, por lo tanto, las profesiones de atención a la primera infancia no son instintivas, requieren de preparación específica que atienda tanto al

contenido como a las competencias y habilidades derivadas de la reflexión y autoevaluación que conlleva el desarrollo profesional.

En este sentido, la riqueza de un país no se mide únicamente en recursos económicos, ya que el capital humano es una inversión a largo plazo que atiende el cuidado y la educación de los niños pero que también profesionaliza a sus trabajadores.

A lo largo de este documento se utiliza el término "*servicios del cuidado y la educación infantil*" para hacer referencia a las estructuras formales que brindan atención, cuidado y educación en la primera infancia (desde el nacimiento hasta los 8 años), e incluyen guarderías, educación preescolar o atención temprana. Es más, independientemente del país, los servicios de educación y cuidado de la primera infancia presentan una amplia gama de enfoques teóricos desde perspectivas como el desarrollo infantil, el apoyo y la crianza de los padres, problemas de pobreza infantil, bienestar social, atención y educación para niños pequeños. Así, este monográfico aporta una visión global sobre el cuidado y la educación en la primera infancia, que permiten desafiar o ampliar el propio pensamiento a través de contextos culturales localizados. El número tiene implicaciones para los servicios del cuidado y educación infantil, los niños y sus familias, también ofrecen la oportunidad de mostrar la necesidad de invertir en el bienestar infantil o de cuestionar si los propios servicios pueden dar respuesta a las necesidades de este sector de la población tan vulnerable.

La visión de los servicios del cuidado y la educación infantil desde el contexto del bienestar social se ha convertido en una tendencia creciente. Este interés global o internacional lleva al intercambio en el desarrollo de diferentes investigaciones transnacionales que llevan a comparar los servicios del cuidado y la educación en la primera infancia a nivel internacional, considerando una serie de factores y atributos del contexto cultural en el que transcurren (Campbell-Barr & Bogatić, 2017). De hecho, se considera que los servicios del cuidado y la educación en la primera infancia están dirigidos a niños desde su nacimiento hasta la edad escolar, sin embargo, es mucho más complejo. La edad escolar varía a nivel mundial, al igual que los servicios del cuidado infantil se pueden ofrecer desde el embarazo o desde el nacimiento, y hasta la escolarización del menor o hasta una edad límite. Es evidente las diferencias que presentan los servicios en función de cada país; pueden estar integrados o divididos, ofrecer una atención específica o multidisciplinar, son financiados por el estado parcial o totalmente o son privados, incluso los planes de estudio en la formación inicial de sus profesionales pueden divergir. De esta forma, se puede entender la relevancia del contexto histórico y cultural para configurar la estructura, las funciones o el propósito de los servicios del cuidado y la educación infantil, así como del propio término con el que se denomina. Factores como la geografía, el género o la religión pueden tener consecuencias sobre cómo se entienden los niños, la familia o todo lo que la infancia implica. Los artículos incluidos en este monográfico muestran las complejidades del cuidado y la educación infantil, y qué se entiende en cada contexto en el que se ubica. Además, parten de la riqueza de compartir ideas, prácticas y conocimiento sobre el cuidado y la educación infantil, a partir de estas diferencias estructurales que facilitan una inmersión en contextos específicos desde la teoría, la investigación y la práctica. Es más, las perspectivas y enfoques de otros países pueden desarrollar un "*deslumbramiento etnográfico que coloque otros métodos pedagógicos en un pedestal*" (Campbell-Barr & Bogatić, 2017:1462).

Este número pretende ofrecer información y evidencias sobre la educación y el cuidado infantil desde una perspectiva internacional para aquellos que estén, directa o indirectamente, involucrados o interesados en el ámbito de la primera infancia. Se comparten quince artículos construidos en torno al desarrollo y la historia de la primera infancia, los programas de intervención en determinadas áreas, la evaluación de los servicios, así como la visión y percepción de los profesionales. En cualquier caso, cada artículo constituye una adicción al tema central; el cuidado y la educación de la primera infancia.

El interés y la relevancia de los postulados filosóficos y científicos han derivado en concreciones normativas para las agendas políticas, sin embargo, su desarrollo ha sido desigual por la heterogeneidad del contexto en el que se aplica. Ejemplo de ello, es la

aportación que nos remite Xiaofei Qi, titulada "*Explorando la educación en la primera infancia en China: antecedentes, desarrollo y problemas actuales*". En este artículo evidencia cómo desde 2010, la prioridad política ha sido desarrollar servicios de educación infantil de 3 a 6 años, sin embargo, la autora indica que, a pesar del gran progreso realizado, el desarrollo de la educación de la primera infancia en China es inestable e inadecuado en términos de desigualdad regional y social. Indica que hay una brecha entre las ideas avanzadas y las prácticas diarias, marcadas por la demanda de profesionales cualificados en educación o falta de servicios públicos. A esto se añade la nueva política de dos hijos como desafío en el progreso de la educación de la primera infancia para proporcionar servicios suficientes y de calidad.

En la misma línea, Natalia Baranova señala que, en países como Rusia, los servicios de atención temprana son relativamente recientes, por lo que profesionales como ella han podido presenciar el progreso del sistema desde los procesos de intervención y la formación de los profesionales. Esto le ha llevado a considerar "*La intervención temprana como proceso dinámico*", dando título al trabajo que presenta en este número especial. El artículo analiza el proceso de desarrollo sobre los principios básicos de intervención temprana, como puede ser el trabajo en equipos interdisciplinares o modelos centrados en las familias. Como resultado muestra que el cumplimiento de los principios de intervención temprana permite el desarrollo de equipos profesionales, lo que proporciona una mejora de la calidad de los programas de apoyo para los niños y sus familias.

Además, en el artículo "*Perspectivas nacionales sobre el cuidado de la primera infancia*", las autoras Pilar Gutiez Cuevas, Mónica Jiménez Astudillo y Paloma Antón Ares realizan una revisión sistemática sobre el concepto atención a la primera infancia en España. Como resultado aportan una visión de los elementos que interfieren en la atención temprana, los roles y competencias de los profesionales, los recursos, la capacitación, la reglamentación y los precedentes que evidencian la necesidad de ofrecer servicios suficientes debidamente coordinados y con profesionales altamente cualificados para mejorar la calidad de atención prestada a las familias.

Así, dada la relevancia de los servicios y programas de intervención para los menores y sus familias, Cristina Filipa Nunes Borges y Ana Paula da Silva Pereira presentan su trabajo, "*Intervención temprana en el hogar: perspectivas de los profesionales de los equipos de intervención de la primera infancia del norte de Portugal*"; cuyo propósito de estudio es comprender desde el punto de vista de los profesionales, los beneficios y debilidades que suponen para las familias y los profesionales recibir el apoyo o la atención temprana en el hogar. Tras entrevistas, los resultados muestran que las familias se sienten más seguras cuando reciben las sesiones de apoyo en sus casas, lo que permite establecer una interacción más próxima con los profesionales que atienden a sus hijos. Por otro lado, los profesionales consideran que se debe animar y formar a los padres para participar activamente en todo el proceso. Aunque a la atención a domicilio es considerado beneficio también se convierte en la principal debilidad para determinadas familias, lo que dificulta el acceso a los hogares para tratar a los menores, al considerarlo una invasión a su intimidad.

Y para dar voz a las familias, el artículo firmado por Michael Einav y Malka Margalit, titulado "*Sentido de coherencia, teoría de la esperanza e intervención temprana: un estudio longitudinal*", se centra en examinar las percepciones sobre los programas de intervención que recibieron 52 madres de niños con necesidades especiales. En el estudio longitudinal, los autores aplicaron un cuestionario durante el desarrollo del programa y entre 5 y 12 años después de su participación. Los resultados evidenciaron la relación entre el sentido de coherencia durante la participación en el programa y el afecto positivo varios años después, mediado por la esperanza de las madres. Como conclusión, los recursos personales (esperanza, sentido de coherencia y afecto positivo) y familiares (clima familiar) de las madres se mantuvieron estables durante los dos períodos, además de la capacidad de identificar y alcanzar sus objetivos. Los autores concluyen que adoptar estrategias que potencien los recursos personales de los padres permitirá mejorar la intervención temprana y hacerla más efectiva.

Por otra parte, los niños que crecen con padres vulnerables a la salud mental tienden a ser olvidados o invisibles, sin embargo, estos cobran protagonismo en el trabajo presentado por Ana Fraga, Ana Maria Serrano y Susana Caires titulado "*Hijos de padres con vulnerabilidad a la salud mental: implicaciones y apoyo centrado en la familia*". Las autoras parten del incremento de los síntomas de vulnerabilidad a la salud mental en la población y del escenario en el que crecen los menores. Para comprender el contexto familiar de estos niños y encontrar las respuestas existentes para apoyar su desarrollo y educación, utilizan una metodología cualitativa para analizar entrevistas semiestructuradas de madres con depresión y de los profesionales que las atienden. Obtuvieron como resultado la implicación de importantes factores de riesgo que comprometen la crianza de los hijos y los hace vulnerables a la enfermedad mental. Al mismo tiempo demuestran la necesidad de formar profesionales especializados en las prácticas centradas en la familia, así como la coordinación entre los servicios de atención temprana y los servicios de salud mental y psiquiatría.

Ahora bien, centrando el foco de atención en el ámbito educativo, se comparten trabajos desde distintas áreas. En el artículo de Carmen Sherry Brown, cuyo título es "*Response to Intervention en preescolar: Apoyo a las competencias básicas y de comprensión con instrucción complementaria*", presenta y aplica una estrategia integral de intervención y prevención que identifica y ayuda a los alumnos con necesidades de aprendizaje, denominada *Response to Intervention (RtI)*. La autora no sólo publica los resultados y conclusiones del estudio en el que aplica esta estrategia, sino que comparte las guías prácticas en las que se ofrecen a los educadores recomendaciones específicas para planificar e implementar actividades educativas que apoyen el proceso de alfabetización en los preescolares.

Por su parte, Dörte Weltzien y Janina Eva Strohmer comparten su artículo titulado, "*La calidad de la interacción situacional y personal entre el cuidador y el niño utilizando la herramienta de evaluación GInA-E*". En primer lugar, las autoras ofrecen una descripción de las características de las tres escalas del instrumento. A continuación, aplican la herramienta de observación y reflexión basada en vídeo (GInA-E) en un centro de cuidado infantil, captando escenas de interacción entre el cuidador y uno o más niños durante unos cuatro o seis minutos. Como resultado no solo obtuvieron que la herramienta puede emplearse en una amplia gama de entornos y situaciones, sino que además, observaron un ligero impacto positivo en la calidad de las interacciones con los niños más pequeños y los llamados "*espectadores*".

Selma Korkmaz presenta un estudio de caso titulado, "*Evaluación de las habilidades de audición estética de niños en edad preescolar*". La investigación tiene como objetivo determinar mediante dibujos animados el éxito de los niños en edad preescolar para predecir, resumir y relacionar estrategias que son habilidades de escucha estética. Tras el análisis de contenido realizado a los datos obtenidos por observación y entrevista, los datos revelaron que las habilidades de predicción se desarrollaron en niños y niñas. Sin embargo, la habilidad de resumen y relación son más débiles, por lo que la autora insta a incluir distintos tipos de actividades que mejoren estas habilidades.

En el artículo firmado por Mustafa Yeniasır y Burak Gökbulut titulado, "*Valores socioculturales proporcionados a niños preescolares utilizando juegos tradicionales para niños*", los autores llevaron a cabo una investigación acción con 25 niños de preescolar, a quienes les enseñaron diversos juegos tradicionales de Turquía (concretamente de Chipre) y se les animó a jugar. Los autores observaron y entrevistaron a los niños sobre los juegos y sus dinámicas, obteniendo como resultado que estos adquirían varios valores requeridos para la vida en sociedad, tales como el respeto, la ayuda mutua, la paciencia o la honestidad, entre otros.

Otro enfoque es el que Marija Markovic, Anastasija Mamutovic y Zorica Stanisavljevic Petrovic presentan en su artículo "*Las actitudes de los padres sobre la adaptación de los niños a la institución preescolar*". Este trabajo permite conocer si los padres están familiarizados con los problemas que los niños presentan en el proceso de adaptación, y para ello aplica un instrumento de escala Likert. Los resultados del estudio identifican los factores que intervienen en el proceso de adaptación, los elementos vinculados a una adaptación exitosa y los métodos

que emplean los padres para superar las dificultades derivados del proceso de adaptación. Los resultados también indican que existen unas diferencias estadísticamente significativas en las actitudes de los padres con respecto al género, es decir, el período de adaptación es más estresante para las madres que para los padres.

Dos trabajos aportan datos de interés sobre la evaluación de programas de formación continua; e trabajo de investigación "*Uso del modelo holístico para la evaluación de una formación con maestras de educación preescolar*", firmado por Elke Elisabeth Eugenia Kleinert-Altamirano y Pilar Pineda Herrero, quienes presentan un estudio de caso que evalúa la transferencia de aprendizajes durante una formación continua en una institución preescolar en la Ciudad de México. Con el uso del modelo holístico y aplicando como instrumento la encuesta y la entrevista semiestructurada, recogieron datos de los distintos agentes (educadoras, directora y formadores). Tras la triangulación, las autoras obtuvieron resultados en lo que a pesar de que las educadoras mostraban una transferencia de aprendizaje positiva en la mayor parte de los casos, parece necesarios seguimientos regulares para mantener la transferencia de aprendizajes de formación continua en educadoras en preescolar.

Por su parte, Ivonne Ramírez Martínez, Sagrario Pérez de la Cruz y Carolina Maldonado presentan el artículo "*Formación continua transdisciplinaria para la detección y atención al riesgo de trastornos del neurodesarrollo en menores de 5 años*", centrado en la formación de los profesionales de la primera infancia con el objetivo de evaluar el impacto de un programa de formación continua en trastornos del neurodesarrollo. Encuestaron a profesionales técnicos y estudiantes universitarios de los municipios de Chiquisaca, con preguntas relativas a los temas expuestos en los ciclos de formación en los que habían participado. Como resultado obtienen una respuesta favorable en cuanto a los contenidos, el trabajo con familias, la intervención comunitaria etc. por lo que concluyen que el programa de formación continua tuvo un impacto favorable en los distintos aspectos que permiten una mejora de los niveles de atención primaria en salud en menores en situación de riesgo.

Aunque el desarrollo profesional se tiene asociar al aprendizaje o a la formación continua, Adrijana Visnjic Jevtic, en su artículo, "*Asociaciones profesionales como contribuyentes al desarrollo profesional de los docentes de la educación infantil (Caso de Croacia)*", atiende al rol de las asociaciones profesionales sobre su contribución al desarrollo profesional. Tras analizar la información obtenida en los grupos focales por maestros de preescolar que son miembros de estas asociaciones, obtuvieron como resultado el valor que le otorgan al desarrollo profesional, incidiendo en aprendizaje permanente y la motivación como requisitos previos. Por lo que la autora concluye que las asociaciones de educadores infantiles se ven como un apoyo en el desarrollo profesional.

Por otro lado, en la formación inicial se puede observar que las competencias y conocimientos de los profesionales del cuidado y la educación de la primera infancia han sufrido una transformación en los países europeos, de ahí que, "*Redefinir y desarrollar competencias profesionales para la educación y el cuidado de la primera infancia*" dé título al artículo de Florence Pirard, Marie Housen y Elodie Pools. Las autoras realizan un análisis de otros sistemas educativos presentando una reflexión sobre el desarrollo de competencias profesionales y su adquisición desde la formación inicial. Siguiendo un enfoque holístico, las autoras señalan que coexiste una diversidad de formaciones difundiendo las habilidades y perfiles profesionales. Como respuesta, las autoras proponen un modelo que articula las competencias organizativas, relacionales y reflexivas necesarias para el desarrollo de un perfil profesional, facilitando una mayor comprensión de la complejidad de la educación y la atención temprana en sus múltiples dimensiones.

En definitiva, los trabajos que conforman este monográfico son un reflejo del escenario infantil y ponen de manifiesto la necesidad de seguir investigando para trasladar las evidencias científicas y académicas a la práctica.

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Exploring early childhood education in China: background, development and current issues

Explorando la educación de la primera infancia en China: antecedentes, desarrollo y problemas actuales

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Explorando la educación de la primera infancia en China: antecedentes, desarrollo y problemas actuales

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Abstract

China has put great efforts into developing early childhood education and care services. Since 2010 the policy priority has been to develop early childhood education services for 3–6-year-old children before school entry. Evidence of the rapid development of early childhood education in China can be seen in the impressive development of policy, the increase in public investment and the boom in kindergarten participation rates. The demand for qualified early childhood education practitioners is also increasing in China. Private kindergartens are playing a very important role in providing early childhood education services due to the lack of public services. Despite the great progress already made, the development of early childhood education in China is unbalanced and inadequate in terms of its regional and social disparities. There is a huge gap between advanced ideas and kindergarten practices. The consequences of the new two-child policy present a big challenge to the development of early childhood education, and these should be prepared for in advance in terms of providing "*sufficient*" early childhood education services, as well as "*high-quality*" services to young children and their families

Resumen

China ha realizado grandes esfuerzos para desarrollar servicios de educación y cuidado de la primera infancia. Desde 2010, la prioridad política ha sido desarrollar servicios de educación infantil temprana para niños de 3 a 6 años antes de acceder a la escuela. La evidencia del rápido desarrollo de la educación de la primera infancia en China se puede apreciar en el sorprendente desarrollo político, el aumento de la inversión pública y el auge de las tasas de inserción en los jardines de infancia. La demanda de profesionales calificados en educación infantil temprana está aumentando en China. Los jardines de infancia privados desempeñan un papel muy importante en la prestación de servicios de educación de la primera infancia debido a la falta de servicios públicos. A pesar del gran progreso realizado, el desarrollo de la educación de la primera infancia en China es inestable e inadecuada en términos de desigualdad regional y social. Hay una gran brecha entre las ideas avanzadas y las prácticas llevadas a cabo en el jardín de infancia. Además, la nueva política de dos hijos representa un gran desafío para el desarrollo de la educación de la primera infancia, ya que deben prepararse de antemano para proporcionar servicios de educación de la primera infancia "*suficientes*" y de "*alta calidad*" para los niños y sus familias

Keywords
Children; China; Early Childhood Education; Kindergarten; Policy

Palabras clave
Niños; China; Educación de la primera infancia; Jardín de infancia; Política

"Early childhood education is the beginning of lifelong learning. It is an important part of the national education system and an important part of the public social welfare".
China State Council (2010a)

1. Introduction

With more and more children attending non-parental care and education services, early childhood education and care has become a political interest in many countries, as part of their strategy to promote their social welfare and education systems. With a population of over 1.37 billion, China faces many challenges in improving people's well-being (World Bank, 2016). Early childhood education and care is one of those challenges.

China has put great efforts into developing early childhood education and care services, and the policy priority since 2010 has been to develop early childhood education services for 3–6-year-old children before school entry. This paper adopts the conceptual framework proposed by Qi and Melhuish (2017), who argue that the development of early childhood care and education in China was much influenced by its social-cultural, political and economic development; public needs and interests; and the influences of international development. Through the lenses of policy and practice development, we are drawing a picture of the development of early childhood education in China. Figure 1 illustrates the analytical framework of this paper.
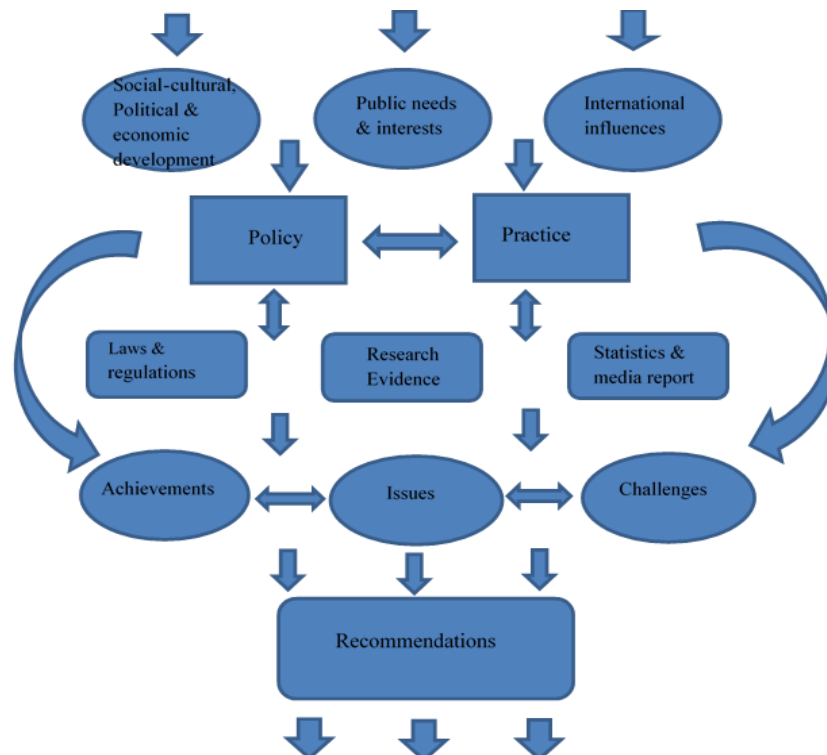
Figure 1. Analytical framework

The current section is structured as follows: the background information (including the notions, aims and principles; types, access and staffing) regarding early childhood education in China is introduced; policy and practice developments are explored in a historical context, as well as in the modern context; the challenges facing the development of early childhood education are explored, and the gaps between education ideas, policy and practice in kindergartens is discussed; the key facts of the development of early childhood education in China are highlighted at the end of the section.

2. Background information

2.1. Aims and principles

In this paper, early childhood education refers to the non-parental care and education services provided for children between the ages of 3 and 6, before their primary school entry. In China, kindergartens (You Er Yuan) are the main institutions that provide early childhood education services for children and their families; kindergartens can provide full-day, half-day, fixed-term, seasonal and boarding school services for children, and the above forms of services can be set either separately or mixed.

In the most recently released official document by MOE (Ministry of Education, 2016a), Kindergarten Work Regulations, it is stated that:

> "*Kindergartens are institutions for the care and education of preschool children over the age of 3 years. Kindergarten education is an important part of the basic education and it is the foundation stage of the school education system*".

The Regulations document also describes the two main tasks of kindergartens in China as being: 1) to implement the national education policy and to promote the harmonious physical and mental development of young children through care and education; and 2) to provide scientific parenting guidance to parents of young children. Furthermore, it defines the aims and purpose of kindergarten care and education in China as being to promote children's well-being in terms of physical, intellectual and moral development, as well as their appreciation of aesthetics.

The key principles and requirements of kindergarten education in China are summarized as:

- education activities should follow the principles of children's physical and mental development;
- activities should be age appropriate and recognize children's individual differences;
- education activities should be organized through play-based activities and provide learning opportunities for all children.

Specifically, the importance of play has been highlighted (MOE, 2016a):

> "*Kindergartens shall regard play as an important form of comprehensive/all-round development education for young children. Kindergartens should create play conditions according to local conditions, provide rich and appropriate play materials, ensure adequate play time, and develop various types of play*".

2.2. Access, types and national plans

2.2.1. Access

Early childhood education has been defined as the basic or foundation stage of the education system in China. However, unlike countries such as the UK, France and Scandinavian countries, which provide universal preschool care services, early childhood education in China, which is from ages 3 to 6, is not part of compulsory education. Provision is patchy, and the government does not guarantee that all children at the appropriate age have equal access to kindergarten education before starting their primary school education. In the last few decades, public investment and attention to the development of early childhood education has increased, and access to kindergartens in China has been growing steadily (Figure 2).
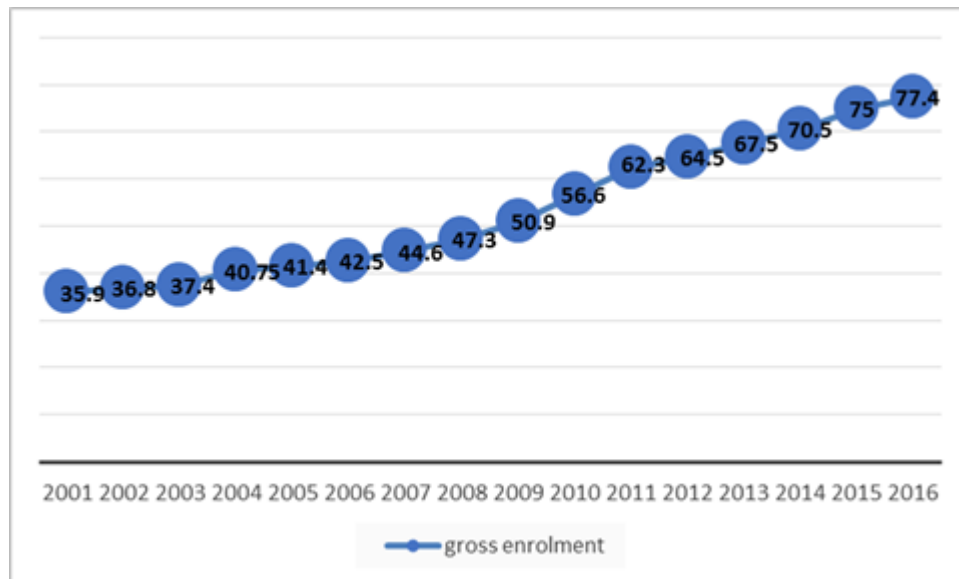
Figure 2. Percentage (%) of kindergarten provision participation for children aged 3 to 6 in China between 2001 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 2001 and 2016

It was reported that the three-year kindergarten enrolment rate in China in 2016 reached 77.4% (MOE, 2017). Meanwhile, there were 44,138,630 children attending kindergartens in China in 2016 and the number of children in kindergartens has also increased steadily in the last decade (see Figure 3).
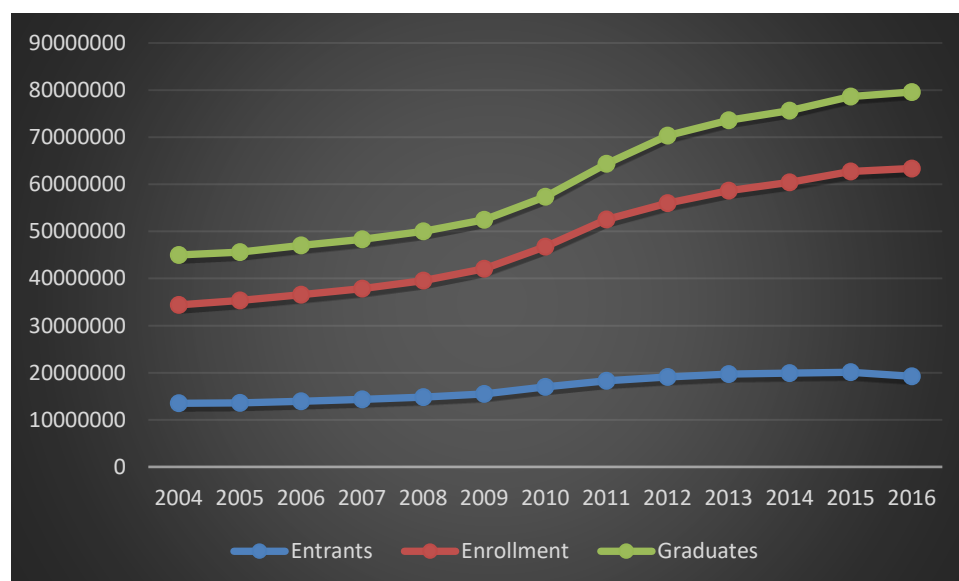
Figure 3. Number of children attending kindergartens in China between 2004 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 2004 and 2016

2.2.2. Types

One contributing factor to increased kindergarten participation is the growing number of private kindergartens in China. There are two main types of kindergartens based on the funding sources. First are public kindergartens run by the Education Department, local communities, and the army

or the public institutions; second are private kindergartens, which include both for-profit and not-for-profit kindergartens. In 2016, there were 239, 812 kindergartens in China in total; 64% (154, 203) of them were registered as private kindergartens (including both non-profit and for-profit kindergartens), while the remaining kindergartens were registered as public kindergartens run by different departments and organizations (see Figure 4) (MOE, 2016b).
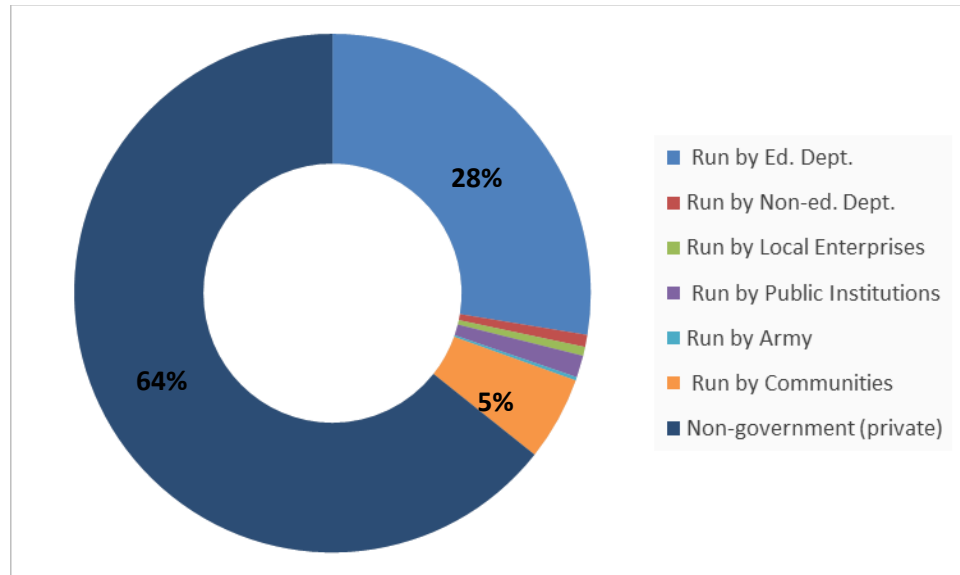
Figure 4. Number and types of kindergartens in China in 2016
Source: Based on China National statistics on Education (Early Childhood) in 2016.

It can be seen in Figure 5 that the number of public kindergartens has been increasing steadily since 2010, alongside the increase in private kindergartens, which results in an overall increase of kindergartens in China. However, there was a big drop in the number of public kindergartens in China in the years 2000 and 2001 due to the reduced number of community-run kindergartens (Zhou, 2011). Because of the one-child policy and the economic reform of late 1990s that reconstructed state-owned factories, many factories and community-run kindergartens were shut down. Consequently, the number of public kindergartens has been dramatically reduced. Furthermore, comparing the number of private kindergartens between the rural, urban, and town and county areas in China since 2005 (Figure 6), it was found that private kindergartens are the large majority across all areas, but for the rural areas, the private–public gap has been narrowing since 2010, in line with the government's strategy to promote accessibility by investing more in public kindergarten expansion programs in rural China.
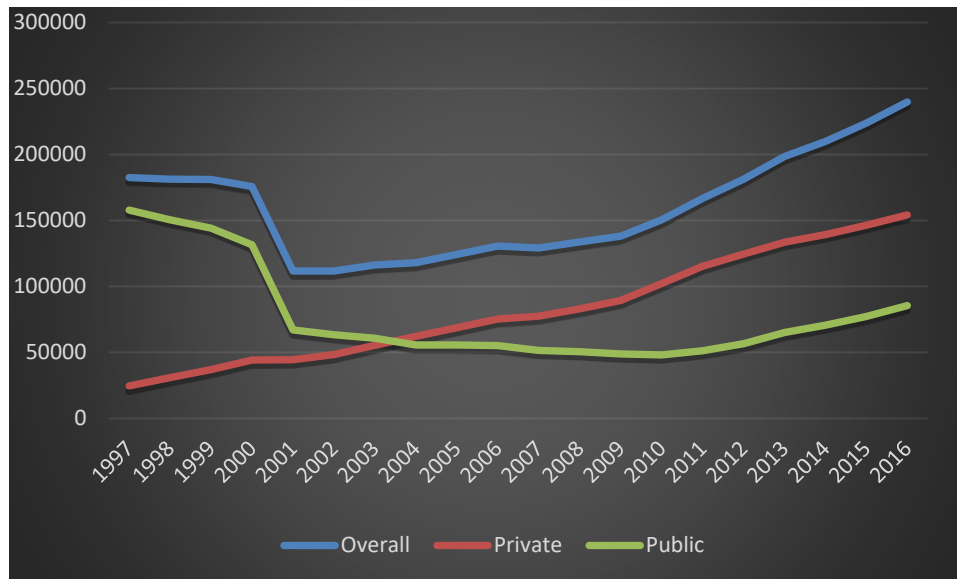
Figure 5. Number of overall, private and non-private kindergartens in China between 1997 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 1997 and 2016.
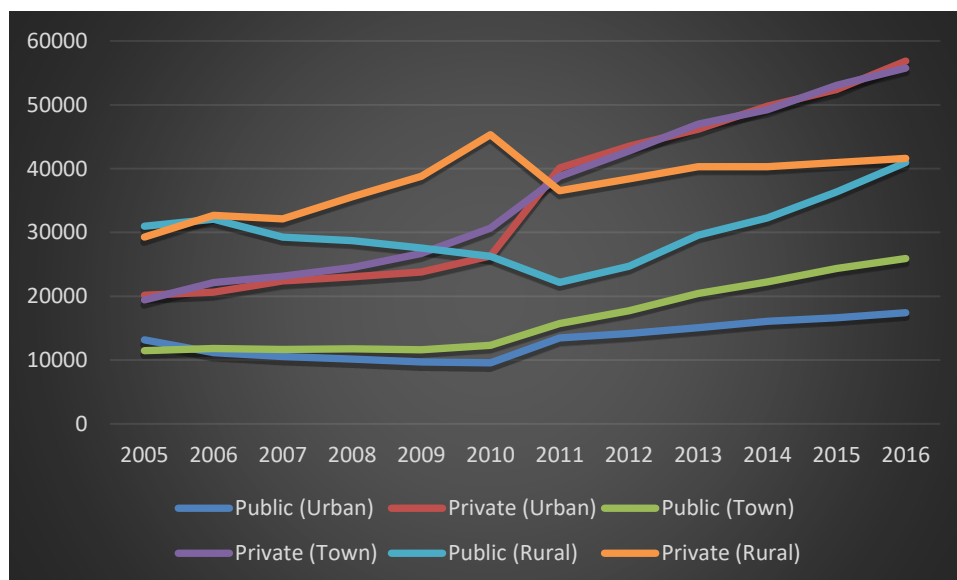
Figure 6. Number of private and non-private kindergartens in urban and rural areas in China between 2005 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 2005 and 2016.

Since the publication of the *Law on Promoting Private Education* in 2016 (National People's Congress Standing Committee of China, 2016), private stakeholders in the education sector in China can choose to register their school either as a "*private, non-profit organization*" or as a "*private, for-profit organization*" that can make profits from the non-compulsory education sectors. In the official policy document *Private Education Promotion Act (MOE, 2004),* it explains the definitions and key features of private education in China as

> *"The private education sector is part of the public welfare and is an integral part of the education system in a socialist society. The state's policies are encouraging, supporting, guiding and managing the private education according to the Constitution and Education law".*

> *"Private schools have the same legal status as public schools. The state guarantees the private stakeholders' autonomy of running schools. The state protects the lawful rights and interests of the organizers, principals, teaching staff and educators of private schools".*

> *"The organizers of private schools may independently choose to establish non-profit or for-profit private schools. However, profit-oriented private schools cannot be established in the compulsory education sector".*

The change of "*tone*" towards private education also reflects the Chinese government's policy of encouraging private investment in non-compulsory education sectors, including the early childhood education sector, to promote the reform and development of the education system in China.

2.2.3. National plans

Promoting the accessibility of early childhood education services has been one of the policy foci for Chinese government since 2010 as part of the strategy to develop and reform the education system in China. It was specified in the policy document, *The Outline of National Medium and Long-Term Education Reform and Development Plans (2010–2020)* (China State Council, 2010b), that China aims to provide "*one-year universal early childhood education"* by 2020 (Table 1).

Table 1.
Outline of kindergarten enrolment rates until 2020

Index	Units	2009	2015	2020
Early Childhood Education				
Number of children in kindergartens	10,000	2,658	3,400	4,000
One-year Kindergarten enrolment rate	%	74.0	85.0	95.0
Two-year Kindergarten enrolment rate	%	65.0	70.0	80.0
Three-year kindergarten enrolment rate	%	50.9	60.0	70.0

In the recently released policy document, *Opinions on the Implementation of the Third Preschool Education Action Plan*, it is highlighted again that

> "*By 2020, China will build up a public early childhood education service system; the national gross enrolment rate of three-year kindergarten will reach 85%, and the ratio of public kindergartens and the non-profit private kindergartens (that serve for public welfare benefits) to the total number of kindergartens will reach 80%*" (MOE, 2017).

In achieving such targets, the Chinese government needs to focus on strengthening kindergarten capacity in areas affected by poverty, and areas affected by the two-child policy, as well as the urban–rural transition areas.

2.3. Staffing in kindergartens

Kindergarten staff are teachers, childcare workers, health-care staff, administrative staff, teaching assistants and other workers. According to national education statistics in 2016 (MOE, 2016c), there were 3,817,830 staff working in kindergartens. While full-time teachers are the largest group of early childhood education professionals (58%) among all kindergarten staff in China, childcare workers are the second largest group of professionals and the ratio to all kindergarten staff reached 19% in 2016 (see Figure 7). Alongside increasing kindergarten enrolment, there was a significant rise in the number of kindergarten teachers over the last decade (see Figure 8).
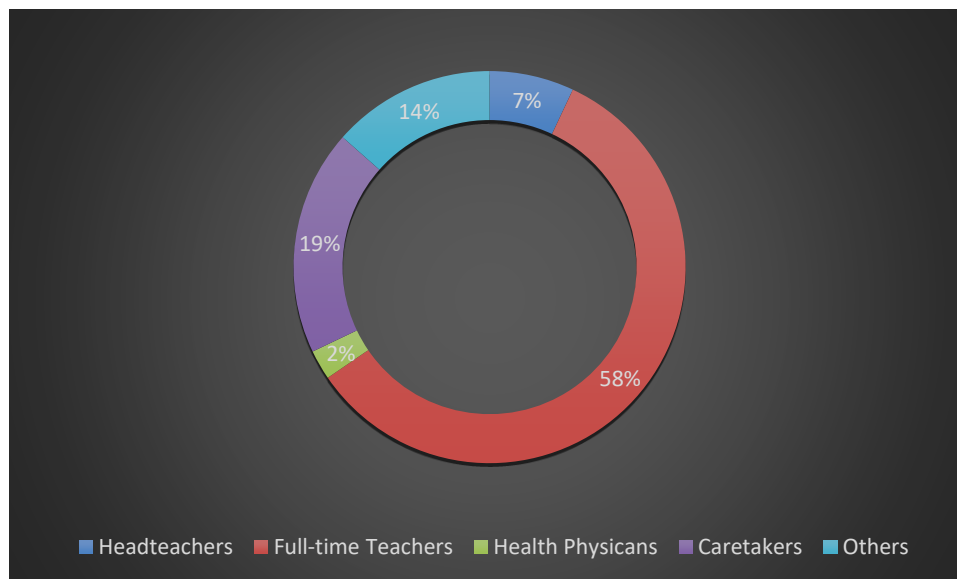
Figure 7. Percentage (%) of head teachers, teachers and other staff working in kindergartens in 2016. Source: Based on China National statistics on Education (Early Childhood) in 2016.
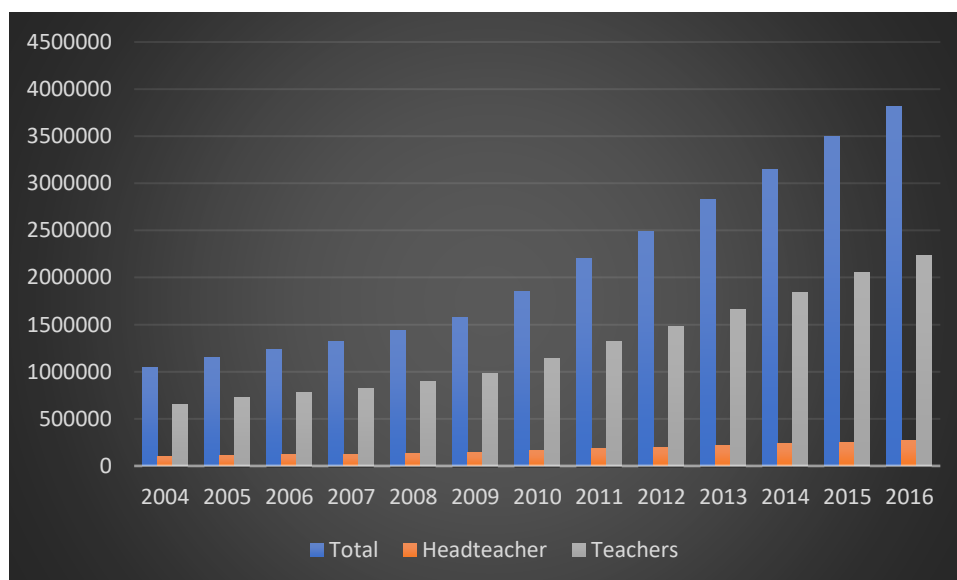
Figure 8. Number of kindergarten teachers (including head teachers and teachers) between 2004 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 2004 and 2016.

It is well documented in many Chinese official regulations that Kindergartens should be equipped with staff in accordance with the type of service to be provided, and with a staff-child ratio that can meet the basic needs of care and education for young children (MOE, 2013). kindergarten head teachers, teachers, childcare workers and health workers (as well as other staff working in kindergartens) should meet certain basic educational and professional qualification requirements (MOE, 1996; 2012a).

The demand for qualified early childhood education practitioners is also increasing in China. The qualifications of kindergarten head teachers and teachers have steadily risen in the last decade in terms of degree-level education, certificate-level education and professional training. Figure 9 demonstrates that more and more kindergarten teachers have an associate degree (three-year-college) or an undergraduate degree over the last decade.
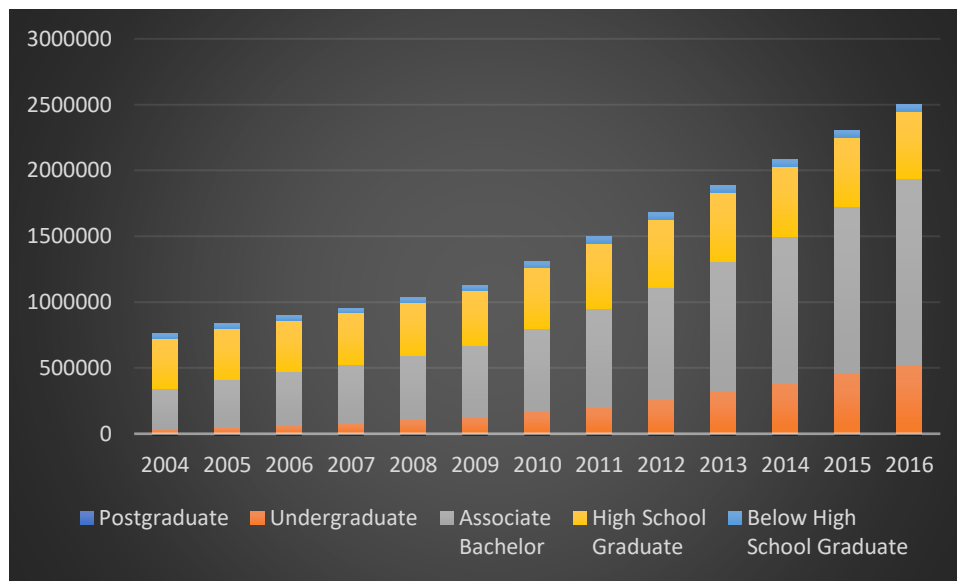
Figure 9. Breakdown of Kindergarten teachers' education Based on China National statistics on Education (Early Childhood) between 2004 and 2016. Source: Based on China National statistics on Education (Early Childhood) between 2004 and 2016.

In response to the national plan to promote the development of early childhood education, the China State Council (2010a) released *Issues Regarding Current Development of Early Childhood Education* and highlighted the top ten issues concerning the development of early childhood education in China, which included strengthening the teaching capacity. Soon after that, *Kindergarten Teacher Professional Standards* (MOE, 2012a) were issued, clarifying the basic principles, professional standards and requirements for kindergarten teachers:

> *"The professional ethics, professional knowledge and professional skills are taken as the basic qualities and conditions for kindergarten teachers. Special emphasis is placed on the professional ideology and the ethics of teachers, which are the soul and core of the "Professional Standards". The "Professional Standards" emphasized that qualified kindergarten teachers must be caring, responsible, patient and attentive. They must care for young children, respect young children and be responsible for the healthy growth of young children".*

Despite the remarkable progress in the last decade, the shortage of kindergarten teachers, the lack of highly qualified teachers and the low social status of early childhood education professionals and the high turn-over rate in the workforce are still key barriers to the healthy development of early childhood education in China (MOE, 2015). The central government has also recognized the issue and key strategies have been proposed including:

- Establish a group of kindergarten teachers' education colleges and universities, support higher education institutions (normal universities) to set up early childhood education majors/courses, and to educate high-quality kindergarten teachers who are devoted to early childhood education, good at childcare and education, and always care children and put children first.

- Innovate the kindergarten teacher education and training model, advance the training starting point, and develop the five-year teachers training/education programs of junior high school graduates. Optimize the kindergarten teacher training curriculum system, highlight the integration of care and education, scientifically establish courses of child development, childcare and education activities, strengthen practice-based courses, and cultivate the comprehensive ability of university students.

- A kindergarten teacher professional training system should be established to effectively improve kindergarten teachers' scientific care and education ability. Increase the professional training of kindergarten head teachers, rural kindergarten teachers, and non-governmental or private kindergarten teachers.

- The innovative kindergarten teacher training model relies on higher education institutions and kindergartens and focuses on training kindergarten teachers in a combination of centralized training and in-service practice training. Teachers' education/training colleges and Universities, as well as kindergartens are encouraged to work together (in partners) to establish kindergarten teacher education and training hubs.

Central Committee of the Communist Party and State Council of China, 2018

3. Policies and practices development

3.1. A historical review

The modern early childhood education development in China can be traced back to early 1900s when the first formal public kindergarten in China was built in 1903 by the then governor Duanfang in Hubei province. The kindergarten employed a Japanese headmaster and teachers, and the curriculum was much influenced by the Japanese tradition. From Japanese influences in the 1900s to John Dewey's influence between 1920 and 1930, and then the influence of the Soviet Union after the 1950s, the development of early childhood education in China has been a process of experimenting with different social, educational and philosophical frameworks imported from other cultures (Qi and Melhuish, 2017).

3.1.1. 1980s–2000s: education reform

The economic reform and opening-up of policy in the 1980s brought in a new era of development in China. Two important policy documents – the "*Kindergarten Work Regulations (Trial)"* and the "*Regulations on the Management of Kindergartens*" – were issued by the State Education Committee (now MOE, 1989a, 1989b), which laid the basis for legislation for early childhood education in China.

As the result of early childhood education reform after the 1980s, the "*Guidelines for Kindergarten Education (Trial basis)*" was published to provide guidance for kindergarten practitioners in implementing progressive ideas (MOE, 2001). They emphasized that children's experiences and individual differences should be recognized and respected. Early childhood education should be a collaborative activity that engages teachers and parents as well as communities.

To further the progress of reform, China State Council (2003) published an instructive policy document *Opinions from the Development (Units) including the Ministry of Education on Innovations and Development of Early Childhood Education*. It was expected that there would be big steps in enforcing policies and principles into practice at provincial, regional and local levels (Corter, Janmohammed, Zhang, and Bertrand, 2006).

3.1.2. From the 2010s: a new era and the ongoing reform

As part of the national strategies on the construction of a harmonious society, China State Council (2010b) announced the national plans and goals for early childhood development. It also called for the strengthening of early education provision in rural areas. To better implement the national plans, *Issues Regarding Current Development of Early Childhood Education* was published (China State Council, 2010a), and for the first time, early childhood education was recognized as an important index of people's well-being in China (see Table 2).

Table 2.
Top ten principles for the development of early childhood education in China

1. The development of early childhood education should be given a more important position.
2. Expanding early childhood education resources in a variety of ways.
3. Strengthening the building of teachers' capacity in various ways.
4. Increasing investment in early childhood education services.
5. Strengthening the management of kindergarten enrolment.
6. Strengthening the kindergarten security issue monitoring and supervision;
7. Regulating kindergarten fee management.
8. Applying scientific care and education to improve children's healthy development.
9. Improving the working mechanism and strengthening organizational leadership.
10. Planning and implementing a three-year Action Plan in developing early childhood education

Source: *Issues regarding Current Development of Early Childhood Education* (China State Council, 2010a).

Later, the Ministry of Finance of China (2011) published *Issues on Increasing Financial Investment and Support in Early Childhood Education Development*, highlighting the urgency of increasing investment from the government. To keep up with this policy progress, the new *Kindergarten Work Regulations (*MOE, 2016a*)* were released to replace the ones introduced in the 1990s. This is the most important policy document regarding the development of early childhood education in China; it was designed under the Education Law and regulates all other policy documents, as well as kindergarten practice.

3.2. Curriculum reform

3.2.1. Understanding the role of play in curriculum

Early childhood education curriculum reform has been part of the education reform process since the 1980s and recognizing the role of play in the kindergarten curriculum has been one of the core concepts in the process of early childhood education reform.

In the earlier stages of early childhood education reform in the 1980s and 1990s, Piaget's child development theory, as well as other theories, such as *"activity theory"*, "*ecological systems theory*" and theories of children's play, had important roles. In the late 1990s, theoretical ideas, such as the "*zone of proximal development*", the "*Reggio Emilia approach*" and the "*project approach*" were recognized and became influential in developing the early childhood education curriculum (Wang, 2004). Other theories, such as "*action theory"*, "*ecological system theory"*, and "*emotional intelligence theory*", as well as some theories on children's play, also played an important role at that time.

Under such circumstance, the spirit of curriculum reform was that the curriculum should be integrated and should emphasized interactions between children and environments. Children's play and daily activities were important for their development, and thus should be valued in the kindergarten curriculum.

Since the education reform, most of kindergarten educators have made great efforts and been encouraged to overcome the problems of heavily "*teacher-centered*" pedagogy. However, many teachers were very much influenced by the deep-rooted approaches to teaching, and their judgements on play in the early childhood education curriculum can be divided into three types of opinions (Wang, 2017):

- The first opinion is to separate play and teaching and learning activities, and regard play, teaching and learning as the two ends of the kindergarten education axis.
- The second is to separate children's free play from the play activities in teaching, thinking that children's play is the "*free play*" and the play activities in teaching is "*classroom teaching*".

- The third is to separate children's pleasure from children's development. It is believed that children's independent and free play can only be based on pleasure, and therefore children's learning and development should not be emphasized.

This kind of dualism affects early childhood education practice and limits the enthusiasm and creativity of kindergarten teachers in encouraging children's play.

3.2.2. High-structured approaches to teaching and learning

The high-structured approach to teaching and learning has been used in Chinese kindergartens for a long time and it is still dominant in kindergarten provisions nowadays. Table 3 presents a typical daily activities schedule in Chinese kindergartens.

Table 3.
Daily Activities Schedule in X kindergarten for Autumn and Winter Terms (Age group: 4-5)

Time	Activities
7:45-8:00	Reception activities
8:00-9:00	Free play; Milk and Snacks
9:00-10:00	Morning exercise
10:00-11:00	Collective teaching activities; 10 Minutes break
11:00-11:15	Pre-lunch activities
11:15-12:00	Lunch and after-lunch walk
12:00-14:00	Mid-day nap
14:00-14:35	Mid-day exercise
14:35-15:00	Snacks
15:00-15:50	Collective teaching activities
15:50-16:00	Life course
16:00-16:45	End of the day activities
16:45-17:30	Preparation for leaving; After school classes

Liu and Feng (2005) concluded that curriculum reform since 2000s had promoted three main ideas: respecting children, active learning and play-based teaching and learning. The 2001 Guidelines specified kindergarten educational content in five main domains (Health, Science, Language, Arts and Social Studies), and highlighted play as the basic form of education in kindergarten provisions (MOE, 2001).

Early childhood education educators and practitioners are encouraged to embrace the ideas that:
- children's experiences are important, and children can develop their cognitive abilities while interacting with their environment;
- the social and cultural environment is important for children's development, and cooperative activities should be valued;
- children's engagement in activities and interactions with environments are important for their learning and development, and their own interests should be valued; and
- children have multiple intelligences, and creative ability and imagination are important for children's development and thus the ability should be valued and cultivated in the kindergarten curriculum.

However, there appear to be considerable gaps between progressive ideas and daily practices in kindergartens. It has been criticized that teacher-directed collective teaching activities are dominant in Chinese kindergartens: many kindergartens are teaching primary school curricula contents heavily such as Chinese Pinyin, English, and Literacy in advance to prepare children for school; Kindergartens are conducting intensive training of knowledge and skills by means of mechanical reciting, memory, transcription, and calculation; there is a failure to create an age-appropriate learning environment for children and there is not enough play materials and

resources, and the educational environment cannot stimulates children's interest in learning and exploration, physical fitness, and free play (Qi, 2015; MOE, 2018a).

The Chinese Government has made some efforts to deal with this issue through the publication of non-statutory document- *Early Learning and Development Guideline: Age 3–6* (MOE, 2012b). It aims to help kindergarten teachers and care workers, as well as parents, to understand children's learning and development, to establish reasonable expectations for the development of young children, and to apply the scientific care and education which allows children to have a happy and meaningful childhood.

It describes children's learning and development in five different areas (health, science, language, social studies and arts), and indicates developmental goals for children in different ages groups (3–4, 4–5 and 5–6), with respective guidance. It lays out four guiding principles as being: 1) pay attention to the integrity of children's learning and development. 2) respect the individual differences in early childhood development. 3) understand the learning style and characteristics of young children. And 4) value the importance of the learning quality of young children. The spirit of this document has been widely spread in the country through professional training with aims to implement advanced educational concepts and scientific educational methods in all aspects of kindergarten education.

3.3. Issues and Challenges

3.3.1. Current issues

China has made great efforts in improving early childhood education and the public and political profile of early childhood education in China now is much stronger than ever. Since 2012, led by the Ministry of Education, the "*Early Childhood Education Publicity Month*" event has been arranged to raise the public awareness of early childhood education and care development in China. Each year, there is a specific focus which reflexes the issues, challenges and development of early childhood education and care in China. For example, the theme of the 2018 "Early Childhood Education Publicity Month" is "*I am a kindergarten teacher*" (MOE, 2018b). It aims to help the society and parents to understand the characteristics of kindergarten education, to understand the professionalism of kindergarten teachers, and to shape the new images of kindergarten teachers as being "*love their jobs, work diligently and positively*". It also aims to create a caring and professional learning environment for kindergarten teachers to support the development of early childhood education. This year's theme aims to address the issue that kindergarten teachers' public profiles have been misrepresented and damaged by child abuse scandals happened in kindergartens that caused huge tensions between parents and kindergarten professionals.

Qi and Melhuish (2017) identified three major challenges facing early childhood education development in China as being 1) the imbalanced development of early childhood education between regions in terms of its quantity, quality and resources; 2) the clashes between Western ideas and philosophy and the traditional Chinese cultures and values in early childhood education; and 3) the inadequate policy and practice development of early childhood education and care service for children under age 3.

In line with these arguments, this paper further discusses a new challenge facing early childhood education development in China after the implementation of the new two-child policy since 2015.

3.4. The new challenge: implementation of two-child policy

The adjustment of the two-child policy is a new challenge to the development of early childhood education in China. Coming into effect in January 2016, China's new universal two-child policy was the culmination of years of loosening its family planning laws. The Chinese government was hoping for a boom in second children when it announced the lifting of the controversial "*one-child policy*" – in October 2015. According to a senior family planning official (Juan, 2016), the universal

two-child policy is expected to add more than 30 million people to China's working-age population by 2050, helping the nation to curb a looming labor shortage.

China's National Health and Family Planning Commission (2017) reported that 17.86 million children were born in 2016 – an increase of 1.31 million from 2015 – and that nearly half of the children born were second children. In Shandong Province, for example, around 1.78 million children were born in 2016, an increase of half a million from 2015, and 63.3% were second children (Dai and Zhang, 2017). Public demand for social welfare, public health and education resources is increasing as a result of the implementation of the new two-child policy. It presents a great challenge to the development of early childhood education in China in terms of expanding kindergartens to meet public demand and providing adequate resources and well-trained kindergarten teachers for all expanded provisions in the future.

According to the official predicted future population of China, by the year 2020, 4.31 million children will reach the age of kindergarten admission; consequently, 290,000 teachers and 140,000 childcare workers will be needed in kindergartens (China National Health Planning Commission, 2017). Bearing this in mind, there will be a huge demand for kindergarten teachers and childcare workers, "*a total of 1.9 million*", as the Head of the Ministry of Education estimates. However, there is also concern that the "*baby boom*" is not as big as the Chinese officials expected and in fact the recently released report indicates a 3.5% birth rate decline in 2017 compared to 2016, accompanied by a record-low number of babies born as their family's first child (ChinaDaily, 2018).

The Head of the Ministry of Education acknowledged at a recent press conference that, "*The pace of kindergarten development and teacher training should be accelerated, and preparations must be made to meet the upcoming peak of kindergarten admissions to ensure that there are enough kindergartens and qualified teachers to meet the public needs*" (National People's Congress of China, 2018). In summary, the consequences of the new two-child policy present a big challenge to the development of early childhood education in China, and these should be prepared for in advance in terms of providing "*sufficient*" early childhood education services, as well as "*high-quality*" services to young children and their families.

4. Conclusion

The development of early childhood education in China has experienced great changes both in policy and practice. In a historical context, the development of early childhood education in China has been a process of experimenting with different social, educational and philosophical frameworks imported from other cultures (Qi and Melhuish, 2017). Evidence of the rapid development of early childhood education in China since the 1980s can be seen in the impressive development of policy, the increase in public investment and the boom in kindergarten participation rates. From the earlier view that early childhood education is a preparatory stage for school to the latest view that it provides the basis for optimal child development and well-being, early childhood education has undergone great progress in China. China still faces enormous challenges in the development of early childhood education. The development is unbalanced and inadequate in terms of its regional and social disparities and a strategy needs to be developed to address the issues of inequality between the regions. There are gaps between advanced ideas, policies and kindergarten practice. Formulating legislative frameworks that provide a legal basis for implementing policy regulations and guaranteeing financial investments from all government levels should also be prioritized in policy development in China. Private kindergartens are now playing a very important role in providing early childhood education services due to the lack of public services and a strategy needs to be developed to harmonize the private and public sectors. The consequences of the new two-child policy present a big challenge to the development of early childhood education. It is advised that at the government level, the consequences of two-child policy on the development of early childhood education should be scientifically predicted, and the development should be carefully planned, and actively responded to through policy adjustment.

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Early intervention as a dynamic process

La intervención temprana como proceso dinámico

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Abstract
Early intervention programs in Russia have spanned a short 25-year history. Serving as active participants in the development of Early Intervention programs in various regions of Russia and post-soviet countries and training of professionals has provided us the ability to oversee the progress of the Early Intervention system. This article will go on to present the process through which Early Intervention services have been established and developed. Development of early intervention programs can be considered as a dynamic process, which on the one hand, changes the lives of the families of young children with disabilities, and on another hand, alters the system of support and concrete early intervention services. The development of an early intervention service as a new model of family support is also a dynamic process and these processes mutually influence one another. The article analyzes the process of development on the example of the core principles of early intervention such as: interdisciplinary teamwork, family centered approach, normalization of life, and principle of scientifically reasonable and evidence based practice. Ours observations show that adherence to the principles of early intervention allows for the development of professional teams, thereby providing improvement of quality of the support programs created for children and their families

Resumen
Los programas de la intervención temprana en Rusia solo tienen 25 años de historia. Servir como participantes activos en el desarrollo de programas de intervención temprana y en la formación de profesionales en varias regiones de Rusia y países postsoviéticos, nos ha brindado la oportunidad de supervisar el progreso del sistema de intervención temprana. Este artículo presentará el proceso a través del cual se han establecido y desarrollado los servicios de intervención temprana. El desarrollo de programas de intervención temprana puede considerarse como un proceso dinámico que, por un lado, cambia la vida de las familias que tienen niños pequeños con discapacidades y, por otro lado, altera el sistema de apoyo y los servicios concretos de intervención temprana. El desarrollo de un servicio de intervención temprana como un nuevo modelo de apoyo familiar también es un proceso dinámico y estos procesos se influyen mutuamente. El artículo analiza el proceso de desarrollo sobre el ejemplo de los principios básicos de intervención temprana, tales como: trabajo en equipo interdisciplinario, enfoque centrado en la familia, normalización de la vida y principio de práctica científicamente razonable y basada en evidencia. Nuestras observaciones muestran que el cumplimiento de los principios de intervención temprana permite el desarrollo de equipos profesionales, proporcionando así una mejora de la calidad de los programas de apoyo creados para los niños y sus familias

1. Introduction

Early intervention programs in Russia have spanned a short 25-year history. Serving as active participants in the development of Early Intervention programs in various regions of Russia and the post-soviet countries has provided us the ability to oversee the progress of the Early Intervention system. This article will go on to present the process through which Early Intervention services have been established and developed.

The first early intervention programs were provided by the NGO St. Petersburg Early Intervention Institute and initiated the development of this field in Russia in the early 1990-es. (Alwal, 2008) At that time early intervention programs filled an empty niche as no programs existed for young children with disabilities. Children with disabilities could receive medical support, but those who stayed in their families were not provided with professional assistance. Most children with disabilities were placed into governmental institutions (Sundh, Kozhevnikova & Alwall, 2014). Those parents who kept their children had to cope with their personal grief and try to raise them the best they could. They had to play the role of a therapist for both themselves and their child. While Early Intervention programs were developing, defectological ("*correctional education*") organizations had already existed. However, these organizations only assisted in the rehabilitation and education of children older than 3-4 years of age. In this system the role of the professional who tried to "*correct the defects*" was primary and the role of the parents became secondary. It is also important to note that all children with disabilities were divided into two groups, "*educatable*" and "*non-educatable*", and the system of support was geared toward children with very mild disorders. On the other hand, "*non-educable*" children were placed in institutions where their basic needs were met. (Sundh, Kozhevnikova & Alwall, 2014).

Early intervention programs not only became the first programs for younger children, but the programs also aim to provide professional support to the entire family, because a young child is inseparable from his/her family. Presenting parents with direct support allows the family to keep a child with disabilities at home instead of placing him/her into an institution and also provides the child with an environment for optimal development and normalization of life (Kozhevnikova & Sundh, 2009).

Development of Early Intervention programs seems to be a dynamic process that works to change the functionality of the system, in this case to directly support families of young children with disabilities.

Practically from the start, development of Early Intervention programs in Russia was built on several basic principles that in fact define the core of early intervention programs and their characteristics. Among them are such principles which state that Early Intervention programs should be family centered; should provide services in natural environment by an interdisciplinary team; and should focus on the strengths of family and child, etc. (Guralnick, 1997). Compliance with these principles has shifted Early Intervention programs from a "*medical model*" to a "*medical-social model*" of rehabilitation, changing attitudes and methods that specialists use in the practice of Early Intervention programs.

It should also be noted that in practice, in the early stages of establishing an early intervention services none of them correspond with the principles mentioned above. It takes time and effort on the part of the specialists to achieve compliance regarding the principles of Early Intervention. Only during the gradual development of services do the principles become real characteristics of the program's activity. When initiating an early intervention program, the ultimate goal is to make sure these principles are observed.

Let's consider these principles in more detail.

2. Interdisciplinary teamwork

The interdisciplinary principle of early intervention services assumes that a cohesive team of specialists from various disciplines work together. This principle is very important because it allows for a holistic approach towards a child's development (Peterander, 2003).

It is considered that children with developmental disabilities have various needs (e.g. cognitive, language, motor, etc.) that are intricately interconnected. In order to provide the most optimum services for this population, it is necessary to develop a team of specialists including: doctors, teachers, psychologists, speech and physical therapists, etc.

In Russia the interdisciplinary approach is still one of the most problematic questions from an organizational point of view. Doctors, teachers, psychologists and speech therapists belong to different agencies such as health care, education or social protection services. None of these separate organizations have found a way to collaborate in an early intervention setting. For example, teachers cannot work in the health care system, because there are no such positions established in the medical organization and doctors cannot work within the system of social protection and education, because they can lose their medical status. There are few organizations such as non-governmental entities that include an interdisciplinary team of specialists; however, these organizations lack financial support. Luckily early intervention programs got recognition at the governmental level during the last year that hopefully can solve this problem at the legislative level.

However even if we assume that a team of specialist works in the same center it does not mean that they automatically provide collaborative services (i.e. become an interdisciplinary team). Quite often specialists declare "*we work as a team*", but in practice this statement means that different specialists work in one center, but each of them only carries out their narrow scope of practice. First off, an interdisciplinary approach demands a high level of interaction among specialists. An interdisciplinary approach means that each specialist is an expert in his/her professional field, but they unite their knowledge in order to achieve a common goal. This means that they should first, put these tasks together, and then define actions that are necessary to achieve these goals next allocate the roles to carry out these actions, and lastly, fulfill these actions in coordination with one another.

It is difficult to imagine that such a diverse group of professionals of different ages, having professional knowledge in various fields, a variety of experiences and different ideologies will come together to work as one team. To become a real team, this group of professionals needs time, daily hands on experience with children and families and the strong desire to collaborate as a team. A team becomes a real team in a result of permanent development and interaction. There are several factors that influence this process, and a team of professionals does not always succeed in achieving consistent goals. On the one hand, the dynamic processes, characteristic for development of any small group, play a role. On the other hand, it is very important that a team is created not only with the simple aim to unite the specialists, but with the goal to satisfy the needs of the child with disabilities and his/her family most effectively, giving them full support.

Our experience in observing the development of teamwork in early intervention services shows, that in the beginning it is difficult for specialists to work together as they may disrupt each other rather than feel the need for mutual support. Only successful interactions gradually give the specialists an understanding of the importance and efficiency of collaboration.

The development of an interdisciplinary approach requires the observance of several conditions which promote the formation of a team. First, it is important for the therapists to engage in a maximum amount of collaborative therapy and allocate time to group discussions/meetings. It is important for specialists not only to carry out the treatment together, but also to present their clinical cases, to discuss the complexities and successes, and to exchange professional knowledge between team members. Joint educational activities are the second condition. Participation in the same seminars and other educational events lets specialists form common

ideologies and terminology, to gain novel knowledge about approaches and methods, which are used in adjacent specialties. The third important factor is to create possibilities for open communication among other early intervention professional across the field. The professional supervisions can be a very useful and effective tool. Usually supervisions are provided by external professionals who help a team solve problems that may arise in their clinical practice. Developing early intervention programs in St. Petersburg, we created a new model of supervision. Early intervention departments were opened in several pediatric policlinics in the city. Therefore, several teams received educational courses at the Institute, together. The main questions arose after the course ended, when specialists in newly opened centers started their practical work. We got the idea to organize regular supervisions for all these Early Intervention teams to serve as continued practical education. Several teams come together to attend the supervision, where one team presented their practical case that was then discussed among the professionals from other centers. Every team received the chance to present their most complicated case as well as their most successful one. Specialists from the Institute provided advice and shared some additional knowledge where necessary. This form of education and interaction between specialists became very popular among practitioners and still is very highly demanded.

Thus, development of a team of professionals is a process which is necessary for ensuring the principle of interdisciplinary work.

3. Family centered programs

Family centered programs are another basic principle of early intervention and can be looked at in two ways. On the one hand, this principle tells us that the focus of early intervention programs is the child in the context of his/her family. The main task of professionals is to support parents or caregivers in order to promote the child's development. In the absence of timely professional support to parents and other family members may lead to situations where the family refuses their child and places them in an institution. Quite often assistance must first begin with the support of the child's family as they have the most stress and often feel shocked after receiving their child's diagnoses from the doctor. Development of a young child depends on his/her environment in a critical way. This is why the psychological condition of a child's parent, their ability to promote a thriving environment and good care is so important for the optimal development and wellbeing of the child.

From another side, this principle means a change of roles for parents that seek support programs for their child. In the medical (defectological) model, parents are passive members and their role is limited to delivering their child to a specialist. But in early intervention programs, the parents have an equal partnership and are a part of the interdisciplinary team. That means that parents contribute to the assessment process of their child, in the creation of an intervention program, as well as in the progress of the goals and treatment plan in place. This should not be a surprise that parents are often experts in their child's development. Further, this principle also means that parents' opinions and needs should be respected when designating intervention goals.

Two important questions arise when building an early intervention program that should be considered: 1) Are parents prepared to engage in an equal relationship with that of the interventionist team; 2) Do specialists always answer parents' questions and requests about their child. In responding to these concerns sincerely, the answer may not always be positive for various reasons.

First, as mentioned above, intervention must take place as early as possible, for instance where a child's symptoms or diagnosis conclusively establish that treatment is necessary. Often after receiving their child's diagnosis parents feel devastated and need personal support first of all. In the early stages of grief, they are not prepared to accept their child's diagnosis and are therefore not ready to take on the partnership role with the interventionists. Parents need professional support, as well as psychological and informational assistance, but often cannot

formulate their request for help to their child as they don't understand the specific needs of their child.

In other instances, a child's developmental problems might be influenced by the parents. There are various examples of such instances socially disadvantaged parents neglecting the needs of their child; parents with mental health problems; parents who have overestimate demands to their child's developmental abilities; or simply for lack of understanding child's basic needs. Such families might not approach a specialist with specific requests, or the requests may not be realistic regarding their child's needs. In such cases, therapists are inclined to implement specific therapy treatment with parents or to train them to implement a specific treatment, rather than involve them as partners in the care of their child.

Does it mean that this principle is inappropriate? No, this just means that in the beginning not every parent can become a partner but one of the goals of early intervention is to eventually include the parents in all aspects of their child's therapy and development to make them a partner. This can only be achieved if the specialists are socially and culturally sensitive toward the parents.

A family's request for services is a very important aspect that should be mentioned. Parent's request, as a rule, reflects their ideas about the overall social and health care system. Quite often parents formulate the request for help due to their knowledge of how the support system functions opposed to the understanding of the child's direct needs. They say, "*we need a speech therapist, massage and psychologist*" and they know they can receive these services, but they don't understand what concrete needs their child has. Families became accustomed to being passive consumers of services and only choose experts they trust or that have been "*prescribed*". The active role that early intervention places on parents is new and unclear. Some parents are not ready to accept this responsibility, believing that only specialists can do something for their child, and that it is better not to disturb his/her work.

Implementation the principle of family-centered programs requires both the parents and the specialists to change their mentality. Some early intervention services specifically treat this principle as "*work with parents*". Often, we observe that early intervention services for the child and parent are provided simultaneously (e.g. parents can take educational seminars while their child is receiving therapy) as opposed to having the parent in the therapy session with their child. In fact, it is the same correctional model: the expert trains the child without allowing the parent to participate in the process and organizes lectures and seminars to educate them. Parent education in itself is certainly an important element of early intervention programs; however, it shouldn't exclude the parent direct participation in their child's sessions. A therapy structure, when the specialist works, and the parent observes from the outside does not respect the early intervention principle. A parent can only be an equal participant of the therapy process only if the specialist is ready to accept this collaborative role. Inclusion of parents as equal partners is a mutual process.

Early intervention program for a concrete family itself is a dynamic process, the implementation of which leads to qualitative changes. On the one hand, the small child grows quickly, his skills and needs change and this demands regular modification of the goals and intervention methods. The early intervention program must react sensitively to the changing needs of the child in order to promote maximum development and to cope with arising difficulties. Dynamic processes also lead to quality changes that happen in a family as a result of the early intervention program. Parents also change as they become more competent in understanding their child and his/her special needs, and they cope with the parental functions more assertively. They learn how to interact with their child and have a better understanding of the methods used to support their child's learning and development. The successful program of early intervention helps to normalize family life. There is also a change in the parents' social status. Parents transition from being passive recipients of treatment to the role of advocates for the rights of their children and, therefore, begin to change the treatment process as a whole.

In order to achieve this goal, specialists need to see the parents as equal partners by learning to respect their opinion and point of view, not to accuse them, but rather to support and empathize with them. The best approach to reaching the parents is to understand that they are an integral part of a young child's life and that only through them it is possible to influence child development in an optimal way. Within the early intervention program specialists and parents must find a model for mutual interaction between themselves and the child and develop a strategy that will help carry out this program.

3.1. Principle of normalization of life

The principle of normalization of life in fact is the principle which led to the transition from the medical (biological) model to the medico-social model. Only recently we have used the term "*social model*" to describe early intervention programs. Many specialists use the social model opposed to the medical model, which rejects medical components of the rehabilitation programs, including early intervention. Many psychological-pedagogical early intervention services were opened (in Russia they are usually referred to as early support programs), which do not include doctors in a team and consequently, the medical aspects are not part of the treatment. It is rather difficult for us now to imagine the high-grade early intervention program without physical therapists or developmental pediatricians, because many questions concerning the development of children with disabilities can only be solved in close cooperation with doctors. This situation might be explained by the organizational difficulties as mentioned above but also by misuses of the meaning of the term "*social model*". Therefore, we prefer to use the term "*medico-social model*" concerning programs of early intervention.

Revisiting the principle of normalization of life, it should be noted that early intervention programs (as well as in rehabilitation programs) allow the focus to shift from separate disorders (defects) and attempts to correct them, to more global concepts, such as the wellbeing of the child and their family and their quality of life. For example, when treatment is conducted in a disconnected manner, a family's life may turn into an infinite train of visits to numerous specialists. A child may receive a huge number of services aimed at treatment, education and training of different skills, but he/she loses the – opportunity to live a normal life: to communicate with close people and peers, to play and to enjoy life. There is a certain polemic concerning the concept of a "*normal life*", however the concept "*normalization of life*" is rather unambiguously perceived as a process and the result should be that family life with a child with disabilities be approached the same as family life with a typically developing child. At the same time this means providing the child with disabilities the opportunity to have a life typical for peers without disabilities.

From the point of view of dynamic processes, observance of the principle of normalization demands the change in its approach by setting intervention goals. The aims and tasks must be based not only on the developmental level of the child in specific areas, but also on the needs of the child and his/her family from the point of view of such aspects as: psychological climate, maintenance of daily routines and the participation of both family and child in social and cultural aspects of life.

When beginning to work with young children many specialists use step-by-step guidelines and curriculums based on the sequence of skills that should be developed in various areas. Such curriculums (as the Portage program, Carolina curriculum, etc.) allow for the assessment of skills as well as define the zone of proximal development proceeding from the typical sequence of the development of skills. In our practice we also use the KID and RCDI scales. These scales allow us to assess a child's developmental level in each area and create appropriate goals based on the results of the assessment. However, this approach is not appropriate for all children including those with multiple disabilities or progressive genetic diseases. Specialists have to think how to estimate the efficiency of Early Intervention programs in a case, when a child makes little or no developmental progress. In such cases the issues of improving a child's quality of life and his/her environment come to the forefront.

Following the principle of "*normalization of life*" a transition was made from training of separate motor and speech skills to the development of functional movements and alternative and augmentative communication. More attention was given to the development of integrative groups and parental clubs and the cultural and social lives of families of children with disabilities. It doesn't mean that programs began to have purely social character, but it forced specialists to reflect directly on the family's and the child's needs.

3.2. Principle of scientifically reasonable and evidence-based practice

The principles of scientific character and evidence-based practice in early intervention are in many respects similar to scientifically reasonable approaches in evidence-based medicine. Evidence based practice in medicine is defined as the integration of an individual clinical experience with the best available external clinical proof based on regular research. Scientifically reasonable practice of early intervention must build on integration of modern research and scientifically reasonable methods by taking into account the expert opinion of specialists and families.

At first glance, people tend to look at early intervention programs and often expect to see unique equipment and modern high technologies as proof of scientific character of this area. Many parents note with surprise that "*specialists simply play with the child*" during sessions, but parents really see results and the changes happening to their child. Importance of early experiences, development of attachment and interaction, education and training in a natural environment and many other theories all confirm and are supported by research and underlie programs of early intervention as well as provide efficiency of these programs.

In their clinical practice beginning specialists are first guided by experience already available in the field, results from research and, best practice described by other professionals in the field. For practitioners who provide early intervention programs it is important to know that their professional activity is safe and effective. The choice of methods must meet these requirements whether specialists choose methods and techniques already developed and described by someone in the field or use the integrated knowledge and development of their own methods of work.

Assessment of the efficiency of programs must be the integral element of early intervention programs. But only having a certain amount of experience, specialists start reflecting on the assessment of their personal efficiency, what results they managed to achieve, whether the program was effective and so on. Efficiency can be calculated from different positions, but the opinion of direct recipients of services undoubtedly is one of the most important aspects.

In the beginning specialists are afraid to ask questions about their own efficiency. Some specialists consider that their professional activity cannot be evaluated by the parents of children receiving services because they do not possess the appropriate knowledge to make such judgments. Others are simply afraid to hear that they need to improve upon certain areas of their therapy skills as they are not yet confident in their own work. Only after getting some experience specialists start to understand that parent's opinions about the program can be invaluable. When some years ago we started to conduct focus-groups for parents we were surprised to find how accurately parents recollected what occurs during the program and how kindly and positively a dialogue between specialists and parents can be regarding necessary changes that can be put into place to make the program better.

The scientific approach and evidence-based practice has changed the role of specialists/practitioners. Their role in many respects becomes similar to that of researchers who, upon assessment define a hypothesis and during implementation of intervention regularly record what they observe. In addition to conducting research on an initial assessment of the program, monitoring changes, achieving results, documenting results and recording methods of efficiency are targeted. Understanding of importance for specialists to be aware of their efficiency can be achieved through experience working in early intervention programs. As aforementioned, in order to create an effective program of intervention – many aspects should

be considered. In practice, early intervention specialists face higher (or supervising) organizations that look at services unilaterally and do not use the adequate indicators for assessments. For example, the authority often defines early intervention programs as programs that help prevent disabilities in children, many such services are required to quantify their reports of how much of the "*disability was removed*" as a result of their therapeutic work. In other cases, to prove effectiveness a service must report that they included a specific percentage of their district's population of children. Thus, there is a need for specialists to develop methods which could help to estimate the efficiency of programs they provide more adequately.

In conclusion, we have discussed that the development of early intervention programs is a dynamic process, which on the one hand, changes the lives of the families of children with disabilities, and on another hand, alters the system of support and concrete early intervention service. The development of an early intervention service as a new model of support is also a dynamic process and these processes mutually influence one another. Adherence to the principles of early intervention allows for the development of professional teams, thereby providing improvement of quality of the support programs created for children and their families.

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National perspectives of early childhood care

Perspectivas nacionales sobre el cuidado de la primera infancia

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Abstract
The present systematic review is about concept of Early Intervention, philosophy, evolution, principles and achievements and the needs to consolidate this action recognizing the role of the family as the focus of this process. In this country, Professionals from three fields – Health, Education and Social services – with competence in early childhood matters assist children from 0 to 6 years and their families. It was carried out a Systematic review of early childhood care in Spain. In this manuscript, analyzed the elements that can interfere on early childhood attention, roles, competences and duties, existing resources, training, regulations and precedents that shows the need of coordination and the family attention as to improve the quality of the attention given. In conclusion, the attention of childhood requires the same conditions for all citizens, with services enough and professionals with a high qualification and also a coordinated job

Resumen
La presente revisión sistemática trata sobre el concepto de Intervención Temprana, filosofía, evolución, principios, logros en nuestro país y las necesidades para consolidar esta acción reconociendo el papel de la familia como el centro de atención de este proceso. En este país, los profesionales de tres áreas (salud, educación y servicios sociales) con competencia en asuntos de la primera infancia ayudan a los niños de 0 a 6 años y a sus familias. Se llevó a cabo una revisión sistemática sobre atención a la primera infancia en España. En este manuscrito, analizamos los elementos que pueden interferir en la atención, los roles, las competencias y los deberes de la primera infancia, los recursos existentes, la capacitación, las reglamentaciones y los precedentes que muestran la necesidad de coordinación y la atención familiar para mejorar la calidad de la atención prestada. En conclusión, la atención de la infancia requiere las mismas condiciones para todos los ciudadanos, con servicios suficientes y profesionales con una alta calificación y también un trabajo coordinado

Keywords
Coordination; Early childhood intervention; First infancy; Prevention; High risk; Interdisciplinary

Palabras clave
Coordinación; Intervención temprana; Primera infancia; Prevención; Alto riesgo; Interdisciplinaria

1. Introduction: at the origin of Early Childhood Intervention (ECI) in Spain

Taking as main contribution the studies of Dr. Lydia Coriat, we arrived in Spain in the seventies. The starting point of this discipline in our country was the introduction of the "short theoretical-practical course about early stimulation for children younger than five years old" from 1973 in the School of Physiotherapy in Madrid. This discipline develops the activity thought among groups of medical professionals (evolutionary neurology), psychologists (developmental psychology) and pedagogues (processes of teaching-learning) from the experience gained in psycho-pedagogic areas in Canada.

The experience has a reference to other European countries ad also in United States, Argentina and Uruguay, among others (Soriano, 2000). Through these experiences the effectiveness of the early stimulation programs had been verified by different professionals and for the parents of the affected children.

The parents of these children looked for information and organize themselves in order to obtain treatment for their children, and this that led to the establishment of a network of early childhood centers in our country.

Into "The Plan of actions for the recovery of people with mental disability" (SEREM, 1979) was where appeared for first time the creation of centers of stimulation and individual assistance.

The programs of attention to children with disability / developmental disorders, were developed in our country, was started by private entities. Is the origin of the creation of centers backed by parents associations. In others cases, led to centers being formed in agreement with Social Services of Recovery and Rehabilitation of Physical and Psychic Handicapped persons (SEREM, 1979).

Another significant measure was The National Plan for Special Education and the National Plan for the Prevention of Subnormality, meant that in 1981 programs for Precocious Stimulation were started by the Institute of Social Services (Alonso, 1997) at its Base Centers. This plan was promoted in 1978 by the Royal Patronage for Education and Intervention among the people with disabilities.

With this measure, the concern in Spain for early childhood begins. From this moment on, many interventions will be developed, through which an early care system is consolidated, such as the one we currently have. For this reason, the article presents a systematic review of the main measures of care and attention to early childhood, carried out in Spain for 50 decades.

2. Method

A literature search was carried out in PsycINFO, Dialnet and Scielo databases. Using the combination of descriptors ("Early Care"), "and (" prevention programs ") in the search field" abstract "(summary) of these databases, a total of 5931 documents published between 1968 and June 2018 were obtained. At the time of the search, the Psicodoc database did not yield results on scientific and specific studies regarding the relationship between prevention and early childhood care, with which the bibliographic analysis of the present work will be limited to what was obtained through of Psycinfo, Dialnet and Scielo (see Table 1).

Table 1.
Documents found in the different databases consulted

Database	Number of documents
Dialnet	2304
PsycINFO	1927
Scielo	1700
Total	5931

Of the 5931 documents found, 2988 repeated works were discarded (see Figure 1). Of the 2943 remaining unique documents, 2903 were excluded, because they fulfilled the following exclusion criterial: articles that, based on their approach, did not provide essential and useful information to make the review and moved away from the objective proposed by the authors for our work, were not studies empirical (comments, opinions, books, etc.) or they were case studies or review articles indirectly related to the topic. Finally, 40 papers were selected and their bibliographic references were analysed. All of them written in Spanish (see Figure 1).
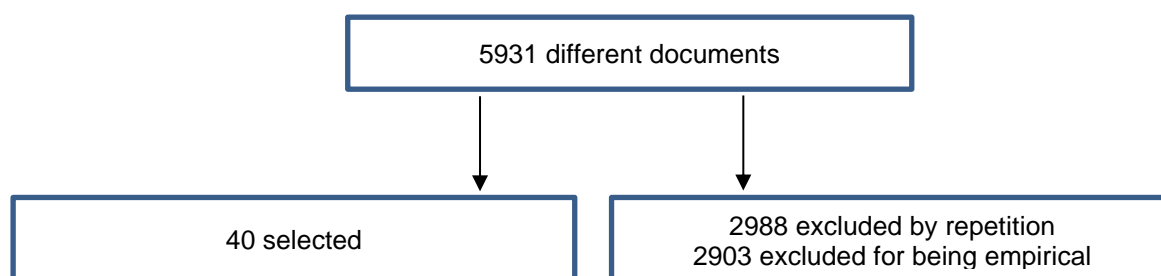
Figure 1. Flow diagram about the document selection process

3. Results

3.1. Factors technical and professional groups of early care

In the origin, different professional groups contributed to strengthen the ECI system with the support of the Royal Sponsorship.

These professional groups are those who have contributed to the foundation and consolidation of Early Care in our country. It should be noted:

The Neonatal Study Commissions in the Community of Madrid (GENMA)
The start of the activity was motivated by the responsibility to study and analyze the problems related to the organization, perinatal care, function, welfare and collaboration with administrations in the Neonatal Services of the public sector of Hospitals of the Independent Community.

The neonatal study groups and intervention services (GENYSI) emerged as an initiative, promoted by Dr. Arizcun Pineda, from the fields of health, rehabilitation, education and social services (Ministry of health and consumer affairs, 1991).

The objective was to coordinate and strengthen the work and the interdisciplinary relationship. The different actions carried out by this group (creation of a WEB on the Internet, Annual Interdisciplinary Meeting on Populations with High Risk of Deficiencies, open to health, education and social services professionals, since 1990, and training actions) were essential reference in Early childhood intervention.

Group of Prevention and Attention to Child Development (PADI)
This group was made up of professionals from the Early Intervention Centers, Health Administrations, Social Services, Educators and Associations related to the prevention and care of children with disabilities and in situations of risk. The objective was to coordinate the services and centers to make the best use of existing community services (Alonso Seco, 1997; Gruop PADI, 1999).

The Early Intervention Group (GAT)
Representatives of the professional group of Early Intervention in the State are constituted to elaborate, by consensus, the White Paper of the Early Intervention. The main objective of his document was to establish a reference to public administrations, professionals, associations and families to promote the resolution of deficiencies in resources, organization and incoordination. The G.A.T., has a representation of specialists from various autonomous communities.

As a result of this group work, the agreements reached by the Early Attention Group professionals, we found the definition by consensus, elaborating the "*White Paper on Early Intervention*" (2000). The concept, accepted by consensus was:

> "*By early intervention, we refer to the joint intervention, aimed at the child population from 0 to 6 years of age, to the family and the environment, and the objective is to respond, as soon as possible, to the transitory or permanent needs that they appear in children with developmental disorders or who are at risk of suffering them. These interventions, which must consider the child at a global level, must be planned by a team of professionals with an interdisciplinary or transdisciplinary orientation* " (GAT, 2000, p. 12).

This concept of early intervention:

- Assumes that different health, education and social science professionals are directly involved and should focus on the child and its development, including the family and the community.
- Allowed The prevention of damage at an early age, avoiding putting in danger the future possibilities of life.

Also, Early intervention differs from other tasks:

- Its activity occurs in the early stages specifically, the first stage of the child's development.

The complexity of the task. Requires

- The joint work of several professionals.
- The interaction of different participants.
- The collaboration and coordination of all the services involved.
- The direct participation of the family. (AEDEE, 2005).

Further shaping the term, in recent years there are many definitions that are given about it. Thus, according to the group of experts of the European Agency for the Development of Special Education, hereinafter referred to as AEDEE, Early Attention is conceived as:

> "*Theset of interventions for young children and their families, offered upon request at a particular time in the life of a child, covering any action taken when a child needs special support to ensure and improve their personal development, reinforce their own competences the family, and promote the social inclusion of the child's family*" (AEDEE, 2005, p. 17)".

For all this, the Early Intervention has as a principal objective that the children who present disturbance in their development or have risk of suffering it, receive, the attention that they need

(Dunst, 1985; Sameroff & Fiese, 1990). The needs and demands of the family must be attended and the environment in which the child lives, for to reduce the effects of a deficiency, to optimize the course of development and introduce the necessary compensating mechanisms, to eliminate barriers and to adapt to specific needs and to reduce to the appearance of secondary or associated effects or deficits produced by a disorder or a high risk situation (GAT, 2000).

The basic principles that are considered essential are dialogue, participation and integration, Free, equal and universal opportunity (Guralnick, 2001; 2004).

3.2. Description of the early care situation in Spain

The introduction in Spain of Early Childhood intervention has been through the social Services System and health service. The Health services are responsible for the prevention of illnesses and disabilities, Early Childhood-maternity intervention, early detection, pediatric treatments and rehabilitation.

From this situation requested from the Health field to intervene in implanted pathologies and in those of the so called "*high risk*" and was did from the Health service (rehabilitation, pediatric and maternity services).

At the beginning, the common feature was, both limit their activities with children with disabilities, was basically clinical and therapeutic. This has been the most significant characteristic of Early Childhood intervention in Spain (Alonso, 1997).

In the seventies the first services that focused on development were created, and with them, it started and developed basically in Madrid, Barcelona, Pamplona and Murcia. The ministries of the different areas (Labor and Social Affairs) were responsible for the Early Intervention Services.

In 1979 SEREM (1979) (Service for the Rehabilitation of people with disabilities) created nine pilot services for Early Stimulation in the Base Centers of several communities (social services). It was between 1980 and 1985 when most of the centers that exist today were created and began to function systematically (VVAA, 1993).

The model used in Spain by INSERSO was a phyco-pedagogical model. It was designed from previously tested models, and also as a reaction to the deficiencies of the initial clinical model.
It offered global attention to simultaneously attend to the child and the parents and to understand the Early Intervention with actions directed to the child, the family and the community, not only addressing the child.

Its services were information and detection, diagnosis and counseling, psychopedagogical-educational treatment and rehabilitation, evaluation and support for parents and technical assistance and support for nursery schools and for children at risk.

So, offered global attention in order to simultaneously attend the child and the parents and to understand Early Intervention with actions addressed to the child, the family and the community, not only addressing to the child (GAT, 2000).
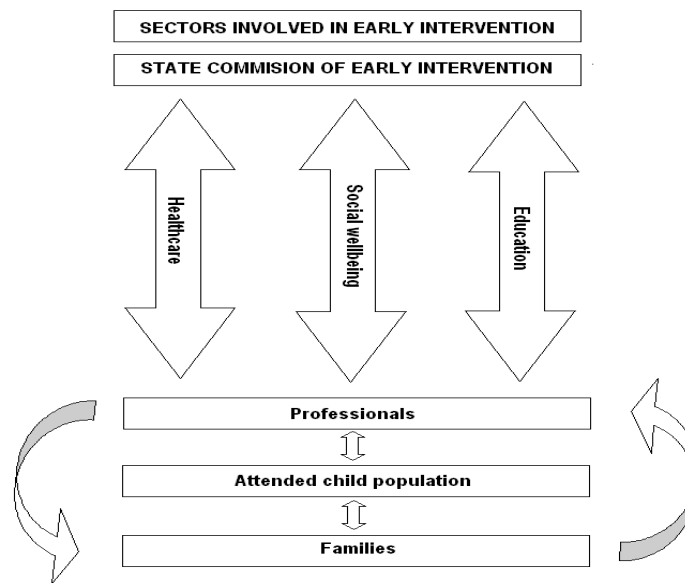
Figure 2. Sector involved by early intervention in Spain
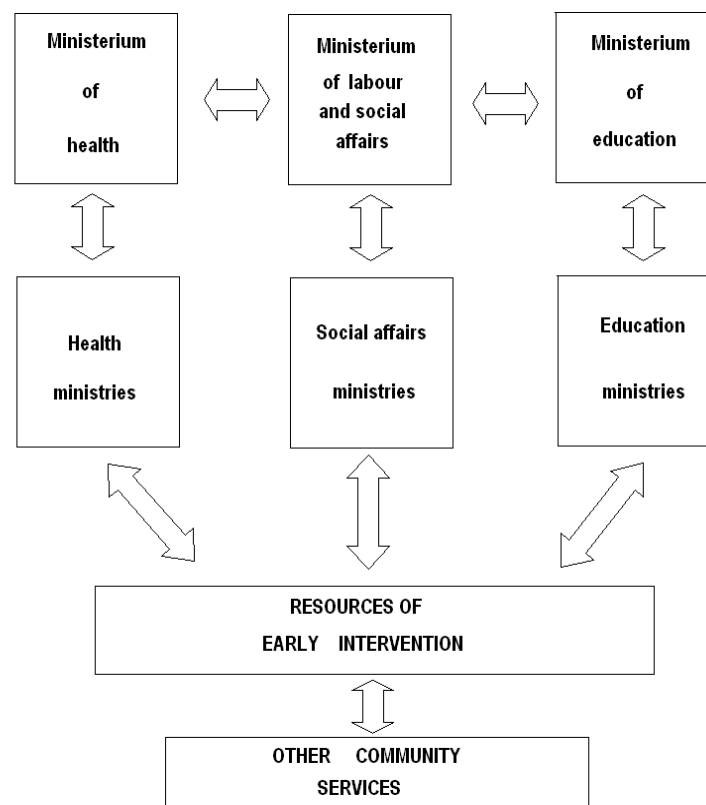
Figure 3. Coordination in early intervention in Spain

As you can see in figures 2 and 3, there are conceptual differences, in the regulation, procedural and development of the ECI, in the different autonomous communities. The regional administrations must identify the regional needs of Early Intervention. They are responsible for planning, managing, financing and allocating the necessary resources to ensure an adequate response to the needs of children.

3.3. Areas of action

In our country maintains the existence of the three types of services related to Early Intervention: Health, Social Services and Education. There are a big variety of professional profiles, with very different training, that intervene in the processes of Early Intervention (Andreu, 1997).

Is necessary an organized collaboration between differents departments with competence in childhood Into the Health Services. The program for the healthy child, the neonatal examination, the therapeutic application of treatments or procedures that the child needs, as well as the rehabilitation (Alonso Seco, 1997).

The Health system has: Hospitals: with services or departments (Obstetrics Service, Neonatal Service, Units for the pursuit of maturation, pediatrics in primary attention, neuro-pediatrics, child rehabilitation Services, Infant-Juvenile Mental Health Services, ophthalmology, ORL, Primary care, or Mental Health Services). Notably, the most od Detection and referral cases is done mostly from the health sector (54,85%).

The Education Ministry considers Early intervention as it's own service or eligible to be subsidized. Early childhood intervention is contemplated from the moment that it is considered necessary, whatever the age is, or if there is risk of the appearance of deficiencies. Into of Educational system has infant school, Children's Homes, Teams for Early Intervention, Specific Teams for every type of disability (serious alterations to development, auditory deficiency, visual handicap and motor deficiency, Centers of preferred integration, referent Centers for Infant education and Centers of special education.

The Educational Services support activities the child and the family from the infant education centers. The prevention of disturbances in development that can be fundamental to populations of high risk. The school offer a stable environment, stimulating and normalized, to the infant population on risk (Peterander, 1998).

Regarding social services, since 1979 the SEREM, initiated a program for the creation of Early Stimulation/Early Intervention services.

Social system has Programs of promotion and social wellbeing for the families, of prevention directed in the contexts of "*with difficulty or social risk*", and intervention in base centers., the BASE CENTERS, Early Intervention Centers (CAT), Centers for Infant Development and Early Attention, etc.

The Base Centers are dependent on the social services and work on Detection of the child, evaluation of the case, diagnosis, support for the child and His family, and also, they are given orientation and treatment is indicated (Casado, 2005). They have the responsability of assessing the degree of handicap (33%) that allows them access to the Early Intervention Service. The teams from the Base Centers of Social services have played a very important part in pushing the programs of Early Intervention.

In the most of autonomic communities sectorization isn't adequate, especially rural not cover basic needs. Only 7.09% of ECI care resources are located in rural areas. Families have to travel long distances to receive the services. The lack of sectoring is also a difficulty in coordination with the various areas where it serves the child and family (hospital, paediatrician, nursery school or kinder garden (GAT 2010).

3.4. Target population to receive early intervention

We considered as suitable subjects to receive Early Intervention are all those children from 0 – 6 years of age who show any kind of deficiency and those from the so called high risk group (biologically or socially). The Spanish population in January 2018 was 45.838.118 people, with approximately 6% in the age group of 0 to 6 years or those that are affected by ECI (around

2.003.112 children). The estimated incidence of children with limitations in Spain, 2.5 and a 4% of the population between 0 - 6 years, 2,5 % ,is (around 81.397 kids and population served) (46.316 children) and with high risk around 150.000 children. All of them are included in the following groups:

a) Children at high biological risk. In this group are included premature babies, of low weight, those proceeding from neo-natal intensive care units, children who have suffered asphyxia at birth, with alarm of semiology, etc. (Guralnick & Bennett, 1987; Pallás, 1994, Ruíz Veerman, 2011)

Table 2.
Factors of the newborn of neurological risk (GAT, 2000)

Factors of the newborn of neurological risk
Newborn with weight < P10 for its gestational age or with weight <at 1500 grammes or Gestational age <32 weeks.
APGAR < 3 at the minute or <7 at 5 minutes.
Newborn with mechanical ventilation for more than 24 hours.
Hyperbilirubinemia needing exanguinotransfusion.
Neonatal convulsions.
Sepsis, meningitis or neonatal encephalitis.
Persistent neurologic malfunction (more than seven days).
Brain damage evidence by ECO OR TAC.
Malformations of the central nervous system.
Neuro-metabolopathies.
Cromosomopathies and other dismorphic syndromes.
Child of mother with mental pathology and /or infections and/or drugs that can affect the fetus.
RN with brother with neurologic pathology not clarified or with risk of recurrence.
Twin, if the brother or sister presents neurologic risk.
Whenever the paediatrician considers it appropriate.

Table 3.
Newborn of sensory-visual risk (GAT, 2000)

Newborn factors of sensory-visual risk
Prolonged mechanical ventilations.
Highly preterm.
Newborn with weight <to 1500 grammes.
Hydrocefalia.
Congenital infections of the central nervous system.
Craneal pathology detected byECO/TAC.
Malformative syndrome with visual compromise.
Postnatal infections of the central nervous system.
Severe asphyxiation.

Table 4.
Newborn of sensory –auditory risk (GAT, 2000)

Newborn factors of sensory –auditory risk
Hyperbilirubinemia which needs exaguinotransfusion.
Highly preterm.
Newborn with weight < 1500 gramme.
Congenital infections of the central nervous system.
Ingest of aminoglucosidos during a prolonged period or with levels, plasmatic elevates during pregnancy.
Malformative syndromes with auditory compromise.
Family records of hypoacusia.
Postnatal infections of the central nervous system.
Severe asphyxiation.

b) Children in a situation of social or environmental risk. In this case we are going to refer to those children who come from poor environments, with a low socio-economic status, when there is absence of father/mother, when they are abandoned or when the mother is still adolescent or shows mental health problems. The socio-family risk is maybe the risk variable that most affects acute perinatal mortality and also perinatal morbidity at long term. The criterion of socio-family risk to be followed up is as follows (see table 4) (De Andrés, 2011).

c) Children with documented alterations or handicaps: For children with retardation, documented alterations or disabilities, of cognitive type, of mobility, of communication or sensorial disabilities. The programs of Early Intervention are not only necessary, but also an irrefutable right. This is about initiating the educated intervention from the moment of the birth or from the moment that a deficit is detected. In this group are included children with retardation, documented alterations or disabilities, of cognitive type, of mobility, of communication or sensorial disabilities (Samerof & Chandler, 1975).

In this case, the programs of Early Intervention are absolutely necessary, but also an irrefutable right. Is necessary initiating the intervention from the moment of the birth or from the moment that a deficit is detected.

In most of the autonomies the recognizing of the 33% of disability is a requirement to access to the Early Intervention system (16) and served children with risk factors. Differentiate the needs for ECI gives the degree of disability qualification as requirement for treatment is still an unresolved issue.

This fact means that you can only include to children diagnosed with a development disorder that involves a handicap. This leaves out all those who hasn´t accurate diagnosis but need ECI. Request to the family of this requirement as a condition to start, is an element of added stress for the family leading to more difficulties in the whole system.

Table 4.
Social risk factors (GAT, 2000)

Factors of the newborn of socio-environmental risk
Accused economic deprivation.
Accidental traumatising pregnancy.
Unsettled coexistence in the family group.
Traumatizing separation in the family group.
Parents with a low I.C./Non. Stimulating surrounding.
Severe illnesses / exitus.
Alcoholism / Drug addiction.
Prostitution.
Crime / imprisonment.
Adolescent mothers.
Suspicion of maltreatment.
Children taken into homes for children.
Families who repeatedly do not observe health controls.

3.5. Achievements achieved

Everything described above, and the results of the experiences and work groups have led to the design, development and implementation of Early Childhood Intervention systems and the generation of public policies in the different communities.

Likewise, new target groups such as disadvantaged families or the population of premature babies (Gómez Esteban, 2017), among others, are being considered. It is also detected that in all cases, there are problems related to prevention, to the absence of real data on the population served and on the waiting lists to attend to these children.

On the other hand, the training, preparation and qualification of Early Childhood Intervention professionals continues to be a pending challenge.

Despite the high qualification of many of its professionals, there are no access requirements in all communities.

Coordination is another problem that still needs improvement. Also, the number of places is clearly insufficient to meet the demand of a population that increases considerably, as a more rigorous detection is made.

4. Conclusions

The Early Intervention is necessary service, who must be offer to the entire population in need and not conditioner by birthplace, political model or distribution of resources in the different community in our countries.

We can´t allow that some children to benefit ahead of others. All of them must have the same attention possibilities which must be provided by Interdisciplinary team of professionals whit and professional qualification (Garrido & Madriz, 2015).

The work of this professionals is of great complexity and this requires high qualification and dedication to achieve results. Their functions, competence, and working environments have been growing as much in educational teams, as in the centers for development as the health and social institutions.

It is essential coordination among institutions of the different services for Early childhood Intervention (interchange of information through registers and protocols). This is an essential part of the work in developing E.I. and is the responsibility of all the institutions which attend the child

in this stage to achieve optimum utilization of resources, both human and economic (García Grau, 2015).

The decentralization and sectorization are others important aspect. The services must be organized in the area of the child's life development, facilitating equal access in each geographic zone, facilitating the inclusion of all kinds of health, educational and social services (López Bueno, 2011).

The main difficulty, with which we have in our country, is that most communities provide Early Intervention for children ages 0 t- 6 years old (16),But now we can observe the tendency to withdraw this service to children starting school, restricting this service to children 0-3 years (Jemes, Romeo-Galisteo, Labajos & Moreno, 2018; GAT, 2010).

As a final conclusion, it should be noted that in our country Early Childhood Intervention is an essential resource to meet the needs of children, which allows all children reach their optimum level of development. To this end, it is essential to unify the regulatory, budgetary and service regulations, as well as to eliminate the territorial inequality that exists at this time.

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Home visiting in early intervention: professional's perception in the north of Portugal

Intervenção precoce no domicílio: perspetivas de profissionais das equipas de intervenção precoce na infância, da zona norte de Portugal

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Abstract
The Early Intervention carried out in the natural context of the child, particularly at home, has been presenting better and growing indicators of benefits, since it is an environment in which the child and family feel more comfortable and in which the professional considers establishing a more positive relationship with the family. Therefore, the purpose of this study was to understand, from the professionals' point of view, the set of benefits and fragilities for the families and for the professional, of Early Intervention support at home. For that purpose, a qualitative methodology was used, using the semi-structured interview as a data collection tool. Professionals report that families feel safer when they are supported in this context because they consider it a demurer and more private environment, thus allowing a greater proximity to the professional. They also consider that parents should be encouraged and empowered to participate actively in the whole support process, while emphasizing the need to enhance their skills and provide them with information and strategies that encourage them to participate. They highlight as fragility of home support, the difficulty of entering families' homes because they feel that they are invading their privacy

Resumo
A Intervenção Precoce (IP) realizada nos contextos naturais da criança, nomeadamente no domicílio, tem vindo a apresentar cada vez melhores indicadores de benefícios, pois é um ambiente em que a criança e a família se sentem mais à vontade e no qual o profissional considera estabelecer uma relação mais positiva com a família. Assim sendo, o presente estudo teve como finalidade compreender, do ponto de vista do profissional, o conjunto de benefícios e fragilidades para as famílias e para o profissional, do apoio da IP no domicílio. Para esse fim, foi utilizada uma metodologia qualitativa, utilizando a entrevista semiestruturada como instrumento de recolha de dados. Os profissionais referem que as famílias se sentem mais seguras pelo facto de serem apoiadas neste contexto pois consideram que é um ambiente mais recatado e privado, permitindo assim uma maior proximidade com o profissional. Consideram que os pais devem ser incentivados e capacitados para uma participação ativa em todo o processo de apoio, realçando ainda a necessidade do profissional fornecer à família informações e estratégias promotoras de competência que permitam melhorar os seus níveis de participação. Destacam como fragilidade do apoio domiciliário, a dificuldade em entrar em casa das famílias por sentirem que estão a invadir a sua privacidade

Keywords
Early Intervention; Family; Home visit; Natural contexts; Professionals

Palavras-chave:
Intervenção Precoce; Família; Apoio Domiciliário; Contextos Naturais; Profissionais

1. Introdução

Em Portugal, o Decreto-Lei n.º 281/2009, de 6 de Outubro, cria o Sistema Nacional de Intervenção Precoce na Infância (SNIPI). De acordo com o 1º artigo deste decreto, este sistema consiste num conjunto organizado de entidades institucionais e de natureza familiar, que pretendem assegurar as condições de desenvolvimento das crianças, dos 0 e aos 6 anos, com risco grave de atraso no desenvolvimento, ou com alterações nas funções ou estruturas do corpo que limitam o crescimento pessoal, social e também a sua participação em atividades típicas para a sua idade.

A IP em Portugal é um conjunto de medidas de apoio integrado, centrado na criança e na família, tendo funções de natureza preventiva e reabilitativa no âmbito da educação, da saúde e da ação social. No contexto atual da IP, cada vez mais se valoriza a influência dos contextos naturais no desenvolvimento das crianças, pelo que é cada vez mais reforçada a atenção a aspetos determinantes do desenvolvimento, nomeadamente as influências ambientais e intervenções, que vão para além duma perspetiva da IP que é mais restrita e clínica (Serrano, Pereira & Carvalho, 2003).

Segundo Campbell (2010) a IP deve objetivar a promoção da participação ativa da criança nas atividades e rotinas que ocorrem numa variedade de contextos naturais. Dunst, Raab, Trivette, e Swanson (2012) reforçam que as diferentes atividades que fazem parte do dia-a-dia das crianças consistem em experiências e acontecimentos que servem de contextos de aprendizagem e desenvolvimento e que a exploração desses acontecimentos e experiencias permitem à criança conhecer as consequências do seu comportamento, aumentar e reforçar o seu sentimento de controlo e expandir os seus interesses e motivações.

O contexto natural de aprendizagem refere-se assim às atividades que acontecem no quotidiano da família e da sua comunidade, que se constituem como oportunidades para o desenvolvimento e aprendizagem da criança, bem como para a promoção de competências na sua família (Dunst, & Swanson, 2006; Dunst, Trivette, & Hamby, 2007).

1.1. A IP no domicílio: Que evidências?

São vários os estudos que referem que o apoio no contexto domiciliário permite uma intervenção mais individualizada e responsiva às necessidades da criança e às preocupações da sua família (Dunst, Bruder, & Espe-Sherwindt, 2014; Korfmacher, et al., 2008; McWilliam, 2005; Niklas, Cohrssen, & Tayler, 2016; Serrano, 2012; Sheden & Rush, 2012). Assim, o domicílio enquanto ambiente de aprendizagem possibilita melhores resultados nas crianças, sendo um ambiente rico para o seu desenvolvimento, aprendizagem e bem-estar (Niklas, Cohrssen, & Tayler, 2016).

O domicílio é um ambiente que permite perceber quais são os costumes, os valores, as atitudes e as rotinas de cada família, aumentando assim o grau de conhecimento e familiaridade do profissional sobre estes aspetos (Fuertes, 2011).

A IP pressupõe uma colaboração efetiva entre as famílias e os profissionais. Esta colaboração deve incluir, para além de uma confiança mútua, uma relação de parceria entre o profissional e a família acerca dos resultados desejados e sobre as etapas requeridas para os alcançar.
McWilliam (2012) refere que um dos fatores que contribui para a qualidade das relações entre pais e profissionais é a frequência com que comunicam. Quanto maior for esta frequência, maior é a probabilidade do desenvolvimento de confiança entre ambos.

Segundo Dunst, Trivette, e Hamby (2007), os pais que se sentem elementos ativos do processo de apoio e mais capacitados nas suas habilidades parentais serão capazes de proporcionar, aos seus filhos, melhores oportunidades de aprendizagem e de desenvolvimento.
McWilliam (2012) refere cinco princípios chave que os profissionais devem valorizar quando fazem visitas domiciliárias: 1) É a família que exerce maior influência sobre a criança; 2) As crianças aprendem ao longo do dia e não apenas em pequenas sessões de apoio ou terapias; 3) A IP não significa intervir semanalmente, em situação de um para um e em cenários fora dos

contextos das rotinas regulares; 4) Todas as oportunidades de aprendizagem ocorrem entre as visitas do profissional, pois são potenciadas pelos pais; 5) A criança necessita de intervenção máxima e não de serviços maximizados.

As visitas domiciliárias são consideradas assim como uma estratégia promissora para melhorar o apoio às famílias na IP, potenciando os benefícios desse mesmo apoio (Brand & Jungmann, 2014; Favez, Métral, & Govaerts, 2008).

McWilliam (2012), considera que o apoio da IP no domicílio pode definir um cenário de apoio eficaz e promotor da autoeficácia das famílias. A este nível, reforça ainda que os profissionais, ao prestar apoio no domicílio, não visitam apenas as famílias nas suas casas, mas igualmente reforçam a importância das rotinas da família e da sua variedade no desenvolvimento de oportunidades de aprendizagem para a criança.

Segundo Zero to Three (2014), os programas de visitas domiciliárias, de qualidade, podem aumentar a prontidão escolar das crianças, melhorar as habilidades dos pais para apoiar o desenvolvimento geral dos seus filhos, melhorar a saúde e o desenvolvimento infantil, melhorar a autossuficiência económica da familia e produzir um retorno substancial sobre o investimento. Estes resultados positivos ajudam a melhorar a vida da criança e da família, criando vínculos, promovendo a autorregulação e a autoconfiança, estimulando a comunicação e a aprendizagem.

2. Metodologia de investigação

Considerando que este estudo pretende compreender, do ponto de vista do profissional, o conjunto de benefícios e fragilidades para as famílias e para o profissional, do apoio da IP no domicílio, foi utilizada uma metodologia de investigação qualitativa.

Segundo Bogdan e Biklen (2010) a metodologia qualitativa pretende compreender e documentar detalhadamente um fenómeno no seu contexto, bem como os significados atribuídos pelos sujeitos nesse mesmo contexto. Neste sentido foram delineados os seguintes objetivos de investigação: a) compreender como é que o profissional concretiza e dinamiza o apoio às famílias no domicílio; b) analisar e compreender como é que as famílias são envolvidas em todos os momentos do processo de apoio (avaliação, planificação e intervenção); c) identificar e compreender quais os aspetos positivos e as fragilidades que o profissional considera que a família perceciona quando apoiada no domicílio; e d) identificar os aspetos positivos e as fragilidades que o profissional perceciona pelo facto de prestar apoio às famílias no domicílio.

A escolha dos participantes foi intencional e conduzida atendendo primeiramente à maximização daquilo que se poderia aprender sobre o fenómeno em estudo (Stake, 2007). Assim a seleção dos participantes foi realizada tendo por base os seguintes critérios de seleção: a) Profissionais que integram o sistema nacional de IP da zona norte de Portugal; e b) Profissionais que fazem apoio da IP, no domicílio, há pelo menos 6 meses.

Assim participaram voluntariamente neste estudo 8 profissionais de IP da zona norte de Portugal, sete do sexo feminino e um do sexo masculino, com idades compreendidas entre os 29 e os 49 anos, a quem foram atribuídos nomes fictícios. Os participantes distribuíam-se por um conjunto de formações diversificadas, sendo dois educadores de infância, um terapeuta da fala, um fisioterapeuta, um enfermeiro, um terapeuta ocupacional, e dois psicólogos (ver quadro 1).

Quadro 1.
Caracterização Demográfica dos Participantes

Participantes	Idade	Tipo de Formação	Habilitações Académicas	Tempo de Experiência no domicílio
Beatriz	46 Anos	Educadora de Infância	Licenciatura em Educação na Infância, e pós-graduação em Educação Especial	Desde 2006
Diana	30 Anos	Terapeuta da Fala	Licenciatura em Terapia da Fala	Há 1 ano
Helena	30 Anos	Fisioterapeuta	Licenciatura em Fisioterapia	Há 5/6 anos
Joana	46 Anos	Enfermeira	Licenciatura e Pós-licenciatura em Enfermagem	Há 2 anos
João	29 Anos	Terapeuta Ocupacional	Licenciatura em Terapia Ocupacional e Pós-graduação em Integração Sensorial	Há 6 anos
Madalena	49 Anos	Educadora de Infância	Licenciatura em Educação na Infância e cursos de especialização em Educação Especial no domínio Cognitivo/Motor e em IP	Há 10 anos
Margarida	35 Anos	Psicóloga	Licenciatura em Psicologia e Mestrado em Psicologia da Educação	Há 8 anos
Maria	39 Anos	Psicóloga	Licenciatura em Psicologia Clínica e especialização em Psicanálise	Há 4 anos

O instrumento de recolha de dados utilizado foi a entrevista semiestruturada. A entrevista semiestruturada contém questões profundas, formuladas de forma a permitir que o sujeito exteriorize os seus pensamentos, tendências e reflexões sobre os temas apresentados em estudo (Bogdan & Biklen, 2010; Stake, 2007).

Previamente à realização das entrevistas foi realizado um guião com questões sobre os temas previamente estabelecidos pelo investigador, de forma a responder aos objetivos do estudo (Boni & Quaresma, 2005). Este guião foi validado por um perito em IP e por dois profissionais de IP que cumpriram os critérios de inclusão no estudo, mas que não foram incluídos no mesmo como participantes. Segundo Bogdan e Biklen (2010) a validação do guião permite fazer uma avaliação sobre a linguagem empregue, a compreensão das perguntas utilizadas pelo entrevistador e a verificação da necessidade de alteração ou de incorporação de questões ao guião original. Segundo as orientações dos participantes neste processo de validação do guião foram feitas alterações na estrutura, na linguagem utilizada, bem como na forma como as questões eram expostas.

A análise dos dados obtidos neste estudo foi feita através da análise de conteúdo. A análise de conteúdo é o processo de procura e de organização sistemático de transcrições de entrevistas, de notas de campo e de outros materiais, com o objetivo de aumentar a compreensão do conteúdo desses materiais (Bardin, 2011).

Após a transcrição das perspetivas dos participantes foi definido um sistema de categorias, através da análise dedutiva, que se alicerçou na revisão da literatura consultada e nos objetivos definidos para este estudo. O sistema de categorias definido pode ser consultado na figura 1.
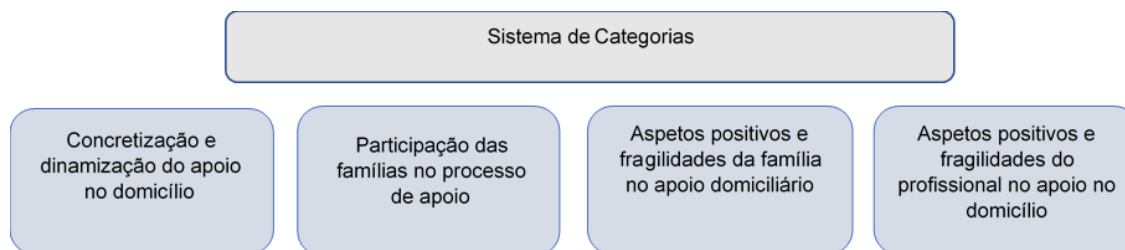
Figura 1. Sistema de categorias

No sentido de assegurar o rigor científico e a credibilidade do estudo (Bell, 2016; Coutinho, 2011) foram utilizados os critérios de credibilidade, através da técnica de revisão por parte dos participantes; de confirmabilidade e consistência, através do uso de um diário reflexivo; e de transferibilidade, através de uma descrição detalhada de todas as particularidades deste estudo empírico.

3. Apresentação e discussão dos dados

Os dados serão apresentados cruzando as perspetivas dos vários participantes, tendo por base o sistema de categorias definido anteriormente.

3.1. Concretização e dinamização do apoio no domicílio

A maioria dos profissionais referiu que, para que se possa concretizar de forma efetiva o apoio aos pais no domicílio, os pais devem ser incentivados e capacitados para a importância da sua participação ativa em todo o processo de apoio. Salientaram assim a necessidade de potenciar as suas competências e em simultâneo prestar-lhes um conjunto de informações e estratégias que os ajude a promover esse nível de participação.

A participação da família no processo de apoio na IP é valorizada por Solish, Perry, e Shine (2015), que consideram que, através de um apoio adequado, muitos pais aprendem ou reforçam o seu papel como agentes ativos de mudança e de promoção do desenvolvimento dos seus filhos. Esta perspetiva é reforçada por Hwang, Chao e Liu (2013), que consideram que capacitar e corresponsabilizar as famílias revela-se uma estratégia eficaz e promotora para o desenvolvimento.

Quanto à forma de como integram as rotinas no apoio, a maioria dos profissionais consideraram que é muito importante que o apoio seja feito nas rotinas. Referiram que por vezes integram o apoio na rotina em que a criança está ou então são os próprios pais que pedem ajuda numa rotina em específico. Neste sentido um participante referiu: "(…) todas as atividades que faço são sempre nas rotinas (…) são oportunidades ótimas para promover o desenvolvimento".

Esta perspetiva é consonante com o estudo de Dunst, Bruder, Trivette, e Hamby (2006) onde é demonstrado que se o profissional utilizar as rotinas da criança, como oportunidades de aprendizagem, esta terá resultados mais positivos no seu desenvolvimento. Spagnola e Fiese (2007) defendem que as rotinas da família são um fator muito importante a ter em conta quando se intervém no contexto domiciliário. Nos primeiros anos de vida, são as rotinas da vida familiar que vão permitir o desenvolvimento da criança. Bruder (2010) acrescenta ainda que as intervenções devem ter em conta as rotinas e outras situações quotidianas que envolvam a participação ativa da criança na aprendizagem e sirvam para fortalecer as competências existentes e promover novas competências.
No que diz respeito aos materiais que costumam utilizar no apoio, todos os profissionais afirmaram utilizar os objetos e brinquedos que a família tem em casa. A este nível uma participante reforçou: "(…) os materiais que uso durante o apoio são mais os materiais que tiver lá por casa, são os materiais da própria criança". Esta ideia é congruente com as perspetivas de Bagnato (2007) e Grisham-Brown e Pretti-Frontczak (2011), que defendem que o apoio deve

ocorrer nos contextos naturais da criança e da família, e deve usar-se nesse apoio os materiais que fazem parte desses mesmos contextos. Sheden e Rush (2012) reforçam que, quando a criança se envolve com objetos que para ela são mais interessantes, esta vai ficar envolvida durante mais tempo na atividade que está a desempenhar, tirando daí benefícios muito significativos para a sua aprendizagem.

No entanto, através dos resultados obtidos, é possível perceber que apesar de todos os profissionais utilizarem os materiais presentes nos contextos naturais da criança, alguns ainda continuam a levar material consigo, tendo um dos participantes dito: "(…) tento conjugar o que a família tem com o que levo" . Grisham-Brown e Pretti-Frontczak (2011) mencionam que a não-familiaridade da criança com os materiais utilizados pode afetar o seu desempenho nas atividades e dinâmicas propostas.

Outro aspeto valorizado pelos profissionais relativamente à concretização e dinamização do apoio no domicílio prende-se com a resposta às preocupações e prioridades da família, tal como demonstrado por um dos participantes: "(…) as minhas preocupações são as preocupações da família". Dunst e Trivette (2009) e Almeida (2011) defendem que o apoio da IP deve ser responsivo e dar resposta às preocupações e prioridades da família para que esta possa constituir-se como um elemento ativo e participativo do processo de apoio.

3.2. Participação das famílias no processo de apoio

No que diz respeito à participação das famílias na avaliação da criança, todos os profissionais afirmaram que as famílias são bastante presentes e participativas. A maioria destes acrescentou que é a partir da participação das famílias que se obtêm informações importantes sobre a criança e sobre a sua família. Neste sentido, um dos participantes referiu que a família "(…) é a base essencial (…) há sempre pormenores (…) que vamos perguntando no dia-a-dia da criança que podem revelar potencialidades num sentido e dificuldades noutro sentido".

Este ponto de vista é concordante com Graça, Teixeira, Lopes, Serrano, e Campos (2010) que mencionam que a avaliação pode ser enriquecida pelo conhecimento que os pais têm da criança, tornando a perceção do profissional mais holística. A avaliação realizada pelos pais não só permite recolher informações relativas à criança como também indica expectativas, frustrações, rotinas e formas de estabelecer relações com o seu filho. Também Serrano e Pereira (2011) afirmam que o envolvimento dos pais na avaliação do desenvolvimento dos seus filhos permite desenvolver relações entre os pais e os profissionais, promovendo a precisão e a validade dos resultados.

Quanto à participação das famílias na elaboração do Plano Individual de Intervenção Precoce (PIIP), todos os profissionais concordaram que a família é indispensável na sua elaboração, explicando que este é construído pelos profissionais em conjunto com a família. A família exprime as suas preocupações e prioridades, e em conjunto com o profissional elaboram os objetivos do PIIP. Um dos participantes salienta que a família "(…) é fundamental (…) todos os objetivos traçados têm por base as intenções da família (…) tentamos trabalhar em conjunto".

Tal perspetiva é confirmada por P.J. McWilliam (2003) que defende que a família é o elemento principal e o mais imprescindível da equipa que elabora, implementa e faz a revisão do PIIP, tornando-se também determinante para a qualidade dos apoios prestados em IP. Serrano e Boavida (2011) acrescentam que o facto de os pais serem quem melhor conhece a criança e também quem conhece os pontos fortes, preocupações e prioridades do seu agregado familiar, faz com que estes sejam vistos como um recurso extremamente importante e imprescindível ao longo de todo o processo de apoio.

No entanto, no que diz respeito ao processo de elaboração do PIIP, Almeida (2011) e Bailey et al. (2004) indicam a existência de défices no envolvimento e participação ativa dos membros da família, reforçando que um número significativo de famílias apoiadas pela IP desconheciam a existência do PIIP.

Todos os profissionais afirmaram também que as famílias são muito participativas no apoio. Um participante referiu que "(…) a família é muito ativa no apoio que faz à criança (…) deixo-a trabalhar (…) quando eu lá estou, a família está sempre presente". Dunst, Bruder e Espe-Sherwindt (2014) declaram que quanto mais os pais estiverem realmente envolvidos no processo de apoio, melhores serão os resultados obtidos quer para a família quer para a criança. É através do seu envolvimento no apoio que estes vão reforçar as suas competências para apoiar a sua criança.

Relativamente à participação da família um dos profissionais referiu que "(…) existem famílias que participam mais ativamente neste processo e há outras famílias que participam menos ativamente". Grisham-Brown e Pretti-Frontczak (2011) salientam que o envolvimento familiar no processo de avaliação é um componente necessário para uma intervenção bem-sucedida na primeira infância. No entanto, esse envolvimento deve ser respeitado como uma escolha das famílias, pois estas podem optar por participar neste processo de acordo com diferentes níveis. Outro profissional acrescentou ainda que as famílias participam mais no apoio no contexto domiciliário do que nos outros contextos, mostrando-se assim mais interessados no apoio. Dunst, Bruder e Espe-Sherwindt (2014) validam esta perspetiva explicitando que a família privilegia o apoio prestado no domicilio.

3.3. Aspetos positivos e fragilidades do apoio domiciliário para as famílias

No que diz respeito aos aspetos positivos que as famílias sentem por estarem a ser apoiadas no contexto domiciliário, a maioria dos profissionais apontou que este é um ambiente mais recatado e privado que permite às famílias sentimentos de maior segurança e proteção. Acrescentaram também que neste contexto as famílias sentem uma maior proximidade com o profissional. Um dos participantes evidencia que neste contexto, "(…) a família vê como uma… uma ajuda muito grande (…) não tem tantas barreiras (…) acabam por estar na envolvência deles, sobre o domínio deles e isto faz com que as resistências também baixem".

Esta interpretação é consonante com o Early Head Start National Resource Center (2004) que refere que no contexto domiciliário, a família sente-se mais confortável e, por isso, torna-se mais fácil conhecê-la e estabelecer uma relação de confiança e cooperação. De acordo com Korfmacher et al (2008) as famílias consideram igualmente importante a construção de uma relação de empatia e amizade com os profissionais, pois sentem que têm ali alguém que se preocupa com elas e que está disposto a ouvi-las.

Já quanto às fragilidades sentidas pela família, os profissionais referiram que as famílias se sentem constrangidas em recebe-los nas suas casas, pois não é fácil falar da sua privacidade com um estranho, tal como mostra a perspetiva deste participante: "(…) as pessoas sentem-se, algo constrangidas quando ainda não perceberam a importância e o que nós lá estamos a fazer (…) que nós queremos ajudar e não prejudicar". Um dos profissionais apontou também uma questão importante, dizendo que para os pais, por vezes torna-se difícil acompanhar a criança em casa devido ao tempo despendido no seu próprio emprego.

Portugal e Santos (2003) evidenciam que alguns pais preferem inicialmente conhecer os profissionais e só depois ter apoio da IP no domicílio, para assim não sentirem que estão a ser invadidos por alguém que lhes é estranho. Rafael e Piscalho (2016) afirmam também que os pais, por motivos profissionais que os leva frequentemente a níveis de exaustão consideráveis, apresentam, por vezes, uma menor predisposição para interagir com os seus filhos, revelando indisponibilidade para o apoio mesmo no período pós-laboral.

3.4. Aspetos positivos e fragilidades do apoio no domicílio para o profissional

Quanto aos aspetos positivos que os profissionais sentem por estarem a apoiar no domicílio a maioria dos participantes referiu que, neste contexto, é possível o contacto direto e a proximidade com a família, estabelecendo assim uma relação mais positiva com os pais, tal como nos mostra a perspetiva deste participante: "(…) acho que a família se sente apoiada por nós (…) há uma certa proximidade na relação entre a família e a equipa (…) Como profissionais, sentimo-nos

bem neste relacionamento próximo com a família". Explica também que este ambiente permite "(…) conhecer melhor as rotinas deles (…)" e perceber o que realmente acontece nesses momentos.

Este ponto de vista é congruente com os resultados do estudo de Hanft e Pilkington (2000) que referem que o profissional, estando presente no contexto natural da criança e em conjunto com a família, consegue perceber quais são os contextos em que a família passa mais tempo e quais os utensílios domésticos e brinquedos que podem utilizar para o desenvolvimento de competências na criança. Silva (2000) aponta também que o facto de o profissional estar integrado e ter acesso a um espaço privilegiado da família, como é o domicílio, permite-lhe uma compreensão mais profunda das preocupações e prioridades da mesma, aspetos essenciais para uma intervenção centrada na família.

Já quanto às fragilidades sentidas pelos profissionais, a maioria mais uma vez apontou a dificuldade que sente em entrar na casa das famílias pois sentem que estão a invadir a privacidade das famílias e não sabem se estas vão corresponder, tal como nos mostra este participante: "(…) ainda que seja uma mais valia, sem dúvida, muitas vezes é desgastante (…) depende das famílias. (…) Sentimo-nos um bocadinho constrangidos porque estamos a entrar no espaço que é de outra pessoa". Alguns profissionais apontaram também o pouco tempo de acompanhamento e o tempo gasto nas deslocações entre os domicílios.

Esta ideia é coerente com a perspetiva de Hanft e Pilkington (2000) que também referiram que os profissionais de IP podem, no início, sentir-se desconfortáveis ao entrar no domicílio das famílias. No seu estudo, Rafael e Piscalho (2016) referem que o constrangimento mais sentido pelos profissionais no apoio domiciliário prende-se com o número insuficiente de horas que estes têm para apoiar as famílias.

4. Conclusões

Através das perspetivas partilhadas pelos profissionais nesta investigação, é notório que os profissionais consideram que os pais devem ser incentivados e capacitados para uma participação ativa no processo de apoio, realçando ainda a necessidade de potenciar as suas competências e passar-lhes informações e estratégias que os incentive à participação. Este dado é apoiado por Solish, Perry, e Shine (2015) que referem que a participação ativa da família no processo de apoio reforça o seu papel como agente ativo de mudança e de promoção e desenvolvimento dos seus filhos. Hwang, Chao e Liu (2013) acrescentam que capacitar e corresponsabilizar as famílias revela-se uma estratégia eficaz e promotora de desenvolvimento.

Paralelamente, foi também percetível que os participantes deste estudo julgam ser importante que o apoio seja prestado nos momentos de rotina das famílias. Bruder (2010) refere que o apoio deve ter em conta as rotinas pois estas incentivam a participação ativa da criança e promovem oportunidades de aprendizagem.

No que concerne aos materiais a serem utilizados durante o apoio, conclui-se que devem ser utilizados os objetos e brinquedos que a criança tem em casa, dado que é corroborado por Grisham-Brown e Pretti-Frontczak (2011).

Um dos dados deste estudo que nos importa realçar é o facto e todos os participantes deste estudo considerarem que as famílias são elementos fundamentais e participativos na avaliação da criança, na elaboração do PIIP e no apoio. Dunst, Bruder, e Espe-Sherwindt (2014) consideram que é através do envolvimento dos pais no apoio que é possível reforçar as suas competências e promover o desenvolvimento da criança.

Os participantes definem igualmente que o domicílio é um contexto onde as famílias se sentem seguras, segurança esta que se traduz num maior envolvimento em todo o processo. Esta perspetiva é valorizada por Dunst, Bruder, e Espe-Sherwindt (2014), que advogam o contexto domiciliário como facilitador da participação dos pais no processo de apoio na IP.

Assim podemos concluir que o apoio prestado no domicílio, cria desafios e vitórias, de construção e reconstrução da aprendizagem, do conhecimento e da qualidade de vida de todos os envolvidos neste processo.

Como limitações deste estudo destaca-se a dificuldade em identificar estudos de investigação, em bases de dados internacionais, que abordassem as perspetivas dos profissionais sobre o apoio domiciliário, pois a maioria dos estudos encontrados analisavam apenas as perspetivas da família ou outros cuidadores em relação a este fenómeno.

Para futuros estudos de investigação sugerimos a análise da complementaridade de pais e de profissionais, acerca do apoio domiciliário, para que seja possível perceber aproximações ou diferenciações entre estas perspetivas, de forma a contribuir para a melhoria da qualidade das práticas prestadas neste contexto.

5. Agradecimentos

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Sense of coherence, hope theory and early intervention: a longitudinal study

Sentido de coherencia, teoría de la esperanza e intervención temprana: un estudio longitudinal

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Abstract: Active participation in early intervention programs requires mothers to overcome their distress, to stay actively engaged in the intervention and to focus effort on promoting their children's future. These day-to-day obligations and demands may affect their wellbeing and self-perceptions. A series of studies were performed on an early intervention program in Israel. The goals of the current study were to return to some of the families who participated in the program several years later, in order to examine their perceptions of the early intervention program while comparing personal (hope, sense of coherence and positive affect) and familial (family climate) resources. The sample consisted of 52 mothers of children with special needs who participated in an early intervention program. They were interviewed and assessed twice – during their participation in the program and 5-12 years afterwards. The questionnaires included the hope scale, the sense of coherence, positive affect and family climate variables. The results demonstrated the stability of the mothers' personal and familial resources at the two periods. The relations between the sense of coherence and positive affect were mediated by hope. The conclusions highlighted the stability of mothers' resources, and the importance of the mothers' hope and their early sense of coherence. The educational implications call for embracing hope strategies and empowering parents' personal and familial resources in order to enhance effective early intervention

Resumen: La participación activa en los programas de intervención temprana requieren que las madres superen su angustia, participen activamente en la intervención y centren sus esfuerzos en la promoción del futuro de sus hijos. Estas obligaciones y demandas cotidianas pueden afectar a su bienestar y autopercepción. Los objetivos del presente estudio eran volver a algunas de las familias que participaron en un programa de intervención temprana, varios años después, con el fin de examinar sus percepciones sobre el programa de intervención temprana comparando recursos personales (esperanza, sentido de coherencia y afecto positivo) y familiares (clima familiar) durante dos períodos. La muestra se compuso de 52 madres de niños con necesidades especiales que participaron en un programa de intervención temprana. Fueron evaluados dos veces, durante su participación en el programa y entre 5 y 12 años después. Los cuestionarios incluyeron las variables de la escala de esperanza, del sentido de coherencia, del afecto positivo y del clima familiar, además de una pregunta evaluativa. Los resultados demostraron la estabilidad de los recursos personales de las madres en los dos períodos. Además, las relaciones entre el sentido de coherencia durante la participación en el programa y el afecto positivo varios años después, fueron mediadas por la esperanza de las madres (pensamiento de agencia). Las conclusiones resaltaron la estabilidad de los recursos de las madres y la importancia del temprano sentido de coherencia de las madres, así como la capacidad de identificar y alcanzar sus objetivos. Las implicaciones educativas requieren adoptar las estrategias de esperanza y potenciar los recursos personales de los padres con el fin de mejorar la intervención temprana efectiva

Keywords: Early intervention; Hope theory; Longitudinal study; Sense of Coherence; Positive affect

Palabras clave: Intervención temprana; Teoría de la esperanza; Estudio longitudinal; Sentido de coherencia; Afecto positivo

1. Introduction

Mothers of children with special needs experience distress while having to face day-to-day demands, responsibilities and expectations that may affect their wellbeing, happiness and self-perceptions (Lloyd, & Hastings, 2008; Masulani-Mwale, Kauye, Gladstone, & Mathanga, 2018; Miodrag, Burke, Tanner-Smith & Hodapp, 2015). Participating in early intervention programs may also exacerbate these hardships and drain personal resources by adding task-oriented activities to their already demanding, challenging, lives (Brooks-Gunn, Berlin & Fuligni, 2000). Follow-up of mothers revealed that during children's developmental stages, the ongoing impact of having children with intellectually disabled is reflected by their recurrent grief, while coping with the new children's challenges through constructing of a new reality for the child and themselves around the disability (Brown, 2016). Research demonstrated that these daily challenges are mediated by parents' resilience and coping resources (Rajan, Srikrishna, & Romate, 2018). Since the salutogenic paradigm and the hope theory predict mothers' positive affect and happiness, teachers' and caretakers' awareness may empower their ability to fulfill critical roles in the wellbeing and happiness of these families as a whole.

A series of studies (Al-Yagon & Margalit, 2009; Einav, Levi, & Margalit, 2012; Margalit & Kleitman, 2006) already documented maternal emotional experiences during the children's participation in the program. The goals of current study are to examine the consistencies and changes among the mothers' personal resources, while focusing on the predictive factors of sense of coherence and positive affect, through using a longitudinal approach.

1.1. Positive and negative affect (PA and NA)

Family studies have often limited their considerations to parents' negative affect and depressive moods (Brown, 2016; Park et al., 2016). However, there is a growing awareness to the unique role of PA as a predictor of effective coping and adjustment during different developmental stages (Barker, Howard, Galambos, & Wrosch, 2016; Clark & Watson, 1988; Mas et al., 2016). The broaden-and-build theory of positive emotions (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Fredrickson & Losada, 2005) proposes that positive emotions help people build lasting personal resources that can help them cope with challenges. Studies examined the impact of PA, demonstrating that positive emotions broaden people's awareness in ways that, over time and with frequent recurrence, build personal resources that contribute to effective coping strategies and overall emotional and physical well-being (Fredrickson & Joiner, 2018).

The dual model of affect (Carver & Scheier, 1990) proposed that two separate basic dimensions –PA and NA have differential relations with different life situations. However, recently there has been considerable theoretical interest in the relationships between PA and NA experiences and the extent that they may co-occur (Larsen, Hershfield, Stastny, & Hester, 2017). In an earlier study (Margalit & Ankonina, 1991), parents of children with disabilities differed from parents of typical development children in their negative affect but not in their PA, calling attention to the latter's protective role in well-being. Unlike negative emotions, which often narrow people's thought-action repertoires (e.g., fight or flight), positive emotions broaden people's attention and information processing, enabling flexible, creative thinking, and effective coping strategies (Moskowitz, Shmueli-Blumberg, Acree, & Folkman, 2012). Personal resources such as the sense of coherence and hope may predict PA.

1.2. Sense of coherence (SOC)

The SOC comprises the key variable within Antonovsky's (1987) salutogenic health model. This approach reject the dichotomous classification of people as healthy or sick, in favor of their placement on a multidimensional health - disease continuum (Antonovsky, 1987). Antonovsky (1987) defined SOC as a global orientation that expresses the extent to which an individual has a dynamic feeling that (1) their environments are structured, understandable and predictable, (2) required resources are available to meet demands; and (3) these demands are meaningful and important challenges. Studies proposed that parents' SOC may hold unique importance for understanding their coping with different challenges (Margalit, 2012). In several studies, parents

of children with disabilities reported a lower SOC levels compared to parents of typical children (Al-Yagon, 2003; Idan, Braun-Lewensohn, Lindström, & Margalit, 2017; Oelofsen & Richardson, 2006). While the SOC shapes parental self-perceptions and their current coping resources, hope assessment provides parents' future anticipations.

1.3. Hope theory

During stressful periods, people often focus on their current challenges. The hope theory introduces the future perspectives, including beliefs about personal goals' opportunities. Snyder (2002) defined hope as a way of thinking about personal goals and the pathways to reach those goals, along with the activation of the mental energy required to utilize them. The hope theory (Rand, 2018) is composed of two aspects: pathways thinking (the perceived capacity to generate strategies for attaining goals), and agency thinking (perceptions involving one's capacity to initiate and sustain movement along the chosen goals). Unexpectedly, only a few studies examined the hope of parents to children with special needs. In a study on mothers who were participating in an early intervention program (Einav et al., 2012) it was found that those mothers with high levels of SOC, and with high coping strategies, felt more hopeful. In addition, for mothers in families characterized by flexibility and openness to changes in their family climate, their coping approaches served as mediators between their adaptation to environmental changes and hope, focusing attention at the family climate variables.

1.4. The family cohesion and adaptation

Family cohesion and adaptability refers to the familial resources examined in the current study as related to maternal responses to early child intervention programs. Assessment of the family climate is usually performed based on dimensions such as cohesion and adaptation. Family adaptability refers to the family's ability for flexibility, to change in its leadership, role relationships and relationship rules according to varying circumstances or situations. Family cohesion, on the other hand, is the emotional bond that connects family members, representing the levels of affection, friendship, and intimacy shared (Sprenkle, Olson & Russell, 2014). According to Olson's Circumplex Model of Marital and Family Systems (2000), effective, open communication facilitates the way in which families both adapt and remain cohesive during developmental and situational stresses.

Several studies have examined the stress and family climate variables within families with special needs children (Al-Yagon & Margalit, 2009, 2011). A follow-up of participation in the early intervention after a year revealed the joint impact of several factors (Margalit & Kleitman, 2006). The initial stress and the mothers' satisfaction with the intervention program were not the only factors that predict maternal stress. In addition, the mothers' SOC, coping style and family cohesion, assessed at the beginning of the intervention, were also predictors of the stress experience, focusing attention at the important role of family resources in addition to the personal resources (Margalit & Kleitman, 2006).

In conclusion, studies already documented maternal stress reactions, as well as their personal and familial resources following the diagnosis of an infant with special needs and the demanding participation in an early intervention program. We wanted to scrutinize what happen to these mothers after several years, assessing changes and consistencies. Can we identify a critical earlier personal or familial resource that predict maternal wellbeing after several years. Thus, the goals of the current study were to return to some of the families who participated in the program several years later, in order to examine their perceptions of the early intervention program and also to compare personal (hope, SOC and PA) and familial (family climate) resources. We hypothesize that the personal and familial resources will remain relatively stable, and predict maternal PA. In addition, we expect the current hope to mediate the relations between maternal resources (SOC) and the PA as an expression of wellbeing.

2. Method

2.1. Participants

The sample consisted of 52 mothers who participated in an early intervention program "*Me and my Mommy*" in Jerusalem. The mothers' ages in the current study were between 29-57 (mean = 44.4, SD = 7.00). 48 mothers were married, 1 divorced. All the mothers were orthodox and no. of children ranged between 1-8 (mean 4.30, SD=2.25).

Gender of children who participated in the program: 29 boys (58%) and 20 girls (42%). During the early intervention program – the children age-range was 1-15 months. During the second assessment their age range was 6-11 years old (mean = 8.80, SD=1.75). The larger group (33 children – 69%) were diagnosed with Down syndrome, 5 (10%) with unspecified developmental delays, and the rest with different disabilities such as CP and preterm babies.

The current children's independence in performing daily activities such as self-washing, self-dressing, self-eating, toilet control, communication abilities, speech levels and peer relations varied between 1 (completely dependent) to 5 (age-appropriate independence). They scores ranged between mean score 3.08 (SD = 1.20) for self-washing, to mean score 4.47 (SD=1.02) for eating habits. The overall average independence measure ranged from 1.14 to 5.00, mean 3.75, SD = 0.96.

The early intervention program. The children had been diagnosed at hospital centers as at risk for delayed development and in need of a comprehensive early intervention program. They participated in the program during 2 years. In line with the program's emphasis on family empowerment, the comprehensive multidisciplinary intervention was provided to mother-infant dyads, adapted to each infant's identified developmental needs and tailored to the infant's level of functioning (e.g., speech therapy, occupational therapy) as well as to the mothers' support needs. The clinicians meet with dyads of mothers and infants once a week to model developmental tasks, train infants, and instruct mothers to continue the directed activities at home.

2.2. Questionnaires

Memories of the early intervention program
A single open question: When _____ was a baby, you participated in the early intervention program. Please share with us what did you learn in this program? The goals of this general question were to explore mothers' perceptions of their experiences, as well as to clarify major aspects that facilitate their adjustment.

Positive and Negative Affect Scale (Moos, Cronkite, Billings, & Finney, 1987).
The scale measured the mothers' view of their affect ("*how you have been feeling in the past month*") consisting of 20 items on a 5-point Likert scale ranging from Not at all appropriate (1) to Very appropriate (5). The scale comprises two major factors: a PA factor, with 10 items such as "*friendly*," "*energetic*," and "*happy*," and a NA factor with 10 items such as "*feel guilty*," "*worthless*," or "*worried.*" Higher scores reflect a higher perceived type of affect.

The reliability and construct validity of the scale were demonstrated by previous studies, which reported Cronbach alphas of .71 for the PA factor and .81 for the NA factor (Al-Yagon, 2007; Margalit & Ankonina, 1991). In the current study, the Cronbach alphas were .92 for the PA factor and .79 for the NA factor.

Sense of Coherence Scale – SOC (Antonovsky, 1987).
The short version of this self-report scale rates mothers' sense of confidence in the world; their sense of comprehensibility – feelings that they understood their environment; their sense of manageability and feelings of control; and their sense of meaningfulness and involvement in a variety of areas. The scale consists of 13 items on a 7-point Likert-type scale, ranging from *Never* (1) to *Always* (7). For example, statements such as "*Doing the things you do every day*

is...." are rated from descriptors such as "*a source of pain and boredom*" (1) to "*a source of deep pleasure and satisfaction*" (7). Higher scores reflect a greater sense of confidence in the world; sense of manageability and feelings of control; and sense of meaningfulness and involvement.

The reliability and construct validity of the scale were demonstrated by previous research (e.g., (Al-Yagon, 2008), which showed a Cronbach alpha of .80. In the current study, the Cronbach alpha was .86.

Hope trait scale (Snyder, 2002).
The scale consisted of six statements measuring mothers' belief in their ability to pursue preferred goals, to utilize strategies, and to achieve the desired targets. The scale consisted of a six point Likert-type scale ranging from 'Never' ('1') to 'Always' ('6'), the scale included two subscales: three agency thinking items (e.g., 'I've been pretty successful in life') and three pathways thinking items (e.g., 'When I have a problem, I can come up with many ways to solve it'). Higher scores reflected a greater extent of the descriptor. Cronbach's alpha for internal consistency in this study was .84.

Family Adaptability and Cohesion Evaluation - FACES III (Olson, 1986).
The questionnaire measures mothers' perceptions of the degree of emotional cohesiveness and degree of adaptability and flexibility within their family climate. The scale consists of 20 items, comprising two subscales of 10 items each, rated on a 5-point Likert scale ranging from *Almost never* (1) to *Almost always* (5). The cohesion subscale refers to emotional bonding, family boundaries, and time spent together, reflecting the degree to which family members are connected to or separate from their family (e.g., "Family members feel closer to other family members than to people outside the family"). The adaptability subscale reflects the extent to which the family system is flexible and open to changes (e.g., "We shift household responsibilities from person to person"). Higher scores reflect a greater extent of mothers' perceptions of the emotional cohesiveness and degree of adaptability within the family.

The reliability and construct validity of the scale were demonstrated by previous research (Al-Yagon, 2003), which indicated Cronbach alphas of .85 for the cohesion subscale and .67 for the adaptability subscale. In the current study, the Cronbach alphas were .73 for the cohesion subscale and .72 for the adaptability subscale.

2.3. Procedure

Data was collected as part of a larger early intervention research, following the approval of the Ethical Committee. In the original sample - 180 mothers - participated in the study while their infants participated in the early intervention program. The data was collected during 3 years. A member of the research team presented the questionnaires to the mothers individually (Paper and pencil) and provided additional help if necessary. Mothers completed the instruments in a quiet room in the center. For the current assessment, 5 to10 years later, letters were sent to all the participants, based on their available address. Only 52 mothers answered and agreed to participate in the study. Thus, the study provides the current experience of the 52 mothers. Since some of the data was lost due to changes in the center location, comparisons between the two periods were available only for 36 mothers.

3. Results

3.1. Content analysis

In the first stage of analysis, the answers to the question regarding mothers' memories of the early intervention program were examined. Following this content analysis, mothers' answers can be divided into two major themes: The first focus was appreciation to the guidance provided related to the developmental promotion of the child, such as learning effective approaches to promote the child's development. A mother of a 9 years old girl wrote: "*it gave me methods and*

ideas how to work with my child and teach her life skills. Currently she is in full inclusion, has many friends and participates in her class activities". The second focus was related to the emotional support provided to the parents, or more specifically: "*Learning to be happy, to smile*". Example quotes were: "*When I was told that he is a special child, I thought what will be, how can I be happy with my life and with my child. They taught me how to be happy with my special child… It gave me the power to continue life and cope with coming difficulties", "It provided light and hope to our life*". "*We saw older children learning skills – and it gave hope*". These themes that focused on promotion of PA and on hope and future perspectives were further examined in the quantitative analysis.

3.2. Quantitative analysis

First, in order to explore the associations among research measures, we performed paired - Pearson Correlations and paired t-tests between the two periods. The means, SDs and are presented on Table 1. Significant correlations between assessments in the different periods were found between the personal resources measures: SOC, affect and hope, but not for the family measures (Family adaptation and cohesion). No significant differences were found between the two periods using paired t-tests. We performed a series of comparisons using MANOVA with repeated measures between periods with the gender of the child as the independent variable and the different measures as the dependent variables. No significant differences were found between periods in all the research measures, and no significant interactions. Significant correlations between assessments in the different periods were found between the personal resources measures: SOC, affect and hope, but not for the family measures (Family adaptation and cohesion). No significant differences were found between the two periods using paired t-tests.

Table 1.
Means, SDs, Paired–Correlations and paired-t tests of the personal and familial variables

Variable	Before	After	Correlations	Paired t-tests
Positive Affect	3.79 (0.73)	3.83 (0.86)	.33*	-0.28
Negative Affect	2.03 (0.65)	1.92 (0.57)	.47**	1.08
SOC[1]	5.29 (0.72)	5.36 (0.83)	.51**	-0.67
Hope (Agency Thinking)	4.31 (0.67)	4.40 (0.80)	.48**	-0.65
Hope (Pathways Thinking)	4.05 (0.74)	4.16 (0.94)	.53**	-0.71
Family Cohesion	4.21 (0.43)	4.10 (0.52)	.16	1.14
Family Adaptation	2.62 (0.36)	2.60 (0.56)	.24	0.21

[1] SOC – Sense of Coherence
*p<.05, **p<.01

We performed a series of comparisons using MANOVA with repeated measures between periods with the gender of the child as the independent variable and the different measures as the dependent variables. No significant differences were found between periods in all research measures, and no significant interactions.

3.3. Longitudinal predictors of positive mood

In order to examine if the personal and family resources in the past (during the program participation) predicted current positive mood, and the role of current hope, a multiple hierarchical regression was performed with current positive mood serving as the criterion variable. At the first step, mothers' current age and the PA during the time that they participated in the program were entered into the model as control variables, explaining 12.0% of the variable. At this stage, the PA in the past was a significant predictor of the PA in the present. At the second step, the measures from the past assessment - the two family measures, and the SOC were entered as predicting variables, reaching 27.5% of the variable. At this stage, only the mothers' SOC was a significant predictor. The past PA lost its significance. In the third step, agency thinking and hope pathways thinking entered, adding 25.8% to the explanation (see

Table 2). Only the past SOC and current agency thinking varible were significant predictors (positive relationships). The remaining variables (including pathways thinking) were not significant. The results of this analysis indicated that the mothers' SOC during the early intervention participation and the current agency thinking predicted the present PA. The results of the regression analysis emphasized the importance of the SOC as a measure of coping resources and agency thinking as a hope subscale of identifying future goals in predicting positive maternal affect. In order to further clarify the interrelations between the predicting factors, serial multiple mediation analysis was performed.

Table 2.
Summary of Hierarchical Regression Analysis for two periods (past and current measures) of mothers' SOC and family climate variables as predictors of the mean positive affect

	Step 1			Step 2			Step 3		
Variable	**B**	*SE B*	*β*	**B**	*SE B*	*β*	**B**	*SE B*	*β*
Mother's age	-0.01	0.02	-.11	-0.02	0.02	-.12	-0.01	0.02	-.06
Positive Affect before	0.43	0.20	.36*	0.09	0.23	.07	-0.42	0.23	-.35
SOC Before				0.62	0.25	.52*	0.58	0.21	.48**
Family Cohesion Before				- 0.35	0.36	-.16	0.04	0.32	.02
Family Adaptation Before				0.12	0.38	.05	-0.06	0.32	-.02
Hope: Pathways Thinking							0.02	0.24	.02
Hope: Agency Thinking							0.72	0.29	.67*
R^2			.120			.275			.533

Note: SOC Before – Sense of Coherence during the early intervention program
*p<.05; **p<.01

3.4. Serial multiple mediation analysis

The Serial Multiple Mediation analysis used a bootstrapping method with bias-corrected confidence estimates (MacKinnon, Lockwood, & Williams, 2004; Preacher & Hayes, 2004). In the current study, 95% confidence interval of the indirect effects was obtained with 10000 bootstrap resamples (Preacher & Hayes, 2004).
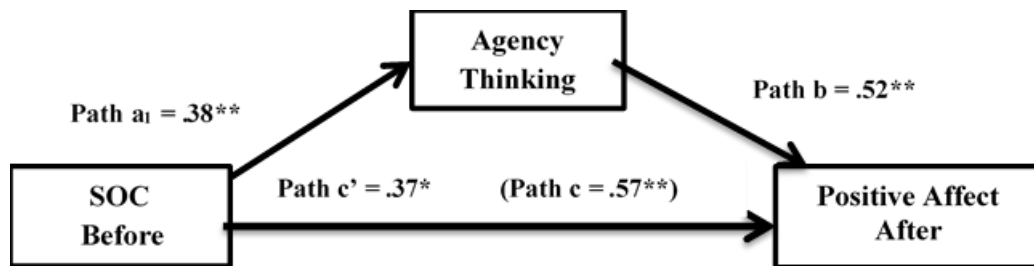
Figure 1. A mediation model for Sense of coherence during early intervention (SOC Before) and current positive affect (Positive Affect After)
Note. *p<.05, **p<.01
R^2= .22 .   MSE =.58   F(1,39) = 10.65**

First it was found that SOC during participation in the program was positively associated with current PA (B =0.66, SE =0.13 t=5.21, p = .01). It was also found that the past PA was positively related to current pathways thinking (B=0.96, SE=0.24, t = 4.00, p =.01). In addition, the

pathways thinking was positively related with current agency thinking (B=0.66, SE = 0.10, t = 7.56, p =.01). The current PA was predicted by current agency thinking (B=0.47, SE = 0.20, t= 2.30, p =.05) and by the past SOC (B = 0.47, SE = 0.18, t=2.58, p=.015). Figure 1 presents the mediation model.

4. Discussion

Despite the growing theoretical and experimental emphasis on the resources that may help families bounce back or recover from adversity, empirical investigations of coping reactions of parents of children with disabilities have traditionally focused on the negative reactions that parents of children with disabilities might experience (Miodrag, et al., 2015). Parents' initial reactions to having a child with a disability is usually associated with negative feelings such as anxiety, shock, despair, avoidance, anger, guilt, and helplessness (Park et al., 2016). However, long-term impact of a highly challenging event, such as having a child with disability on a family depends on several factors including both personal and familial resources. The purpose of this study was to examine several personal resources, extending for nearly a decade, that may assist mothers of children with special needs who participated in an early intervention program overcome.

Family resilience theories suggest that family crises can become an opportunity for priorities reappraisal and the development of meaningful relationships and personal resources (Walsh, 2015; Boss, Bryant & Mancini, 2016). Along with this premise, the current study examined resources deriving from the salutogenic health model and the hope theory in an effort to understand what elicits PA and hopeful thinking within these families.

When examining the personal resources suggested in this study, results first indicated the stability over time in these measures as demonstrated by the positive correlations between the two assessments of mothers' SOC, PA and hopeful thinking. This pattern of results solidifies the stability of the mothers' central resources, demonstrating how the ability to perceive ones' environment as structured, understandable and predictable, to initiate and sustain movement along chosen goals and to sustain positive emotions despite obstacles, are all relatively stable resources as no changes between years were found. These findings shed light as to the importance of identifying and bolstering parental personal resources as early as possible, due to their tendency to remain stable across a period of several years, predicting future wellbeing and PA. The correlations between the assessments of family cohesion and adaptability measure were not significant although no significant differences were found. Therefore, it seems that family climate was not as stable as the personal resources, presumably highlighting other factors, exceeding the individuals' control, effecting this variable.

Additional analysis indicated that past SOC, as well as the hope variables: current Pathways thinking and agency thinking are both predictors of current maternal PA. Therefore, the ability of mothers, to perceive themselves capable to cope effectively with challenges is a stable characteristic, and, together with their ability to plan their strategies, to cope with barriers predict their global perception in their ability to set further goals as they move forward – all contribute to dominant positive emotions that allow them to broaden their attention and information processing, enabling flexible and creative thinking. This result emphasizes the continues nature of this process of dealing with a child with special needs, calling into attention both self beliefs as well as future hopes in order to achieve growth and constructive emotional well-being.

In addition, the differentiation between the subscales of hope theory: pathways and agency thinking, further our understanding to their differential contribution. The maternal SOC during the early developmental stages of their infants, while controlling their early PA, predicted the mothers' current beliefs in their ability to succeed in making specific plans for reaching future goals (pathways thinking). This ability supports their beliefs in themselves as active agents in pursuing goals to a better future (agency thinking), resulting in their PA as an indicator of adjustment.

Taking into account all these findings, this study suggests that although it is important to be aware of the challenges and negative emotional reactions that parents of children with disabilities might experience, sensitizing educational teams to their value and promoting factors that contribute to adjustment and psychological well-being of parents is crucial in terms of providing meaningful help to families with children with disabilities. Although considerable research investigated the negative consequences of having a child with a disability, a significant gap continues to exist in empirical literature investigating the factors that foster parents' adjustment to raising a child with a disability. This study aims to minimize this gap by identifying important personal resources such as sense of coherence thinking that can predict, up to several years later, the ability of mothers to sustain and preserve their hope as well as a sense of PA, despite the challenges faced with in their everyday lives. One may speculate that these effects could have been made possible by the emotional support and intervention approaches provided and cherished by the majority of mothers who undertook the early intervention programs.

Contrary to previous research, both past and present family adaptability and cohesion did not predict the PA of the mothers. Although several studies (e.g., Higgins, Bailey & Pearce, 2005; Laghi et al., 2018) emphasized that family adaptability and cohesion may be an important variable that fosters the adjustment of families especially during crises, it was not demonstrated in the current study. Maybe, in this context, family climate was not a predictive factor several years later, since the developmental challenges of the children change during these years thereby affecting family life quality. Future studies have to further examine the role of the child developmental stages as related to family dynamics throughout the years and their reflected outcomes in terms of the emotional status of mothers.

The present study has a number of limitations that need to be taken into consideration when interpreting these findings. First, all instruments were self-reported therefore, results may have been affected from mono-method bias. In addition, only a partial percentage of participating mothers agreed to participate in the current study. Therefore, the participants of this study may not be representative of all the mothers who participated in the early intervention programs and generalizations based on these current results should be made with caution. Finally, when considering the longitudinal effects of early intervention programs, it might have been valuable to track a group of mothers of children with special needs who did not participate in these type of programs, thereby differentiating the effects of the mere time passage from program long lasting results.

Nonetheless, this study results provide support for the vast growing theoretical literature on personal resilience by highlighting mothers' capacity to rebound from adversity and become more strengthened and resourceful. These results become even more critical when taking into account the longitudinal nature of this study, examining intervention long term outcomes 5 to 10 years after program completion.

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Children of parents with mental health vulnerability: implications and family-centered support

As crianças de pais com vulnerabilidade de saúde mental: implicações e respostas centradas na família

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As crianças de pais com vulnerabilidade de saúde mental: implicações e respostas centradas na família

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Abstract: World data shows that symptoms of mental health vulnerability in the population are increasing. This scenario leads to children growing up in contexts whose parents have mental health vulnerability. These children are known as "*forgotten or invisible*". In Portugal, Early Childhood Intervention (ECI), based on family-centered practices, is the main support for these children and families. Nevertheless, the eligibility criteria for services include three risk factors additionally to parents mental vulnerability. This research aims to understand the family context of these children and find existing responses on supporting their development and parenting. Based on a qualitative methodology, semi-structured interviews were made to three mothers with depression, as well as to ECI professionals that support them. The results show that parental mental illness has implications on mothers, children, and the whole family system. It compromises the exercise of parenting, the misunderstanding of parental mental illness, the expression of negative feelings and parentification by children, making them vulnerable to mental illness. These families reveal a higher number of risk factors than protective factors, compromising family´s resilience. Results also demonstrate the need for ECI specialized professional preparation, since this study found gaps concerning knowledge on family-centered practices. Results also suggest the need of coordination between ECI and Mental Health and Psychiatry services, as well as the inclusion of parental mental illness as an independent eligibility criteria for ECI

Resumo: Dados mundiais revelam que os sintomas de Vulnerabilidade de Saúde Mental (VSM) na população estão a aumentar. Este cenário conduz a que crianças cresçam em contextos com pais que possuem VSM, designadas como "*esquecidas*" ou "*invisíveis*". Em Portugal, a Intervenção Precoce na Infância (IPI), assente em práticas centradas na família (PCF), constitui o principal apoio para estas crianças e famílias. Contudo, a elegibilidade da IPI exige mais três fatores de risco, para além da VSM parental. Esta investigação visa compreender o contexto familiar de crianças de pais com VSM e conhecer as respostas no apoio ao seu desenvolvimento e à parentalidade. Adotando uma metodologia qualitativa, realizaram-se entrevistas semiestruturadas a três mães com depressão, bem como, aos profissionais de IPI que acompanham estas famílias. Os resultados deste estudo revelaram que a VSM parental tem implicações não só nas mães, mas também nos filhos, e em todo o sistema familiar. Implica o comprometimento do exercício da parentalidade, a incompreensão da VSM parental, a expressão de sentimentos negativos e a parentificação por parte das crianças, tornando-as vulneráveis à doença mental. Estas famílias apresentam mais fatores de risco do que fatores de proteção, comprometendo a resiliência familiar. Os resultados também demonstraram a necessidade de formação especializada dos profissionais em IPI, pois verificam-se lacunas no conhecimento das PCF. De notar, ainda, a necessidade da articulação entre os serviços de IPI e de Saúde Mental e Psiquiatria, bem como, de incluir a VSM parental como critério de elegibilidade independente para a IPI

Keywords: Forgotten children; Children of parents with mental health vulnerability; Parental mental illness; Early intervention; Family-centered practices

Palavras-chave: Crianças esquecidas; Crianças de pais com vulnerabilidade de saúde mental; Doença mental parental; intervenção precoce na infância; Práticas centradas na família

1. Introdução

Os dados existentes demonstram que os sintomas da Vulnerabilidade de Saúde Mental (VSM) na população mundial estão a aumentar (Kessler et al., 2009). Em Portugal, os dados mais recentes da prevalência anual de doenças mentais remetem para 2013, revelando que as perturbações psiquiátricas afetam mais de um quinto da população portuguesa (Xavier, Baptista, Mendes, Magalhães, & Caldas-de-Almeida, 2013). Estes valores (22,9%) são apenas comparáveis aos da Irlanda do Norte (23,1%) e dos EUA (26,4%), destacando-se os mais altos nas perturbações da ansiedade (16,5%) e depressivas (7,9%). As perturbações mentais e do comportamento representam 11,8% da carga global das doenças em Portugal, mais do que as doenças oncológicas (10,4%), sendo apenas ultrapassadas pelas doenças cérebro-cardiovasculares (13,7%) (Carvalho, Mateus & Xavier, 2015).

Este aumento da VSM também significa que, cada vez mais, as crianças, durante alguns períodos das suas vidas, estarão inseridas num contexto de vulnerabilidade, no qual os pais estão doentes ou incapacitados (Mordoch & Hall, 2002), sendo o risco de desenvolverem uma doença mental três vezes superior ao da população em geral (Manning & Gregoire, 2009).

Atualmente, o reconhecimento do potencial impacto das doenças mentais dos pais nas crianças tem aumentado (Gútiez, Sánchez, & Sierra, 2011). Este pode incidir sobre questões de vinculação, aspetos físicos, cognitivos, sociais, emocionais, académicos e comportamentais (Kowalenko, 2009). Este impacto é, contudo, subestimado pela maioria dos profissionais e respostas político-sociais. Efetivamente, em Portugal não existem dados acerca da prevalência de crianças de pais com doença mental (Instituto Nacional de Estatísticas, 2017), fazendo emergir na literatura palavras como "*invisíveis*" e "*esquecidas*" para descrever a situação de crianças que vivem em contexto de VSM parental (Gray, Robinson, & Seddon, 2008).

Consonante com a literatura, o termo "*VSM*" é/deve ser utilizado quando se trabalha com pais, para que estes transformem a imagem da "*doença mental*", incluindo o estigma e auto estigma, em conceitos de empoderamento e resiliência (Kids Strenghts, 2010). Todavia, o termo "*doença mental*" poderá surgir ao longo deste artigo, pela forma como ambos os conceitos estão interligados.

A melhoria da saúde mental e o bem-estar das crianças e adolescentes constitui uma das cinco prioridades do Pacto Europeu para a Saúde Mental (Carvalho et al., 2015). A intervenção em idades precoces para prevenir ou atenuar problemas de desenvolvimento é, atualmente, um dado inquestionável e um direito fundamental, como está definido na Convenção sobre os Direitos da Criança (UNICEF, 1989). Porém, na maioria dos países da UE, as crianças "*esquecidas*" não são incluídas nos programas de formação dos profissionais de diversas áreas (Gray et al., 2008). Apesar das suas reconhecidas implicações, os programas político–sociais de reinserção das pessoas com VSM na sociedade centram-se apenas na pessoa com doença, ignorando o sofrimento e as necessidades das famílias (Maybery & Reupert, 2009). Contudo, acontecimentos perturbadores num dos elementos da família afetarão todo o sistema familiar, levando-o a mudanças adaptativas que exigem o reajuste às condições da nova realidade familiar (McWilliam, 2010). Assim, a forma como a família lida com os seus desafios – resiliência familiar - vai influenciar o bem-estar de todos, inclusive da criança (Walsh, 2011).

Em Portugal, a Intervenção Precoce na Infância (IPI), sustentada em Práticas Centradas na Família (PCF), numa intervenção realizada nas rotinas e contextos naturais da criança e com base na articulação entre serviços e recursos (Carvalho et al., 2016; Serrano & Boavida, 2011), surge como o principal apoio a estas crianças e famílias. Porém, para a criança com pais em situação de VSM ser elegível para o Sistema Nacional de Intervenção Precoce na Infância (SNIPI) terá que agregar mais três fatores de risco biológico e/ou ambiental (SNIPI, 2010). Adicionalmente, a evidência científica que aponte para a necessidade de direcionar e adequar a intervenção para as famílias em situação de VSM e que, paralelamente, esclareça a forma como esta está a ser implementada, é escassa. Posto isto, esta investigação visou compreender o contexto familiar de crianças de pais com VSM e mapear as respostas existentes no apoio ao seu desenvolvimento e à parentalidade, em Portugal.

2. Metodologia e instrumentos

2.1. Desenho do estudo

Consistindo em estudos de caso múltiplos descritivos, com recurso ao método qualitativo (Yin, 1994), realizaram-se entrevistas semiestruturadas com vista ao cumprimentos dos seguintes objetivos:

I. Compreender as implicações da VSM parental no contexto familiar;
II. Conhecer os fatores de proteção e de risco destas famílias;
III. Investigar a intervenção desenvolvida junto destas famílias;
IV. Analisar a satisfação das famílias em relação aos serviços de apoio.

2.2. Participantes

Participaram neste estudo três famílias, todas representadas por mães com depressão, e respetivos profissionais de IPI que as acompanham. A seleção dos participantes foi feita através das ELIs da zona norte de Portugal, distrito de Braga, assumindo-se como critério de inclusão a existência, em cada família, de pelo menos um progenitor com VSM.

De entre as três mães que participaram, uma delas (M1) tem 26 anos, está desempregada, frequentando consultas bianuais de psiquiatria. É divorciada e vive sozinha com os seus dois filhos, de 8 e 4 anos, em que o mais novo foi elegível para IPI pelo critério - atraso de desenvolvimento. A mediadora de caso (P1) desta família é educadora de infância, não apresentando especialização em IPI.

A mãe 2 (M2) tem 32 anos e obteve alta dos Serviços de Saúde Mental e Psiquiatria (SMP) há um ano. Está empregada, vive com o marido (ex-consumidor de substâncias aditivas) e com o seu único filho, com 5 anos. Este foi elegível para o SNIPI pelo critério *atraso de desenvolvimento* apresentando, também, fatores de risco como a exposição intrauterina a tóxicos; prematuridade e baixo peso à nascença; fatores de risco parental como o consumo de álcool e substâncias aditivas e doenças psiquiátricas. Esta família recebe intervenção pelo mediador de caso, técnico de serviço social (P2.1) com formação em IPI, no contexto domiciliário, bem como, por um psicólogo (P2.2), sem formação em IPI, no contexto educativo.

A mãe 3 (M3) possui 41 anos, está empregada e frequenta, mensalmente, consultas de psiquiatria. É divorciada, o ex-marido apresentava dependência de álcool, e vive com os seus três filhos de 5, 14 e 20 anos. O filho mais novo foi elegível para o SNIPI pelo critério risco grave de atraso de desenvolvimento, devido à exposição a fatores de risco ambiental como desorganização familiar, doença psiquiátrica, necessidade de apoios sociais e violência doméstica. Este acompanhamento é realizado pelo mediador de caso (P3), que também acompanha a família da M2.

2.3. Instrumento de recolha de dados

Os instrumentos que serviram de base ao estudo consistiram num questionário sociodemográfico e num guião de entrevista, construídos de raiz pela primeira autora e fundamentados na evidência científica concernente aos contextos de VSM onde as crianças estão inseridas, nas práticas recomendadas para a IPI, bem como, nos objetivos do estudo. Refira-se que o guião da entrevista foi submetido à apreciação de especialistas em metodologias de investigação e *experts* nesta temática, que avaliaram a adequação do conteúdo e relevância das questões. Adicionalmente, realizou-se uma reflexão falada com um profissional com formação em IPI, com 3 anos de experiência, para análise de aspetos como a adequação e clareza das instruções, da linguagem e dos exemplos apresentados.

Realizou-se um questionário sociodemográfico numa versão para mães – incluindo questões sobre a idade, profissão, número de filhos, agregado familiar - e outra para profissionais –

questionando a formação de base; especialização em IP; tempo de intervenção numa ELI, bem como, com a família participante. O guião da entrevista abarcou questões relativas à dinâmica familiar; história da VSM do progenitor; vivência dos filhos em relação à VSM parental; implementação das PCF e adequação da intervenção à problemática da VSM; fatores de resiliência familiar; satisfação da família relativamente aos apoios prestados, bem como, a articulação entre os serviços de IPI e de SMP. No guião para profissionais questionou-se, também, a sua perceção sobre o envolvimento destas famílias (comparativamente a outras com problemáticas diferentes), as suas necessidades de formação para trabalhar com as mesmas e aspetos a melhorar nesta intervenção.

2.4. Procedimentos

Primeiramente, solicitaram-se as autorizações ao SNIPI para realizar o estudo junto das famílias acompanhadas pelas ELIs da zona norte. Uma vez autorizado, contactaram-se, por email, as equipas do distrito de Braga no sentido de identificar famílias enquadradas nos critérios de inclusão e solicitar a sua participação. Coube aos mediadores de caso fazer o primeiro contacto com as famílias e esclarecer os objetivos da investigação. Uma vez aceite a participação – pelas famílias e respetivos profissionais de IPI responsáveis pelo seu acompanhamento -, foram agendadas as entrevistas. Estas foram realizadas em momentos diferentes, mediante a disponibilidade dos participantes.

No caso das famílias, a recolha de dados ocorreu no domicílio (n=2) ou na sede da ELI, consoante a escolha dos participantes, tendo as entrevistas aos profissionais se realizado no seu local de trabalho. Para além de garantir as condições apropriadas à recolha de dados (e.g. privacidade dos participantes e uma acústica favorável à gravação áudio), informaram-se todos os participantes sobre o caráter voluntário do estudo, a confidencialidade e anonimato dos dados. Todos os participantes assinaram um Consentimento Informado, no qual autorizavam a divulgação dos dados e a gravação áudio da entrevista. As entrevistas duraram entre 20 e 70 minutos.

2.5. Procedimentos de análise dos dados recolhidos

Realizadas as entrevistas, transcreveu-se integralmente o seu registo áudio. Posteriormente submeteram-se os dados a uma análise de conteúdo e categorial, originando categorias, temas e subtemas. A primeira grelha categorial foi analisada e discutida entre os três autores do estudo, tendo desta resultado dez categorias.

3. Resultados e discussão

Os resultados demonstraram que as implicações da VSM das mães em estudo no contexto familiar desenrolam-se em duas órbitas de influência mútua: na parentalidade e nos filhos, sendo que a trajetória destas pode ser afetada, positiva ou negativamente, pelos fatores de resiliência familiar e pela intervenção que é/pode ser desenvolvida com estas famílias.

Para uma melhor explanação dos resultados obtidos, optou-se pela organização, apresentação e discussão da informação em torno dos quatro objetivos do estudo, anteriormente referidos. Em seguida sumaria-se, para cada um dos objetivos (através de um quadro), as categorias, temas e subtemas emergidos sob os diferentes olhares dos participantes.

3.1. Implicações da VSM parental no contexto familiar

Quadro 1.
Categorização das implicações da VSM parental no contexto familiar, sob a visão das mães e dos profissionais das ELI

Categorias, temas e subtemas	Transcrições representativas

• *Na parentalidade*
  - Comprometimento do exercício da parentalidade
    ▪ Baixa participação nas rotinas diárias [M]
    ▪ Não assunção do papel parental em momentos de crise [M/P]
    ▪ Não reconhecimento das implicações da VSM na relação com os filhos [M/P]
  - Ideação Suicida [M]
  - Privação ocupacional [M/P]
	"Quando fui à psicóloga da minha filha (14 anos), fui a chorar porque só me vinha à ideia matar-me, e a doutora disse 'oh mãe, o que se passa?'. E a minha filha contou-lhe: 'Oh doutora é a minha mãe que só lhe apetece matar-se.'". [M3]

• *Nos filhos*
  - Desconhecimento/incompreensão da VSM parental [M]
  - Expressão de sentimentos negativos [M/P]
  - Falta de estratégias e mecanismos de *coping* [M/P]
  - Parentificação [M/P]
  - Maior vulnerabilidade à doença mental [P]
	"(…) a minha filha já me perguntou 'oh mãe a culpa é nossa?'. E então como vi que ela sentia, eu expliquei-lhe 'oh filha tu não tens culpa de nada, a mãe não está bem, a mãe sente que não está bem'." [M3]

• Categoria; ▪ Tema; ▪ Subtema; [M] – perspetiva das mães; [P] – olhar dos profissionais; [M/P] – visão das mães e dos profissionais.

Através do quadro 1, constata-se que a VSM parental tem alargadas implicações, repercutindo-se nas mães, nos filhos e em todo o sistema familiar.

No caso das mães, esta afeta os seus níveis de participação nas rotinas familiares e o seu papel parental, principalmente em momentos de crise, dos quais são exemplo a ideação suicida ou os internamentos compulsivos devido a agudizações da doença. Nestes casos, pode ocorrer a ausência total da mãe do contexto familiar por alguns períodos de tempo, ficando os filhos à mercê dos recursos de apoio da família. A par do comprometimento do exercício da parentalidade e da privação ocupacional destas mães, a VSM leva a uma incompreensão, pelos filhos, das situações decorrentes da mesma, bem como, à expressão de sentimentos negativos e à parentificação por parte dos filhos mais velhos, que, desprovidos, na sua maioria, de estratégias e mecanismos de *coping* eficazes, se tornam também eles vulneráveis à doença mental.

À semelhança do que revela a literatura na área, designadamente o estudo de Kohl e colaboradores (2011), os sintomas da VSM como o cansaço e a fadiga, interferem com a capacidade destas mães em se manterem *"presentes"* e responsivas às necessidades dos filhos. Consequentemente, os papéis na estrutura familiar podem reajustar-se de tal modo que as funções parentais acabam por ser delegadas a um dos filhos, fenómeno designado por "*parentificação*" (Gladstone, Boydell, & McKeever, 2006) e que no presente estudo surgiu quer no discurso das mães, quer dos profissionais.

Adicionalmente, a par doutras investigações, os dados apontam que as crianças e jovens filhos das mães em estudo presenciam, participam e sofrem com a VSM parental (Deutsch, 2016; Ostman, 2008), e que este sofrimento pode ser ampliado pelo seu desconhecimento/incompreensão da VSM parental, dando lugar a sentimentos negativos como culpa, tristeza e revolta (Duncan, Reder, Reder, McClure, & Jolley, 2000). Estes filhos, dada a sua idade precoce ou questões associadas ao seu atraso de desenvolvimento, poderão não deter as estratégias e mecanismos de *coping* adequados para lidar com a situação, aumentando a sua própria vulnerabilidade à doença mental, tal com salientam os profissionais entrevistados e o estudo de Kinsella, Anderson e Anderson (1996).

Refira-se, no entanto, que apesar dos riscos acrescidos, e à semelhança das evidências recolhidas por Maybery e colaboradores (2005), as mães participantes subestimam o impacto da doença mental nos seus filhos, ocorrendo o mesmo entre os profissionais entrevistados, que nem sempre relacionam as dificuldades nas competências parentais das mães como decorrentes da sua VSM. Paralelamente, apesar de, na "*teoria*", reconhecerem o impacto da VSM nas relações familiares e no desenvolvimento e comportamento das crianças, os profissionais nem sempre o identificam na prática.

Contudo, a literatura evidencia que existem crianças capazes de lidar com estas adversidades, tornando-se resilientes à doença mental (Burke, 2003). Na prática, isto traz a esperança de que a prevenção do impacto da VSM parental é possível, pelo que, este estudo, a par de outros, sugere a necessidade de maior investimento científico na identificação dos fatores que podem tornar a criança resiliente (Foster, O'Brien, & Korhonen, 2012; Gladstone et al., 2006).

3.2. Fatores de resiliência familiar

Quadro 2.
Categorização dos fatores de resiliência familiar, sob o olhar dos participantes

Categorias, temas e subtemas	Transcrições representativas

• *Fatores de Proteção*
   • Recursos de apoio informal
     ▪ Envolvimento do pai [M/P]
     ▪ Família alargada, amigos e vizinhos [M/P]
	"Quando estive internada, tive uma amiga excelente que, ainda hoje, se precisar de alguma coisa, fica com os meus filhos. Ela tomou conta do meu filho mais velho e o mais novo ficou com uma tia". [M1]

• *Fatores de risco*
   - Relação conjugal
     ▪ Conflitos conjugais [M/P]
     ▪ Divórcio [M]
   - Recursos de apoio formais
     ▪ Falta de apoios financeiros, laborais e psicológicos [M/P]
   - Recursos de apoio informais
     ▪ Ausência do envolvimento do pai [M/P]
     ▪ Isolamento social [P]
	"Quando eu e o pai discutíamos, eles [filhos] ficavam aterrorizados, ficavam sentados no sofá, assim parados a ver-nos discutir. E eu mandava o meu homem desparecer porque via que os meninos estavam a sentir o que nós estávamos a dizer e estavam a sofrer". [M3]

• Categoria; ▪ Tema; ▪ Subtema; [M] – perspetiva das mães; [P] – olhar dos profissionais; [M/P] – visão das mães e dos profissionais.

Partindo das evidências na área que apontam que as implicações da VSM na parentalidade não são os únicos fatores responsáveis por gerar impacto no comportamento e desenvolvimento da criança (Deutsch, 2016); que a sua suscetibilidade à VSM depende de fatores de proteção e fatores de risco; e que quanto maiores os fatores de proteção, mais forte será a resiliência familiar, e vice-versa (Foster, O'brien, & McAllister, 2005; Mordoch & Hall, 2002), no presente estudo procurou-se identificar e numerar os fatores de risco e de proteção de cada uma destas famílias, sumariados no quadro 2.

Os resultados indicam que o número de fatores de risco entre as famílias em análise é maior do que os fatores de proteção. Entre os fatores de risco transversalmente identificados entre as famílias em estudo destacam-se o isolamento social, os conflitos conjugais, o divórcio, a falta de apoios financeiros, laborais e psicológicos. Tais fatores aparecem repetidamente evocados na literatura em torno desta problemática, como colocando a criança num potencial risco de vulnerabilidade à doença mental e como comprometendo a resiliência familiar para lidar com as adversidades decorrentes da VSM parental (Gladstone et al., 2006; Manning & Gregoire, 2009, Maybery & Reupert, 2009).

No que se refere aos fatores de proteção das famílias participantes, os dados mostram que estes assentam apenas nas suas redes de apoio informal, colocando-se, também de acordo com os profissionais de IPI, a forte possibilidade de estas facilmente ficarem isoladas. Estes resultados sugerem a pertinência dos profissionais de IPI estarem atentos à necessidade de atualização do Ecomapa ao longo do tempo, enquanto instrumento que espelha as redes de apoio familiar (McWilliam, 2010) e a importância de, à semelhança do que referem Foster e colaboradores (2012), se identificarem e suportarem os pontos fortes e recursos da criança e família em situação de VSM, por forma a promover a resiliência de ambos e prevenir problemas futuros.

3.3. Intervenção desenvolvida junto das famílias com VSM parental

Quadro 3.
Categorização das reflexões das mães e profissionais de IPI em torno da intervenção

Categorias, temas e subtemas	Transcrições representativas

• *Colaboração entre família e profissional de IPI*
  - Componente relacional [M]
  - Componente participativa [M/P]
  - Diferenças no envolvimento das famílias em situação de vulnerabilidade face a famílias com outras problemáticas [P]
	"Não é o facto de ter uma problemática de saúde mental que afeta o envolvimento. Talvez a grande diferença será no período inicial, até eles ganharem confiança e perceberem que nós estamos do lado deles, que eles conseguem trabalhar mesmo estando afetados a nível da saúde mental, que eles podem ser a chave da mudança da vida deles. E depois disso acontecer, o processo é exatamente igual a outro qualquer". [P3]

• *PCF*
  - Olhar sistémico dos profissionais sobre a família
    ▪ Envolvimento dos irmãos, pais ou outros recursos de apoio [P]
    ▪ As preocupações da família são atendidas para além das necessidades da criança [P]
  - Adequação da intervenção à situação de VSM
    ▪ Informar as crianças acerca da VSM parental [M/P]
    ▪ Reconhecimento da importância das redes de apoio (Ecomapa) [P]
    ▪ Ajuste das atividades, estratégias e linguagem à disponibilidade e capacidade da mãe [P]
    ▪ Escolha do contexto de intervenção [M/P]
    ▪ Necessidades de formação por parte dos profissionais [P]
  - Articulação entre os serviços de IPI e de SMP
    ▪ Barreiras [P]
    ▪ Possíveis Benefícios [P]
	"Sim, [os irmãos] estão todos envolvidos no PIIP. Temos o foco na criança, mas é a família, e por isso há estratégias para todos os elementos da família nas suas rotinas, e todos os irmãos assinaram o PIIP." [P3]
	
	"Já o fiz com a Matilde [falar sobre a VSM da mãe], mas de uma forma muito superficial. Porque também não sei que tipo de informação está a ser passada aos filhos pelos médicos. Porque a mãe quando fala das questões relacionadas com a saúde mental, não sei se é descuidadamente, mas fala muitas vezes à frente dos filhos." [P3]
	
	"A principal falha acho que é no desconhecimento do serviço, até na forma como o SNIPI faz esta divulgação." [P3]

• *Aspetos a ter em consideração para maximizar a qualidade dos serviços prestados a estas famílias* - Articulação dos serviços de SMP com a IPI e os serviços na comunidade [P]	*"Exemplificando, nós poderíamos beneficiar da informação médica: se nós soubéssemos que esta mãe está com este ou outro problema e a sintomatologia que podemos esperar é esta e esta, também teríamos de adequar os objetivos de acordo com a fase do processo da doença da mãe."* [P2.1]

• Categoria; ▪ Tema; ▪ Subtema; [M] – perspetiva das mães; [P] – olhar dos profissionais; [M/P] – visão das mães e dos profissionais.

Os resultados do quadro 3 - no qual aparecem sistematizadas as reflexões dos participantes em torno da intervenção desenvolvida pelos profissionais de IPI junto destas famílias - evidenciam que estes profissionais intervêm, essencialmente, recorrendo à componente relacional das PCF, entre as quais se destacam as atitudes de escuta ativa, empatia e a confidencialidade. Verifica-se também que nem todos os profissionais conseguem integrar as componentes participativas – designadamente dar às famílias o poder de escolha e decisão, tal como é proposto por Dunst e Espe-Sherwindt (2016). Apesar disto, o estudo sugere que os níveis de envolvimento das famílias com este perfil de vulnerabilidade não se relacionam com o impacto da VSM parental mas, sim, com a qualidade da relação de colaboração família-profissional. Assim, o estudo sugere que as famílias participantes, apesar das adversidades com que se confrontam, são competentes para obter sucesso e resultados desejáveis mediante as suas necessidades e prioridades se - em congruência com os valores das PCF - os profissionais de IPI, conseguirem garantir que estes pais dispõem dos apoios e recursos necessários para se envolverem na prestação de cuidados à criança (Trivette, Dunst, & Hamby, 2010).

Relativamente às dimensões da intervenção com base em PCF, os resultados apontam aspetos a enaltecer e a melhorar na prática dos profissionais de IPI, considerando a evidência científica em relação aos contextos de VSM em que as crianças estão inseridas, assim como, os princípios orientadores para a prática da IPI.

Entre os aspetos a enaltecer entre as práticas destes profissionais surgem a regular atualização do Ecomapa pelos mesmos, por lhe reconhecerem especial importância para estas famílias, bem como, a sensibilidade destes profissionais para a necessidade de ajuste das atividades, estratégias e linguagem à disponibilidade e capacidade das mães junto das quais intervêm. Adicionalmente, salienta-se o facto de a escolha do local de intervenção ser dada à família e ocorrer nos contextos naturais da criança.

No que se refere aos aspetos a melhorar, os dados mostram que dois dos profissionais de IPI - que intervêm no contexto escolar - consideram que a intervenção no domicílio poderia trazer benefícios no envolvimento e empoderamento das mães. Concomitantemente, a única das mães participantes que recebe intervenção em casa privilegia esse contexto como elemento de sucesso para o desenvolvimento da criança. Estes resultados transparecem a necessidade de repensar a forma como os profissionais integram as componentes participativas das PCF, fora do contexto domiciliário. Isto pode, também, associar-se - tal como revelam Dunst e colaboradores (2014) - ao facto de as mães não reconhecerem o seu papel primordial na capacidade de influenciar as aprendizagens e o desenvolvimento dos seus filhos, atribuindo o mérito da evolução das crianças acompanhadas em IPI aos profissionais.

Um outro aspeto a melhorar passa pelo envolvimento dos irmãos e dos demais membros da família no processo de intervenção, já que nem todos os profissionais participantes abrangeram esta visão sistémica preconizada pelas PCF (Guralnick, 2011), sugerindo a pertinência de se repensar a necessidade de formação dos profissionais de IPI em PCF.

Outra janela de intervenção que pode ser repensada é a questão de dar a conhecer e explicar às crianças as dimensões da VSM parental. Os resultados deste estudo, a par de outros, revelam que as crianças manifestam necessidade de compreender as situações decorrentes da VSM materna (Garley, Gallop, Johnston, & Pipitone, 1997; Riebschleger, 2004). Contudo, revelam, também, que esta necessidade nem sempre foi atendida, uma vez que as mães participantes não valorizam a pertinência de informar os seus filhos acerca do seu problema de saúde, nem isso se reflete na intervenção dos profissionais de IPI, ainda que estes o considerem relevante.

Assim, o presente estudo, em consonância com Gútiez e colaboradores (2011), pretende destacar que as crianças precisam, através do suporte e supervisão de profissionais, de ser informadas sobre as situações de VSM parental, de expressar os seus sentimentos, inquietações e dificuldades relativamente a essas vivências, e de aprender estratégias e mecanismos de *coping* para lidar com as mesmas.

Além disto, o relato dos profissionais de IPI frisa que, nas suas intervenções, não se realiza a articulação entre os serviços de IPI e SMP, considerando que o desconhecimento dos profissionais de SMP face ao trabalho das ELIs – devido à falta de divulgação por parte do SNIPI -, constitui a principal barreira. Efetivamente, quanto à forma de maximização das suas práticas, os profissionais indicam como aspeto preponderante, uma intervenção baseada na articulação e integração de serviços e recursos na comunidade.

Neste âmbito, apesar de se verificarem lacunas na intervenção junto destas famílias, constatou-se que apenas um dos três profissionais procurou obter formação específica para colaborar com estas famílias em particular. Note-se que este é o único com formação especializada em IPI e, também perante os seus relatos e os das mães, o que mais se aproxima, na teoria e prática, das PCF, destacando-se nas componentes participativas.

3.4. Satisfação das famílias em relação aos serviços de apoio

Para compreender em que medida estas famílias estão satisfeitas com o apoio recebido - quer por parte dos serviços de SMP, quer das ELIs - foi avaliada a opinião das mães.

Apesar da divergência entre as práticas implementadas e as ideais, constatou-se que todas as mães em estudo estão satisfeitas com a intervenção das ELIs. Contudo, os seus discursos vão no sentido de que estas não percecionam os serviços de IPI como centrados na família, mas apenas nas necessidades da criança.

Em relação aos serviços de SMP, o balanço das mães é muito negativo. Isto deve-se, paralelamente a outros estudos, às suas perceções de que estes serviços são muito centrados no indivíduo e na sua doença, descurando os seus papéis e o seu sistema familiar (Houlihan, Sharek, & Higgins, 2013; Ramchandani & Stein, 2003). Os autores que estudaram as crianças de mães com depressão consideram que limitar o tratamento à doença da mãe não é suficiente para promover o bem estar da criança e da família, pelo que a intervenção deve passar, também, por intervir na promoção das competências parentais que reforçam a interação da criança com o progenitor com VSM (Kowalenko, 2009). Assim, o presente estudo, a par de outros, sugere que para as crianças deixarem de ser "*invisíveis*", os profissionais de SMP devem considerá-las na sua intervenção (Gladstone et al., 2006; Gray et al., 2008; Maybery & Reupert, 2009).

4. Conclusões

A presente investigação procurou providenciar uma compreensão mais alargada das implicações da doença mental parental no contexto familiar, e da forma como estas sofrem influências mútuas, quer dos fatores de risco e de proteção que fomentam a resiliência familiar, quer da própria intervenção que é/pode ser realizada junto destas famílias.

Efetivamente, a VSM parental implica o comprometimento do exercício da parentalidade, levando à incompreensão das situações dela decorrentes, à expressão de sentimentos negativos e à parentificação por parte das crianças, tornando-as vulneráveis à doença mental. Este cenário amplia-se quando as famílias em estudo apresentam mais fatores de risco do que fatores de proteção, comprometendo a resiliência familiar.

Apesar das respostas dos participantes não serem representativas da população em geral, os resultados deste estudo podem ser usados para refletir as políticas e práticas da IPI, permitindo sumariar algumas recomendações para maximizar a qualidade das práticas prestadas a famílias em situação de VSM parental, designadamente:

- Sensibilizar profissionais e famílias para a problemática da VSM;
- Sensibilizar para a necessidade de formação em IPI, reforçando as PCF;
- Alertar para a necessidade de atualização regular do Ecomapa;
- Promover a articulação e integração de recursos e serviços na comunidade, principalmente, a articulação entre os serviços de IPI e SMP;

- Promover uma maior divulgação do trabalho das ELIs.

Por fim, esta investigação pretende reforçar a pertinência da elegibilidade das crianças de pais com VSM para o SNIPI constituir critério único e independente de outros fatores de risco associados.

Resta considerar que os resultados obtidos deverão ser analisados considerando algumas limitações. Assim, identifica-se a dificuldade no acesso aos participantes, apesar do aumento da prevalência de pessoas com VSM em Portugal. Paralelamente, revela-se a impossibilidade de se ter incluído as crianças em estudo e os profissionais de SMP enquanto participantes, uma vez que as questões éticas da investigação e os *timings* da sua realização não permitiram atingir este objetivo.

Concluindo, sugere-se a realização de investigações futuras que incluam a triangulação entre a perspetiva das famílias, inclusive das crianças e de outros membros familiares para além do progenitor com VSM; o olhar dos profissionais de IPI, assim como, a visão dos profissionais de SMP em relação a esta problemática. Reforça-se, também, a necessidade de maior investimento científico na identificação dos fatores que podem tornar a criança e família resilientes, cruciais para a prevenção do impacto da VSM parental.

Destaca-se, ainda, a necessidade de sensibilização da população em geral para a concretização de estudos epidemiológicos nacionais acerca da prevalência das crianças de pais com VSM e de outros estudos que aumentem a evidência científica neste âmbito, em Portugal.

5. Agradecimentos

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Response to Intervention in Kindergarten: supporting foundational and comprehension skills with supplemental instruction

Response to Intervention en preescolar: apoyo a las competencias básicas y de comprensión con instrucción complementaria

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Response to Intervention in Kindergarten: supporting foundational and comprehension skills with supplemental instruction

Response to Intervention en preescolar: apoyo a las competencias básicas y de comprensión con instrucción complementaria

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Abstract

Response to Intervention (RtI) is a multi-tier approach to the early identification and support of students with learning needs. Although there is not a single definition or agreed-upon way of implementing RtI, the key features of this approach involve gathering information on students' skills to help teachers plan and organize instruction, providing evidence-based interventions and supports, and monitoring student progress in learning (Gersten et al., 2008). The Institute of Education Service (IES) published practice guides to offer educators specific evidence-based recommendations for supporting reading skills to students in kindergarten through 3rd grade. These guides were used as a framework to plan and implement instructional activities that were intended to support the literacy development of students in a kindergarten class

Resumen

Response to Intervention (RtI) es un enfoque multinivel para la identificación temprana y el apoyo de estudiantes con necesidades de aprendizaje. Aunque no existe una definición única o una forma acordada de implementar RtI, las características clave de este enfoque incluyen la recopilación de información sobre las habilidades de los estudiantes para ayudar a los maestros a planificar y organizar la instrucción, proporcionando intervenciones y apoyos basados en evidencia y monitoreando el progreso del estudiante en aprendizaje (Gersten et al., 2008). El Instituto de Educación del Servicio (IES) publicó guías de práctica para ofrecer a los educadores recomendaciones específicas basadas en evidencias para apoyar las habilidades de lectura a los estudiantes de jardín de infantes a tercer grado. Estas guías se usaron como marco para planificar e implementar actividades educativas que tenían como objetivo apoyar el desarrollo de la alfabetización de los estudiantes en una clase de preescolar.

Keywords

Intervention; Early reading development; Early childhood education

Palabras clave

Intervención; Desarrollo lector temprano; Educación de la primera infancia

1. Introduction

To support reading proficiency, students need explicit instruction in two related sets of skills: foundational reading skills and reading comprehension skills (Foorman et al., 2016). The foundational skills are a necessary and important component of a comprehensive reading program designed to develop proficient readers who comprehend texts across a range of types and disciplines (National Governors Association Center for Best Practices & Council of Chief State School Officers (NGA/CCSSO), 2010). The National Reading Panel (2000) has identified a set of foundational skills students must master before they can become fluent readers: phonemic awareness, phonics, vocabulary, fluency, and comprehension. Comprehension uses the four other components to make meaning from texts. Research confirms that problems with foundational skills and comprehension represent a major barrier for many students in learning to read (Dewitz & Jones, 2013; Pressley, 2006; Torgesen, 2002).

Reading comprehension is the process of constructing meaning from written texts. One of the key requirements of the Common Core State Standards for Reading in the United States is that all students must be able to comprehend texts of steadily increasing complexity as they progress through school (NGA/CCSSO, 2010, p.2). To support reading development in kindergarten eligible children (4.9-5.11 years), students should participate in collaborative conversations with diverse partners, comprehend texts read aloud, and ask and answer questions as appropriate to their developmental level. These skills are key to early reading success as they connect and build upon each other.

1.1. Response to Intervention

Response to Intervention (RtI) is a comprehensive intervention and prevention strategy that identifies and assists struggling students before they fall behind. RtI systems combine universal screening and high-quality instruction for all students with interventions targeted at struggling students (Gersten et al., 2008). It is a multi-tiered approach that is used to differentiate instruction for all students. The model incorporates increasing intensities of instruction offering specific, research-based interventions matched to student needs.

RtI is a general education initiative designed to address the needs of struggling learners as early as possible. The RtI process is student-focused and personalized. According to the National Center for Learning Disabilities (nd), the three-tiered model is described as:

*Tier 1: High-Quality Classroom Instruction, Screening, and Group Interventio*ns
Within Tier 1, all students receive high-quality, scientifically based instruction provided by qualified personnel to ensure that their difficulties are not due to inadequate instruction.

Tier 2: Targeted Interventions
 Students not making adequate progress in the regular classroom in Tier 1 are provided with increasingly intensive instruction matched to their needs on the basis of levels of performance and rates of progress.

Tier 3: Intensive Interventions and Comprehensive Evaluation
At this level, students receive individualized, intensive interventions that target the students' skill deficits.

2. Purpose of the study

Children at risk for reading difficulties does not necessarily denote that they will be poor readers throughout their school years. It does, however, specify that they may need prompt and appropriate intervention as well as close monitoring to ameliorate the deficiencies and to prevent future reading difficulties. While many practitioners understand the overall purpose of RtI and the instructional goals at each tier, it is a challenge to implement the recommended instructional supports at tier 2 and 3.

The purpose of this study was to determine if supplemental and individual instruction supported a child, considered at risk for reading difficulties, in achieving age-appropriate levels of literacy development. The objectives of this case study were to chart the developmental progression of a child considered at risk over the course of a kindergarten school year using RtI strategies.

2.1. Research questions

1. Does providing supplemental and individual instructional time support levels of achievement in literacy development for a child considered at risk for reading development?
2. Do children in the same class, who do not receive the individual instruction time, achieve similar levels of achievement in literacy development?

3. Theoretical framework

Response to Intervention (RtI) is a multi-tier approach to the early identification and support of students with learning needs. RtI is the practice of providing quality instruction and intervention and using student learning in response to that instruction to make instructional and important educational decisions (Batsche et al., 2005). Although there is not a single definition or agreed-upon way of implementing RtI, the key features of this approach involve gathering information on students' skills to help teachers plan and organize instruction, providing evidence-based interventions and supports, and monitoring student progress in learning (Gersten et al., 2008).

One of the most important aspects about RtI is that it is considered to be a process, not a program (Buffum, Mattos, & Weber, 2009). The RtI process begins at Tier 1 with universal screening followed by high-quality instructional practices for all children in the general education classroom. The screening supports teachers in working with students in small groups based on their skill/developmental levels. All students are taught using instructional methods that are research-based and have been shown to be effective.

Tier 2 interventions are provided to students who demonstrate potential for reading difficulties based on screening. In addition to general classroom instruction, tier 2 students receive supplemental, small group reading instruction aimed at building foundational reading skills (Gersten et al., 2008).

Tier 3 interventions are provided to students who do not progress after a reasonable amount of time with the tier 2 intervention and require more intensive assistance.

They receive one-on-one instruction or work in very small groups. If the child does not make adequate progress in Tier 3, it is likely that the teacher will recommend an evaluation for special education services.

Although Hughes and Dexter (2011) examined the impact of RtI programs on academic achievement and determined that there is emerging evidence that a tiered early intervention approach can improve the academic performance of at-risk students, RtI research is ongoing and the research base is still not definitive for essential aspects of RtI (Burns, 2010).

4. Methods

The Institute of Education Service (IES) published practice guides to offer educators specific evidence-based recommendations for supporting reading skills to students in kindergarten through 3rd grade. These guides, Assisting students struggling with reading: Response to Intervention and multi-tier intervention for reading in the primary grades (Gersten et al., 2008), Improving reading comprehension in kindergarten through 3rd grade (Shanahan et al., 2010) and Foundational skills to support reading for understanding in kindergarten through 3rd grade

(Foorman et al., 2016) were used as a guide to plan and implement instructional activities that were intended to support the literacy development of a kindergarten student considered at risk on a baseline assessment.

4.1. Participants

Teacher
The general education teacher in the observed classroom has permanent certification in early childhood (birth-2nd grade) and childhood (1st-6th grade) education in New York state (USA). She has over 10 years teaching experience in urban settings. She has taught 1st and 2nd grades and is currently teaching kindergarten, which she has been in for the past 5 years. She has taught at her current site for 5 years.

School and classroom
The school is located in a mid-sized urban district in upstate New York (USA) that has approximately 34,000 students. The school district has 45 elementary schools (prekindergarten-grade 8). The observed kindergarten classroom consisted of 23 students. Twelve percent of the students were identified as a student with a disability (SWD) and 38% were identified as students whose primary language is not English (ENL).

Student teacher
The student teacher is an undergraduate student preparing for certification in early childhood education at a large public university in upstate New York. She is the school-based teacher aide assigned to work in the early childhood classrooms (prekindergarten and kindergarten). She has been working at the school for 2 years.

Child
The student entered the kindergarten class with no prior classroom experience and was 4.3 years old at the time of the baseline assessment. She lives in a home with an extended family: Mother, father, grandmother, uncle and a younger brother. The primary language spoken at home is English. She is not considered a SWD or and ENL student.

4.2. Data sources

Screener
The IES practice guide (Shanahan et al.,2010) offers recommendations for helping elementary schools implement an RtI framework. Recommendation #1 suggests that schools screen all students for potential reading problems at the beginning of the year and again in the middle of the year. The Texas Primary Reading Inventory (TPRI) is a reliable early reading assessment designed to identify the reading development of students in kindergarten through third grade. This diagnostic tool is a one-on-one assessment, which helps teachers provide targeted instruction. The kindergarten TPRI assesses children on phonemic awareness, graphophonemic knowledge and listening comprehension. The TPRI was used as the benchmark assessment and was given three times during the 2016-'17 school year for the case study child. It was also used as a pre- and post-assessment for the remaining students in the kindergarten class.

Fountas & Pinnell reading levels
The IES practice guide (Shanahan et al.,2010) recommends that schools should provide time for differentiated reading instruction for all students based on assessments of students' current reading level. The Fountas & Pinnell (F&P) Benchmark Assessment System (BAS, 2010) was used to determine student's independent and instructional reading levels. Formative assessments determined the monthly progress of each student.

Observations
The classroom teacher and student teacher were observed during whole group, small group and one-on-one instruction. The incidental and intentional vocabulary instruction, types of questions, and before, during and after reading comprehension strategies were documented

throughout the 2016-'17 school year.

5. Results

5.1. TPRI: Beginning of year (BOY)

The TPRI assessment was given to all students in the kindergarten classroom (N=23) in the fall of 2016.

Phonemic awareness (PA)
The BOY assessment results determined that 71%, 79%, and 83% of the kindergarten children were still developing (SD) on measures of expressive rhyming, blending word parts, and blending phonemes respectively. The TPRI assessment also determined that the case study child was SD on these PA skills.

Graphophonemic knowledge (GK)
The TPRI assessment determined that 58% of the kindergarten children were unable to identify 20 or more upper case letters with students identifying an average of 14 upper case letters. The case study child was able to correctly identify 15 upper case letters. The case study child did not correctly identify the minimum number of letters to be assessed on sound-letter identification.

Listening comprehension (LC)
The TPRI assessment determined that 79% of the kindergarten children were SD on listening comprehension. The case study child was also SD on this skill.

F&P reading level
The baseline F&P BAS determined that 92% of the kindergarten children were considered pre-emergent readers at the BOY. The case study child was considered a pre-emergent reader on the F&P BAS through December 2016.

5.2. TPRI: Middle of year (MOY-case study only)

Phonemic awareness (PA)
The MOY assessment results determined that the case study child had developed PA skills in rhyming (4/5) and blending word parts (5/5). Even though the case study child was considered SD on blending phonemes, this skill was emerging (3/5).

Graphophonemic knowledge (GK)
The case study child identified all 26 upper and lower-case letters and was assessed on letter-sound knowledge. It was determined that the child has developed GK (10/10).

Listening comprehension (LC)
The case study child was able to recall and link details as well as infer word meaning and was considered developed (6/6) on this skill.

F&P reading level
The case study child was still considered a pre-emergent reader on the F&P BAS through March 2017.

5.3. TPRI: End of year (EOY)

The EOY TPRI assessment was given to all students who were assessed in the BOY (N=17). Chart 1 depicts the BOY and EOY assessments results.

Phonemic awareness (PA)
The EOY assessment results determined that 47%, 59% and 53% were considered developed on measures of expressive rhyming, blending word parts, and blending phonemes respectively.

Graphophonemic knowledge (GK)
The EOY assessment determined that 82% and 71% of the students were considered developed on letter identification and letter-sound knowledge respectively.

Listening comprehension (LC)
The EOY assessments determined that 79% of the students were able to recall and link details as well as infer word meaning from a passage read to them.
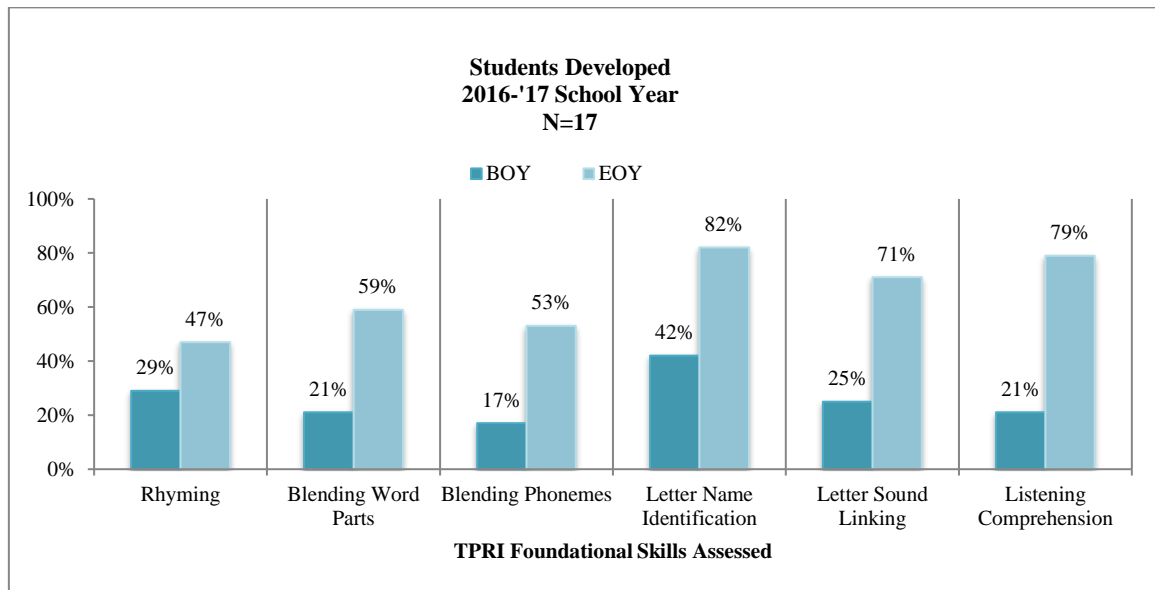
Chart 1. End of year results for kindergarten children

F&P reading level
The EOY F&P BAS determined that the case study child was at level B and that 43% of the kindergarten children were at the target level D or above. Chart 2 shows the range of reading levels for the kindergarten children over the course of the school year.
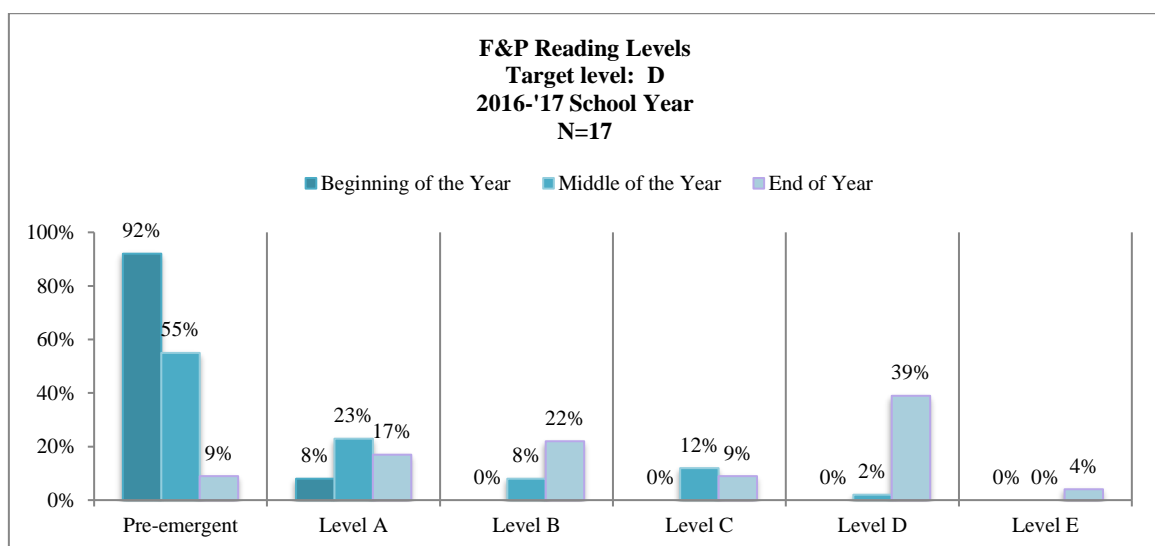
Chart 2. Fountas and Pinnell reading levels

6. Discussion

While screening and progress monitoring are essential components of the assessment process of RtI, it is the supplemental and intensive instruction during tiers 2 and 3 that supports students who are identified at risk for reading difficulties. The following section discusses the instructional supports that were aligned with the IES practice guide recommendations.

6.1. Tier 1

Tier 1 instruction is generally defined as instruction provided to all students in a general education classroom. A recommendation from the IES practice guide (2016) is to engage students in conversations that support the use and comprehension of inferential language (p.8) and teach academic vocabulary in the context of other reading activities (p.11). Table 1 shows the documentation of an observed whole group lesson in October (2016) incorporating the Common Core State Standards foundational skills during a shared reading experience.

Table 1.
Sample observation of foundational skills

Foundational Skill	Observed Practice
Print Awareness	Teacher supports students in differentiating between upper and lowercase letters and punctuation marks as she is reading the text to the class.
Phonemic Awareness	After reading the text, teacher encourages children to give words that begin with the /m/ sound. Teacher writes words and draws corresponding pictures on chart paper.
Word Recognition	Before, during and after the reading, teacher uses word cards to reinforce identified vocabulary. Teacher encourages children to link vocabulary words to characters in the story (connection).
Fluency (expressive)	Teacher prompts students with appropriate questions to support expressive fluency and uses follow up questions that provided feedback to student's answers.

Observation of focus child
During this whole group lesson, the focus child sits quietly and appears to be following along as she answers question in unison with other children. The teacher does not single her out to answer questions. She does not ask questions.

6.2. Tier 2

A recommendation from the IES practice guide (2010) is to teach students how to use several research-based reading comprehension strategies (p.12). While there was no identified research-based curriculum used in the kindergarten classroom, evidence-based strategies were used to support students during small group instruction. Table 2 is a sample of the documentation on how the teacher guided the students through high-quality discussion using comprehension strategies that supported predicting, vocabulary, monitoring and repairing, visualization and inference.

Table 2.
Sample observation of comprehension strategies used

Comprehension strategy	Example
Predicts and Questions	"What is the title of the book?" "What do you think the book is going to be about?" Why do you think it is going to be about plants?" "What do you notice the girl is doing?"
Vocabulary	Incidental vocabulary: *repeat, soil, stem* Intentional vocabulary: *pattern, survive*
Monitors and Repairs Comprehension	"Can you tell me the sound that letter p makes?" "Why doesn't that word say dirt (soil)?"
Visualizing	"What do you notice that the girl is holding in her hand?"
Inference	"What do you think the girl is going to say?"

Source: Grow, flower grow by Lisa Bruce (1999)

Observation of focus child
During small group differentiated instruction, the focus child was grouped with other students who were pre-emergent readers. She answered questions related to the shared reading and comprehension strategies. Table 3 is an example of the teacher/child interaction:

Table 1.
Sample conversation

Teacher: "Does anyone know what we need to grow a plant?"   Focus child: "Dirt."   Teacher: "Does anyone know another word for dirt?"   Another child: "Soil."   Teacher: "What do we need to do with the soil to help the plant grow?"   Focus child: "Water."   Teacher: "What can happen if we give the plant too much water?"   Focus child: "The plant will not grow."

Supplemental support for focus child
During independent small group time, the student teacher was able to support a group of students with receptive and expressive rhyming activities. Although this was not an identified time to support students at the tier 2 level, the student teacher was able to provide additional guidance with the foundational skills. Table 4 shows the sample documentation of the questions the student teacher asked to support the development of rhyming.

Table 2.
Sample conversation

Receptive	Differentiation	Expressive
Student teacher and students discuss words that rhyme: "Rhyming words have the same ending sound. Cat, bat, hat, fat have the same ending sound. Rhyming words have the same _____ (teacher prompts students to say *ending sound*)."	Student teacher and students distinguish between words that rhyme and words that do not rhyme: "Cat, hat rhyme, but cat, ball do not rhyme. Cat, ball do not have the same ending sound."	Student teacher encourages student to provide a rhyming word for identified word, "Cat, hat, bat rhyme. Can you give me another word that rhymes with cat, hat, bat?"
Comprehension: Student teacher asks students: "Which word does not rhyme with the other: cat, hat, ball, fat?"		

6.3. Tier 3

A recommendation from the IES practice guide (Gersten et al., 2008) is to provide intensive instruction to students who need additional support with the foundational skills. The observed

classroom did not provide the recommended intensive instruction to students who showed minimal progress after reasonable time during tier 2 small group instruction.

Intensive support for focus child
The student teacher was able to provide more intensive support for the focus child during opportune times throughout the day. For example, the child did not eat breakfast and during that time she was able to work on alphabet knowledge and sight words in the fall. Table 5 shows some of the activities the student teacher engaged the focus child in for support at Tier 3.

Table 5.
Sample support activity

Alphabet knowledge	Sight words
Matching upper- and lower-case letters with magnets	Song: *Jump out words*
Using SMART board to match and write letters	Fishing for sight words
	Sight word swat

7. Conclusion

RtI tiered interventions provide additional instructional support and intensity for students who do not reach age-appropriate levels after core classroom instruction. Each tier of intervention is provided as a supplement, not as a substitute, to the core instruction at Tier 1. Tier 2 is meant to provide a limited, but targeted, support system for students who struggle to meet grade-level performance standards. The general goal of Tier 2 intervention is to strengthen students' academic performance to a level that supports their success at Tier 1. Effective Tier 2 systems provide intervention in small-group settings in addition to instruction in the general curriculum.

The screening supported the teachers in identifying children that needed additional support and to create small groups based on developmental levels. All students were taught using instructional methods that were research-based and have been shown to be effective. While screening and progress monitoring are essential components of the assessment process of RtI, it was the supplemental and intensive instruction that the teachers identified as supporting levels of literacy development for both the case study child and other students who were identified as at risk for reading difficulties.

Although the guided reading program assessed individual students' current instructional reading level that helped to form small groups, the teachers reported that the program did not support them in providing supplemental or intensive instruction as recommended by the IES practice guide. They stated that without this guidance it was difficult to ensure that all the students received the appropriate support to become proficient readers.

In their summary of the research synthesis on the field studies of RtI programs, Hughes and Dexter (2011) stated;

> "*we characterize the research base for establishing the impact of various models or approaches to RTI as emerging. As with many educational interventions, more longitudinal research is needed in order for professionals to be confident that RtI is an effective early intervention approach for all students, as well as confident in its impact on referral and placement rates in special education. In addition to research on the efficacy of RTI, examination of factors necessary for developing* and sustaining RTI is also needed to assist educators as they consider adoption of this approach.*" (p. 10).

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Situational and personal interaction quality between the caregiver and the child using the GInA-E evaluation tool

Calidad de la interacción situacional y personal entre el cuidador y el niño utilizando la herramienta de evaluación GInA-E

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Abstract
The GInA-E Evaluation Tool ("*Gestaltung von Interaktonsgelegenheiten im Alltag-Evaluation*"; see Weltzien et al., 2017) represents the improved version of a video-based observational and reflective tool for research projects in everyday practice. This paper first presents an overview of the theoretical constructs and features (scale and item properties) of GInA-E's three scales. It then offers situational and personal correlatives of interaction quality in everyday teaching. It turns out that the tool can be employed for a wide range of settings, group situations, and age ranges, and that the caregivers' interaction-related skills vary widely. A slight positive impact on interaction quality was observed for interactions with younger children (up to four years of age) and so-called "*onlookers*"

Resumen
La herramienta de evaluación GInA-E ("*Gestaltung von Interaktonsgelegenheiten im Alltag-Evaluation*"; véase Weltzien et al., 2017) representa la versión mejorada de una herramienta de observación y reflexión usando vídeos para proyectos de investigación en la práctica cotidiana. Ese trabajo primero presenta una descripción de las construcciones teóricas y características (escala y propiedades de los items) de las tres escalas del GInA-E. Posteriormente ofrece correlatos personales y situacionales de la calidad de la interacción en la enseñanza diaria. Se comprobó que la herramienta puede ser usada en una amplia diversidad de ámbitos, situaciones en grupo y edades y, que las competencias de los cuidadores relacionadas con la interacción varían ampliamente. Se pudo observar un impacto ligeramente positivo en la calidad de la interacción con los niños más pequeños (hasta los cuatro años) y los llamados observadores ("*onlookers*")

Keywords
Everyday situations; Interaction quality; Observation tool; Video analysis

Palabras clave
Situaciones cotidianas; Calidad de interacción; Herramienta de observación; Análisis de vídeo

1. Theoretical background and state of the art

1.1. Interaction design in educational practice and as an object of research

Empirical studies in the field of caregiver-child interaction, along with studies of general structural and qualitative development and general or specific skill development, have been the focus of additional research in Germany for several years (overviews in Viernickel, 2015; Dorner & Fröhlich-Gildhoff, 2015; Weltzien et al., 2016). Current interaction studies go beyond earlier studies of bonding in nurseries and daycare centers (e.g. Ahnert, 2004; 2006). Increasing attention has also been given to microprocesses in everyday educational activities (e.g. responsivity; see Remsperger, 2011), and concepts of special forms of interaction, such as sustained shared thinking (Siraj-Blatchford, Sylva, Muttock, Gilden & Bell, 2002), joint attention (Tomasello, 2009), and scaffolding (Wood, Bruner & Ross, 1976), have been studied for their development-friendly impact on individual children or groups of children (König, 2009; Anders et al., 2012). Interaction quality and language training have also been the subject of empirical studies (e.g. Fried, 2013; Wirts, Wildgruber & Wertfein, 2016). First of all, various tools from the Anglo-American region have been employed to standardize the assessment of interaction quality, including the tools of the KES family in the NUBBEK study (Tietze, Schuster, Grenner & Rossbach, 2015), the ECERS-R (Sylva, Siraj-Blatchford & Taggart 2010), and the CLASS tools (CLASS-Pre School, see Hamre et al., 2013; CLASS-Toddler; La Paro, Hamre & Pianta 2012). Findings for the German-speaking regions can be found in studies by Kammermeyer, Roux & Stuck (2013), Suchodoletz, Fäsche, Gunzenhauser & Hamre (2014), Wildgruber, Wirts & Wertfein (2014), Wertfein, Wirts & Wildgruber (2015), Bäuerlein et al. (2016), and Wirts, Wildgruber & Wertfein (2016). Moreover, new video-based tools enabling a systematic, criteria-based analysis of interaction sequences have been developed and tested (e.g. König, 2009; Kucharz et al., 2014, Wadepohl, 2016).[1] It is in this context that the subject of the present paper, the video-based research and evaluation tool GInA-E (**G**estaltung von **In**teraktionsgelegenheiten im **A**lltag), should be situated. It was developed and tested as a criteria- and video-based observational and reflective tool during a three-year practical research project from 2011 to 2014 (Weltzien, 2013, 2014, 2016) and further developed for research and evaluation purposes in several extensive studies (Weltzien et al., 2017).

1.2. Demands on interaction-related skills of educational caregivers

Studies of interaction quality or the underlying tools for its observation focus on interaction-related skills of educational caregivers. According to the general skill model developed by Fröhlich-Gildhoff, Nentwig-Gesemann, and Pietsch (2011; 2014a), a distinction can be made between the dispositional basis of an action and the performative action itself in a specific situation. The disposition level consists of various stocks of knowledge (including theoretical and reflected experience), scope for potential action (including methodological and didactic knowledge and abilities), and social skills (including the ability to empathize and to adopt other perspectives). Specific interaction-related activity (performance) is also influenced by situational factors, such as the perception and analysis of specific situations, and by contextual factors. Fundamental educational orientations lie "*behind*" interaction behavior and should successively evolve into a professional attitude through differentiation of knowledge and abilities, reflected practical experience, and an examination of one's own life. These will in turn promote the skills needed for designing interactions and relationships (Fröhlich-Gildhoff, Weltzien, Kirstein, Pietsch & Rauh, 2014b).

If we take interaction quality in general to be the ability to interpret a child's behavior with empathy, and to guide one's own behavior in a sensitive response, the comprehension abilities of educational caregivers toward children's behavior constitute essential skills. Should misunderstandings or disruptions arise ("*misfits*"), the appropriate response should be professionally justified reflection that permits "*interactive repair*" (see Schore, 2003, or Beebe et

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[1] Video sequences have also been analyzed as hermeneutic reconstructive approaches to educational activities and behavioral guidelines (see Nentwig-Gesemann & Nicolai, 2016).

al., 2011, as well as Nentwig-Gesemann & Nicolai, 2016) and a meaningful congruent acknowledgment of independence and diversity.

Everyday educational activities must be viewed as a series of highly complex, challenging, and often barely intelligible interactive occurrences. One central educational task is to discover an (emotional) access to all children and to enter into a dialogue with them (Viernickel & Stenger, 2010). For this reason, it is not enough to view interaction quality as general process quality; rather, it must always be related to the specific design of specific situations with the children or groups of children concerned. Nevertheless, general contextual conditions, such as emotional atmosphere of the group (Ahnert, 2007), a culture of communicative dialogue (De Wolff & Van IJzendoorn, 1997), and caregiver sensitivity are also connected with well-being and relationship-building in groups of children (e.g. Vermeer & Van IJzendoorn, 2006; De Schipper, Riksen-Walraven & Geurts, 2008).

The (further) development of tools for assessing interaction quality will, it is felt, make it possible to find systematic connections between determining factors and performance, and thus to release potential for improving interaction quality. Using video-based observation methods, such everyday situations can be analyzed on a criteria-guided basis. This systematic engagement with the quality of interactions is not intended to standardize interaction opportunities and their professional design, but to further their professional development. Every interaction process is a unique, dynamic, reciprocal, and largely unpredictable occurrence embedded in a context and marked by the interaction behavior of those involved. In the final analysis, however, it emerges out of itself.

1.3. Child- and context-specific factors affecting the design and quality of interactions

From the standpoint of the children involved, the findings to date regarding possible factors affecting the quality of caregiver-child interactions have not been clear-cut. The results of the studies by Lindberg, Freund & Mann. (2016), for example, suggest that children's behavior, positive moods, attentiveness, and social interest are positively related to the sensitivity of their mothers. Similarly, studies in educational settings suggest that interactions are reciprocal, and thus that the participating children affect the course of the interaction (Remsperger, 2011). Once again, however, a role is played here by the skills of the adults, especially their comprehension abilities and their readiness to address them (Anders, 2012). Whether other child-related features, such as language skills, sex, or socio-cultural background, play a role in interaction quality has been examined empirically only in minor studies with ambiguous results (summary in Mackowiak, Wadepohl, Weltzien & Fröhlich-Gildhoff, 2016).

With regard to contextual factors, such as group size or caregiver-child relations, some findings suggest that smaller groups or lower caregiver-child relations usually have a more beneficial impact on well-being, caregiver-child bonding, and social behavior (Watamura, Donzella, Alwin & Gunnar, 2003; Vermeer & Van IJzendoorn, 2006). Viewed as a whole, however, there are no consistent findings to show that structural aspects may possibly affect interaction quality or the child's development (Viernickel & Fuchs-Rechlin, 2015). For instance, there are no findings as to whether systematic differences in interaction quality within a facility exist between different times and settings in the daily routine or between caregivers or groups on different days or particular phases (e.g. setting in. Nor has much been discovered with regard to the children involved (e.g. their age, state of development, or other child-related features such as language) and their behavior (Weltzien et al., 2017).

The following three questions will be discussed:

- What findings does the use of the video-based procedure for the assessment of interaction quality (GInA-E) provide in relation to different settings and group contexts?
- Are there any indications that child- and context-specific factors affect the interaction-related skills of caregivers or the observed interaction quality?

- Where do we find further potential applications or limitations of video-based assessment of interaction quality, and what implications does this have for research and practice?

First, the GInA-E tool will be introduced (scale and item properties). Then the results will be presented with regard to the above questions, which were specially posed for the present paper.

2. Methodology

The analyses presented here are based on a sample of N=137 video sequences created and evaluated with the aid of the GInA method (Weltzien et al., 2017). Scenes were chosen in which a caregiver can be seen with one or more children for a period of four to six minutes.[2] These scenes were videotaped during a normal day at a child-care center; all activities and routines were taken into account. The video material evaluated for this paper was created during several evaluation projects at the Center for Child and Adolescent Research. All in all, there exists a data collection of 350 video sequences from 42 facilities from which the sample was chosen at random.

3. GInA E: Presentation of scales and psychometric quality criteria

The GInA-E tool represents the improved version of its forerunner "*GInA – Gestaltung von Interaktionsgelegenheiten im Alltag*" (Weltzien, 2014).[3] GInA-E encompasses three subscales with a total of 22 items on a seven-point Likert scale from 1 (lowest degree) to 7 (highest degree). The three subscales are based on the following theoretical constructs (see Weltzien et al., 2017):

- Scale 1 (Design Relationship, 11 items) relates to features of enhanced willingness to communicate and meaningful interaction design on the part of the caregiver. This is expressed in a low threshold of perception, perspective adoption, and appropriate responsivity on the caregiver's part (Ainsworth, 1974; Remsperger, 2011). Principles of congruence, appreciation, and authenticity (Rogers, 1959/1991) are also key prerequisites for a meaningful willingness to communicate.

- Scale 2 (Stimulate Thought and Action, 7 items) relates to features suitable for supporting the child's development and learning processes in a positive way. In specific everyday interactions, various aspects of socio-emotional and socio-cognitive accompaniment and support of children can be taken into account. Here a major role is the caregiver's support of basic communication motives (sharing, sympathizing, helping; see Tomasello, 2011), promotion of self-concept, ability to empathize, and pro-social behavior (summarized in Bischof-Köhler, 2011), promotion of representation skills (Sodian, 2005), and knowledge of other people (perspective adoption; Theory of Mind, see Premack & Woodruff, 1978). This also concerns specific exploration support in the child's next stage of development (Wygotski, 1987) and tailored assistance in meeting demands and challenges (Ahnert, 2007).

- Scale 3 (Stimulate Speech and Language, 4 Items) relates to features capable of supporting linguistic and communicative skills in specific interaction opportunities. Here we take into account that, besides child-related prerequisites, linguistic surroundings are decisive in the acquisition of language. It is thus necessary to

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[2] This is a cardinal condition for using the GInA-E tool. Until now it has been used for children from roughly 18 months to the onset of elementary school. A trial for after-school daycare and elementary school children is in preparation.

[3] The original two scales of the forerunner tool – Readiness to Communicate (7 items) and Design Interaction (10 items) (see Weltzien, 2014) now form Scale 1, Design Relationship, with a total of 11 items. Scale 3 of the forerunner tool (Activate Know-How, 11 items) has been divided into two scales: Stimulate Thought and Action (7 items) and Stimulate Speech and Language (4 items). See Weltzien et al., 2017.

establish a fit between the child's prerequisites and the external factors (summarized in Weinert & Grimm, 2012). Maximum progress in speech is most likely to be found within stimulating linguistic surroundings (Szagun, 2006).

In a confirmatory factor analysis (CFA) based on a sampling of 145 video sequences, the three-dimensional model proved superior to a one-dimensional model ("*general interaction quality*")[4] (detailed discussion in Weltzien et al., 2017). True, the three factors correlated very high (r = .90 - .93), but nested model comparisons using information criteria revealed that the three-factorial structure is tenable in view of the economy of the model. Given intensive training, the tool reveals a high inter-rater agreement of > .7 (single measure) and > .9 (averaged measure).

For this paper, N=137 sequences of the original 145 video sequences were included in the special evaluations; eight sequences were excluded because the structural features relevant to the special evaluations below could not be adequately observed (e.g. children's language skills). The scale and item features have a rating of good (see Table 1-3).

Table 1.
Scale 1: Design Relationship (11 Items, Cronbach α = .98)

Item	Item Total Correlation	Item Difficulty
1: Show attention	.91	.71
2: Be interested/engaged	.90	.71
3: Express appreciation	.89	.67
4: Exude calm	.74	.70
5: Listen attentively	.94	.69
6: Master disruptions	.87	.73
7: Express understanding	.92	.75
8: Strike balance between closeness and distance	.87	.73
9: Invite to participate	.85	.71
10: Draw attention	.84	.67
11: Be open-minded	.87	.67

Table 2.
Scale 2: Stimulate Thought and Action (7 Items, Cronbach α = .95)

Item	Item Total Correlation	Item Difficulty
12: Establish common attention spaces	.78	.60
13: Strengthen memories	.82	.57
14: Connect living environments	.64	.44
15: Support creativity	.86	.54
16: Recognize autonomy	.85	.63
17: Fortify and encourage	.83	.60
18: Stimulate research	.87	.54

Table 3.
Scale 3: Stimulate Speech and Language (4 Items, Cronbach α = .96)

Item	Item Total Correlation	Item Difficulty
19: Promote participation and cooperation	.88	0.63
20: Convey emotional language	.88	0.60
21: Expand language	.90	0.61
22: Stimulate communicative exchange	.90	0.65

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[4] Goodness of fit of the three-dimensional model (CMIN/df = 2.54, CFI = .931, TLI = .921) compared to a one-dimensional model (CMIN/df = 2.77, CFI = .866, TLI = .852).

4. Child- and context-related structural features

The video sequences were coded on the basis of child- and context-related structural features. In some cases, features were quantified (number of caregivers/children involved); in others, categories were formed (e.g. setting/location/activity). The participating children were also taken into account on the basis of external features and linguistic expression (age, sex, language skills). Another feature was introduced: so-called "*onlookers*" (yes/no). Here "*onlookers*" refers to children who take part in an interaction in one way or another (and can thus be seen in the video) without being actively involved as communication partners. For example, they may watch an interaction between caregiver and child(ren), come closer, join or sit next to them, and observe the activities. But they can equally join the group with ideas and requirements of their own (Weltzien, 2014, 2016; Weltzien et al., 2017) (see Table. 4).

Table 4.
Child- and Context-Related Structural Features (N=137)

Child-related features	Sex	Homogeneous/Primarily one sex/Balanced
	Age	Between 1 and approx. 6 years[5]
	Language skills	Good/Limited/Unintelligible
Context-related features	Group situation	Number of children directly participating in the interaction
	Setting	Type of activity mainly performed during the interaction, e.g. daily routines, play/exploration, table/game/reading/communication situation
	Location	Group space, function space, dressing area etc.
	Onlookers	yes/no

5. Results

5.1. Calculated Interaction quality: Descriptive analyses

Taken as a whole, the 137 evaluated interaction sequences revealed a quality from moderate to good. In Scale 1 (Design Relationship) the highest mean value was M=5.23 (SD=1.30). In Scales 2 and 3, the mean values were slightly lower, with M=4.37 (SD=1.52) and M=4.73 (SD=1.51), respectively. Particularly striking is the relatively broad distribution: minimum values (min=1) and maximum values (max=7) appeared in all three scales.

In some instances, there were significant differences relative to the structural features in the sequences concerned (see Table 5):

Table 5.
Interaction Quality by Structural Feature Category

	n		GInA E (Scales 1,2,3)			
			Min	Max	M (SD)	%
Setting (n=133)						
Daily routines		Scale 1	2.29	7.00	5.19 (1.27)	
	32	Scale 2	1.14	7.00	4.19 (1.50)	24.1
		Scale 3	1.75	7.00	4.81 (1.33)	
Play/exploration		Scale 1	1.13	7.00	5.30 (1.26)	
	64	Scale 2	1.20	7.00	4.50 (1.46)	48.1
		Scale 3	1.00	7.00	4.76 (1.56)	
Table/game/reading/communication situation		Scale 1	1.88	7.00	5.18 (1.43)	
	37	Scale 2	1.43	7.00	4.37 (1.72)	27.8
		Scale 3	1.25	7.00	4.70 (1.69)	
Location (n=137)						

	n					%
Outside group space		Scale 1	1.13	7.00	4.99 (1.50)	
	53	Scale 2	1.14	7.00	4.15 (1.65)	38.7
		Scale 3	1.00	7.00	4.45 (1.65)	
Inside group space		Scale 1	2.47	7.00	5.38 (1.16)	
	84	Scale 2	1.57	7.00	4.51 (1.45)	61.3
		Scale 3	1.50	7.00	4.92 (1.42)	
Sex (n=135)						
Girls only		Scale 1	1.71	6.93	5.21 (1.43)	
	29	Scale 2	1.43	7.00	4.46 (1.66)	21.5
		Scale 3	1.00	7.00	4.60 (1.61)	
Boys only		Scale 1	2.88	7.00	5.36 (1.35)	
	23	Scale 2	2.29	7.00	4.75 (1.63)	17.0
		Scale 3	1.75	7.00	5.00 (1.75)	
Mainly girls		Scale 1	1.13	7.00	5.14 (1.46)	
	22	Scale 2	1.20	6.29	4.01 (1.36)	16.3
		Scale 3	1.25	7.00	4.78 (1.51)	
Mainly boys		Scale 1	2.31	7.00	5.09 (1.28)	
	35	Scale 2	1.14	7.00	4.10 (1.59)	25.9
		Scale 3	1.50	7.00	4.52 (1.58)	
Balanced		Scale 1	2.29	6.82	5.34 (1.13)	
	26	Scale 2	1.71	6.57	4.53 (1.36)	19.3
		Scale 3	2.50	7.00	4.87 (1.23)	
Age (n=131)						
Younger children (up to age 4)		Scale 1	2.29	7.00	5.49 (1.23)	
	68	Scale 2	1.14	7.00	4.60 (1.49)	49.6
		Scale 3	1.50	7.00	5.08 (1.48)	
Older children (age 4 and older)		Scale 1	1.13	7.00	4.97 (1.33)	
	69	Scale 2	1.20	7.00	4.15 (1.55)	50.4
		Scale 3	1.00	7.00	4.40 (1.51)	
Language skills (ability to understand the children) (n=129)						
Good with all children		Scale 1	1.13	6.93	4.98 (1.58)	
	19	Scale 2	1.20	7.00	4.09 (1.69)	14.7
		Scale 3	1.25	7.00	4.46 (1.46)	
Limited or poor in some children		Scale 1	1.71	7.00	5.34 (1.29)	
	69	Scale 2	1.43	7.00	4.53 (1.42)	53.5
		Scale 3	1.00	7.00	4.90 (1.53)	
Limited or poor in all children		Scale 1	2.29	7.00	5.23 (1.29	
	41	Scale 2	1.14	7.00	4.44 (1.61)	31.8
		Scale 3	1.50	7.00	4.73 (1.50)	
Onlookers (n=134)						
None		Scale 1	1.13	7.00	5.07 (1.30)	
	96	Scale 2	1.14	7.00	4.14 (1.50)	71.6
		Scale 3	1.00	7.00	4.52 (1.48)	
One or more		Scale 1	2.82	7.00	5.66 (1.21)	
	38	Scale 2	2.57	7.00	4.93 (1.46)	28.4
		Scale 3	2.00	7.00	5.40 (1.47)	

GInA E Scale with 1=minimum value and 7=maximum value
NB: % means proportion in videotaped scenes

5.2. Differences in interaction quality by structural feature category

Three structural features differed significantly in mean value in the variance analyses:

- The interaction quality in Scales 1 and 3 tends to be higher inside group spaces than outside group spaces ($p<0.1$). A small effect size is noticeable (partial $\eta^2 =0.02$).
- When younger children are involved (up to age 4), the interaction quality is significantly higher in Scales 1 and 3 ($p<0.05$), with small to medium effect size (partial $\eta^2 =0.04$)), and tends to be higher in Scale 2 ($p<0.1$), with small effect size (partial $\eta^2 =0.02$).

- When onlookers are involved, the interaction quality is significantly higher in Scales 1, 2 and 3 ($p<0.05$; $p<0.01$, $p<0.01$), with small to medium effect size (partial $\eta^2 =0.04 - 0.07$).

The results of the variance analyses appear in Table 6:

Table 6.
Differences in Interaction Quality

Structural feature	Dependent variable	F	Significance	Partial η^2
No group space vs. group space	Scale 1	2.975	$p < .10$	.02
	Scale 2	1.798	n.s.	-
	Scale 3	3.123	$p < .10$	.02
Younger vs. older children	Scale 1	5.687	$p < .05$	.04
	Scale 2	3.039	$p < 0.1$	.02
	Scale 3	7.029	$p < .01$	.05
No onlookers vs. onlookers	Scale 1	5.804	$p < .05$	.04
	Scale 2	7.206	$p < .01$	.05
	Scale 3	9.514	$p < .01$	.07

For the other features, i.e. setting, sex, and language skills, no significant impact on interaction quality could be detected in the video sequences examined.

5.3. Overall prediction of interaction quality using child- and context-related features

The next step was to determine the extent to which child- and context-related predictors are suitable for predicting the interaction quality between caregiver and child(ren) in a given situation. Besides the above-mentioned categorical features, which are known to be relevant, another metric predictor was incorporated in the model: the caregiver-child relationship, i.e. how many children does the caregiver interact with at the same time? Here hierarchical regression was chosen as an analytic method in order to interpolate child-specific features (variable: age) and context-specific features (variables: location, onlookers, caregiver-child relationship) into the model separately as predictor blocks.

It turned out that all scales can be significantly explained with the common predictors, but the proportion of variance is not high (corrected R^2 between 7.7 and 9.9%). In every regression model, the context-related structural features yielded an additional explanatory power to the child-related structural feature "age." It also turned out, with regard to the newly added structural feature "*caregiver-child relationship*", that interaction quality tended to be inversely proportional to the number of children participating. But sometimes it transpired that not all the individually relevant structural features yielded a significant predictive value when the predictors were considered as a whole. The contributions of each predictor block and the individual regression models are shown in Tables 7 and 8:

Table 7.
Regression Model

Dependent Variable	Predictors	R^2	Change in F	Significance of overall model
Scale 1	Child-specific structural features	3.5%	5.387	$p < .05$
	Child- and context-specific structural features	8.5%	3.561	$p < .01$
Scale 2	Child-specific structural features	1.3%	2.813	$p < .10$
	Child- and context-specific structural features	7.7%	4.052	$p < .01$
Scale 3	Child-specific structural features	4.7%	7.509	$p < .01$
	Child- and context-specific structural features	9.9%	3.547	$p < .01$

Table 8.
Regression Model

Dependent Variable	Predictor	β	Significance
Scale 1	Age of children (younger/older)	-.162	p < .10
	Location (group space yes/no)	.098	n.s.
	Onlookers (yes/no)	.132	n.s.
	Caregiver-child relationship	-.177	p < .05
Scale 2	Age of children (younger/older)	-.106	n.s.
	Location (group space yes/no)	.067	n.s.
	Onlookers (yes/no)	.165	p < .10
	Caregiver-child relationship	-.190	p < .05
Scale 3	Age of children (younger/older)	-.187	p < .05
	Location (group space yes/no)	.083	n.s.
	Onlookers (yes/no)	.194	p < .05
	Caregiver-child relationship	-.119	n.s.

6. Conclusions

This paper presents initial findings regarding the use of the GInA-E method for video-based assessment of interaction quality at child-care facilities. It turns out that the interaction quality is moderate to good, but with different emphases in the three scales and with relatively broad distribution. A comparative study by structural features reveals some significant differences; the age of the participating children proves to be relevant to interaction quality (lower values for children over 4 compared to younger children), as does the presence of children participating indirectly (higher values with onlookers than without onlookers). The location (higher values inside group spaces than outside group spaces) and the caregiver-child relationship (the fewer the children, the higher the value) prove useful for predicting interaction quality. Other child- and context-related features have no bearing on interaction quality.

These analyses of 137 evaluated video sequences thus shed initial light on the questions posed at the beginning of this paper: the extent to which interaction quality can be assessed for a specific situation, and whether there are child- and/or context-specific factors that significantly affect interaction quality. Nonetheless, it should be clearly pointed out that 1) the results do not yield any large-scale effects, and 2) the small number of cases limits the applicability even when the results are statistically significant. Owing to the small number of cases, for example, it was impossible to carry out more sophisticated subgroup analyses (e.g. regarding the age-related settings), and the group formation sometimes had to remain approximate (group space yes/no; age of children). It would thus be sensible to use larger samples and additional contextual analyses in the assessment models. But despite these limitations, the results point to connections that will now discussed:

1. Interaction quality tends to be higher with younger children than with older children

This finding seems surprising at first, given that older children usually have expanded language skills and thus, in principle, greater potential for linguistic communication. One possible explanation for this rather unexpected result is that younger children may relate more closely to the relevant caregiver and demand more intensive interaction than older children, who may interact more intensively with children of their own age. This may tend to make caregivers adopt a passive role in groups of older children, and thus to bypass opportunities for active interaction design afforded by the GInA-E scales (e.g. Stimulate Thought and Action, or Stimulate Speech and Language), although such opportunities are clearly offered (this leads to correspondingly lower GInA-E values). Another possible explanation is the caregiver's interest in exploiting interaction opportunities to bond with younger children (this is especially noticeable in the higher values of Scale 1, Design Relationship). A third possibility is the hypothesis that the attention devoted to interaction opportunities, and thus the willingness to design them consciously and with professional reflection, increases with the complexity and demands of the situation.

Situations involving younger children with limited linguistic and communicative skills are complex and require special attention in order to understand the children's behavioral expression. The analyses suggest that the caregivers are correspondingly more engaged and their interaction-related skills (as indicated by the GInA-E scales) and performative actions are positively influenced. Consequently, in the overall picture of possible explanations, interactions are designed with greater attention and skill when the children demand it (closer relationship with the caregiver), the interest in bonding is especially high (younger children), and the group situation poses complex challenges. In other studies, too, the children's willingness to participate, commitment to interact, and well-being are frequently related to the interaction behavior of the caregiver (e.g. de Schipper, Riksen-Walraven & Geurts, 2006; Glüer, 2012; Skinner, Kindermann & Furrer, 2009; Laevers, Vandenbussche, Kog & Depondt, 1999).

2. Interaction quality tends to be higher in situations involving children (indirectly) as onlookers

This finding, too, seems surprising at first glance, for it would seem simpler to design interactions with children in the absence of the outside influences or even "*disruptions*" readily caused by "*onlookers*." All the more astonishing, then, that high interaction quality is achieved precisely in situations of greater complexity (i.e. with onlookers). Once again, various explanations are conceivable. High interaction quality is brought forth above all by appreciative, mutual, and committed engagement, situational appropriateness, and responsiveness to children's individual behavior and expression (key aspects of the GInA-E scale). The potentially higher interaction quality when "*onlookers*" are involved may thus indicate the caregiver's particular willingness to engage with the children – an especially high level of momentary attention that yields features for high interaction quality on all three scales of the GInA-E tool. But possibly children may be magically drawn to especially attractive moments as "*onlookers*" and can thus serve, in a manner of speaking, as indicators for the attractiveness of an interaction from the child's perspective. However, this need not be the case, since the group comparisons show that situations with "*onlookers*" are thoroughly capable of bringing forth low quality (Min=2.0, see Table 5).

3. Interaction quality tends to be higher inside group spaces than outside group spaces

According to our findings, interaction opportunities tend to be designed more consciously inside group spaces than outside group spaces. One possible reason may be that the sequences on which the rating is based consist of micro-transitions (recurring transitions in the daily routine, e.g. between different offerings; see Malenfant, 2006), which caregivers completely or partly overlook as interaction opportunities, and thus fail to design as such (e.g. dressing room conversations). In everyday educational practice, it indeed turns out that precisely such transitional situations tend to be distinguished by shortage of time (and space) and thus adversely affect the design of dialogues. But basically, all settings and locations are suitable for producing good interactions, as is proved by the maximum values in several sequences. They can even offer special niches for particularly interactive moments with children who are less communicative in normal settings (e.g. sitting in a circle) and thus less willing to join dialogues in group activities.

4. Interaction quality tends to be higher when fewer children are involved in the activity

As might be expected, the results show that the interaction-related skills of caregivers tend to unfold more advantageously with a smaller number of children than in large groups. For everyday educational practice, this means deliberately establishing or entering into communicative opportunities with smaller groups of children in the given spatial surroundings and designing them more intensively, e.g. by posing questions or enlarging the subject matter. That said, the results also suggest that exclusive situations are no guarantee for high interaction quality, and that successful interactions do not arise "*automatically*" from a particular setting. After all, the ratings also show minimum values in one-on-one and one-on-two situations with min=1.00 (see Table 5).

Proceeding from the preliminary evidence of the findings, several larger conclusions can be drawn for educational practice. First, complex situations in everyday teaching provide good opportunities for interaction and may even produce higher interaction quality than allegedly simpler routines. Above all, the necessary attention and openness toward children directly and indirectly involved in the activities can help interaction-related skills to come into play in the observed performance. It goes without saying that challenges in everyday activities need not necessarily lead to successful interactions, given the caregivers' ability or attempts to comprehend them, nor to the sensitive interactive creation of a proper fit (e.g. "*interactive repair*"; see Schore, 2003). This raises the question of motivational factors in everyday teaching activities, allowing systematic (self-) observation, (self-)reflection, and the above-mentioned openness, to be created afresh over and over again even in complex everyday reality. To this end, video-based observational and reflective procedures developed for professional practice can be highly beneficial in further developing interaction-related skills as well as team and quality enhancement with regard to dialogue- and participation-friendly structures and processes.

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Evaluation of aesthetic listening skills of pre-school children

Evaluación de las habilidades de audición estética de niños en edad preescolar

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Abstract

It is a widely-known reality that a child who has aesthetic listening skills becomes more successful when the "*knowledge-gathering*" phase begins. The objective of this study is to explore whether pre-school children have "*aesthetic listening skill*" and their success in predicting, summarizing and relating strategies which are "*aesthetic listening strategies*". The study was conducted based on qualitative research approach as a result of which holistic single-case pattern, which is a case-study method, was employed. The study group consisted of 30 children at the age of 5 who were enrolled at pre-school classes under TRNC Ministry of National Education, 1 Turkish language educator, 2 Turkish language teachers, 1 Pre-school educator and 2 Pre-school teachers. Observation technique was used in data collection process and the success of children was measured by asking 3 questions. The data obtained from observation and achievement tests were analyzed using content analysis. In conclusion, it can be claimed that the predicting skills of both girls and boys is developed. However, their summarizing and relating skills are weaker. For this reason, different activities which would improve these skills should be included in pre-school education

Resumen

Es una realidad ampliamente conocida que un niño que tiene habilidades de escucha estética se vuelve más exitoso cuando comienza la fase de "*recopilación de conocimientos*". El objetivo de este estudio es explorar si los niños en edad preescolar tienen una "*habilidad de escucha estética*" y su éxito en la predicción, el resumen y la relación de estrategias que son "*estrategias de escucha estética*". El estudio se realizó sobre la base de un enfoque de investigación cualitativa, como resultado de lo cual se empleó un patrón holístico de caso único, que es un método de estudio de caso. El grupo de estudio constaba de 30 niños a la edad de 5 años que estaban inscritos en clases de preescolar bajo el Ministerio de Educación Nacional de TRNC, 1 educador de lengua turca, 2 profesores de lengua turca, 1 educador de preescolar y 2 maestros de preescolar. La técnica de observación se utilizó en el proceso de recopilación de datos y el éxito de los niños se midió haciendo 3 preguntas. Los datos obtenidos de las pruebas de observación y éxito se analizaron mediante análisis de contenido. En conclusión, se puede afirmar que las habilidades de predicción de niñas y niños se desarrollan. Sin embargo, sus habilidades de resumen y relación son más débiles. Por esta razón, las diferentes actividades que mejorarían estas habilidades deberían incluirse en la educación preescolar

Keywords
Aesthetic listening; Cartoon; Child; Skill; Strategy

Palabras clave
Escucha estética; Dibujos animados; Niño; Habilidad; Estrategia

1. Introduction

A child needs his native language in order to improve his inborn language skills. It is beyond doubt that one has to benefit from listening skill in order to learn his/her native language. The foundations of native language are largely laid until school age by means of listening skill which is a comprehension ability (Özbay, 2005: 9). Seen from this perspective, it can be claimed that listening skill is the foundation of other language skills, namely speaking, reading and writing.

Every day without contemplatingwe use listening which is a language skill that we benefit from in order to make sense of the happenings around us (Rost, 1994: 1). However, we see that many people mistake listening for hearing (Mackay, 1997: 10). Hearing occurs outside the will of a person whereas listening includes willingly choosing, perceiving and making sense of some of the several voices that reach to one's ears (Yalçın, 2006: 124). Listening involves paying attention to the spoken words and not only hearing sounds but understanding them (Hampleman, 1958: 49). Listening can also be defined as comparing and making sense of the sounds heard and evaluating these pieces of information and making a reaction to the person speaking (Korkmaz, 2018: 11).

It can be said that we make use of several types and strategies of listening in our daily lives. Among these we can list aesthetic listening, listening for information, critical listening, communicative listening and discriminative listening. Aesthetic listening is a type of listening which is used for having fun and entertainment. Listening for information includes all learning-oriented listening activities; it is listening with the purpose of recalling and using the learned information. In critical listening it is determined whether the listened pieces are true and rational. Communicative listening is a type of listening used by people in their daily lives with the purpose of sharing their emotions and opinions. Discriminative listening can be used to accurately understand what is told and asked based on changes in voice and body language.

Considering all listening types and strategies, the most widely used type of listening by a child from his birth to pre-school and early elementary school years is aesthetic listening. According to Tompkins (1998) aesthetic listening is a type of listening performed for relaxation. Through aesthetic listening children watch a speaker or reader that they enjoy and have a good time since early ages; they also watch a cartoon, play etc. The term "*aesthetic listening*" usually refers to a person listening to a story from a story teller, a poem or a song, watching a play staged by a group, or watching the movie of a story. A nice story read out by the teacher, an elder member of family telling a tale, one of the students reciting an impressive poem, or watching the movie of a story and listening to a popular song are all enjoyable activities for children (Özbay, 2009: 104).

It is beyond doubt that cartoons have an essential place in the world of children. Cesur and Paker (2007) found out that the most widely-watched television programs by children are cartoons. Cartoons which are among aesthetic listening activities are the most important activities which help children spend enjoyable time. For children cartoons are not only entertainment but also sources of information. While watching cartoons, children have fun and obtain information on several topics. It is reported that cartoons make several contributions to children such as socialization, empathy, sharing, imposing the sense of mutualization, accelerating the cognitive development process, improving early, effective and rapid learning in children, urging them to explore unknown worlds, and accelerating language development, all of which are aspects of individual development in pre-school children (Mahesh Chandra Guru, Nabi and Raslana, 2013; Önder and Doğal, 2006; Zimmerman and Christakis, 2005). However, several studies indicate that cartoons have negative aspects and that they cause children to display such behaviors as aggression, violence etc. (Verlinden et al. 2012; Luther and Legg 2010; Christakis and Zimmerman 2007). For this reason, both teachers and parents have to be aware and pay attention to ensure that their children watch high-quality cartoons.

The objective of this study is to determine through cartoons the success of pre-school children in predicting, summarizing and relating strategies which are aesthetic listening strategies. In that way, whether the children have aesthetic listening skills will be explored. In addition, the

behaviors displayed by children during the application of aesthetic listening skills will also be identified.

2. Method

2.1. Pattern of the study

In the research, case study method, which is a qualitative research approach, has been used. In case studies, usually the characteristics of a person, a class or a society are observed and examined (Cohen, Manion and Morisson, 2000). In this study, holistic single case, which is a type of case study, has been employed. The objective in single case studies is to examine a single person or a class with the same characteristics. Such a study allows for the detailed explanation of a critical situation (Yin, 2013). This study aimed at examining the situation of students with similar characteristics as regards a certain skill; thus, holistic single case study was considered appropriate.

2.2. Study group

Study group consists of 30 children (15 girls, 15 boys) at the age of 5 enrolled at the pre-school nursery class under TRNC Ministry of National Education. In addition, 1 Turkish language educator, 2 Turkish language teachers, 1 Pre-school educator and 2 Pre-school teachers participated in the study. Convenience case sampling method, which is a purposive sampling method, is used for choosing the children, teachers and educators.

2.3.Collection of data

The opinions of 1 Turkish educator, 2 Turkish teachers, 1 pre-school educator and 2 pre-school teachers were appealed in order to collect data; as a result, it was decided that the children should watch the cartoon titled "*My Mistake*". Both educators and teachers stated that they considered several criteria when choosing this cartoon We can list the reasons of teachers and educators for choosing this cartoon as follows:

- For its interesting nature,
- For suitability for the level of children,
- For its easily understandable plot,
- For setting a good example by showing the frequent mistakes made by children and their following regret,
- Making contribution to the children taking a lesson for themselves,
- Believing that children could relate this cartoon with their daily lives,
- Believing that children would not lose their focus as the cartoon was only 10 minutes long,
- Thinking that it is suitable for realizing the strategies to be used in this study.

The cartoon watched by the children can be summarized as follows:

Elif, Ayşe, Kerem and Selim are four children in the same class who are pretty decent friends. One day these four children make a model house with their teacher and begin to color it. Some of the children finished coloring but other did not. When their teachers told them to stop coloring and start playing, some children felt upset as they had not finished coloring yet. And their teachers told them that those who did not finish coloring could continue the next day. The hands of the children were so covered in paint that the teacher told them to wash their hands before beginning to play. However, Kerem did not listen to his teacher and go and wash his hands. He even told Elif that he did not go and wash his hands because his hands were clean. While his friends went and washed their hands, Kerem finished coloring the model house. Then, Kerem wanted to put the model house in the cabinet but when he tried to open the door of the cabinet with his painted hands, he painted the cabinet. He thought he could wipe the cabinet with the

rug in the model house but when he tried to take the rug out, he dropped the house on the floor. The fences of the model house came off. At that moment the teacher went in and saw that Kerem did not still wash his hands. He told Kerem to go with her and wash his hands immediately. Kerem picked the model house in a hurry and went to wash his hands. Elif, having washed her hands, came back to the classroom and saw that Kerem spoiled the model house and that its fences came out. She wanted to repair Kerem's house. She took the glue in order to glue the fence of the house, but she could not manage to take out the glue and squeezed the tube strongly. A huge load of glue poured on one of the chairs. At that moment the teacher came back to the room. The teacher and children sat on chairs for a play. Teacher sat on the chair on which Elif had poured glue. Elif was scared when she saw that the teacher sat on the chair, but she could not tell that the chair was glued. The teacher began to talk about a mistake that she had made before: "*One evening I lost myself in watching television and forgot to put my materials in my bag. In the morning I left house in a hurry and came to school. It was only when I came to school that I realized I had forgotten the materials, and I went straight back home and got my materials. However, as I came to school running, I was exhausted. I took a lesson from this mistake. I decided not to goof off again. From that day on, I prepare by school bag in the evening and do not leave it to the morning*". The teacher told that this was the game that they would play today. She wanted the children to talk about a mistake and the lesson they took from that mistake. Then children drew pictures about the mistakes they made. Selim told that he did not use to tidy his toys and for this reason his room always looked like a mess and that he was lost in his room. Later he felt uncomfortable with the situation and began to tidy his room. Kerem began to talk about the mistake he made in the classroom that day: "*When my friends went to wash their hands I stayed in the classroom and said that my hands were clean. Then I colored the model house and wanted to put it into the cabinet. When I wanted to open the cabinet, it was covered in paint. It seemed that I was coveredin paint, too. Then I tried to wipe the cabinet but I dropped my model house and some pieces of it came off. From now on I will not get ahead of myself and I will wash my hands after coloring*". It was Elif's turn. She bashfully began to talk: "*Today after coloring I washed my hands. Then I came back to the room. When I came back I saw that Kerem's model house was spoiled. Then I put the model on the desk to repair it. I took the glue but I could not take glue out of the tube. I squeezed the tube too strongly and the glue came out suddenly and poured on the chair. Then Teacher, when you came to the class, I could not find time to wipe the chair. Teacher, you are sitting on that chair right now. From this case, I learned that I should not squeeze glue too strongly*".

These cartoon characters told about their mistakes and the lessons they took from these mistakes. Thus, the main theme of the cartoon titled "*My Mistake*" is taking lessons from our mistakes and not repeating them.

Predicting, summarizing and relating strategies are used in order to measure the aesthetic listening skills of children both during and after watching the cartoon.

In order to implement the predicting strategy, the students begin to watch cartoon and at the 3rd minute the cartoon is paused and students are asked to predict what will happen later. In that way, to what extent children understood the plot and the predicting skills of children can be determined. At the same time, contribution is made in the development of curiosity feeling of children and their desire to watch the rest of the cartoon.

With the purpose of applying summarizing strategy, children watch the entire cartoon and are asked to tell the cartoon they watched from the beginning to the end. Applying this strategy, children are expected to organize the main theme, subject, characters, important events and the venue of the cartoon and provide a summary.

In order to implement relating strategy, children watch the entire cartoon and are asked to relate the cartoon with their daily lives. When the child is relating, he uses his life actively; thus, the child relate the main theme he obtained from the cartoon to the real life. When children relate an event they experienced or witnessed before with the event or situation in the cartoon they watched, their preliminary knowledge will be activated. They can also relate the characters in the cartoon with people in real life.

In order to collect data, anachievement test consisting of 3 comprehension questions was employed:

1. What happened in the cartoon later? (predicting)
2. Can you tell this cartoon to me? (summarizing)
3. Have you ever experienced or witnessed an event in your daily life which is similar to the events in this cartoon? Can you give an example? (relating)

In addition, an observation form was used and the observations of educators and teachers during implementation of "*aesthetic listening strategies*" were addressed. Thus, the behaviors displayed by children were observed when predicting, summarizing and relating strategies were applied.

2.4. Analysis of data

Content analysis was used to analyze the research findings obtained in achievement test and observation. The data were shown in terms of category, theme, frequency and percentage. In addition, some important answers given by the children were presented as examples.

3. Findings and interpretation

3.1. Findings obtained in achievement test

In order to measure the achievement of children in predicting, summarizing and relating, which are among "*aesthetic listening strategies*", they watched a cartoon and some comprehension questions were asked both during and after watching the cartoon. The findings as regards the answers given by children to these questions can be listed as follows:

3.1.1. Findings as regards predicting skills of children

In order to measure the predicting skills of children, the cartoon was paused at the 3rd minute. The children were asked to predict what would happen after one of the cartoon characters, Elif, mistakenly applied glue on the chair. Table 1 is prepared based on the answers provided by children.

Table 1.
Frequency and percentage distribution as regards predicting skills of children

Category	Theme	Girls		Boys	
		f	%	f	%
True	She wiped the chair. She told her teacher. The teacher cleaned it. Someone sat on the chair. Teacher got angry at the child when she saw what she did. She could not remove the glue. She did not wipe the chair. She hid the chair. She hid herself as she was scared. She cried as she was scared.	13	86,6	12	80
False	I do not know. The children played a game. The bell rang and children went home.	2	13,3	3	20

An examination of Table 1 shows that 13 of the girls and 12 of the boys gave true answers in predicting strategy which is a successful result. As regards what could happen after Elif poured glue mistakenly on the chair, girls and boys gave such answers as she wiped the chair, she told her teacher, the teacher cleaned it, someone sat on the chair, teacher got angry at the child when she saw what she did, she could not remove the glue, she did not wipe the chair, she hid the chair, she hid herself as she was scared, and she cried as she was scared. However, 2 of the girls and 3 of the boys made false predictions by saying "*I do not know*", "*the children played a game"* and *"the bell rang and children went home"*.

Based on this result, it can be said that the majority of both girls and boys have developed predicting skills.

Some of the true answers given by children are as follows:

- *"Elifpoured the glue. She was scared and hid herself as she thought that the teacher would be angry at her". (K8)*
- *"Elif goes to the teacher. She says "Teacher, I poured glue on the chair". And the teacher cleans the chair." (K14)*
- *"Elif was very scared when the glue was poured. And as she was scared, she began to cry". (K11)*
- *"Elif tries to clean the glue on the chair but she could not remove the glue". (E12)*
- *"The teacher enters the room. Teacher sees that the girl poured the glue and gets very angry at her". (E3)*
- *"Elif did not do anything. One of her friends sat on the chair mistakenly". (E7)*

Some of the false answers given by the children are as follows:

- *"I do not know what happened." (K4)*
- *"Elif's friends came. Then they played a game". (E9)*

3.1.2. Findings as regards summarizing skills of children

In order to measure the summarizing skills of children, the entire movie is shown. The children are expected to list the characters of the cartoon and tell the venue, important events and main theme of the cartoon. Table 2 is prepared based on the answers given by children.

Table 2.
Frequency and percentage distribution as regard the summarizing skills of children

Category	Theme	Girls		Boys	
		f	%	f	%
Complete narration	Listing the cartoon characters	0	0	0	0
	Talking about the venue of the cartoon	4	26,6	2	13,3
	Talking about the important events in the cartoon	4	26,6	4	26,6
	Talking about the main theme of the cartoon	5	33,3	6	40
Incomplete narration	Listing the cartoon characters	14	93,3	13	86,6
	Talking about the venue of the cartoon	0	0	0	0
	Talking about the important events in the cartoon	10	66,6	9	60
	Talking about the main theme of the cartoon	5	33,3	6	40
No narration	Listing the cartoon characters	1	6,6	2	13,3
	Talking about the venue of the cartoon	11	73,3	13	86,6
	Talking about the important events in the cartoon	1	6,6	2	13,3
	Talking about the main theme of the cartoon	5	33,3	3	20

When Table 2 is examined, the following can be said: it was found out that neither girls nor boys listed the characters in the cartoon completely; 14 of the girls and 13 of the boys gave an

incomplete list of the characters; 1 girl and 2 boys did not mention the characters at all. As regards the venue of the cartoon, 4 girls and 3 boys mentioned the place whereas 11 girls and 13 boys did not mention it at all. As regards mentioning the important events in the cartoon, 4 girls and 4 boys told the events completely whereas 10 girls and 9 boys gave an incomplete account and 1 girl and 2 boys did not mention the events at all. When it comes to the main theme of the cartoon, 5 girls and 6 boys told it completely, 5 girls and 6 boys told it incompletely, and 5 girls and 3 boys did not tell it at all.

Based on these findings, it can be claimed that a majority of both girls and boys failed to provide complete summaries and that they either incompletely mentioned the important points in the summary or they did not mention them at all. Thus, it can be reported that their summarizing skills are not well developed.

Some of the answers given by children while summarizing the cartoon are given below:

- *"Elif and her friends are coloring a model house in the classroom" (K9)*
- *"Kerem does not listen to his teacher and wash his hands. He makes everywhere dirty. He regrets. Now he will wash his hands everytimethey become dirty. Elif squeezes the glue too much. The glue pours on the chair. She is regretful. She will not do it again" (E4)*
- *"The children made a lot of mistakes. Then they were sad. They will not make mistakes again" (E15)*

Some of the answers provided by children while giving incomplete summaries are as follows:

- *"In the cartoon there was a teacher and Kerem". (K2)*
- *"The glue poured on the chair. The child apologized to the teacher". (K5)*
- *"Elif made a mistake. But she did not want to do it". (E8)*

3.1.3. Findings as regards relating skills of children

In order to measure the relating skills of children, they watch the entire cartoon. The children are asked to relate the cartoon they watched to their lives or an event they witnessed. The answers given by the children are provided in Table 3.

Table 3.
Frequency and percentage distribution as regards relating skills of children

Category	Theme	Girls		Boys	
		f	%	f	%
Could relate	With his own life	4	26,6	5	33,3
	With an event he witnessed	2	13,3	1	6,6
Could not relate	With his own life and an event he witnessed	4	26,6	6	40
Did not answer	With his own life and an event he witnessed	5	33,3	3	20

In Table 3, it can be seen that 4 of the girls related to their lives and 2 girls related to an event they witnessed. In addition, 5 boys related to their lives and 1 boy related to an event he witnessed. However, it was seen that 4 girls and 6 boys could not relate at all, and 5 girls and 3 boys did not answer the question.

This result shows that most children are having difficulty in relating the cartoon they watched to their daily lives.

Some of the answers showing that children can relate are given below:

- *"One day I went out without asking permission from my mother. She was very angry at me. She was right. She feared that something bad would happen to*

me. She was also very sad. I made a mistake. I will not go out without permission again". (K1)

- *"My mom and I went to a park. Two people were arguing there. We approached them. The child began to cry when he saw his parents arguing. They should not argue before the child. They were wrong. They could talk nicely. They could talk more silently". (K6)*
- *"My brother was bothering me. And I broke his toy secretly and tossed it out. Then I regretted. I told my brother. I apologized to him. I learned that I should not damage the belongings of other people". (E13)*

Some of the answers showing that the children cannot relate are given below:

- *"I never poured glue." (K15)*
- *"When we are drawing at school our hands are painted, too." (K10)*
- *"It was a very nice cartoon. I had not seen it before." (E5)*

3.2. Findings as regards observation form

Teachers and educators observed the behaviors displayed by pre-school children during the application of predicting, summarizing and relating strategies which are among "*aesthetic listening strategies*". The findings of teachers and educators based on their observations can be listed as follows:

3.2.1. Findings as regards the observations of teachers and educators related to the behaviors displayed by children during the application of predicting strategy

According to educators and teachers, children were successful in predicting strategy. They reported that they observed the following behaviors in children:

- Their motivation was high.
- Their self-esteem was high.
- They seemed very happy.
- Their voice was elevated.
- They were impatient to answer.
- Their answer was highly rational.
- They were curious about the rest of the cartoon.
- They were having fun.
- Their attention was concentrated.
- They were able to express themselves well.

3.2.2. Findings as regards the observations of teachers and educators related to the behaviors displayed by children during the application of summarizing and relating strategies

According to educators and teachers, the success of children in summarizing and relating strategies was rather low. They reported that they observed the following behaviors in children:

- Their motivation was low.
- They were acting faint-heartedly.
- Their self-esteem was lowered.
- They were speaking with a lower voice.
- Most of their answers were wrong.
- They began to lose their focus.
- They began to talk less.
- They were bored as they could not answer.
- They were avoiding eye contact.
- When the spoke, they left their sentences incomplete.

4. Conclusion, discussion and recommendations

Listening is the first skill that a child acquires. Aesthetic listening is a type of listening that a child acquires, and watching cartoons, which is among aesthetic listening activities, is the most liked, most enjoyable activity for children.

This study provides interesting results as regards the level of success of children in predicting, relating and summarizing strategies, which are among aesthetic listening strategies, based on a cartoon titled "*My Mistake*" that would attract their attention and teach them some lessons.

The children were asked to predict what would happen in the rest of the cartoon and it was seen that a majority of both girls and boys provided reasonable answers. Based on this finding, it can be claimed that predicting skills of children are highly developed.

The children were asked to talk about the cartoon they watched but it was found out that a majority of both girls and boys failed to provide a summary. They gave incomplete accounts, if any, of the characters in the cartoon, the venue of the cartoon, important events and main theme. As a result, it can be claimed that the summarizing skills of children are underdeveloped. In many studies, it was determined that students were not at the intended level in terms of summarizing. (Susar Kırmızı and Akkaya, 2011; Yazıcı Okuyan and Gedikoğlu, 2011; Karatay and Okur, 2012; Erdem, 2012; Doğan and Özçakmak, 2014).

The children were also asked to relate the main theme of the cartoon to their daily lives. However, it was found out that a majority of the girls and boys failed to relate the events in the cartoon to their experiences or an event they witnessed before. Based on this finding, it can be claimed that the relating skills of children are also underdeveloped.

Considering the findings on predicting, summarizing and relating skills, it can be stated that children do not seem to have aesthetic listening skills. Based on this result, it can be said that teachers do not give much place to aesthetic listening type or, even if they do, they do not make use of aesthetic listening strategies. As a result of their research, Kurudayıoğlu and Kana (2013) showed that aesthetic listening is the least used type of listening among teacher candidates. This reveals that pre-service teachers' aesthetic listening is the least type of listening they will use when they become teachers.

In this study, observations of teachers and educators are also provided. According to them, children displayed positive behaviors as regards predicting strategy but mostly negative behaviors in terms of summarizing and relating strategies. As a result, it is observed that children are happy when they can provide comments on what they listen to, do not have difficulty in expressing themselves, and show high self-esteem; however, when they cannot provide comments, they display opposite behaviors. As Yangın (1999) states, motivation has a positive effect on learning. It is revealed that children are made more willing to watch by increasing the anticipation of the continuation of the cartoon they watch and that their feelings of curiosity increase. Yangın (1999) reports that attracting students' attention, being curious about what will happen and introducing them to the competition environment will make them willing to listen. Teachers and educators say that when students are asked questions about making predictions, their attention increases. Özbay (2009: 106), who defends the same position, also states that as long as students make predictions, they will focus more on the events that develop in the section they will listen to.

In conclusion, we can state that pre-school children do not have adequate aesthetic listening skills. It must be remembered that a child who has aesthetic listening skills will become successful at knowledge-acquisition stage. For this reason, aesthetic listening skills of children must be developed starting at early ages. Although parents and teachers mostly believe that children have aesthetic listening skills, this belief is not well-grounded. For this reason, aesthetic listening education should be paid proper attention.

In order to improve aesthetic listening skills of children, the following recommendations should be followed:

- Parents should be informed on the importance of aesthetic listening.
- Teachers should be given on-the-job training and information should be provided on aesthetic listening, its strategies, and activities which can be applied in this type of listening.
- The awareness of children should be raised as regards the importance of aesthetic listening.
- Teachers should allow children to express themselves after listening so as to improve their aesthetic listening skills.
- Teachers should include various activities in aesthetic listening education; students should be taught how to apply aesthetic listening strategies and room must be provided for the students to practice.
- In activities to be applied in aesthetic listening education, rewards should be given in order to motivate children.
- Pre-school books should mention aesthetic listening education and include activities related to this type of listening.

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Socio-cultural values provided to pre-school children using traditional children games

Valores socio-culturales proporcionados a niños preescolares utilizando juegos tradicionales para niños

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Abstract
With the development of technology, traditional games which had an essential place in the lives of children began to lose their importance and were replaced by computer games. An examination of developed countries shows that their unique traditional games are being protected and, thanks to conscious families are nurtured by national values; thus, they serve an extremely important function in terms of shaping national conscience. The value of traditional children's games can be better understood considering the possibility that especially pre-school children can be affected by the artificial and virtual culture imposed by technological devices. Pre-school period is a period when value education in children begins. Information on values is gained at every stage of life. However, the earliest information is acquired through traditional games in the period when personality begins to develop. In this study, 25 children were presented with Cypriot Turkish children's games such as hide-and-seek, house, blind man's buff, dodge ball and duck duck goose. Then children were urged to play these games and observations were made which was followed by interviews with children to obtain their opinions on games and game processes. In the study, it was seen that children acquired several values required by social life such as respect, courtesy, helping each other, courage, love, protection, honesty, forgiveness, respect for the environment, patience, and obeying rules

Resumen
Con el desarrollo de la tecnología, los juegos tradicionales, que tienen un lugar importante en la vida de los niños, han comenzado a perder su importancia en el proceso y su lugar ha sido reemplazado por juegos de computadora. Cuando se mira a los países desarrollados, se ve que los juegos tradicionales están protegidos, y se ve que estos juegos los juegan los niños a través de familias conscientes y maestros. Dado que los niños en edad preescolar pueden verse influenciados por la cultura artificial-virtual a través de medios tecnológicos de comunicación, el valor de los juegos infantiles tradicionales se comprenderá mejor en este punto. El período preescolar es un período en el que la educación en valores comienza en los niños. Mientras que la información sobre los valores se obtiene en cada período de la vida, la primera información se obtiene mediante los juegos tradicionales en el período en que la personalidad comienza a formarse. En este estudio, a 25 niños se les presentaron juegos de niños turcos chipriotas como escondite, casa, aficionado a ciegos, dodge ball y pato pato ganso. Luego se instó a los niños a jugar estos juegos y se hicieron observaciones, seguidas de entrevistas con niños para obtener sus opiniones sobre los juegos y los procesos de juego. En el estudio, se observó que los niños adquirían varios valores requeridos por la vida social, como respeto, cortesía, ayuda mutua, valor, amor, protección, honestidad, perdón, respeto por el medio ambiente, paciencia y obediencia a las reglas

Keywords
Early childhood; Education; Children's games; Northern Cyprus; Traditional values; Social-cultural

Palabras clave
Primera infancia; Educación; Juegos infantiles; Norte de Chipre; Valores tradicionales; Sociocultural

1. Introduction

Culture is the sum of all tangible and intangible accumulations created by a nation as a result of its experiences throughout history. Culture implies all elements that occur in the life of a person such as literature, language, music, drawing, dance, architecture, and entertainment. The entertainment culture of Cypriot Turkish community includes traditional games which receive great interest as indispensable elements of the needs of childhood period.

The contribution of games in general and traditional games in particular to the psychological and physical needs of children are non-ignorable needs for educationists. This development is extremely critical for the child in terms of connecting with life in educational and psychological aspects (Girmen, 2012: 273).

Traditional games are one of the most important elements that teach children the realities of life. Children have fun through different games from their early ages, but they also socialize and explore several things which will help them throughout their lives.

> "*Game is stronger than other learning techniques in changing students from passive to active state as it is a technique that gives pleasure to the student. With games, students taste the such pleasures as exploring, knowing-recognizing, trying and communication. Even difficult and complicated problems can be simplified using game techniques. Students can be motivated through games and, as they devote their entire attention to the course, teaching even the most difficult and complicated subjects can become easier. Games have important features in turning abstract experiences into concrete. They are also extremely important in ensuring that students put into practice what they learn during class. From these characteristics, it can be understood that usage of this technique will make sure that students learn in a more permanent manner*" (Susüzer, 2006: 32).

Traditional games also include the culture and traditions of the society. With the development of technology, several computer games emerged and, unfortunately, traditional games are losing their importance on a daily basis. At this point, teachers and parents have critical roles to play. Teachers and especially parents must pay attention to ensure that children spend time with traditional games. In this manner, it will be possible to prevent a cultural extinction.

> "*Today in many countries new toys are being developed based on technology; at the same time old toys and thus old games are taken under protection. Thus, games and toys which are unique to that culture are transferred form one generation to another and non-tangible heritage is being protected. In this manner, child culture researchers, pedagogues and academicians will benefit from this accumulation in their childhood history studies*" (Başal, 2010: 13).

Social and ethical values which will shape the lives of children begin to develop in the first years of their lives. The games that children play since early ages have an important role in ensuring the sustainability of social values and their transfer between generations. Since the first years of their lives, children learn how to maintain their lives particularly through imitation. From the moment they put into practice what they learn, they pay attention to avoid contrasting with their society. A child who begins to socialize from early ages has to pay attention to certain values in the society. To cite Mustafa Aydın on values:

> "*Here values are all kinds of tangible or non-tangible, positive or negative things such as objectives and targets, interests and benefits, passions, ideals, all kinds of power factors, greed for fame and glory, praise and criticism, respect and disrespect, belief and non-belief, keeping or not keeping promises, honesty or dishonesty, love and hate, which are adopted and effective in a person's life*" (Aydın, 2011: s.39).

Everything that people do are related to one value or another. Thus, values are principles that determine and direct everything that people do (Uysal, 2003: 51).

It is known that traditional games, which play an essential role in the lives of children, are ways of informal learning. While children are playing games, they gain some acquisitions especially related to social life by means of communicating with their peers. In addition to several acquisitions, games are critical in gaining some values such as respect, love, greeting, positive attitudes, tolerance and trust (Sevinç, 2009: 19).

> "*In short, games are activities which make positive contribution to the physical, mental and psychological development of children and improve such skills as self-confidence, adaptation and observation. These activities are also closely related to the socialization education of individuals. They improve the sensitiveness of children towards their environment and develop ways to think using voice of self-conscious and sense of feeling*" (Kara, 2010: 410).

2. Method

2.1. Research pattern

In the study, action research, which is a qualitative research pattern, has been used. Action research is a kind of research which is directed by expert researchers. The parties of the problem are also included in the study and the existing application is criticized and measures are determined to improve the existing situation (Karasar, 1999: 27; cited in Aksoy, 2003: 477). Action research is a study conducted in a systematic and continuous manner in order to improve the applications of educationists and inform them (Calhoun, 2002; cited in Aksoy, 2003: 477). Researchers also participated in this study urging children to play games. Then they asked questions to children, observed them and, when necessary, they provided some guidance.

2.2. Study group

This study was conducted with 25 pre-school students (13 boys and 12 girls) at 6 age group in Northern Cyprus in 2018-2019 academic year. While choosing the students, attention was paid to ensure concordance in terms of socio-economic status and education status of parents. The research was conducted with 5 traditional games which were first presented to the children. Then, the children were encouraged to play the games they watched. These traditional games are as follows: blind man's buff, dodge ball, hide-and-seek, duck duck goose, house. The mentioned traditional games were examined by the researchers in advance and it was found out that these games included several socio-cultural values in their construct.

2.3. Collection and analysis of data

In this study, data were collected by interviews and observations with children after they watched and played traditional games. During the interview, small questions were directed to children when necessary and directions were made. The questions were prepared after having received expert opinion. Experts were lecturers who studied on pre-school education. The 8 questions prepared for the interview were reduced to 5 after receiving expert opinions. Because the students were small-aged children, necessary explanations related to the study were made to the students in detail. The questions directed towards students are as follows: 1- Since when and how often do you play these games? 2- Did you like the games you watched and played? 3- Which points will you observe while playing with your friends? 4- How was the communication between children during the game? 5- What did you learn from the game?

Descriptive analysis method was used in analyzing the data. In descriptive analysis, direct citations are included in order to reflect the opinions of the interviewed children. The objective in the study is to organize the obtained findings and present them in a consistent manner.

"*In this type of analysis researcher can include frequent citations with the purpose of reflecting the opinions of interviewees or observees in a striking manner. The basic objective of this kind of analysis is to present the obtained findings in a summarized and interpreted manner*" (Yıldırım and Şimşek, 2003).

The names and playing styles of the games used in the research are as follows:

Dodge ball:
In this game, a mother is chosen with a rhyme and a hole is dug for each player at certain distance from the centre in which the ball could fit. The mother slowly rolls the ball from the centre to the holes. The child whose hole is filled with the ball takes the ball and throws it to others. The child who is hit by the ball becomes the mother. The former mother participates in the game. The mother does not change until he/she hits another child with ball. The game ends when the children get bored. It can be believed that the rhyme used in choosing mother in this game (Ana mana/ Porto kala/ Dimamına puf/ Bende rega ruf/ Ga lan puf) is unique to this culture (Yorgancıoğlu,1997: 255).

House game:
"*For the playing field, stones in similar sizes are collected and a house plan divided in rooms is drawn. When girls play alone, they imitate all actions of women. When girls and boys play together, they act husband and wife. Other children act according to the orders of the parents*" (Yorgancıoğlu, 1997: 91).

It is known that house game is played in various cultures. But naturally house game played in every culture is based on the imitation of the parents of children, which is also an imitation of the social and cultural structure of the country. For example, a girl who plays this game in Cypriot Turkish community will imitate her mother and act as performing a traditional handcraft or cooking a traditional food. On the other hand, a boy can play a traditional game (backgammon) or play a traditional musical instrument (saz, darbuka) or sing a traditional folk song (Dillirga) while imitating his father.

Hide-and-seek:
"*This game is based on hiding and finding the children who are hiding. It can be said that the rhymes (counting-out rhyme) cited while choosing a mother are unique to Cyprus. Hide-and-seek is known as Linda in Karpaz region of Cyprus*" (Yorgancıoğlu, 1980: 154).

Hide-and-seek is a game which is found in several cultures of the world. It can be said that the general structure and playing style of the game is similar to its counterparts. However, it can be said that the rhyme (counting-out rhyme) used in choosing mother in this game (Ana mana/ Porto kala/ Dimamına puf/ Bende dega ruf) is unique to Cypriot Turkish culture.

Duck duck goose:
Duck duck goose is a game played by girls and boys together. Before starting the game, a mother is chosen. The players sit on the ground facing towards each other in the form of a circle and cross their legs. The mother knots an end of a handkerchief and, hiding it in his/her back, turns around the circle. At the same time, he/she cites the rhyme which gives the game its name or another rhyme that he/she knows. The sitting players repeat the rhyme cited by the mother. The mother takes a few tours around the players while citing the rhyme. Other players do not tell even if they see that the mother drops the handkerchief. However, they begin to cite the rhyme faster. If the player at the back of whom the handkerchief is dropped notices the situation, he/she takes the handkerchief and begins to chase the mother. If the mother manages to sit at the place of the chasing child without being caught, the child who holds the chief becomes the mother. But if the chasing child catches the mother and hits him/her with the chief, the game continues with the former mother. If the child at the back of whom the handkerchief is dropped does not notice it, the mother begins to hit at the back of the child when he/she

completes the tour and comes to the child again. The other child starts to run and sits at his/her place again. In the meantime, the mother who is chasing him/her hits at his/her back without hurting him/her. If the child runs faster, he/she avoids being hit but he/she becomes the mother in any case (Gökşen, 2014: 248).

Blind man's buff:
Blind man's buff is a game based on the principle that a mother who is blindfolded tries to catch the other players. This game can also be played with girls and boys together. A mother is chosen before the game begins. The mother is blindfolded with a piece of cloth and turned a few times so that he/she gets confused with direction. Then players run here and there. At the same time, they try to misguide the mother by calling him/her. The mother finds his/her direction using the voices. These calls are in the form of "*I am here*" or calling the mother's name. When the mother holds a child, he/she becomes the mother and the game goes on (Gökşen,2014: 244). The rhymes and some children2s songs used in choosing the other localize this game.

3. Findings

In the table below, frequencies and percentages are provided according to gender 8 girl-boy).

Table 1.
 Values identified at the end of the games watched and played by children

Values	Girls	Boys	Frequency (f)	Percentage (%)
Respect	10	11	21	84
Honesty	4	4	8	32
Helping each other	6	5	11	44
Love	5	3	8	32
Protection	5	3	8	32
Courage	3	6	9	36
Courtesy	8	6	14	56
Forgiveness	4	4	8	32
Respect for the environment	3	4	7	28
Obeying rules	2	2	4	16
Goodness	6	4	10	40
Patience	3	2	5	20

As a result of the questions asked to the children at the end of the games watched and played by children, the 13 values listed above were obtained. It is seen that both girls and boys strongly emphasized the value of *"respect"*. The children used such expressions as "*I try to show respect to my peers while playing*", "*I play without yelling at my peers*" to emphasize the value of "*respect*" in games. Ten girls emphasized the value of respect in games while the number for boys was 11. Another value underlined by children as a result of the questions they were asked was "*courtesy*" (8 girls - 6 boys). The children used such expressions as "*we should not upset our friends*", "*we should not push them while playing*", "*we should not push our friends*" to underline the importance of courtesy while playing (8 girls - 6 boys). Helping each other is an indispensable element in social life. Children acquire the value of helping each other by means of the games they play since small ages. In this study, children underlined the importance of the value of helping each other in games with such statements as "*I include my friend to the game if I gain a right at dodgeball game*" and "*while playing house, if my friend loses her doll, I find it and give it to her*". Another value emphasized by children while playing is goodness. Such expressions as "*I treat my friends during the game fairly*", "*I get my friends up when they fall*" are directly related to the emphasis on the value of goodness (6 girls - 4 boys). As presented in the table, other values acquired by children while playing games are courage (9), love (8), protection (8), honesty (8), forgiveness (8), respect for the environment (7), patience (5) and obeying the rules (4).

Observations conducted during when the children were playing traditional games showed that they were happy, respectful towards each other's rights, following the rules of the game and in effective communication with their peers. The data obtained based on brief interviews conducted with their teachers at school revealed that even children who did not communicate within the classroom talked to and even helped each other while playing games. Thus, especially traditional games play an extremely important role in terms of socialization of children. For this reason, in the mentioned games responsibilities should be given to children who have communication problems to ensure that they become socialized. One study conducted by Türk, Kartal and Aslan (2018: 840) concluded that "*teachers believed that assigning tasks and responsibilities to children would be effective in terms of ensuring their socialization and activation during games; in addition, they should be supported with tangible and intangible reinforcers for this purpose*".

Traditional games in which children feel happy to do things together and share are extremely effective elements in preparing them for life. Observations made during when children play games showed that they insisted and succeeded in including a friend of their who had special needs, that in-house game they reinforced their personalities with their imitations, and that they developed their psycho-motor skills with hide-and-seek game.

It has been found out that children paid attention to be respectful towards the environment with their friends while they were playing traditional games. Especially in dodgeball game, it was observed that when the ball was thrown to the grass, the children tried to take the ball by minimizing their steps on the grass. In addition, it was observed that they tried to bring back to life a flower that was hit and uprooted by the ball. When they were asked about the incident after the game, children emphasized that damaging the grass and uprooting flowers was wrong. Below are the sentences which show that children acquired the value of respecting the environment (S is stand for student):

> S1: "*We should not uproot flowers from their branches*".
> S2: "*If we step on the grass, they cannot grow*".
> S3: "*We should not make too much noise while playing*".
> S4: "*We should not drop litter while playing*".

These sentences used by the children are generally related to the respect they showed to the environment. It is extremely important for their future lives that the value is acquired at such early ages. Acquiring this value is also important in terms of adapting to social life.

Inasmuch as the respect shown to environment, respect for a person is also essential in sustaining social life. As a result of the games that children watched and played, it was observed that the most important value gained by children through traditional games was respect for people. Below are the sentences which show that children acquired the value of respect for people in this study:

> S1: "*I never yelled at my friends*".
> S2: "*I never fought with my friends*".
> S3: "*I did not claim the turn of my friends*".
> S4: "*I was upset when my friend hit his foot*".
> S5: "*I showed respect to my friends*".

Respect for a person is one of the most important elements that shape the future lives of children. A child who has this value knows that he/she is an independent individual and that the other person is a different individual. As a result, he/she sees that there can be social and cultural differences and respects them.

Another important value gained by children during traditional games is courtesy. Courtesy is one of the most important values that children can gain at pre-school period. It is clear that children who learn to show respect to themselves and others will always be more successful in life. Lacking courtesy always creates hatred and hate and these phenomena are extremely

dangerous for the sustainability of social life. Courtesy rules acquired by children at early ages contribute to the development of his/her self-respect and sense of belonging. In this study, the statements which show that children learned courtesy rules are as follows:

> S1: "*When my friend brought the ball, I thanked her*".
> S2: "*I treated my friends fairly while playing*".
> S3: "*I said "please" while asking something from my friends*".
> S4: "*I listened to my friend while he was talking*".
> S5: "*I never made my friends upset*".

Helping each other is one of the most important subjects of character education. In short, helpfulness is using one's opportunities for the goodness of others. In order to obtain social development, sensitive children have to be raised. For this reason, the value of helpfulness has to be earned at early ages. In the study, 11 children emphasized the importance of the value of helpfulness with their answers and behaviors they displayed during the games:

> S1: "*When my friend fell to the ground, I tried to help him*".
> S2: "*I found my friend's doll and took it to her*".
> S3: "*While playing dodgeball, I took my friend when I earned a right*".
> S4: "*When my friend was thirsty, I gave her water*".
> S5: "*When the ball went away, I ran and took it*".

4. Conclusion, discussion and recommendations

Traditional games play an extremely essential role in transferring national culture future generations and imposing certain values, which are requirements of a social life, to the children at early ages.

This study aimed at determining the values acquired by pre-school children through traditional children's games and interesting results were obtained.

In our age, games are defined by pedagogues as an art of learning and are effective tools in the adapting of children to social life; in short, their socialization. The child learns not to revolt and respect others, which is very important in his/her life and is learned inside the game (Hazar, 2000: 14; cited in Katlav, 2014: 256).

> "*The selection of games and toys suitable for the child's age made by teachers in cooperation with families at school will contribute to the child's development of positive behavior in the future, and therefore the child will show adaptive social behavior by learning to follow societal rules*" (Yeniasır, Gökbulut, Yaraşır, 2017: 2).

In this study, as a result of the observations conducted during when the children played games and the questions asked to them after the game showed that they acquired or reinforced through traditional games such values as respect, helping each other, courtesy, goodness, courage, love, protection, honesty, forgiveness, respect for the environment, patience, and obeying rules. In their article titled "*The Importance of Traditional Child Games in terms of the Value Education of Children*", Sümbüllü and Altınışık reached a parallel conclusion: "*Game is the place where societies' lifestyles and moral norms are preserved. In addition to preparing children for the future, the game is the place where social values are given in the easiest and safest way*" (Sümbüllü and Altınışık, 2016: 83). In his study titled "*Pedagogical Values of Traditional Child Games and Ahıska Games which at the Brink of Being Forgotten*", Esen also stated that play is extremely important in children's lives and especially play and imagination and imitation games make important contributions to the child in terms of social development. However, the child while playing games with other people to communicate, share, emphasized that cooperation and cooperation (Esen, 2008: 358).

One of the most important findings obtained in the interviews held with children is that they stated that today they played the examined traditional games less. Children stated in these interviews that computer/tablet games were highly popular now and they spent too much time playing these virtual games as a result of which they did not spare sufficient time to traditional games. In his study titled "*Usage of Traditional Child Games in Modern Education*", Pektaş underlined the same problem and emphasized that the games played in the streets, gardens and parks are gradually forgotten due to computer games, and that the digital development constitutes an obstacle for children to learn traditional games (Pektaş, 2017: 478). At this point teachers and parents have serious responsibilities. Especially with the development of technology, virtual games imposed isolation on individuals and occupied an important place in the lives of children. As a result, traditional games which taught the necessary rules of social life at early ages are virtually forgotten. Parents and teachers must pay more attention to make sure that children spend less time with computer/phone/tablet games and direct them to traditional games which have more didactic aspects. In this way, they will lay the foundations of happier lives for their children in the future and prevent cultural destruction at the same time. As non-tangible cultural heritage elements of the society, traditional games ensure cultural transition and preserve and sustain local-national cultures (Öğüt, 2010).

In this study, it has been observed that traditional games are extremely important in imposing certain values to children at early ages. It is a well-known fact that the foundations of values education have to be laid in pre-school period. In this context, it is crystal clear that traditional games have to be used to equip children with the necessary values.

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Parents´ attitudes towards children´s adjustment to a pre-school institution

Las actitudes de los padres sobre la adaptación de los niños a la institución preescolar

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Las actitudes de los padres sobre la adaptación de los niños a la institución preescolar

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Abstract: The aim of this research study is to examine parents´ attitudes towards the process of children´s adjustment to a pre-school institution, as well as towards separation difficulties which are encountered when a child starts attending kindergarten. Research results provide answers to whether parents are familiar with the problems manifested in the children´s adjustment process, as well as with the possibilities of successfully overcoming such issues. The research included 763 parents of pre-school children in the territory of Serbia. The differences in parents´ attitudes have been analysed relative to their sex, education and age. In the course of research the authors resorted to a five-point Likert scale composed of 16 items grouped into the following categories: factors which influence the process of adjustment, indicators of a successfully completed adjustment process and methods for overcoming the issues raised in the process of children´s adjustment to a pre-school institution. Parents believe that children´s satisfaction when they attend kindergarten is a more significant indicator of a successfully completed adjustment process relative to the absence of crying and deprecation, as well as that for the purposes of overcoming the difficulties which occur when children start attending a pre-school institution parents most frequently introduce pre-school teachers to their child´s habits and traits, and later talk with the child about events in the kindergarten. Research results indicate the presence of statistically significant differences in parents´ attitudes relative to their sex, i.e. they indicate that the adjustment period is more stressful for mothers than for fathers

Resumen: El objetivo de la investigación es examinar las actitudes de los padres sobre el proceso de adaptación de los niños a la institución preescolar, y también las dificultades de separación que ocurren con el ingreso del niño en jardín de infantes. Los resultados del estudio proponen respuestas a las preguntas si los padres están familiarizados con los problemas que se manifiestan en el proceso de adaptación de los niños a la institución preescolar, y también preguntas sobre las posibilidades de su superación exitosa. El estudio involucró a 763 padres de niños en edad preescolar de Serbia. Se analizan las diferencias en las actitudes de los padres en relación con el género, el nivel de educación y la edad. En la investigación fue utilizada una escala de evaluación de Likert de cinco pasos, compuesta por 16 ítems agrupados en las siguientes categorías: factores que intervienen en el proceso de adaptación, indicadores de una adaptación exitosa y métodos para superar los problemas que surgen en el proceso de adaptación de los niños a la institución preescolar. Los padres lo consideran que la satisfacción de los niños cuando van al jardín de infantes representa un indicador muy importante de la finalización exitosa del proceso de adaptación en relación a la ausencia de llanto y resentimiento, y de que los padres, para superar las dificultades que ocurren cuando niños empiezan a ir en el jardín de infantes, a menudo se reúnen con maestros para familiarizarlos con los costumbres y las características de sus hijos, y luego hablan con sus hijos sobre los acontecimientos en el jardín de infancia. Los resultados del estudio indican que existen unas diferencias estadísticamente significativas en las actitudes de los padres con respecto al género, es decir, el período de adaptación es más estresante para las madres que para los padres

Keywords: Adjustment; Parents; Pre-school teachers; Pre-school children; Pre-school institution

Palabras clave: Adaptación; Padres; Maestros; Niños de edad preescolar; Institución preescolar

1. Introduction

The process of children´s adjustment to a pre-school institution is a complex issue which invariably commands the attention of researchers who deal with early childhood years from the perspectives of various sciences, first and foremost pedagogy, medicine, psychology and sociology (Королева, 2018). As early as the 1950s it was established that a child´s adjustment to a pre-school institution represents a source of stress and anxiety the roots of which can be traced to the child´s separation from parents and family ambience for several hours a day, as well as to the child´s integration into a peer group monitored by an unknown adult – a pre-school teacher (Morgoulis, 1956). In the process of adjustment to a pre-school institution children may produce various reactions. Some children tend to adjust more rapidly and their reactions may be mild, even imperceptible. On the other hand, some children may react more intensely to the separation or stay in a large group, as well as to a situation different from the atmosphere of family upbringing.

A child´s attendance at kindergarten requires that a family modifies established roles and shares responsibilities for the child´s development and progress with pre-school teachers, i.e. competent professionals employed in pre-school institutions (Jelić, Stojković and Markov, 2018; Mirabile, Oertwig and Halberstadt, 2018). Children´s adjustment indubitably represents a developmental stress for parents and children alike. Nevertheless, few research studies deal with a correlation between parental stress and children´s adjustment process, or with inquiring into parents´ attitudes towards the adjustment process in general (Damjanović, Mihić and Jestrović, 2014).

A child´s attendance at kindergarten represents a significant change in a daily routine. A child leaves his/her home in order to become a part of a peer group cared for by a pre-school teacher. Thus, a child is displaced from a safe family harbour only to find himself/herself in the new environment, in a peer group, in an institution the rules of which may seem unfamiliar to a child. Accordingly, one can encounter difficulties in adjusting to an average rhythm of a group and in interacting with peers, whereby a child craves contact with parents (Santelices, Pérez, Rivera, Gomez and Farkas, 2012). The separation of a child from his/her parents, a change of place and encounter with the new setting and peers requires the child´s additional engagement in the process of developing new social and emotional bonds and relationships with peers and pre-school teachers (Ortiz, 2013; Boyce, Obradović, Bush, Stamperdahl, Kim and Adler, 2012). Furthermore, in order to successfully integrate into the new environment a child requires important social skills which remain significant even in later periods of his/her life (Jones, Greenberg and Crowley, 2015; Gunindi, 2013). It is generally believed that children´s adjustment to a pre-school institution is important from the perspective of children´s development and successful preparation for primary school (Nix, Bierman, Domitrovich and Gill, 2013; Katz and McClellan, 1997). Perceived in this context the period of adjustment appears to be very significant for a child, its development and progress, as well as for parents and pre-school teachers. For the purposes of a successful adjustment of children to the new setting a very important role is played by parents who can facilitate the difficulties a child encounters in this period by means of their behaviour and knowledge.

2. Theoretical approach

The adjustment process refers to the ability of an individual to adjust to ever-changing environmental conditions (Николаева and Белова, 2018). The tendencies manifested in children´s behaviour at an early stage of adjustment to a pre-school institution are maintained over a certain period of time. However, in a long-term perspective, children who were included into the programme of adjustment at a pre-school age achieve better results at school with respect to verbal abilities, concentration and socialisation (Denham, Bassett, Brown, Way, and Steed, 2013; Denham, Bassett, Mincic, Kalb, Way, Wyatt and Segal, 2012; Lubowiecka, 2000, according to Brzezińska, Czub and Ożadowicz, 2012). Strategies of adjustment imply specific cognitive and behavioural activities a child resorts to in order to successfully cope with the new role, as well as to adjust to the pre-school setting, which for him/her represents a deviation from

the established rhythm of his/her family routine (Brzezińska, Czub and Ożadowicz, 2012). The process of a child´s adjustment to the pre-school environment is under the influence of a series of subjective and contextual factors. Subjective factors comprise children´s traits such as age, sex and temperament, while contextual factors comprise the properties of family and pre-school settings. The aforementioned factors interact and influence the type of adjustment to a pre-school institution. Thus, one can distinguish between easy, medium and difficult adjustment of a child (Klim-Klimaszewska, 2006, according to Brzezińska, Czub and Ożadowicz, 2012).

A child´s age and level of development have a significant impact on the process of adjustment, and it is manifested through specific forms of behaviour a child resorts to in order to cope with the adjustment difficulties. Children´s behaviour can take different forms and it may be expressed in either positive or negative manner (Garner and Waajid, 2012; Sęk and Brzezińska, 2010).

Adjusting to new living conditions and training for interaction with peers are significant for children´s proper development and health. Child´s behavioural deviations such as stubbornness, whims, refusing to eat, changes with respect to one´s emotional moods and appetite are common occurrences when a child changes the environment. Consequently, parents and educational staff at pre-school institutions face numerous challenges at the beginning of the adjustment process (Bicheva and Muravyeva, 2017). The primary task of pre-school teachers is to reduce the children´s anxiety which surfaces during the period of adjustment, as well as to secure favourable conditions for attending kindergarten (Gersamia and Imedadze, 2015; Buyse, Verschueren and Doumen, 2011). Hence, the process of a child´s adjustment to a pre-school institution includes both cognitive and social adjustment (Akçinar, 2013; Zupančič and Kavčič, 2011). Furthermore, emotional adjustment represents a very important aspect which enables one to mitigate the stress and difficulties a child may encounter (Rhoades, Warren, Domitrovich and Greenberg, 2011).

A child who spent his/her first years of life in a family home with parents perceives a pre-school institution as a great stress and shock. A child is expected to successfully overcome numerous challenges and adjust to the rules of life in the community (Cowan, Cowan, Schulz, and Heming, 1994). An effective manner to alleviate the stress in children during the adjustment process is to organise various games which can help children learn how to communicate and build mutual trust. However, pre-school children often face difficulties with becoming included in play with their peers, whereby the role of pre-school teachers becomes crucial because they intervene in the process and afterwards try to engage all children in the process of play (Gersamia and Imedadze, 2015). As indicators of a successful adjustment process one states the presence of socially desirable forms of behaviour, happiness and satisfaction, positive forms of behaviour and absence of emotional disquietude and risk behaviour (Masten and Reed, 2002).

In the context of adjustment one also mentions developmental tasks which impose themselves as desirable in certain periods of growing up, and which are determined by social and cultural norms. It is expected that a child adopts adequate social patterns of behaviour during the pre-school period and masters basic knowledge and skills necessary for the primary school period, according to the institutional curriculum (The basis of the programme of pre-school education, 2018). Aside from the external and proscribed tasks a child is expected to master, internal adjustment is also very significant as it relates to psychological and emotional well-being of a child in opposition to disquietude and anxiety (Grijak, 2018).

Should the adjustment programme respect children´s habits, needs and developmental characteristics kindergarten could become a safe harbour for children and parents alike.

In that context some authors suggest that at the very beginning, in the period of adjustment of the youngest children, one should form special groups in order to provide children with attentiveness and release the stress due to children´s presence in a large peer group (Stojić, Divljan and Avramov, 2010). Admission into kindergarten is a very important phase in a child´s life and in the life of his/her entire family. Thus, it is very important to offer psychological and

pedagogical support for parents, as well as to strengthen their competences to mitigate the symptoms of adjustment (Lukyanova, 2018).

The process of adjustment itself is conditioned by a series of factors. The quality especially significant for a successful adjustment of children to a pre-school institution is their relationship with parents, specifically the mother-child relationship (Nur, Aktaş-Arnas, Abbak and Kale, 2018; Velikić, Filipović, Bačić and Bogosanović, 2010). Furthermore, levels of co-operation with parents are highly significant, primarily the existence of a functional co-operation between parents and pre-school teachers. Essentially, quality co-operation and partnership development between parents and pre-school teachers even beyond the process of adjustment are crucial for the well-being of children, parents and pre-school teachers (Višnjić Jevtić, 2014; Ljubetić, 2014; Pedro, Miller and Bray, 2012; Hindin and Mueller, 2016).

Bearing in mind the importance of parents´ role in the adjustment process it is very important to examine their perceptions, in order to search further for suitable solutions for the purposes of a more successful adjustment of children to pre-school institutions.

3. Research methodology

Admission into a pre-school institution instigates a transformation of an established order in the lives of children and parents and it constitutes a significant phase in the family dynamics. A successful children adjustment process to a pre-school institution demands a thorough preparation of children and parents, as well as respect for individual characteristics of each and every child. Accordingly, the aim of this research is to examine the attitudes of parents regarding the process of children´s adjustment to a pre-school institution, as well as regarding the possible separation difficulties which occur when a child starts attending kindergarten. The research provides answers to the issues of parents´ awareness of the problems revealed in the process of children´s adjustment to a pre-school institution, as well as of the possibilities of their successful resolution. In accordance with the stated goal and problem, for the purposes of this research the following research tasks have been defined:

1. To examine the attitudes of parents regarding the factors which influence the process of children´s adjustment to a pre-school institution;
2. To examine parents´ attitudes regarding the indicators of a successfully completed process of children´s adjustment to a pre-school institution;
3. To ascertain which methods and educational procedures parents use to facilitate the process of their child´s adjustment to a pre-school institution.

For the purposes of this research study a general hypothesis was formulated which implies parents´ partial familiarity with the characteristics of the process of children´s adjustment to a pre-school institution. Specific hypotheses were formulated in the following manner:

1. It is assumed that parents believe that the process of adjustment is conditioned by individual traits of each child;
2. It is assumed that parents believe that the process of adjustment is successfully completed if a child feels joy when attending kindergarten;
3. It is assumed that parents customarily introduce pre-school teachers to the traits and habits of their children to facilitate the process of children´s adjustment to a pre-school institution.

The research sample constituted 763 parents of pre-school children from urban and rural areas in the territory of Serbia whose attitudes towards the process of adjustment have been analysed relative to their sex, age and level of education. In the course of their research the authors applied a scaling technique as well as an intentionally constructed instrument, a five-point Likert assessment scale intended for examining parents´ attitudes towards children´s adjustment to a pre-school institution. The data obtained through the research have been processed by using the SPSS - statistical data processing software package. As far as statistics parameters are

concerned, the authors resorted to descriptive statistics, T-test and F-test. The research results have been presented in a form of texts and tables. The research was conducted in the course of 2018.

4. Research results with discussion

The presentation of research results follows the set tasks and research hypotheses: firstly, the authors present the data regarding parents´ attitudes towards the children´s adjustment to a pre-school institution (Table 1); these are followed by the data regarding statistically significant differences in parents´ attitudes relative to parents´ sex (Table 2), parents´ age (Table 3), and, finally, parents´ level of education (Table 4).

Table 1.
Parents´ attitudes towards children´s adjustment to a pre-school institution

	M	Sd	1	2	3	4	5
The adjustment process depends on individual traits of pre-school children	4.59	0.60	0.1	0.7	3.3	31.2	64.7
The adjustment process depends on children´s age	4.30	0.85	0.7	3.1	12.2	33.0	51.0
The adjustment process depends on the family ambience in which a child lives	4.35	0.88	1.3	4.6	5.8	33.6	54.8
In the process of children´s adjustment the role of pre-school teachers is more important than that of parents	4.33	0.85	0.8	2.9	12.1	30.4	53.9
The adjustment process should optimally last up to three months	4.17	0.93	2.0	3.0	15.6	34.9	44.6
Children´s adjustment constitutes the stress for parents and children alike	4.32	0.84	1.0	3.1	9.0	36.0	50.7
I am familiar with the procedures which facilitate children´s adjustment	4.48	0.65	0.1	1.0	4.8	38.5	55.4
Our pre-school teacher has introduced me to the difficulties which can occur when a child is admitted to kindergarten	4.65	0.61	0.7	0.5	2.2	25.4	71.2
The adjustment process is over when a child stops crying and complaining when attending kindergarten	4.24	1.03	2.8	5.6	11.0	25.8	54.8
The adjustment process is over when a child attends kindergarten with joy.	4.60	0.69	0.7	1.6	3.5	24.8	69.5
Refusing to eat and sleep, crying and frequently becoming ill accompany the process of adjustment	4.33	0.79	0.9	2.6	7.5	40.5	48.5
In order to facilitate the adjustment process I talked with my child about the events at kindergarten	4.63	0.56	0.1	0.7	1.8	30.3	67.1
In order to facilitate the adjustment process I have introduced pre-school teachers to the traits and habits of my child	4.64	0.59	0.4	0.8	1.4	28.3	69.1
In order to facilitate the adjustment process I have allowed my child to take his/her favourite toy to kindergarten	4.24	1,01	3.4	3.5	11.3	29.0	52.8
The adjustment process will be easier with children who previously had an adequate relationship with their parents	4.39	0.88	1.4	3.1	8.9	27.4	59.1
At the beginning of the adjustment process I stayed with my child in the kindergarten	3.35	1,53	16.1	23.1	5.5	19.8	35.5

Table 1 shows parents´ attitudes towards the factors which determine the adjustment process, the difficulties which might occur in the adjustment process, as well as the possibilities of successfully overcoming them.

The first three items on the assessment scale, *The adjustment process depends on individual traits of pre-school children, The adjustment process depends on children´s age* and *The adjustment process depends on a family ambience in which a child lives* refer to the factors which influence the process of adjustment. The average response (M) regarding the presented assertions shows that parents believe that the adjustment process is first and foremost conditioned by individual traits of pre-school children (M-4.59), and later by the family ambience in which a child grows (M-4.35). Children´s age, according to the beliefs of parents´ who constituted the research sample, is least likely to influence children´s adjustment process to a pre-school institution (M-4.30), but its influence is not irrelevant bearing in mind that the parents expressed partial agreement with the assertion examining the impact of a child´s age upon the adjustment process.

A child´s transition from a family setting to an institutional system of functioning which implies the respect for new rules and norms depends on parents and pre-school teachers who need to harmonise their educational procedures and methods of adjusting children to a pre-school institution. Research results show that 84.3% of the respondents believe that in the process of children´s adjustment to a pre-school institution the role of pre-school teachers is more significant than that of parents. It is assumed that parents consider pre-school teachers to be more competent participants in the children´s adjustment process, primarily due to their pedagogical education and experience in working with children who encounter a pre-school setting for the first time in their lives. Furthermore, parents rely on pre-school teachers to apply the procedures in their work with children which have proved to be beneficial in practice.

Regardless of whether a child adjusts to a pre-school institution more easily or with some difficulties, the adjustment process is characterised by the optimal length of time. Research results show that parents believe that one month is sufficient to mitigate or altogether eliminate the symptoms which occur in the adjustment process (M-4.17). The assertion that children´s adjustment represents a stressful period for parents and children alike was fully or partially confirmed by 86.7% of parents, while the minority of respondents believe that children´s adjustment to a new environment does not constitute a stressful period for the development of children and functioning of parents (1% at all and 3.1% partially).

The research results indicate that the majority of parents are familiar with the methods and procedures which can facilitate children´s adjustment to a pre-school institution (M-4.48), as well as that pre-school teachers introduce them to difficulties which can potentially occur when children start attending the pre-school institution (M-4.65).

In order to ascertain the manner in which parents assess that the children´s process of adjustment to a pre-school institution is over the following two items have been offered: *The adjustment process is over when a child stops crying and complaining when attending kindergarten* and *The adjustment process is over when a child attends kindergarten with joy.* The research results show that parents believe that children´s joy when attending kindergarten is a more significant indicator of a successfully completed adjustment process (M-4.60) than when they stop crying and complaining (M-4.24).

The research results show that 89% of parents believe that refusing to eat and sleep, as well as crying and being frequently prone to colds are normal side effects of the process of adjustment to a pre-school institution.

In order to examine the methods and educational procedures which parents resort to in order to facilitate children´s adjustment to a pre-school institution, the respondents have been offered the following assertions*: In order to facilitate the adjustment process I talked with my child about the events in kindergarten, In order to facilitate the adjustment process I have introduced pre-school teachers to the traits and habits of my child, In order to facilitate the adjustment process I*

have allowed my child to take his/her favourite toy to kindergarten, At the beginning of the process of adjustment I stayed with my child in the kindergarten. The research results show that for the purposes of overcoming the difficulties which occur when children start attending kindergarten parents most frequently introduce pre-school teachers to the habits and traits of their children (M-4.64), and then they talk with their child about the events in kindergarten (M-4.63). On the other hand, a somewhat smaller percentage of respondents believe that carrying a favourite toy to kindergarten is a proper procedure in children´s adjustment process (partially 29%, fully 52.8%). Likewise, the research results show that one half of the respondents stayed with their children in the kindergarten in order to support them in the process of adjustment (55.3%), as well as that in the assessment of the propriety of such an action parents are mostly hesitant (M-3.35). The largest number of parents expressed their partial (27.4%) or full (59.1%) agreement with the assertion that the adjustment process would be easier with children who prior to attending the kindergarten had an adequate relationship with their parents, while minority among parents fail to perceive the connection between children´s prior experiences in their respective families and the process of adjustment to a pre-school institution (4.5%).

Table 2.
Statistically significant differences in parents´ attitudes relative to their sex

	Sex	M	sd	t	df	p
The adjustment process depends on individual traits of pre-school children	Female	4.63	0.56	2.58	761	0.01
	Male	4.50	0.67			
The adjustment process depends on children´s age	Female	4.35	0.83	2.55	761	0.01
	Male	4.18	0.87			
Children´s adjustment constitutes a stressful period for parents and children alike	Female	4.36	0.83	2.00	761	0.04
	Male	4.22	0.87			
Crying, frequently becoming ill, refusing to eat and sleep often follow children´s adjustment	Female	4.39	0.76	3.40	761	0.00
	Male	4.18	0.85			
At the beginning of the process of adjustment I stayed with my child in the kindergarten	Female	3.42	1.56	1.90	761	0.05
	Male	3.19	1.46			

Table 2 shows data on statistically significant differences in the attitudes of parents relative to their sex regarding the children´s adjustment process to a pre-school institution. The research results show that mothers of pre-school children believe to a greater extent than fathers (M-4.50 and M-4.18) that the adjustment process is determined by individual traits (M-4.63) and children´s age (M-4.35). Likewise, the research confirmed that the children´s adjustment process to a pre-school institution was a more stressful period for mothers (M-4.36) than for fathers (M-4.22). In accordance with the aforementioned there is a research result which shows that mothers more often stay with children in kindergartens at the beginning of the adjustment (M-3.42), as well as that mothers are better introduced to difficulties which occur when children start attending a pre-school institution (crying, refusing to eat and sleep, becoming ill – M-4.39) than fathers (M-3.19 and M-4.18).

Table 3.
Statistically significant differences in parents´ attitudes relative to their age

	Age	M	sd	t	df	p
The adjustment process depends on children´s age	from 35	4.37	0.83	2.57	761	0.01
	to 35	4.20	0.86			
In the process of children´s adjustment the role of pre-school teachers is more important than that of parents	from 35	4.43	0.83	3.77	761	0.00
	to 35	4.19	0.86			
The adjustment process should optimally take up to three months	from 35	4.23	0.97	2.42	761	0.01
	to 35	4.07	0.85			
Children´s adjustment is stressful for parents and children alike	from 35	4.38	0.87	2.44	761	0.01
	to 35	4.23	0.79			
I have been introduced to the procedures which facilitate children´s adjustment	from 35	4.55	0.62	4.00	761	0.00
	to 35	4.36	0.67			
The pre-school teacher has informed me about the difficulties which may occur when children start attending kindergarten	from 35	4.71	0.58	3.10	761	0.00
	to 35	4.57	0.65			
The adjustment process is over when a child stops crying and complaining when attending kindergarten	from 35	4.36	0.97	4.10	761	0.00
	to 35	4.05	1.08			
Refusing to eat and sleep, crying and frequently becoming ill accompany the process of adjustment	from 35	4.44	0.72	5.00	761	0.00
	to 35	4.15	0.86			
At the beginning of the process of adjustment I stayed with my child in the kindergarten	from 35	3.46	1.54	2.40	761	0.01
	to 35	3.19	1.51			

Table 3 shows data on statistically significant differences in parents' attitudes relative to their age regarding the children´s adjustment process to a pre-school institution.

The research results show that parents who belong to the responding population younger than 35 mostly believe that the children´s adjustment process to a pre-school institution is conditioned by children´s age (M-4.37), unlike parents over 35 (M-4.20). Likewise, the research results show that with the increase in the respondents´ age they tend to observe the role of parents as more significant (M-4.43) in comparison to the role of a pre-school teacher (M-4.19) in the children´s adjustment process to a pre-school institution.

In order to ascertain through the research the optimal period of the adjustment process from the standpoint of parent population, the respondents were offered a time interval of three months for the purposes of assessment. Parents who belong to the respondent category below 35 expressed a stronger agreement with the stated assertion (M-4.23) in comparison to parents over 35 years of age (M-4.07).

The research results indicate that a child´s attendance of a pre-school institution and adjustment to it constitute a bigger stress to younger parents (M-4.38) in comparison with parents who belong to the category of parents older than 35 (M-4.23). As a result, there is a sound logic in the research result which shows that for the purposes of overcoming the stressful adjustment period parents below 35 are more eager to be informed about the procedures which facilitate the adjustment period than parents above 35, whether it be done individually (M-4.55 and M-4.36) or with the support of a pre-school teacher (M-4.71 and M-4.57). The absence of tears and complaint in children when attending the kindergarten is a more significant indicator of a successfully completed adjustment process, according to the opinion of younger parents (M-4.36) in comparison to the elderly ones (M-4.05).

In accordance with the stated research result which shows that the younger population of parents is more frequently informed about the procedures which facilitate the adjustment process one can also state the research result which indicates that the aforementioned category of parents more easily recognise the adjustment process indicators such as cry and refusal of food and sleep (M-4.44) in comparison to parents over 35 years of age (M-4.15). When assessing the assertion *At the beginning of the process of adjustment I stayed with my child in the kindergarten* both categories of respondents showed some hesitance. However, average response indicates that the stated educational procedure is more frequently practiced by the younger population of parents (M-3.46) than by the elderly ones (M-3.19).

Table 4.
Statistically significant differences in parents´ attitudes relative to their education level

	Education level	M	sd	F	df	p
The adjustment process depends on individual traits of pre-school children	Secondary school	4,58	0,60	6.24	2	0.00
	College diploma	4,70	0,51			
	Faculty degree	4,49	0,66			
The adjustment process depends on children´s age	Secondary school	4,30	0,85	3.64	2	0.02
	College diploma	4,40	0,80			
	Faculty degree	4,17	0,88			
The adjustment process depends on a child´s family ambience	Secondary school	4,34	0,83	5.69	2	0.00
	College diploma	4,50	0,87			
	Faculty degree	4,20	0,96			
In the children´s adjustment process the role of pre-school teachers is more important than that of parents	Secondary school	4,37	0,80	14.0	2	0.00
	College diploma	4,50	0,76			
	Faculty degree	4,05	1,0			
The adjustment process should optimally take up to three months	Secondary school	4,28	0,89	12.2	2	0.00
	College diploma	4,20	0,93			
	Faculty degree	3,87	0,94			
Children´s adjustment is stressful for parents and children alike	Secondary school	4,35	0,86	5.38	2	0.00
	College diploma	4,40	0,77			
	Faculty degree	4,14	0,87			
I have been introduced to the procedures which facilitate children´s adjustment	Secondary school	4,52	0,62	4.96	2	0.00
	College diploma	4,51	0,62			
	Faculty degree	4,34	0,72			
The adjustment process is over when a child stops crying and complaining when attending kindergarten	Secondary school	4,38	0,94	23.6	2	0.00
	College diploma	4,36	0,96			
	Faculty degree	3,78	1,16			
The adjustment process is over when a child attends kindergarten with joy	Secondary school	4,64	0,67	8.26	2	0.00
	College diploma	4,69	0,60			
	Faculty degree	4,42	0,80			
Refusing to eat and sleep, crying and frequently becoming ill normally accompany the process of adjustment	Secondary school	4,42	0,72	15.4	2	0.00
	College diploma	4,40	0,71			
	Faculty degree	4,04	0,96			
In order to facilitate the adjustment process I have introduced pre-school teachers to the traits and habits of my child	Secondary school	4,61	0,62	3.76	2	0.02
	College diploma	4,74	0,45			
	Faculty degree	4,60	0,66			
In order to facilitate the adjustment process I have allowed my child to take his/her favourite toy to the kindergarten	Secondary school	4,33	0,93	8.93	2	0.00
	College diploma	4,31	0,93			
	Faculty degree	3,95	1,21			
The adjustment process will be easier with children who previously had an adequate relationship with their parents	Secondary school	4,42	0,83	4.74	2	0.00
	College diploma	4,49	0,83			
	Faculty degree	4,22	1,02			

Table 4 shows data on statistically significant differences in parents´ attitudes relative to their level of education and regarding the children´s adjustment process to a pre-school institution.

The parents who constituted a sample in the study to assess the factors which influence the children´s adjustment process to a pre-school institution have been offered children´s traits and age, as well as family ambience. When assessing the aforementioned factors the greatest level of agreement was expressed by the category of parents with college diplomas, immediately followed by the category of parents with secondary education. The lowest level of agreement has been noticed in the category of parents who hold faculty degrees. On the basis of an insight into respondents´ average response, one can assert that parents with college diplomas (M-4.70), secondary education (M-4.58) and faculty degrees (M-4.49) consider the adjustment process to be mostly determined by individual traits of pre-school children. The research results show that respondents with academic degrees consider the role of parents more significant than the role of pre-school teachers in the process of children´s adjustment to a pre-school institution (M-4.05), while parents with secondary education (M-4.37) and college diplomas give priority to the educational staff of a pre-school institution in the process of children´s adjustment (M-4.50). When assessing the assertion *The adjustment process should optimally take up to three months* parents with faculty degrees expressed the lowest level of agreement, i.e. hesitation in their assessment (M-3.87), while parents with secondary education (M-4.28) and college diplomas (M-4.20) expressed partial agreement. Parents of all education levels expressed partial agreement with the assertion that the adjustment process was stressful for both parents and children. However, average response indicates that parents with a lower level of education (secondary education: M-4.35 and college diploma: M-4.40) are under bigger stress in the process of adjustment than parents with faculty degrees (M-4.14), as well as that they more frequently seek information regarding the procedures which can facilitate children´s adjustment (secondary education:M-4.52 and college diploma:M-4.51) in comparison to parents with faculty degrees (M-4.34).

The absence of crying and complaints when children attend a pre-school institution is a partial indicator of a successfully completed process of adjustment according to parents with secondary education (4.38) and college diplomas (4.36), while parents with faculty degrees expressed hesitation in assessing this assertion (3.78). The following indicator of a successfully completed process of adjustment offered to parents to assess was children´s joy in attending the kindergarten. When assessing this indicator all three categories of parents expressed partial agreement. However, again a larger degree of agreement was expressed by the categories of parents with secondary education (M-4.64) and college diplomas (M-4.69) in comparison to parents with faculty degrees (M-4.42).

In the course of research the authors established a following tendency: with the increase in the level of education it becomes harder to recognise normal occurrences in the process of children´s adjustment such as cry, refusal of food and sleep, etc. The research conclusion has been drawn on the basis of parents´ average response in assessing the assertion *Refusing to eat and sleep, crying and frequently becoming ill normally accompany the process of adjustment* which was most affirmatively assessed by parents with secondary education (M-4.42), followed by parents with college diplomas (M-4.40). The lowest level of agreement was noticed in parents with faculty degrees (M-4.04). Providing pre-school teachers with information regarding a child´s habits and traits, as an educational procedure which can facilitate the adjustment process of children to a pre-school institution, is most frequently resorted to by parents with college diplomas (M-4.74), and followed by parents with secondary education (M-4.61). Parents with faculty degrees are less likely to provide pre-school teachers with the stated information (M-4.60). When it comes to methods and educational procedures which are used in order to overcome problems which occur when children start attending kindergartens, the research study shows that parents with a lower level of education (secondary school: M-4.33 and college diplomas:M-4.31) allow their children more frequently to take their favourite toys to kindergarten to facilitate the adjustment process than parents with faculty degrees (M-3.95). All three categories of respondents in this research study have noticed the significance of functional family relationships for children´s adjustment to a pre-school institution, expressing a

partial agreement with the assertion *The adjustment process will be easier with children who previously had an adequate relationship with their parents.*

5. Conclusion

Leaving the family ambience for the first time, being separated from parents and encountering a larger number of unknown faces occurs when a child starts attending a pre-school institution. Aside from the fact that this is a traumatic period for children who are terrified of the new situation, one also needs to bear in mind that parents face the stress as well, along with a number of doubts and questions: *Is my child going to adjust to the new environment? Is he/she going to be accepted by his/her peers? Is he/she going to experience emotional difficulties due to daily separation?*

On the other hand, every year pre-school institution employees encounter children who enter the institutional environment of a pre-school setting for the first time. Thus, their experiences are valuable when it comes to recognising the side effects of the adjustment process, as well as their knowledge of methods applied to facilitate the process of adjustment. Furthermore, in practice there are different types of adjustment for every child which makes the individual approach extremely important when a child begins attending a pre-school institution.

Since the quality of the adjustment process to a pre-school institution reflects later in life on the adjustment to a school environment, as well as to changes which occur in the process of growing up, it is very important to provide a child with such conditions in a pre-school institution which imply less stress and anxiety. In that context, the co-operation between parents and pre-school teachers and the development of a partnership are preconditions for a successful process of adjustment. It is very important that they mutually inform each other, bearing in mind that on the one hand there are parents who can provide pre-school teachers with information about their child, while on the other hand pre-school teachers can introduce parents to the children´s idiosyncrasies in the process of adjustment. The research results indicate that parents are merely partially introduced to the process of adjustment. Thus, this research raises the question of reasons for an insufficient awareness of parents and the possibilities of their pedagogical education in the domain of children´s adjustment to a pre-school institution.

Research results indicate a larger level of stress in mothers than in fathers in the process of adjustment, larger capabilities for recognising the indicators of the adjustment period and a more frequent gathering of information on side effects which are reflected in the process of adjustment to a pre-school institution.

Regarding the level of education of parents, the research indicates a tendency of parents with faculty degrees to consider the parents´ role more significant than the role of pre-school teachers in the process of children´s adjustment to kindergarten. They rarely inform themselves about the characteristics of the adjustment period, they rarely share information about their child with a pre-school teacher and they feel less stressed when a child starts attending a pre-school institution. On the other hand, they experience more difficulties in recognising the characteristics of the adjustment period, as well as the optimal time interval of the process of adjustment.

The limitations of the conducted research are reflected in the fact that the field of children´s adjustment to a pre-school institution has been observed solely from the parents´ perspective. However, this fact does not decrease the significance of the research, since the obtained data can constitute a starting point for researchers who will deal with the related topics in the future, i.e. with the issues of pre-school teachers´ competences in the process of children´s adjustment to kindergarten or with the co-operation between families and pre-school teachers in the process of children´s preparation for school.

6. Notes

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Use of the holistic model for training evaluation in a preschool teacher training

Uso del modelo holístico de la evaluación en una formación con maestras de educación preescolar

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Abstract: The present article is a case study which evaluated the transfer of training during a teacher training in a preschool institution in Mexico City. It was taken by preschool educators, teachers and assistants, using the holistic model for training evaluation. The method adopted was the evaluative research and two different instruments were applied. Quantitative, the survey; and qualitative, the semi-structure interview. The obtained data came from three different agents: preschool educators, their principal and the trainers. The results were analyzed trilaterally and show a positive transfer of training from the educators, mainly blocked by the lack of time to introduce new changes to their teaching practice and possibly, due to the absence of support from their principal. Trainers think that regular follow ups are necessary to maintain the transfer of training. For its part, the principal observed that educators with long experience in the field were the less ones with an intention to do a transfer. This research, following the results in Mexico, arrives to the main conclusion that the evaluation of the transfer of training from teachers' trainings in preschool education is incipient. Thus, suggesting that new researches are necessary to consolidate the effectiveness and impact on this type of evaluation

Resumen: El presente artículo es un estudio de caso que evaluó la transferencia de aprendizajes durante una formación continua en una institución preescolar en la Ciudad de México, la cual fue estudiada por educadoras y asistentes utilizando al modelo holístico para la evaluación de la formación. El método adoptado fue la investigación evaluativa y se aplicaron dos tipos de instrumentos diferentes: cuantitativo, la encuesta; y cualitativo, la entrevista semiestructurada. Los datos obtenidos provinieron de tres agentes diferentes: educadores y asistentes, la directora y los capacitadores. Los resultados fueron triangulados y mostraron una transferencia de aprendizajes mayormente positiva por parte de las educadoras, bloqueada principalmente por la falta de tiempo para introducir nuevos cambios en su práctica docente, posiblemente debido a la falta de apoyo de su directivo. Los capacitadores piensan que se necesitan seguimientos regulares para mantener la transferencia de formación y la directora observó que eran las educadoras con una larga experiencia en el campo las que menos intención tenían de hacer transferencia. Esta investigación, llega a la conclusión principal que en México la evaluación de la transferencia de aprendizajes de formación continuas en educadoras en preescolar es incipiente. Por lo tanto, se sugieren nuevas investigaciones para consolidar la efectividad y el impacto de este tipo de evaluación

Keywords: Assistants; Evaluation; Teacher training; Preschool education; Preschool teachers; Transfer of training

Palabras clave: Asistentes; Evaluación; Formación continua; Educación preescolar; Educadoras; Transferencia de aprendizajes

1. Introduction

The teaching system in Mexico recognizes that the only way in which it is possible to upgrade the results of all active teachers is by using the evaluation in order to measure and analyze this process. (Secretaría de Educación Pública, 2017; Secretaría de Educación Pública, 2018).

It is possible to improve the spaces, resources, materials and family implications among other facets, but at the end the responsible to make it profitable for the children are teachers in charge of their care as well as their education.

Parallelly, it is known that a decisive stage in the education of individuals happens during preschool. Cebolla-Boado, Radl & Salazar (2014) mention: "*most of the skills that people end up acquiring are determined before they are six years old*" (p. 21). Thus, this study focuses on the evaluation of teacher trainings; to which teachers working at this stage attend, in order to know their repercussion into their teaching practices.

The evaluation of teacher trainings in preschool education is not new in other countries (Rolla & Rivadeneira, 2006; Barba-Martín & López-Pastor, 2017; Karademir, Cingi, Dereli & Akman, 2017) although it has received more interest recently. This is the reason this study proposes to show the necessity of the evaluation of transfer of training to apply the trainings into the classroom. For, knowing the success of trainings will empower the quality and pertinence of teacher trainings offered to them.

2. Literature review

2.1 Definition and importance of teacher trainings

By using the concept teacher training we understand "*the program or space for retaking contents and important concepts for the feedback of the practice*" (Arruda, Araújo, Locks & Pagliosa, 2008, p. 521). It involves the study of contents in order to revise and refresh all kind of jobs. In the same way, it contributes to develop the professional competences which help to make the tasks more effective, increasing the potential of the institutions, too (Tejada & Fernández, 2012).

It is also known that the need to update and train permanently is a requirement that applies to many other jobs further than teaching (Mayorga-Fernández, 2004). However, in teachers' trainings, it should not only consist in meaningless knowledge but in transforming the educational practice in favor of the student learning (Secretaría de Educación Pública, 2012).

Perrenaud (2004) argues that it is important that teachers attend trainings and the relevance of it lies in that "*no competition once built remains acquired by simple inertia. At least it must be preserved through its regular exercise (p.108)*". They allow to reinforce and update the competences in teachers with the purpose of strengthening their teaching practices. Therefore, teachers should attend trainings in a frequent way.

2.2 The transfer of training concept

This term, transfer of training, was defined by Baldwin & Ford (1988), as "*the degree in which participants apply the knowledge, skills and attitudes acquired in a context of training for the work*" (p. 63). Furthermore, it is expected that this application or change in work behavior is maintained for a long period.

As it has been mentioned before, it is important for all teachers to receive trainings. In addition to it, transferring the learnings they obtain to their practice with students is essential. In other words, applying what they have learned into their practice is key to succeed after the training: the time, money and effort invested should make it worth. However, trainings must provide the teachers with the learnings they will use in their everyday classrooms. Thus, improving and optimizing their teaching skills.

The transfer of training refers to the teachers' skills to apply what they have learned to new contexts and situations. In this sense, Tejada & Giménez (2007) come up with the classification of types of transfers, according to the effects they cause in learning:

- Positive transfer: It facilitates the learning to new situations. Previous learnings act as facilitators.
- Negative transfer: It refers to the confirmation of learning difficulties into new situations. it can be considered that previous learnings interfere into the new ones. A clear example is the use of homonyms or synonyms.
- Zero transfer: It refers how previous learnings do not have any effect on the new ones. (p. 247)

In order to obtain a positive transfer, these authors consider that it is necessary an unification of previous learnings, which depend on: a) the previous moments and those processes characterized by the codification of information or specific knowledge every teacher has, b) the assimilation of new knowledge and its relationship with preview knowledge, c) cognitive and learning strategies will also allow the transfer, promoting new learnings.

2.3 Training's evaluation models and the holistic model for training evaluation

The "*evaluation of the transfer of training*" is a stage that all trainings should include in their evaluation because it allows the analysis of the learning and transfer of contents from the agents involved. Thus, facilitating the optimization of trainings (López-Rodrigo, Feijo-Cid, Novel-Martí & Leyva-Moral, 2017).

There are different models that propose methodologies to evaluate trainings. In general, they all depart from the contributions by the theoretical expert in evaluation, Donald Kirkpatrick (1998).

This author's model, known as the *Kirkpatrick mode*l, proposes four independent dimensions of training: 1) participants' satisfaction, 2) learnings made by them, 3) workplace behavior, and 4) effects and impacts that the transfer of training generates into the organization.

At this point, the Meignant Model (Meignant, 1997) may come in handy because, despite raising the same levels of evaluation as the Kirkpatrick model, it identifies two types of impact: individual and collective objectives, which are worth identifying and differentiating.

Nevertheless, for trainings related to teachers' education, this study proposes the use of *the holistic model for training evaluation* (Pineda, 2002) due to the following reasons:

1. It offers a global and systematic evaluation that allows analyzing all the variables that affect a training's evaluation in a unified a manner.

2. The model emerges from a cross-answer from five basic questions (whom do I evaluate for? what do I evaluate? who evaluates? when do I evaluate? and how do I evaluate?). This allows an effective evaluation plan for each training (Table 1).

Table 1.
Questions suggested by the holistic model for training evaluation (Pineda, 2002)

Question	
1. For whom?	Recipient of the evaluation.
2. What?	Six levels of evaluation: Satisfaction, Learnings, Pedagogical Adequacy, Transfer of Training, Impact and Profitability (Table II).
3. Who?	Agents who participate in the evaluation.
4. When?	Before starting the training (initial evaluation), during the training (formative evaluation), at the end of the training (final evaluation), some time after completing the training (transfer evaluation).
5. How?	Election of evaluation instruments: interviews, questionnaires, controls, final test observations, profitability calculations, etc.

3. The evaluation levels that this model proposes, include a pedagogical dimension, which the other models do not include (Table 2).

Table 2.
Evaluation levels from the holistic model for training evaluation (Ibid, 2002)

Level proposed by this model

Level		
Level 1	Satisfaction	Participant's satisfaction about the training
Level 2	Learnings	Participant's achievement of the learning objectives
Level 3	Pedagogical Adequacy	Pedagogical coherence of the training process.
Level 4	Transfer of training	Transfer of training to the workplace and transfer barriers.
Level 5	Impact	Training impact of the institution's objectives
Level 6	Profitability	Training's profitability for the institution.

4. The model considers that the transfer of training can be limited by possible transfer barriers, which can be of different kinds and are classified as:

- *Organizational barriers:* Participants do not receive the necessary support from the organization, either in material, orientation or support of their initiatives.
- *Formative barriers:* Design and development of the training does not allow the transfer.
- *Personal barriers:* Participants are not prepared or motivated to transfer the training (Ibid, 2002, p. 268).

Similar to the barriers that the holistic model for training evaluation identify, Doherty (2011) adds two more types: the policies, referred to the absence of an institutional strategy and the cultural ones, related to the existence of values and rules that do not promote change.

Despite that there are several authors who use a different jargon: factors (Baldwin & Ford, 1988), elements of transfer (Holton, 2005), characteristics for the transfer (Ingvarson, Meiers & Beavis, 2005), yet, they all agree that there are different types of conditions that can hinder or obstruct the transfer of training. Thus, in order to minimize the extent in which they can affect a successfully transfer, it is important to identify and study them.

As Cano (2016) argues, evaluating the transfer of training is a complicated process that comes at a cost in time, money and effort since it implies several processes: the evaluation of the transfer in different periods of time, the participation of various agents related to the training, and the analysis of all the data collected.

Considering the importance of trainings for preschool teachers and assistants, it is relevant and necessary to evaluate the transfer of training they perform into their classrooms while using a model that best adapts to the characteristics of the training they receive. Knowing the effectiveness of the training will help strengthening the quality and relevance of trainings that are offered and received.

3. Method

The objective of this study was to evaluate the transfer of training from a preschool training taken by teachers and assistants using the holistic model for training evaluation. This is the first use of the holistic model in this context, so the results obtained will guide future applications in preschool trainings.

The method of evaluative research (Latorre, Rincón & Arnal, 1996) was used and quantitative and qualitative instruments were implemented. The purpose of using both types of instruments was to triangulate the information obtained in order to explain with accurate data, the transfer of training teachers and assistants made to their teaching practice. Once the research was completed, the results of this study were delivered to all participants, as proposed by the method used.

3.1 Contextualization

The study was carried out in Mexico City. Preschool educators, from a same institution, were taking a 120-hour course on key competences for preschool children from a constructivist approach. Only two modules out of five were evaluated: Module III. Adult-Child Interaction and Module IV. Planning and evaluation of teaching. For, those were the ones that included theoretical-practical contents that involved the transfer of training from the educators into their practice.

3.2 Participants

The selection of the participants was intentional and not probabilistic, which implies an informal selection based on the interests of the research (Sabariego, 2004). In this sense, a preschool institution was selected on basis they should have teachers studying a training. The study, both orally and printed, was presented to the three agents involved in the study: preschool educators, principal and trainers. All of them agreed to participate. Concerning preschool educators participating in the training, it was found that they belonged to two positions: teachers and assistants (Table 3).

To achieve a better analysis of the data, the training's participants were divided into two groups according to their posts. Yet, all responded the same survey. To complement the information obtained from teachers and assistants, semi-structured interviews were conducted with the principal and the three trainers.

Table 3.
Participants

Agents:		Instrument:
Teachers (Responsible for a preschool group)	7	Online survey
Assistants (Teachers' pedagogical support)	10	
Trainers	3	Semi-structure interview (model 1)
Principal	1	Semi-structure interview (model 2)
Total:	**21**	

3.3 Instruments

The instruments used for this study were the survey and the semi-structured interview (Figure 1). It is important to mention that not all the levels where evaluated in all agents, that is why the triangulation of the results was an important stage of the study.

All instruments were linked to the evaluation of the transfer as perceived. This consists on evaluating by means of participants' perceptions involved in the evaluation of the training. Thus, based on subjective evaluations taking into consideration the state of mind, personality, daily events, etc. (Quesada-Pallarès, 2014).

Teachers and assistants answered an online survey, which had both close-ended and open-ended questions. The close-ended questions were answered using a four-item assessment scale where there was a maximum value (4) and a minimum value (1). Both kind of questions allowed to analyze the quantitative data of the study.

The survey was sent to the them two months after completing the training because in that time they would have already had the time and opportunity to transfer the training to their teaching practice.

The semi-structured interviews to the three trainers and the principal were also carried out two months after the end of the training.

The three instruments were validated through the validation system by judges. Changes were suggested regarding the grammatical structure of the questions to ensure a complete understanding of them. In the same way, granting their anonymity, all the consents' sheets were obtained in order to carry out this study.

Teachers and assistants survey

Level
1. Satisfaction

Indicators
1. Quality of the contents
2. Training social atmosphere

2. Learnings

1. Knowledge, skills and attitudes that participants have acquired or modified thorough the training

4. Transfer of training

1. Transfer possibilities of the training to the workplace
2. Module III: Self-evaluation training transfer
3. Module IV: Self-evaluation training transfer
4. Transfer barriers

Trainers semi-structure interview (model 1)

Level
1. Satisfaction

Indicators
1. Quality and achievement of the contents
2. Training social atmosphere

3. Pedagogical Adequacy

1. Contents   2. Methodology used
3. Training's possible application to the workplace

2. Learnings

1. Knowledge, skills and attitudes that participants have acquired or modified thorough the training

Principal semi-structure interview (model 2)

Level
1. Satisfaction

Indicators
1. Quality and achievement of the contents
2. Training social atmosphere

3. Pedagogical Adequacy

1. Contents   2. Methodology used
3. Training's application possibility to the workplace

4. Transfer of training

1. Module III: Training transfer
2. Module IV: Training transfer
3. Transfer barriers

5. Impact
6. Profitability

1. Training's results according to the aims of the school institution
1. Training's benefits for the school institution

Figure 1. Levels and indicators applied in the instruments (Adapted from Pineda, 2002)

3.4 Procedure

In regard to the data obtained from the surveys applied to the teachers and assistants it was compiled by means of the spreadsheet program Excel 2013, using data analysis tools to analyze the descriptive frequency of all the answers obtained.

The semi-structured interviews conducted with the three trainers and the principal were completely transcribed. Along with the answers, codes were obtained which allowed an interpretation that corroborated the theory used. The generated codes were "*descriptive*". Those were used to summarize in a word or phrase the basic argument of a set of qualitative data (Saldaña, 2013). The information obtained was analyzed mainly manually because of its quantity, with help of the word processor Word 2013.

4. Results

4.1 Surveys

The survey used to obtain information from teachers and assistants, consisted of different questions, all aiming to collect data from three of five levels according to the evaluation model used: satisfaction of the training, learnings made, and transfer of training up to the application of the survey.

When asking about Level 1. Satisfaction, participants expressed that the training covered their expectations, because they found the contents interesting, innovative and applicable to their teaching practice. They also agreed that the atmosphere with their colleagues and the trainers was pleasant, meaning that the training's satisfaction was high (Figure 2).
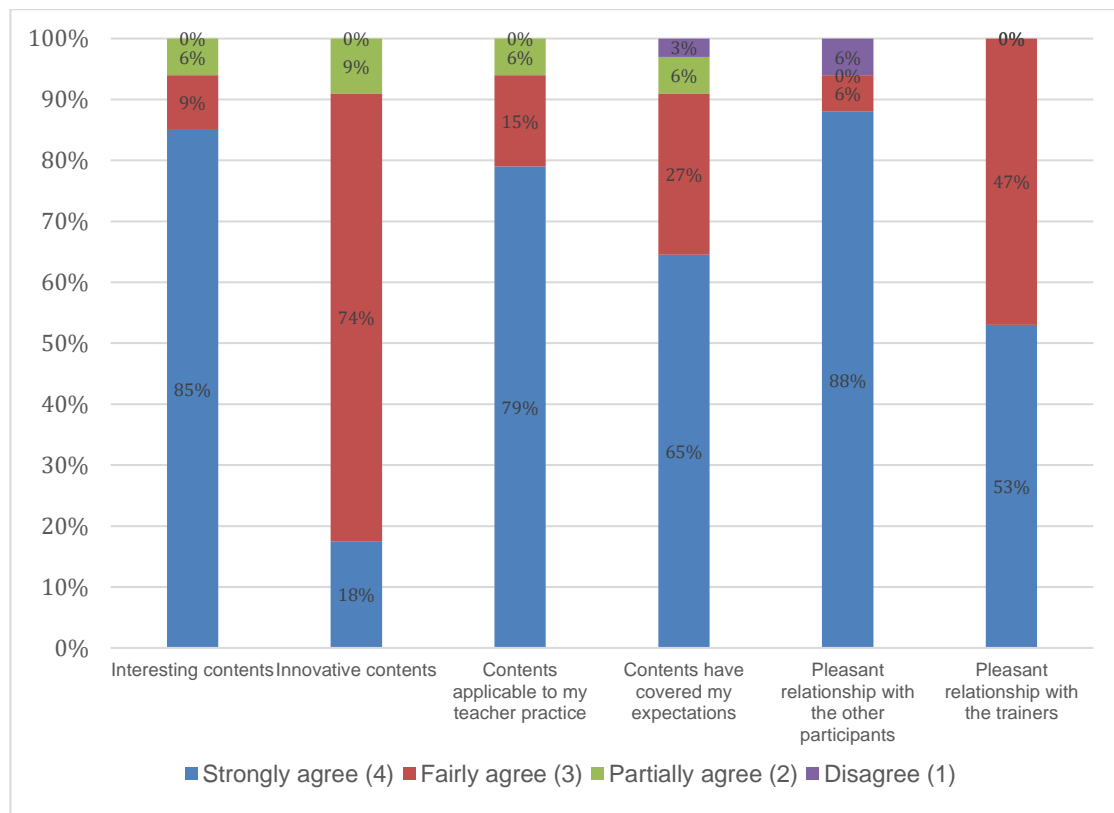
Figure 2. Level 1. Satisfaction

In relation to the learnings of the training, level 2 of the evaluation model, teachers and assistants considered to have obtained many of the learnings that were presented during the modules III and IV from the training (Figure 3 and 4).

The most mentioned learnings from module III were recognition of interests from the children in the planning, the use of the social strategy "*recognition versus reinforcement*" and how to have an adequate group control. Regarding the module IV, the most mentioned learnings were the elaboration and utility of the planning, the children anecdotal journal and the teacher's journal.

- a) Recognizing children's interests when planning
- b) Recognition vs. Reinforcement strategy
- c) Control group strategies
- d) Educator's role
- e) Socio-emotional atmosphere in the group
- f) Solutions for children's social problems
- g) Unification of vocabulary between teachers and assistants
- h) Reflecting teacher
- i) Number concept development
- j) Language and reading-writting process in children
- k) No new learnings

Figure 3. Level 2. Learnings (Module III)

- a) Planning: how to do it and its utility
- b) Children anecdotal journal
- c) Teacher's journal
- d) Children's portfolio
- e) Assesment's instruments
- f) Observation
- g) Children's self-evaluation
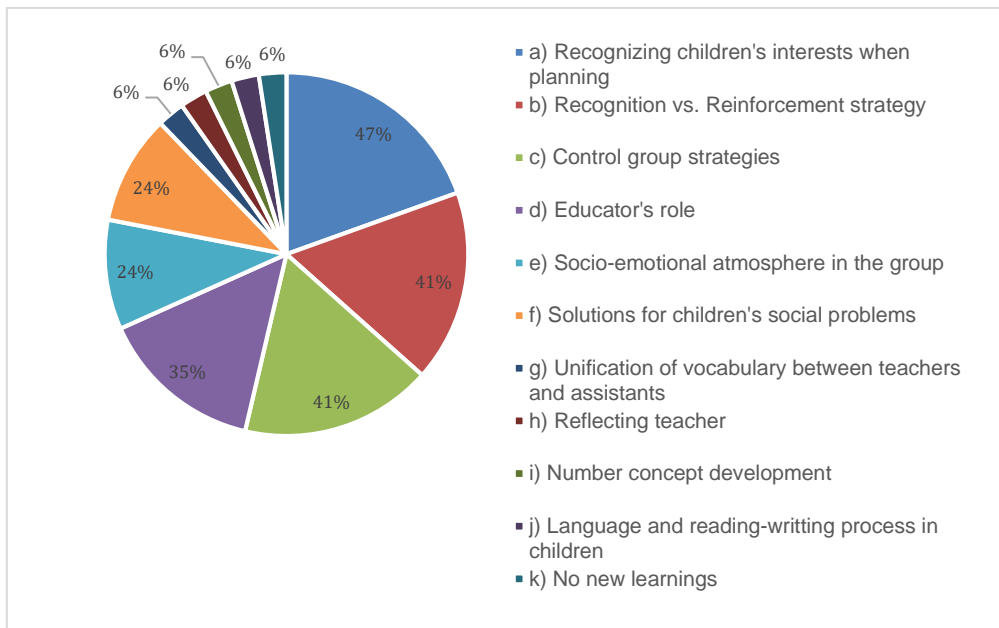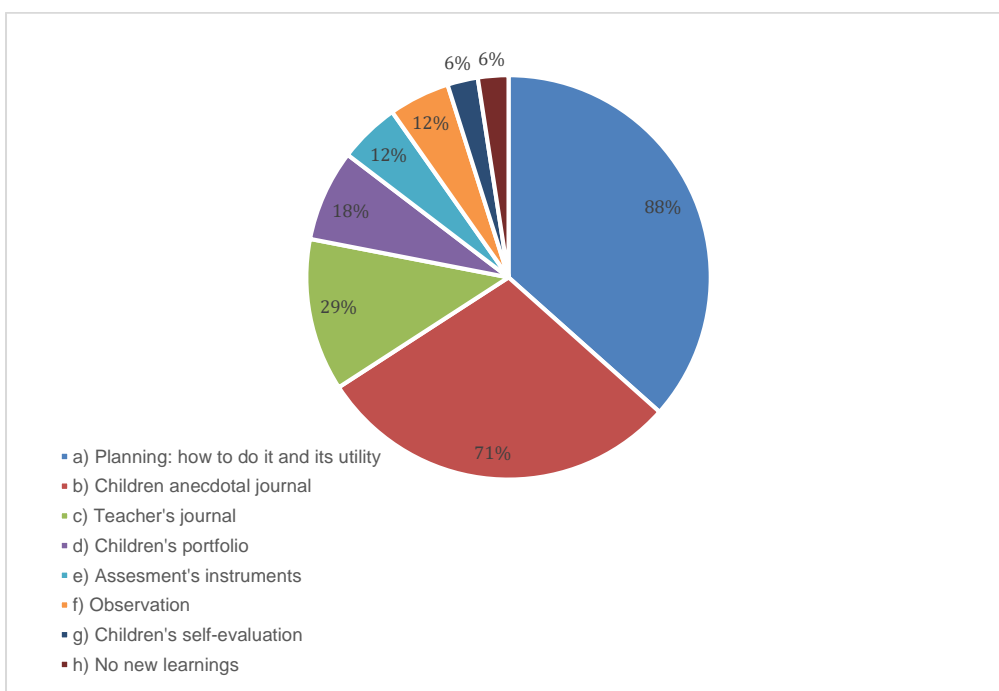- h) No new learnings

Figure 4. Level 2. Learnings (Module IV)

Finally, regarding to the transfer of training, level 4 of the model, four indicators were asked: self-evaluation of the training of transfers of modules III and IV, transfer possibilities and transfer barriers.
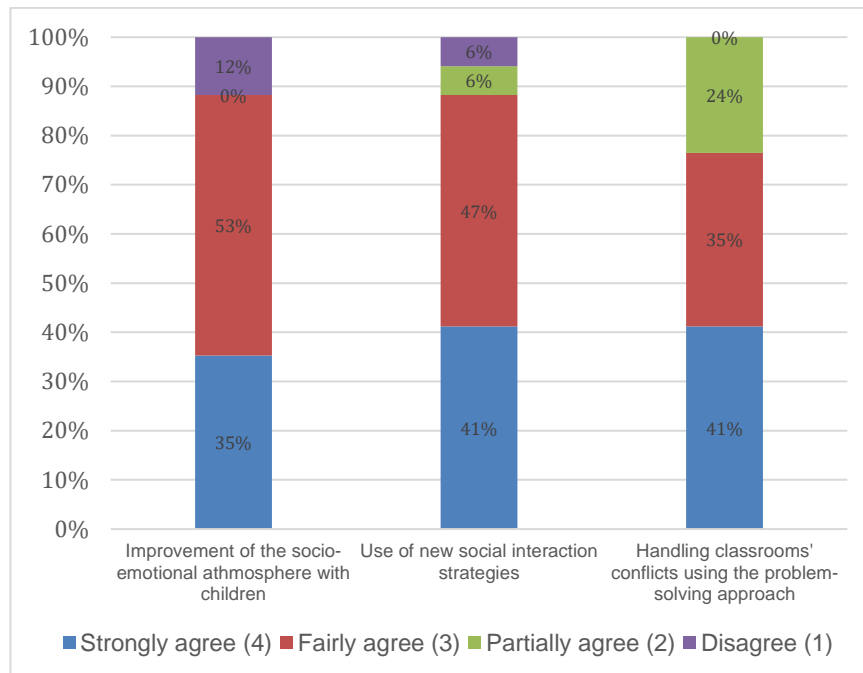
Figure 5. Level 4. Transfer of training (module III)
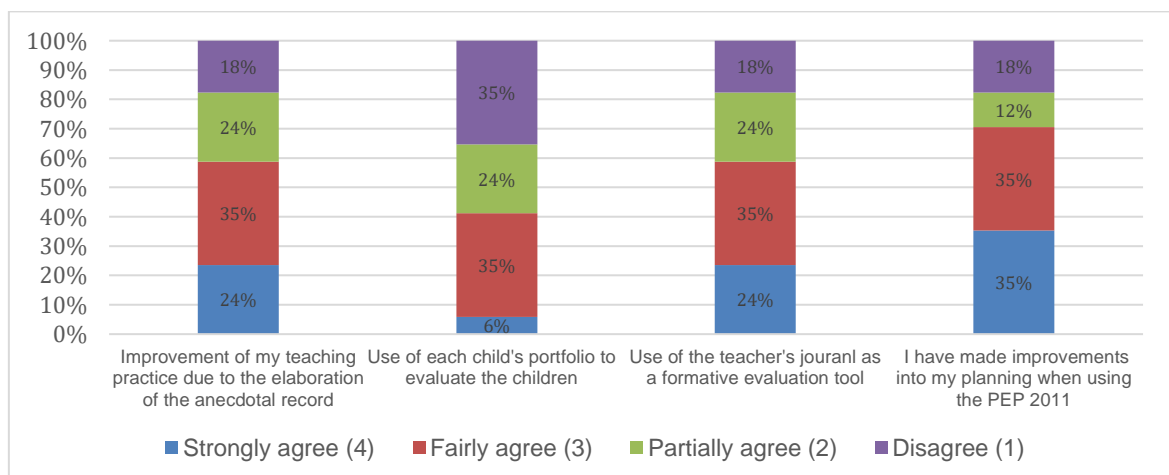
Figure 6. Level 4. Transfer of training (module IV)

In the graphs (Figures 3, 4, 5 and 6) the following can be observed, when comparing the learning obtained with the transfer made, most of the content of the training coincided. Additionally, it showed that the possibilities they had to transfer in the workplace were very high (Figure 7). The evaluation of their learnings from the training and the transfer made allowed to verify that teachers and assistants were positively transferring the learning following the diploma, as the high percentages in the graphs show (Figures 5 and 6).

With the evaluation model used, it was also possible to verify that when there is satisfaction with training, learning is achieved, and the transfer of training is high.
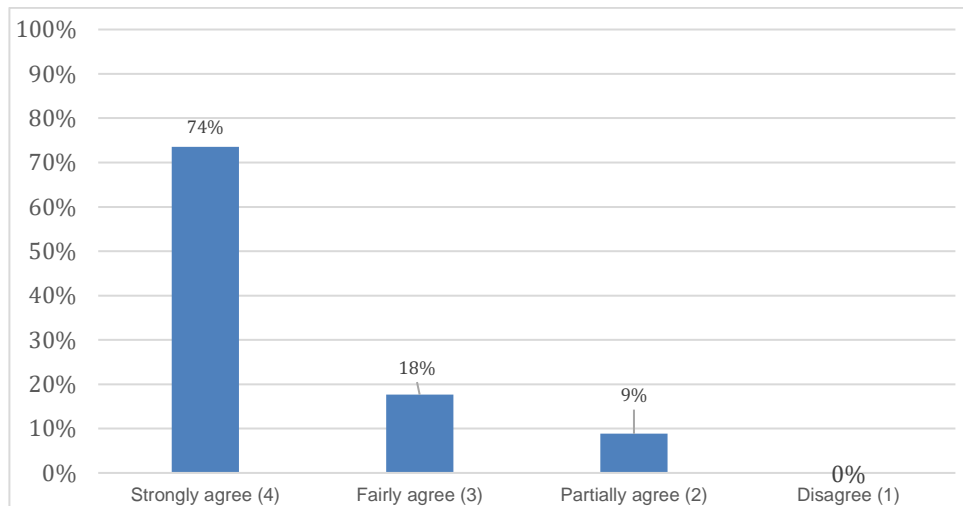
Figure 7. Level 4. Transfer possibilities

Finally, regarding the transfer barriers that the participants could have had from the contents of the modules evaluated it was made in the survey by selecting the answers with which they felt most identified. More than half of the participants answered that both <<lack of time>> and <<lack of support from principal>> were the main barriers they had faced (Figure 8). Nevertheless, it is also important to specify that no participant selected too many changes to their teaching practice. Thus, it may be said that, although they faced some barriers to transfer, they were willing to implement them in their teaching practice.

Figure 8. Level 4. Transfer barriers

4.2. Principal's and trainers' interviews

The advantage of being able to assess directly the perception of the transfer of training from the principal and from the trainers is that the information received in the surveys could be contrasted and validated.

Regarding level 1. Satisfaction, on the one hand the principal responded that she saw satisfaction in all the teachers and assistants, but it was higher in the latter.

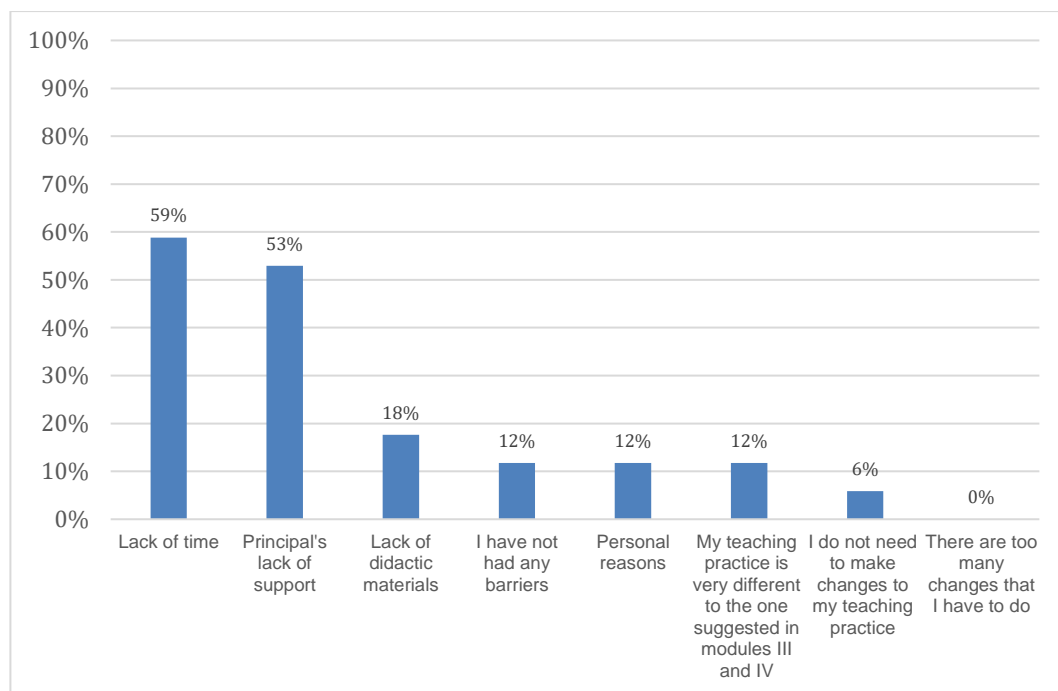On the other hand, trainers mentioned that the satisfaction was probably due to the fact there was a good relationship that among the participants. They supported each other, they talked about their experiences, they joked. Although trainers also mentioned that participants showed that their position was very restrictive: being a "*teacher*" or being an "*assistant*", which conditioned the exchanges of opinions during the sessions:

> "*Something that strikes me is that they have very marked <<she is the teacher and I am the assistant>>. I think sometimes it limits their participations". (Trainer 3, June-5th)*

The principal answered that it resulted very positive to bring together teachers and assistants into a training. As it fostered friendship among them, resulting as a very interesting social effect. She also said that at the end of the training she observed competition and rivalry among some of them, perhaps attributed to the fact that they were tired and exhausted after combining the school year and taking a training simultaneously:

> "*I think that they are happy with the training format, they have recorded themselves, they have delivered their planning to the trainers. The activities are varied".*
>
> *It is very tiring for them because Wednesday, they leave the kindergarten until 7 pm and they have been there all day, and the exhaustion is more conspicuous now, especially because we are at the end of the school year and it is understandable". (Principal; June- 6th)*

It was also very effective to evaluate the level 3. Pedagogical Adequacy since it allowed knowing the modifications made to the training and its impact on the transfer of it. In this case the trainers decided to reinforce the contents of module IV, where they shared the intricacies of planning and evaluation with the assistants, who do not usually have this responsibility. The teachers are the ones who usually plan and evaluate the contents to be taught in the groups.

In the interviews, they emphasized that the support from the preschool institution and the principal was going to be very important to achieve the transfer of the contents of the training by teachers and assistants:

> "*For me, it would be ideal if they had supervisions in the classroom that would allow them to continue these changes. [...] Where we have seen that changes are maintained is where there are follow-ups". (Trainer 1, June-1st)*
>
> "*I think that it can be useful for them to receive accompaniment every certain time, and together identify the needs. The supervision must be about the needs of teachers and assistants. I think this would be fabulous. The training will only work for you if there is a follow up". (Trainer 3, June-5th)*

However, they were aware that the possible lack of support should not block the application of the contents learned into their teaching practice.

> "*I mean, there are some aspects that they are clear that they will not be able to modify (...), but I told them: << do not stop there, do not want to put a window, where you will not be able to put a window >> Neither it is worth that this limits them to do what they really have to do in their practice with the children". (Trainer 2, June-5th)*

On level 4. Transfer of Training, the principal showed honesty when she mentioned that she had not carefully observed all the teachers and assistants who took the training, but a transfer of

training was beginning to take place in some of them, emphasizing changes observed in the assistants with few years of experience. She believed that the training had achieved a greater theoretical basis to their work. Thus, they were making much transfer into their teaching practice.

> *"I have not had much opportunity to observe them, but where I have seen more changes is in those who took the training for the first time, like Lucía[1] and Mariana. For example, Mariana, she is new and did not have any pedagogical training before and I see changes in her".*

> *"Then, it is them. I do not know if I have looked more at them, or I have had more opportunity to see them, or they are the ones who took more advantage out of it, the assistants with little experience. Now they have more theoretical basis". (Principal, June-6th)*

A very important point about being able to interview her is that she considered that the kindergarten had not placed transfer barriers, if teachers and assistants could not transfer the training's contents, it was rather to personal barriers; possibly due to their years of experience. At several times during the interview she mentioned that their years of experience played a very important role for the discontinuation of the transfer of the training:

> *"There is a difference between those who have a lot of experience and the new ones. Those who have a lot of years-experience, some are already very closed-minded, they say <I have been working for ten years like this and it has worked for me. Why should I change?>. [...] So it is with them that I do think there are more personal barriers". (Principal, June-6th)*

Regarding Level 5. Impact, evaluated only with the principal, she mentioned that, although the training would not change the responsibilities between teachers and the assistants, the greatest objective achieved was that the training allowed to unify the jargon among them, which she saw as a big achievement of training, showing openness to make changes proposed by them if necessary.

Finally, regarding Level 6. Profitability, the principal mentioned that the benefits of the training for the kindergarten were beginning to be obvious, especially among the assistants with few years of experiences (0 to 5 years) who were more committed to their work and now understood better the responsibilities of the teachers.

She did show concern about the permanence of the transfer, since assistants are the ones who do not usually stay for long periods. The kindergarten suffered from a frequent personnel change among assistants, which could cause that the transfer from the training to stop happening shortly.

When triangulating the results of the three instruments used, a major agreement was found between the responses of the three types of agents: teachers and assistants, trainers and principal (Figure 9).

Regarding Level 1. Satisfaction, the three agents reported participants' satisfaction for the contents of the modules evaluated. The trainers used the participant's high interest for asking questions and resolve doubts as an indicator showing that they were satisfied.

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[1] The real names of the people mentioned in the interview have been changed to protect their anonymity.

Level	Preschool teachers Assistants	Principal	Trainers
Agents	*Instrument: Survey*	*Instrument:* *Semi structured interview*	*Instrument:* *Semi structured interview*
Level 1. Satisfaction	Satisfaction about the contents of the training.	Satisfaction of the teachers and assistants about the contents of the training	Teachers' and assistants' satisfaction during the training observed
Level 2. Learnings	Learnings according to the list of topics	*Not evaluated*	Learnings according to the list of the topics observed
Level 3. Pedagogical adequacy	*Not evaluated*	Teacher training schedule adapted to make it compatible with the teachers' and assistants' school hours schedule.	The content of the topics was deepened when doubts in teachers and assistants were detected.
Level 4. Transfer of training	Positive transfer mainly detected *Transfer barriers:* -Lack of time -Principal's lack of support	A more positive transfer detected in assistants than in teachers. *Transfer barriers:* -Personal barriers	*Not evaluated*
Level 5. Impact	*Not evaluated*	The technical language used among teachers and assistants was balanced. The relationship between teachers and assistants improved visibly.	*Not evaluated*
Level 6. Profitability	*Not evaluated*	The teacher training was profitable mainly for assistants, especially those ones with short experience (0 to 5 years).	*Not evaluated*

Figure 9. Triangulation of results

Likewise, both for trainers and for the principal, it was a very positive effect to unite the teachers and assistants in a same training.

About Level 2. Learning, both educators and trainers recognized that they had learned. The most mentioned by educators with regard to module III were: learning to identify the interests from children when planning; applying the strategy of "*recognition versus reinforcement*"; adequate behavior controlling strategies and to identify their role during their teaching practice. The trainers concurred to the previous answers.

About module IV, again both agents responded in a similar way: the planning and the children anecdotal diary were the most mentioned learning contents.

On regards to Level 3. Pedagogical Adequacy, the trainers responded in a similar way to the principal: module III and IV contents were respected, but when there was a greater interest from the participants, that subject was deepened. The three trainers externalized that in order to transfer the training, it was going to be necessary an institutional support, namely, a principal's support, mentioning with emphasis that the participants' follow-up would be an important task, to achieve the complete success of the training.

However, the principal mentioned that a Pedagogical Adequacy was made regarding their work schedule, to be able to facilitate the participants eating and resting time between their working hours and the training sessions. She also said that not all the training's contents agreed with the way of working at the kindergarten. Nevertheless, she was open to the changes produced by the new learnings, as long as they were not against the mission and vision of the institution.

In Level 4. Transfer of Training, the results did not coincide between the principal and the participants. Although all of them said they had transferred contents of the training and mentioned them, the principal was honest when mentioning that she had not seen much transfer, because she had not had time to observe them all, but only some. She said she saw some changes; in particular, among assistants with few years of experience (0 to 5 years).

The results showed that the principal can serve as an agent to contrast the transfer of training results from the participants, but in a limited way, since she is unable to observe the everyday work of the teachers and assistants.

Finally, as for the transfer barriers' indicator when triangulating the results, they did not coincide. Again, the principal mentioned that the only barriers that could be faced were personal barriers. For instance, weakness of will to change. Whereas participants mostly mentioned "*lack of time to make changes*" and "*principal's lack of support*". This was probably related to the different perceptions that both, principal and participants, have about the teaching practice of the other.

5. Conclusion

This study focused its attention on evaluating a preschool teacher training, with the aim to identify the transfer of training obtained while assessing the model used. Results showed that the use of *the holistic model for training evaluation* (Pineda, 2002) was appropriate to measure the teachers' satisfaction of the training, the learnings and the transfer of training, the pedagogical adequacy, the profitability and the impact of the program evaluated. For it was possible to observe learning and a positive transfer (Tejada & Giménez, 2007) into the teachers' practice. It also allowed a satisfactory evaluation from all agents involved in the training.

The results show that *the holistic model for training evaluation* is recommended to use in a preschool education context, because it allows to evaluate the transfer of training perceived by the different agents involved from distinct levels of information, providing a comprehensive view of the entire evaluation process of the training.

In order to minimize the organizational barriers (Pineda, 2002; Doherty, 2011) of the training transfer expressed by the teachers, it was suggested both to the teachers and assistants and the kindergarten's principal to establish an agreement, regarding the time in which teachers should carry out the transfer of the training as well as the principal's follow ups to the teachers' practice through observations, suggestions to their planned children's evaluations, educator's journal and anecdotal records; additionally, motivating the possibility to establish time and space within the working day to support the performance of the teachers.

These suggestions were made following the claim that once the transfer's barriers have been identified, teachers should become drivers of a successful transfer of training (Meyer, Lees, Humphris & Conell, 2007). The follow-ups given to the transfer of the training will also be key to guarantee the continuous success of it. Alike, a positive aspect observed in all teachers was that they were in favor of making changes into their teaching practice, so the principal was told to take advantage of this to support them in the transfer's process.

In their own words, they expressed their motivation about the contents of the modules of the training. After it, they felt more confident in their teaching practice: understanding the importance of planning, the new panorama of teaching and learning and the importance of facing new changes. Regarding the assistants, they understood better the work that teachers perform.

With regard to the teachers, they became aware about the advantages of planning based on the children's interests, recognizing that time was needed to transfer these new learnings and that the organization of their planning is an important component to avoid relapsing in the daily routine. As for the assistant educators, they accepted that this training had helped them in a significant way, even though it was not their responsibility to do the planning, write the evaluations of the children, writing the anecdotal record nor the educator's diary. The training allowed them to know

what these instruments meant, what they consisted of and how they were elaborated. They became more willing to support the work of the teacher they worked with, as well.

Finally, during the session that was held to return the results of the study, as González, De la Garza & De León (2017) suggest, it was recommended to take advantage of the *Technical Advisory Boards* understood as a space and time to exchange and strengthen the transfer of training experiences between teachers, assistants and the principal.

The study also showed that concerning kindergartens with teachers and assistants working together, when both attend the same training, a powerful work relationship between them is achieved. The positive transfer that the teachers and assistants made, shows that there is no possibility of improvement in preschool's trainings without going through the qualification of the people involved at all levels. Thus, confirming the contributions of Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart (2004).

Zabalza & Zabalza (2011) consider that nowadays no one doubts about the importance of receiving a good preschool education during the first years. This requires excellent educators with a good education program. Additionally, active participants in children's lifelong learning, who are always looking for useful and quality trainings that could strengthen their teaching practice.Thus, this study advocates for the promotion of preschool teacher' trainings and the grasp on the need for the evaluation of the transfer of trainings; one that attends to the needs and interests of the participants. It is the only possible way in which to obtain an even greater success.

This research demonstrates the advantages of taking into consideration the preschool professional's interests in developing trainings. Likewise, it should become obvious that the evaluation of transfer of training is essential to know the impact of trainings in teachers and assistants of preschool education. Thus, facilitating the insight on the profitability of the training.

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Continuous transdisciplinary education in order to detect neurodevelopment disorders among five years old

Formación continua transdisciplinaria para la detección y atención al riesgo de trastornos del neurodesarrollo en menores de cinco años

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Abstract
Continuous education is important in order to improve health practices and infant education. The goal of this paper was to evaluate the impact of a trans disciplinary continuous formation model in order to detect neurodevelopment and psychosocial disorders in five and under year old living in Sucre and Chuquisaca provinces. 458 health professionals, technicians, and medical interns were interviewed for this purpose. A survey was made after twenty-five sections of formation during 2016-2017. The questions of the survey were related to topics referred to such a formation section. The findings show the importance of the new topics, the necessity of more formation regarding the diagnosis scales and the knowledge on family and community therapies, this aspect was detected mostly in rural areas, which have less possibilities of accessing to continuous formation. To finish, it is important to point out that the trans disciplinary cyclical formation model allowed refreshing knowledge, sharing experiences, to dialogue different kinds of knowledge, and to integrate collaborative work among peers, so the health service among 5 years old would be optimized

Resumen
La formación continua es fundamental para la mejora de las buenas prácticas en salud y educación infantiles, el objetivo de la investigación fue evaluar el impacto de un programa de formación continua transdisciplinaria para la detección y atención del riesgo en los trastornos del neurodesarrollo en menores de 5 años de edad en Chuquisaca, Bolivia. Metodología. Siguiendo un enfoque cualitativo se aplicó encuestas luego de la participación en veinticinco ciclos de formación continua durante las gestiones 2017 y 2018 en el marco de un proyecto de cooperación interuniversitaria a una muestra de 458 profesionales, técnicos de los municipios del departamento y estudiantes universitarios. El instrumento contenía preguntas referidas a las temáticas expuestas en los ciclos tomando en cuenta las variables de novedad, aplicabilidad, profundidad, importancia de conocimientos teóricos, conocimientos prácticos, estudios de caso y demandas de formación en su campo de trabajo. Los resultados muestran respuesta favorable en cuanto a la novedad de los temas, profundidad en el manejo de escalas de diagnóstico y conocimientos en terapia, trabajo con familia e intervención comunitaria con énfasis en los entornos rurales donde los profesionales tienen menor acceso a recibir educación continua. Las conclusiones muestran que el programa de ciclos de formación continua tuvo un impacto favorable en cuanto a la actualidad, la practicidad y la revisión de estudios de caso como puntos fuertes en la mejora de los niveles de atención primaria en salud en menores en situación de riesgo

Keywords
Childhood; Community; Continuous education; Neurodevelopment; Risk

Palabras clave
Infancia; Comunidad; Formación Continua; Trastornos del Neurodesarrollo; Riesgos

1. Introducción

Como antecedente señalar que en Bolivia los niños y jóvenes para 2030 representarán el 40% de la población total (UDAPE, 2012: 234), por lo tanto, las inversiones en capital humano tienen un valor importante para el futuro desarrollo del país, Sin embargo, los derechos de la infancia no están plenamente protegidos. Según el informe de la UNICEF (2010) las disparidades y desigualdades como efectos de la pobreza multidimensional reducen sus oportunidades para un desarrollo de su potencial máximo debido a que las carencias empiezan antes de su nacimiento.

Es así que Bolivia presenta uno de los indicadores más altos de discapacidad en América Latina (UDAPE, 2010), ello implica que existen una serie de condiciones que van más allá de la imposibilidad de una persona para detentar una economía autosostenible que le permita satisfacer sus demandas de vida, que implican dependencia, discriminación y exclusión de base patriarcal, étnica, de género y generacional, entre otros, que afectan, impiden o anulan el reconocimiento y el ejercicio de los derechos y la igualdad real de oportunidades para las personas a la atención de la salud, la educación y la vivienda por citar algunos de ellos.

Las cifras posiblemente no expresen los datos reales, pues por diversas circunstancias muchas de las personas con discapacidad no se encuentran reportadas en los informes que pretenden mostrar una transformación, sin embargo como antecedentes, se puede señalar que el último estudio sobre índices de discapacidad fue realizado por el Programa de Registro Único Nacional de Personas con Discapacidad (PRUNPCD) en abril de 2017, 59.776 personas fueron carnetizadas por una instancia denominada Sistema de Información del PRUNPCD que inicia sus acciones el 2012 con la aprobación de la Ley 223 (Ley 223, 2012).

Los tipos discapacidad están muy asociadas a las lesiones de tipo neurológico durante el pre, peri y posparto, por lo cual, los niveles de discapacidad se relacionan sobre todo con las cifras de discapacidad física en el caso de los niños menores de 5 años.

Tabla 1.
Tipos de discapacidad por departamentos: Bolivia

Edad	Jóvenes-adultos (21-59)	Adolescentes (10-20)	Escolares (5-9)	Adultos (>60)	Preescolares (1-4)	Lactantes (>1)
Porcentaje	62 %	22%	9%	3%	3%	1%
Calificados	28223	10015	4097	1366	1366	455
Registrados	43572	15461	6325	2108	2108	703
Carnetizados	37061	13151	5380	1793	1793	598

Fuente: (Sistema de Información PRUNPCD, 2017)

Otros estudios en infancia centran su interés en conocer los niveles de desarrollo de los niños a través de distintas escalas de desarrollo según Yapu et al. (2010: 230), Lejárraga et al. (2008) y García y Torres (2016: 127) se corrobora el impacto de la exposición de los niños en, situación de riesgo social y su efecto en el retardo en su desarrollo expuesto por otros como Vericat y Orden (2010) y Moreno, Pérez, Hernández y Álvarez (2008) demostrando el efecto favorable que tiene la estimulación temprana, el trato cálido y el ambiente adecuado en el desarrollo del niño (Ramírez, 2017). Por otra parte, para Flores y Munar (2013:117), las variables medioambientales, así como la leche materna, el tipo de vivienda y la edad están relacionadas con el desarrollo del niño como factores externos que producen impacto en la psicomotricidad.

En el entorno boliviano se han documentado pocos estudios sobre el tema. Se tienen investigaciones sobre las repercusiones del embarazo en adolescentes, familias monoparentales, violencia, carencia estimular y otros riesgos psicosociales que condicionan la pobreza, el desempleo y los bajos niveles educativos de los padres (Vega, 2016). La migración, la pobreza, la falta de fuentes y oportunidades laborales y los procesos educativos deficitarios que se detectan en el país son algunas de las causas que han traído consigo una serie de

situaciones que ponen en riesgo la calidad del ambiente que rodea al infante y, por ende, la calidad de estimulación adecuada (Ortega et al,2008; Peredo, 2014).

Bolivia junto a otros países latinoamericanos que comparten la problemática del alto riesgo psiconeurosensorial (Programa NAR, 2005: 250) se propusieron desarrollar acciones conjuntas orientadas a la prevención primaria y secundaria. Varios lineamientos importantes han sido propuestos como el control mensual de talla, peso, examen físico, e hitos del desarrollo psicomotor (áreas motora gruesa, fina, social y audición/lenguaje) considerando como base el desarrollo motor durante el año de vida (Vojta y Sheweizer, 2011: 280).

Las valoraciones del desarrollo neurológico infantil son muy valiosas por su aporte en la detección temprana de indicadores tanto de riesgo biológico debido a la prematuridad, bajo peso al nacimiento y enfermedades infecciosas como del riesgo psicosocial por pobreza, negligencia o maltrato parental. Dado que el equipo de salud de los centros de atención primaria no posee espacios permanentes de formación y por ello suficientes conocimientos actuales para detectar el riesgo psiconeurosensorial es necesario fortalecer los procesos formativos en el nivel primario como son los centros de salud tanto de la ciudad como de los municipios del departamento de Chuquisaca para de esta manera reducir los altos índices de discapacidad infantil.

Esto es posible si los equipos inter y transdisciplinarios están preparados, si los recursos humanos están formados podrán responder al concepto de atención temprana. En el Libro Blanco (Grupo de Atención Temprana, 2000:105) se establece que la importancia del concepto de atención primaria, que Basso en 2016 denomina ultratemprana (2016:352). Esta autora enfatiza que la atención no sólo tiene que llegar a todos aquellos que presentan cualquier tipo de riesgo biológico, sensorial o ambiental que devengan a futuro en un trastorno o alteración en su desarrollo futuro, sino que esta debe darse en los primeros días de vida. En esa línea se destaca que cualquier signo de sospecha de determinado trastorno sin que necesariamente quede confirmado es necesaria la intervención, aspecto importante pues en muchos grupos con cierta vulnerabilidad física, psicológica, o social (Grupo de Atención Temprana, 2000:105), de esta manera quedarían protegidos por este postulado, siendo posible prevenir o derivar a una atención temprana, oportuna, previniendo de esta manera el elevado índice de discapacidad en los municipios del departamento de Chuquisaca. (Ramírez et al, 2016).

Por su parte, el resumen ejecutivo del informe *The Lancet*, UNICEF (2016) señala que la primera infancia no es solamente el período de mayor vulnerabilidad a los factores de riesgo, sino también una etapa crítica en la que los efectos positivos de las intervenciones tempranas son más marcados y en los que se pueden reducir los efectos de los factores biopsicosociales que afectan negativamente al desarrollo integral del niño.

Estudios en Latinoamérica evidencian las cifras elevadas de discapacidad infantil, los sistemas de cuidado aún son precarios, la problemática económica y social de los países en desarrollo agudizan el tema UNICEF (2010) y estudios locales han demostrado que el sistema nacional de salud en Bolivia aún es débil en sus mecanismo de apoyo a las familias en general y las madres en particular (Ramírez, 2017), asimismo muchas de ellas viven en situación de migración de los entornos rurales hacia los espacios urbanos, lo que las despoja de la red social de apoyo y pérdida de contacto de las madres con sus antepasados quienes estaba a cargo de la comunicación de saberes para la crianza de sus hijos y nietos a su vez (Venturiello, 2016:199).

Las actividades sostenidas mediante la interacción grupal de profesionales de distintas disciplinas tienen en la heterogeneidad algunos elementos en común como el compromiso, la motivación y la fuerte convicción por el cambio. Estas experiencias superan y amplían los límites del trabajo tradicional en el ámbito de la enseñanza del aula y permiten a partir del trabajo colaborativo docente, asistencial y técnica, producir conocimientos no sólo de orden transdisciplinar, sino desde la experiencia de la práctica vivencial que permite comprender mejor la realidad para transformarla.

Estudios previos realizados por Ramírez (2016) sobre la aplicación de metodologías de evaluación del riesgo psiconeurosensorial en el nivel de atención primaria han concluido

señalando que el recurso humano del equipo de salud, no están preparado para reconocer el riesgo de discapacidad en un menor en los primeros años de vida. Se ha evidenciado que los instrumentos de evaluación son muy gruesos para detectar los signos iniciales de rezago en el menor de 12 meses de edad, siendo los cuadros de procedimientos del protocolo insuficientes para realizar la confirmación de los trastornos del neurodesarrollo y factores de riesgos psicosocial. Para Campistol e Iriondo (2000), la importancia de la detección del riesgo oportuno radica en el buen manejo de instrumentos que faciliten la tarea de evaluación del recién nacido, considerando que su manejo en el nivel primario debe ser ágil y sencillo. El tamizaje mediante pruebas validadas permite detectar el riesgo de trastornos del neurodesarrollo en el recién nacido, su valor es alto para un pronóstico favorable para la calidad de vida del niño (Romo, Vallejos, Vargas, Rizzoli y Buenrostro, 2012).

Al respecto el Ministerio de Salud y Deportes en Bolivia desde 2013 ha implementado una estrategia para la atención integral durante el curso de la vida (Ley 475, 2013, pp. 320), con énfasis en el cuidado de la mujer desde el embarazo y el puerperio hasta la llegada del recién nacido, enmarcada en el Plan Nacional de Desarrollo y desde la política del Sistema de Atención Familiar Comunitaria e Intercultural (SAFCI) y el Plan Estratégico Nacional para mejorar la salud materna perinatal y neonatal; instancias que fueron creadas con el fin de precautelar la salud de la población materno-infantil a partir de los cuales el personal de salud inicia el primer contacto desde los centros de atención primaria, creados con el fin de proteger la salud a partir de mecanismos como la información y la educación.

El enfoque continuo de atención propuesto por el Estado boliviano propone la integración de los diferentes ámbitos de atención, desde la familia, la comunidad y los establecimientos de salud según sus tres niveles de atención, siendo el primero que protege de la enfermedad, en su estructura y funcionalidad se orientan a la promoción de la salud, prevención en cambio el nivel secundario y terciario se ocupa de la atención y rehabilitación de enfermedades, de esta manera el nivel primario es el eje fundamental para prevenir la discapacidad, siendo el ingreso inicial al Sistema de Salud, es importante la mejora continua de las competencias de los prestadores de salud en este nivel, desde los procesos de referencia y contrarreferencia entre niveles de atención.

El cuidado de la salud ha sido identificado como segundo pilar en la agenda patriótica boliviana del 2015, que en el caso de la infancia se estableció como periodo crítico los primeros 1000 días de vida del niño (UNICEF, 2016); considerando que se conoce muy poco sobre la protección del riesgo en los trastornos del neurodesarrollo resulta muy importante la capacitación profesional en el uso adecuado de herramientas de diagnóstico y tratamiento de alteraciones en aquellos grupos que se encuentran en situación de vulnerabilidad buscando una intervención preventiva y proteccional de la salud infantil.

Por lo señalado, la educación será el pilar fundamental para los miembros del equipo de salud, médicos, enfermeras, terapeutas, nutricionistas y trabajadores sociales a partir de modelos educativos basados en las demandas locales y con la participación de las comunidades por las propias prácticas salutogénicas que combinen los conocimientos científicos y los saberes de los pueblos.

La Facultad de Ciencias y Tecnologías de la salud de la Universidad de San Francisco Xavier de Chuquisaca (USFXCH) desarrolló en 2017 al 2019 un Proyecto de prevención y atención a trastornos del neurodesarrollo y psicosociales en el departamento de Chuquisaca y sus municipios, el mismo está dirigido a la prevención del riesgo psiconeurosensorial en niños menores que por sus antecedentes pre, peri o postnatales, estén expuestos a más probabilidades de presentar en los primeros años de vida, problemas neuromotores, sensoriales, cognitivos o de comportamiento transitorios o definitivos.

Resulta por tanto importante el cumplimiento de objetivos como el desarrollo de un modelo integral de atención, docencia e investigación orientada a fortalecer la atención primaria al infante.

Para ello se han definido los siguientes objetivos:

1. Incrementar el conocimiento y sensibilización en las poblaciones
2. Conformar grupos piloto para elaboración de protocolos de actuación y tratamiento integral
3. Capacitar a los profesionales en detección y atención del riesgo en los centros de atención primaria
4. Generar recursos y materiales de evaluación adaptados a la realidad
5. Conformar redes de apoyo para padres y hermanos bajo un enfoque comunitario.
6. Socializar el proyecto en países como España, Argentina, Ecuador y Bolivia.

Para el desarrollo del objetivo 3 se ha definido la ejecución de un proceso anual donde se realicen diferentes cursos teórico-prácticos sobre el riesgo psiconeurosensorial dirigidos a médicos, fisioterapeutas, enfermeras, psicólogos, pedagogos y maestros de aula de nivel primario, con el fin de incrementar el conocimiento sobre el tema e impulsar a los recursos humanos formados para la generación de materiales adaptados a la realidad de los diferentes contextos donde la prevención de la discapacidad debe llegar.

Como todo proceso formativo, la evaluación fue una transversal que permitió recoger los resultados y el impacto en los asistentes. De ahí que para el proyecto fue importante conocer los resultados de la calidad del proceso formativo en cuanto a novedad, actualidad, profundidad, aplicabilidad de los conocimientos para responder con mayor atención a las demandas de los participantes permitió desarrollar una mejora permanente de los procesos que el proyecto lleva adelante como parte de sus objetivos centrales.

El objetivo de la investigación fue evaluar el impacto de un modelo de formación continua transdisciplinaria en el marco del Proyecto de prevención y atención a trastornos del neurodesarrollo y psicosociales en menores de 5 años ejecutado por la Universidad de Almería, España y la USFXCH de Bolivia.

2. Metodología

La investigación se desarrolló en el marco del Proyecto de prevención y atención a trastornos del neurodesarrollo y psicosociales de la USFXCH en el departamento de Chuquisaca y sus municipios a partir del programa continuado de formación transdisciplinaria para el personal sanitario y educativo en el ámbito del desarrollo motor, cognitivo y social de la población comprendida entre 0 a 5 años. El objetivo del programa fue facilitar de metodologías, técnicas e instrumentos suficientes y adecuados para la pesquisa de niños que estén en situación de riesgo de trastornos del neurodesarrollo para una intervención temprana orientada a reducir la discapacidad infantil.

Se ha aplicado una metodología de análisis cualicuantitativo, basando el recojo de datos mediante encuestas, donde participaron estudiantes universitarios de las carreras de salud como medicina, fisioterapia y kinesiología y ciencias sociales como psicología, trabajo social, sociología y pedagogía; profesionales de centros hospitalarios, asistenciales con enfoque clínico y educativo de centros citadinos y rurales del departamento de Chuquisaca y los municipios de Padilla, Villa Serrano, Alcalá, Sopachuy y Azurduy que en su desempeño laboral toman contacto directo con la población infantil y sus familias.

La muestra total fue de 458 sujetos de diferentes instituciones como se indica a continuación:

- 196 profesionales y estudiantes de instituciones y centros de salud y educación de la ciudad de Sucre.
- 137 educadoras y profesionales que trabajan en centros de atención a la infancia de la ciudad de Sucre dependientes del Servicio departamental de gestión social.
- 93 docentes y estudiantes universitarios de carreras de kinesiología, psicología, medicina y pedagogía de la USFXCH.

− 32 profesionales del área de salud de los del departamento de los municipios rurales de Padilla, Villa Serrano, Alcalá, Sopachuy y Azurduy del departamento de Chuquisaca.

Todos los participantes estaban en contacto en su formación o ejercicio de la profesión con procesos de detección y atención primaria, secundaria y terciaria con niños con trastornos del neurodesarrollo o factores psicosociales, rezago psicomotor y déficit motor como la parálisis cerebral.

Sobre al instrumento, fue aplicado durante el proceso de evaluación del impacto de la formación impartida a los asistentes, considerando los puntos fuertes y débiles del programa de formación continua transdisciplinar. Se consideraron reactivos que han ponderado las variables de novedad, aplicabilidad, profundidad, importancia de conocimientos teóricos, conocimientos prácticos, estudios de caso y demandas de formación con una pregunta abierta sobre posibles sugerencias respecto del tema del ciclo abordado. En cuanto a su organización siguió un formato semiestructurado con 3 opciones de respuesta (alta, media o baja).

El proceso formativo estuvo organizado en veinticinco ciclos durante el año 2017 y 2018, con una duración de dos a tres horas por sesión y con intervalos de aproximadamente tres semanas entre uno y otro, desarrollados en los ambientes del proyecto en horario nocturno a la finalización de la jornada laboral. A continuación, se presenta la tabla 2 con los temas que fueron impartidos en cada ciclo.

Tabla 2.
Temario de los ciclos de formación

N°	TEMA
Ciclo 1	Neurodesarrollo e introducción a la Terapia Vojta
Ciclo 2	Detección y atención del riesgo psiconeurosensorial
Ciclo 3	Manejo de la cavidad orofacial
Ciclo 4	Introducción al concepto Castillo Morales
Ciclo 5	Manejo de Escalas de valoración psicomotora - Prueba nacional de pesquisa
Ciclo 6	Introducción a la detección de Trastornos del Espectro Autista
Ciclo 7	Neurociencia y Discapacidad
Ciclo 8	Salud Mental Infantil – Guía del Neurodesarrollo
Ciclo 9	Neurociencia y Desarrollo Cognitivo infantil I parte
Ciclo 10	Neurociencia y Desarrollo Cognitivo infantil II parte
Ciclo 11	Abordaje de la Discapacidad Auditiva desde el Lenguaje de Señas Boliviano
Ciclo 12	Valoración Neurokinésica
Ciclo 13	Alteraciones del Neurodesarrollo
Ciclo 14	Factores genéticos y endócrinos en la discapacidad intelectual
Ciclo 15	Intervención en Salas de Rezago

Ciclo 16	¿El lenguaje del niño es su pensamiento?
Ciclo 17	Desarrollo y estimulación del lenguaje comprensivo, expresivo
Ciclo 18	Incidencia del Apego Inseguro en el desarrollo sensoriomotor anormal del niño
Ciclo 19	Lineamientos en la educación especial
Ciclo 20	Deficiencia Intelectual
Ciclo 21	Evaluación neuropediatría
Ciclo 22	Abordaje en terapia sensorial
Ciclo 23	Terapia de neurodesarrollo desde el concepto Bobath
Ciclo 24	Terapia Vojta II parte
Ciclo 25	Experiencias del Proyecto Trastornos del espectro autista

A la finalización de cada ciclo se aplicó el cuestionario de preguntas sobre conocimientos y prácticas impartidas en atención infantil según el cronograma indicado.

Recogidos los datos fueron procesados en el programa SPSS V.21 y posteriormente se procedió al análisis cualitativo de la información. Los cuestionarios con las respuestas de los participantes que asistieron a los veinticinco ciclos se procesaron con los datos previa comprobación de la fiabilidad de la consistencia interna de las respuestas al instrumento utilizado fue estimada con el alfa de Cronbach, obteniendo un valor de 0,92.

3. Resultados

Los resultados que se exponen a continuación analizan las variables de novedad, aplicabilidad, profundidad, importancia de conocimientos teóricos, conocimientos prácticos y estudios de caso como reactivos empleados para el recojo de los datos.

Tabla 3.
Resultados sobre la novedad y actualidad de los contenidos (Profesionales, cuidadores de centro y estudiantes)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Baja	8	4,1	29,6	29,6
	Media	9	4,6	33,3	63,0
	Alta	10	5,1	37,0	100,0
	Total	27	13,7	100,0	

Los resultados obtenidos en la tabla 3 muestran que el 37.0% de participantes en los ciclos de formación continua y de las capacitaciones realizadas en universidades consideran que el contenido es altamente novedoso en las temáticas presentadas y un 33.3% indica que los mismos fueron medianamente novedosos, y un 29.6% consideran que hubo baja novedad.

Tabla 4.
Resultados, aplicabilidad de los contenidos (Profesionales, cuidadores de centros y estudiantes)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Baja	7	3,6	25,9	25,9
	Media	13	6,6	48,1	74,1
	Alta	7	3,6	25,9	100,0
	Total	27	13,7	100,0	

En la tabla 4 se observa que para un 25.9% los contenidos son aplicables, un 48% considera que son medianamente aplicables y un 25.9 que la aplicabilidad es baja. Se puede advertir que los participantes priorizan los contenidos más prácticos.

Tabla 5.
Resultados sobre la importancia de contenidos teóricos, prácticos o estudios de caso (Cuidadores de los centros infantiles)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Más contenido teórico	17	8,6	10,9	10,9
	Más contenido practico	92	46,7	59,0	69,9
	Más estudios de caso	47	23,9	30,1	100,0
	Total	156	79,2	100,0	

Los resultados de la tabla 5 muestran valores relacionados con la tabla 4, en tanto que a un 10.9% de los participantes le interesan más los contenidos teóricos, a un 59% privilegian la práctica, estos datos tienen correspondencia la importancia que le dan a la aplicabilidad más que con la comprensión o manejo de conceptos o relaciones referidas al neuroesarrollo del niño. La formación desarrollada en su componente práctico ha sido ponderada satisfactoriamente, sin duda se observa la importancia de la formación de tipo más práctico y aplicable para la resolución de los problemas de atención en los casos que demandan atención en los centros de atención primaria.

Finalmente, a un 30.1% le interesan más los estudios de caso, mismos que estarían más asociados a la forma de resolver situaciones presentadas en la atención clínica donde los profesionales deben adecuar sus aprendizajes a las demandas de los casos particulares que atienden.

Tabla 6.
Resultados sobre la profundidad de los contenidos (Profesionales, cuidadores de centros y estudiantes)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Baja	12	6,1	31,6	31,6
	Media	10	5,1	26,3	57,9
	Alta	16	8,1	42,1	100,0
	Total	38	19,3	100,0	

En la tabla 6 se advierte que la profundidad ha sido puntuada alta para un 42.1% de los encuestados, mientras que un 26.3% califica como medio el alcance de la profundidad y para un 31.6% de los participantes fue baja. Posiblemente se observa este último valor bajo debido a que la composición heterogénea del grupo.

Tabla 7.
Resultados sobre la importancia de los contenidos (Personal de salud de centros de atención primaria municipios Padilla, Alcalá, Serrano, Sopachuy, Azurduy)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Más contenido teórico	2	1,0	5,9	5,9
	Más contenido practico	13	6,6	38,2	44,1
	Más estudios de caso	19	9,6	55,9	100,0
	Total	34	17,3	100,0	

En la tabla 7 se puede advertir que el personal de salud de los centros de atención primaria de los municipios rurales en un 55.9% consideran importantes los conocimientos mediante la metodología de estudios de caso, un 38.2% considera importante el valor de los conocimientos prácticos y sólo un 5.9% pondera la importancia de los conocimientos teórico conceptuales.

Tabla 8.
Resultados de la demanda de formación en otros temas (Profesionales, cuidadores de centros y estudiantes)

		Frecuencia	Porcentaje	Porcentaje válido	Porcentaje acumulado
Válido	Diagnóstico	115	25,2	25,2	25,2
	Manejo de escalas	94	20,5	20,5	45,7
	Terapias para la familia	249	52,3	52,3	100,00
	Total	558	100,0	100,0	

En cuanto a la pregunta de posibles sugerencias para la formación, se destacan las respuestas de la inclusión de temas como conocimiento de terapias para el abordaje de la familia y la comunidad (52,3%) manejo de escalas e instrumentos de evaluación (20,5%) y demanda otro grupo la formación para diagnosticar posibles situaciones de rezago o alteraciones del neurodesarrollo. Se puede advertir que la preocupación por mejorar las estrategias de intervención con las familias dado que el tratamiento en

4. Conclusiones

El programa de formación continua transdisciplinaria para la detección y atención al riesgo de alteraciones del neurodesarrollo en menores de 5 años de edad se ha caracterizado por proporcionar un contenido novedoso, práctico, profundo, cuyo potencial fue la aplicabilidad del material ofrecido en los diversos espacios de la práctica áulica y en los escenarios del ámbito laboral a partir de los estudios de caso.

También se ha impulsado la formación estudiantil en contacto directo con los procesos y entornos educativos en cada ciclo, promoviendo su participación activa y con la población vulnerable, enriqueciendo de esta manera la formación integral de los estudiantes en el programa de formación continua transdisciplinar desde donde se promueven los diálogos de saberes con otros estudiantes de las ciencias de la salud y la educación.

Un aspecto importante a destacar es la diferencia en cuanto a los ciclos desarrollados en los espacios citadinos y rurales, es que en estos últimos hubo mayor interés en el estudio de casos prácticos, sin embargo es importante evitar los esquemas y programaciones muy rígidas que sacrifiquen la reflexión y creatividad para la actuación en cada caso, considerando que el proceso de neurodesarrollo dependerá de una complejidad de factores como el individual, la familia y el propio entorno, será importante promover en los participantes que el pensamiento crítico y creativo tomen como base los fundamentos teóricos de las ciencias y disciplinas.

Desde el punto de vista técnico fue importante contar con la experiencia y el trabajo del equipo de docentes facilitadores de los ciclos e investigadores del proyecto que en el marco de las alianzas con organizaciones no gubernamentales e instituciones locales conformaron redes de profesionales implicados en la atención infantil que enriquecieron el proceso formativo.

Es importante fomentar el estudio de los referentes teóricos que sostienen los modelos de prevención del riesgo de trastornos del neurodesarrollo infantil que faciliten durante el ejercicio y la práctica cotidiana la validación de conocimientos y buenas prácticas diseñen propuestas para que los profesionales diseñen propuestas e instrumentos ágiles y claves en respuesta a las demandas y necesidades individuales, de la familia y la comunidad.

Las posibilidades de formación continua en los entornos rurales resultan muy esporádicos debido a las dificultades de accesibilidad para el transporte y la ubicación geográfica dispersa en la que se encuentran los centros de atención primaria del sistema de salud, por ello será importante continuar reflexionando sobre cómo optimizar los procesos educativos en salud y educación infantil.

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Professional associations as contributors to the professional development of ECE teachers (Case from Croatia)

Asociaciones profesionales como contribuyentes al desarrollo profesional de los docentes de educación infantil (Caso de Croacia)

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Abstract

This paper is a result of the assumptions of the importance of the professional development of early childhood education (ECE) teachers. Professional development is seen as a developmental process grounded in lifelong learning. While discussing the professional learning community as the optimal support in professional development, the paper discusses the role of professional associations in professional development. Aim of the research was to find teachers' opinion whether the professional association contribute to their professional development. In order to ensure the best understanding of this problem, a research was conducted with the help of group interviews. Focus group participants were early childhood education teachers (N=6) who are also members of the Association of Preschool Educators "*Krijesnice*". The analysis of the results indicated that ECE teachers highly value the need for their professional development. They also emphasize lifelong learning and motivation as prerequisites of professional development. The Association of Preschool Educators is seen as a support in professional development.

Resumen

Este trabajo está basado en la suposición sobre la importancia del desarrollo profesional de los maestros de educación preescolar. El desarrollo profesional se entiende como aprendizaje a lo largo de la vida. Observando las comunidades profesionales de aprendizaje como el apoyo ideal para el desarrollo profesional, se está investigando el papel de las asociaciones profesionales en el desarrollo profesional. El objetivo de la investigación fue investigar la opinión de los maestros sobre la cuestión si la asociación profesional contribuye a su desarrollo profesional. Para asegurar la mejor comprensión de este problema, se ha llevado a cabo una investigación en forma de la entrevista en grupo. Los participantes del grupo focal fueron los maestros que también son miembros de la Asociación de los maestros de educación preescolar (N=6) "*Krijesnice*" ("*Luciernagas*"). El análisis de los resultados demuestra que los maestros en gran medida valoran la necesidad del desarrollo profesional de los maestros. También enfatizan el aprendizaje a lo largo de la vida y la motivación como prerrequisitos del desarrollo profesional. La Asociación de los maestros preescolares se considera como el apoyo al desarrollo personal.

1. Introduction

Current understanding of the educational competence has shown it is evidently a developmental characteristic, therefore it assumes a continuous learning process. Some authors (Hindin & Mueller, 2016; Kim & Taylor, 2016) emphasize lifelong learning as a possible option for improving acquired competences. Since teaching professions, including the early childhood education, are obligated to participate in professional trainings and programs to improve their professional development, it is reasonable to expect lifelong education of the early childhood education professionals. The concept of the professional development of early childhood education (ECE) teachers is determined by the constant interdependence of attitudes, skills and practices, which results in the change of practices (Trust, Krutka & Carpenter, 2016). New knowledge created in this interaction replaces the existing one, so it is necessary to design new modes of professional trainings, which would govern and support professional development.

Borko (2004) suggests two approaches of professional development as possible means of enhancing competences: individual, where high intensity professional development programs lead to changes, and group, where learning communities design changes in developing existing competences and learning. Campbell-Barr (2017) criticizes this approach emphasizing that ECE teachers do not need learning but support in their professional development. That view corresponds to Carpenter's (2016) view of professional development, which describes knowledge transfer and constant change of existing practices as a traditional approach which, despite the change of practices, does not contribute to its development. Contemporary approach which contributes to actual, long-lasting changes is always focused on content, interconnected with the curriculum of the educational institution and collective support. Although some contemporary authors (Brown & Englehardt, 2016; Carpenter, 2016; Svanbjörnsdóttir, Macdonald & Frímannsson, 2016) view professional development as a long-lasting process of acquiring knowledge developed in community with professionals, it would be wrong to assume there is no place for the professional development of the individual interests or individual professional qualifications. Despite having the professional responsibility towards their own profession, ECE teachers have their own approach to professional development as well. Although occasional professional training does not lead to permanent changes in one's own practice, it can affect an individual's awareness of the possible direction of professional development. Stewart (2014) adds a new dimension to professional development – professional learning as a mode which leads to changes of theories and premises both in an individual person and professional communities (Figure 1.).
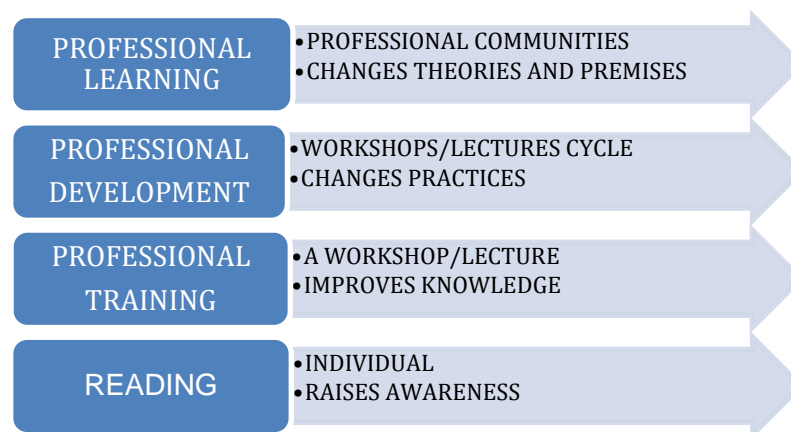
Figure 1. Changes in professional development with respect to modes of learning (Stewart, 2014)

Although experience can contribute to the advancement of professional competences of ECE teachers, changes in individual practice and theory can be achieved solely by continuous education processes within the already existing professional communities or communities brought together by the same interest. In-service learning within a given context affects the quality of interaction between all participants in the interaction and contributes to the

development of competences (Peeters & Vandenbroeck, 2011; Unal & Unal, 2014; Visković & Višnjić Jevtić, 2017).

2. Professional development of early childhood teachers in Croatia

Preschool and early childhood education (ECE) in the Republic of Croatia is intended for children aged 6 months to 6 years and is part of the national education system. Children are taught by ECE teachers who completed undergraduate ECE studies. Recently, ECE graduate studies were founded, but master's degree (MA) is not a requirement for the profession, rather a choice of each individual educator. Early childhood education is regulated by various documents, the foundation of which is the National Curriculum for Preschool and Early Childhood Education (Nacionalni kurikulum za rani i predškolski odgoj i obrazovanje - NKRPOO). The National Curriculum (NKRPOO, 2014) is based on the following four principles:

- Flexibility of the early childhood education process.
- Partnership of preschool with parents and community.
- Ensuring continuity in education and training.
- Openness to continuous learning and readiness to improve practices.

The improvement of practices starts with a teacher – a reflective practitioner willing to reconsider the practices, both independently and in cooperation with fellow professionals. It is assumed that the development of reflective practices requires the experience which is the result of not only immediate work in education but also the professional development of the ECE teachers. Since the National Curriculum for Preschool and Early Childhood and Education (2014) provides simply guidelines, not strictly defined rules on practices in preschool and early childhood education, it remains unclear what exactly preschool and early childhood education institutions consider an improvement in practices, i.e. to what extent is the improvement actually implemented.

In order to regulate education practices in an individual country, it is necessary to adopt certain standards of profession. Standards of the educational profession in the Republic of Croatia were developed through the *Qualifications standards and improvement of the quality of study programmes of preschool and primary school teachers* project (Krstović, Vujičić & Pejić Papak, 2016). Although the qualifications standards exist, they are still not adopted in practice as in some other countries. Croatian standards are designed as learning outcomes and competences in six areas (game and learning, learning environment, curriculum design, reflection and self-reflection, family and community collaboration, and professional development). Krstović, Vujičić & Pejić Papak (2016) define professional development as a continuous, independent (but also in cooperation with others!) process of developing competences and comprehension of the educational process. According to the Law on Preschool and Early Childhood Education (2013), professional training of ECE teachers is mandatory. Nonetheless, the exact number of hours of the required professional training for ECE teachers is not determined. Some of the institutions start with the total number of hours spent by the ECE teacher in immediate work with children (5.5 hours per day), and account for the additional necessary weekly hours by professional training (2 to 3 hours per week). According to the *Regulations on the modes and conditions of professional advancement and promotion of educators and professional associates to higher ranks in preschool education* (*Pravilnik o načinu i uvjetima napredovanja u struci i promicanju u položajna zvanja odgojitelja i stručnih suradnika u dječjim vrtićima,* 1997), ECE teachers in Croatia can advance professionally to the position of the teacher mentor and teacher counselor. The prerequisite for the advancement is the excellence of the individual teacher. Advancement can be seen as part of the professional development.

The professional development of the ECE teacher is the personal responsibility of the teacher himself followed by the institution where he works. In the Republic of Croatia, along with the mentioned active participants, the organization of activities contributing to the professional development of the ECE teachers is led by the Education and Teacher Training Agency (ETTA) of the Republic of Croatia. According to the Education and Teacher Training Agency Act (2006),

along with other activities, ETTA organizes and conducts professional training for the teaching staff. Although the Education and Teacher Training Agency is not the only institution which organizes professional training for ECE teachers, its role cannot be neglected. ETTA usually organizes one-day professional meetings which usually do not follow contemporary theories of professional development. If Stewart's (2014) theory of professional development is applied to this issue, it can be concluded that individual activities as well may lead to raising awareness and new insights. Those changes could create professional communities within the institutions and thus ensure the sustainability of professional development. Surely within individual institutions there are already professional learning communities, but they depend on the development plan and curriculum of those institutions.

Hadley, Waniganayake & Shepard (2015) emphasize the *critical friendship model* of learning along with the individual learning and professional learning communities. Although the concept of critical friendship may (falsely) imply a(n) (co-)expert whose role is to find the mistakes (criticize) in the process, another person with different perspective could without a doubt contribute to a better understanding of the practice. The prerequisite for (co-)expert reflection is open communication, willingness to change, appreciation of different opinions and acceptance of different solutions.

Professional communities provide ECE teachers with opportunities to develop and improve competences and add a new dimension to the development – *support*. Hindin & Mueller (2016) point out the need for supportive teachers in understanding the complexity of co-operation with parents. A community based on trust and open communication contributes to finding successful ways in establishing collaborative relationships with parents. Professional development is personal and professional obligation of ECE teachers who view their education practices not only in relation to children but also to their families. Despite the continuity and constant support of the community of experts, research show that the development is an individual trait. Information and strategies which are contrary to personal beliefs of ECE teacher result in the abandonment of new strategies and restoration of established practices (Harwell, 2003).

3. Professional Associations of ECE teachers in Croatia

Taking Early Education and Care (ECEC) into consideration in the context of the education system, it can be concluded that, despite its undisputable importance, it is still not as valued as it should be. Possible contributors to that attitude include its non-obligatory status, working methods and the feminization of the profession. Those views are reflected in all aspects of the ECE profession. Ebbeck & Waniganayake (2003) highlight that the early children education professionals are underpaid, underestimated, exploited, and more inclined to workplace burn-out. Research (Tam, 2015) show that professional development contributes to the development of collective professionalism and cooperation.

Professional associations could be one of the modes of collective professionalism. In the Republic of Croatia, there are currently 5 ECE teacher associations. The advantage of a larger number of associations is activity in a specific regional context, focused on the actual needs of a particular group of ECE teachers. The regional division can also be seen as the absence of collective professionalism, which then prevents possible changes in the ECE profession. Višnjić Jevtić (2010) states that the activities of professional associations include orientation towards the professional development of ECE teachers, proposing measures to improve professional status and working conditions of ECE teachers, organizing professional training of ECE teachers, participation in planning the education strategies in early childhood education, promotion of the quality of ECE institutions and adoption of professional and ethical codices for ECE teachers.

The activity of the existing associations is mostly focused on the professional development of ECE teachers. Associations organize professional trainings – ranging from one-off lectures to modular training. Although they cooperate with Croatian scientific authorities, they increasingly rely on sharing the knowledge of practitioners themselves.

Although professional associations cannot fully be identified with professional learning communities, they share some of the features. Hord (2004) highlights the fact that professional learning communities promote supportive and shared leadership, shared values and visions, collective learning, supportive environment, and sharing good practice examples. It is possible to find these characteristics in the activities of professional associations as well. Members of various institutions of early and preschool education distinguish a professional association from a professional learning community. It can be assumed that members have difficulties in collective learning based on reflections due to insufficient knowledge of the context of an individual institution. Though it is possible that all members share the same vision value vis-à-vis the profession itself, they probably do not share the same vision of the education work.

The Association of Preschool Teachers "*Krijesnice*" has been operating since 2008. It organizes various professional trainings annually. But so far it has not been able to set up a group of teachers who would systematically re-assess their own practices and change it accordingly. Nonetheless, the most popular professional trainings are those where individual ECE teachers provide examples from their own practice. Although these are usually one-off lectures, they are believed to affect the awareness of the need for permanent professional development.

4. Objective

Aim of the research was to find teachers' opinion about the role that professional association have in their professional development.

5. Methodology

Focus group research was done in order to gain insight into the ECE teachers' understanding of professional development and the role a professional association plays in professional development. Although focus groups are not suitable for gaining a complete insight into a particular issue, they contribute to understanding the issue. Gawlik (2018) states that the advantage of such mode of research is mutual stimulation of thinking, which leads to formulation of group opinion. If there is a synergy of opinion, Hyman & Sierra (2016) point out that individuals are more likely to express their attitudes and beliefs within groups because they expect the (co-) experts' support. Given that there is no research in the Republic of Croatia on the role of professional associations in the professional development of ECE teachers, this research could be the first step for further research.

5.1. Participants and data collection

The research conducted in the spring of 2018 included members of the Association of Preschool Teachers "*Krijesnice*". It is a professional association founded in 2008 with 358 members who are ECE teachers from the northeast of Croatia, mainly Medjimurje County. The participants in the research were women (N=6) aged 22 to 56 with the membership in "*Krijesnice*" association between 1 and 10 years (Table 1.). Only one participant has reached the status of teacher mentor. All teachers participated in the research voluntarily. The research was conducted in accordance with the Code of Ethics of the University of Zagreb.

Table 1.
Participants

Participant	Age	Membership in Association	Education
PA1	22	1	Bachelor's degree in ECE
PA2	30	8	Master's degree in ECE
PA3	35	10	Bachelor's degree in ECE
PA4	38	9	Bachelor's degree in ECE
PA5	42	9	Bachelor's degree in ECE
PA6	56	10	Bachelor's degree in ECE

Knowledge is a construct of society, culture, politics or some community which shares the same interests, and as such constitutes a consensus (Kamberelis, Dimitriadis & Welker, 2017). The research results of the focus group are also a result of a consensus and possibly could lead to creating new knowledge.

Focus group participants responded to the following research questions:

1. What is professional development?
2. Which are the characteristics of professional development?
3. What is the role of the Association of Preschool Teachers "*Krijesnice*" in professional development?

Although the focus group is established on a common set of attitudes and opinions, the speakers in this research first sought to individually answer the question *What is professional development?* citing six features of professional development. After that, a common definition of professional development, its characteristics, and the role it plays in professional association were modeled.

6. Findings and discussion

Based on individual reflections on the characteristics of professional development, the agreement between research participants was reached. It identified 6 features determining the professional development of ECE teachers. Focus group defined professional development as a process established on lifelong learning, motivation, teacher's personality traits and self-actualization (Table 2). This definition corresponds to the definition of Trust, Krutka & Carpenter (2016), who define professional development as a process of changing the practice and creating new knowledge based on the interdependence and co-operation of the participants. In striving to identify the characteristics that contribute most to professional development, research participants have ranked the contribution of the previously mentioned characteristics, deciding that lifelong learning and motivation contribute most and self-actualization least to ECE teachers' professional development.

Table 2.
Characteristics of professional development

Characteristics	Characteristics explained
Lifelong learning	Self-development "*keeping up*" Professional training Education Reflective practices Action research
Motivation	Children's welfare Motivation for learning Advancement possibility
Teacher's personality traits	Enthusiasm Openness (open-mindedness) Knowing "*when to take a break*" – burn-out syndrome prevention
Self-actualization	Possibility to present one's work

It is interesting that the participants easily reached a consensus on all the features with the exception of self-actualization and motivation. Although it could be assumed that the *advancement possibility* is an integral part of *self-actualization*, most participants considered the *advancement possibility* as part of the *motivation* for professional development of an individual. The participants emphasized that it is external motivation (money) and therefore does not represent professional self-realization. Kennedy (2005) also describes the concept of *award-bearing* as part of the advancement system of teachers. Motivation for training is not intrinsic, but it is a prerequisite for status progress. This form of training can be analyzed in the context of lifelong learning. It is possible for individuals who conceptualize their development through the advancement system to lose motivation for further training after gaining recognition. Thus, they do not belong to a community focused on lifelong learning.

Children's welfare as a motivating factor for professional development also requires reconsideration. Ebbeck & Waniganayake (2003) emphasize children's welfare standing out as a basis for exploiting members of the educational profession – teachers are expected to non-critically approach to the expectations of society for the sake of children's welfare. The participants in this research do not support that approach.

Research participants defined lifelong learning as formal education (continuation of education in MA studies) and non-formal education (professional trainings, lectures, workshops, professional literature). Desimone (2009) also states that participation in various activities contributes to ECE teachers' personal and professional development. When discussing professional training as part of lifelong learning, one of the participants emphasized:

> PA4: *Professional trainings organized by ETTA do not always contribute to professional development. Sometimes it seems that they are organized only to complete the quota of lectures and seminars to be held. Other organizers also have quality trainings, but they are not recognized by the system. For example – associations.*

The other participant noted that intrinsic motivation is also important for lifelong learning, especially when it comes to professional training, as *individuals consider the purpose of professional training to be the completion of required hourly rate*. The conclusion reached is that this does not contribute to professional development. Similarly, the study by Visković & Višnjić Jevtić (2018) confirms there is a positive correlation between intrinsic motivation and participation in professional trainings. In discussion on reflective practice as part of lifelong learning, individual participants thought that reflective practice should be considered a separate category of professional development. Eventually, they agreed that reflective practice contributes to learning, and is in itself a mode of learning as well. It is indicative how it is directed at a reflective friend or learning community:

> PA2: *Some teachers think about their own practice, and can analyze it, but they do not know how to raise it to a higher level. That is why co-operation between teachers and common reflection are needed.*

> PA5: *It is very difficult to co-operate. In fact, it is very hard to hear that you need to change something because you are convinced it is the best you can do. You rarely get affirmative comments. It is most often criticism. It does not lead to change, rather it leads to self-isolation.*

Research participants have concluded that ECE teachers rarely have opportunities to expose their practice and thus contribute to their own professional development. They point out that activities which could present their practice to other teachers are at the same time both a challenge and a pleasure. One such event is the presentation of practices organized by the Association of Preschool Teachers "*Krijesnice*".

Personality traits of the participants are highlighted as a prerequisite for the professional development of each ECE teacher. Particular emphasis is placed on openness (open-mindedness) as a feature which enables the acquisition of new knowledge and the acceptance of new learning strategies. Burn-out syndrome is seen by all as a possible barrier in professional development, and it is common in the educational profession (Ebbeck & Waniganayake, 2003; Višnjić Jevtić & Halavuk, 2018).

During the discussion on the role of professional associations in ECE teachers' professional development, all the participants emphasize the Association of Preschool Teachers of "*Krijesnice*" as an incentive for professional development.

> PA1: *I am inspired and motivated by the Association, i.e. the members. I find the presentation of good practices most useful. I think that is when I think about the practice most and I am encouraged to change my own practice.*

> PA3: *While I was working in an unstimulative environment, I started looking for incentives to help me change myself and my practice. When I joined one of the workshops organized by the Association, I knew I wanted to be part of that professional community.*

> PA6: *I think a young person, from a small community, needs a sense of belonging. And the Association is perceived exactly like that. It offers the ability to connect with professionals, professional development, professional training, self-actualization.*

It is possible to conclude that smaller communities experience the need to network, and professional associations allow them to do so. Research (Tam, 2015) shows that networking creates a collaborative culture and a support culture. Support in professional communities leads to greater dedication to work, new ideas, and real-life professional change. Bledsoe & Pilgrim (2016) highlight *Social networking* as one of the possibilities of professional association. As a Web 2.0 tool, they highlight the availability and the ability to share the various resources which contribute to professional development. One such example of networking is *Etwinning* portal which provides the possibility of socializing ECE teachers and elementary or highschool teachers independently of their place of residence. *Etwinning* is a professional teacher community based on joint work, evaluation, planning, training and mutual support, and it meets the requirements of lifelong learning as well.

Participants agreed that membership in a professional association is part of their professional identity. They also concluded professional associations should position themselves as professional authorities and take over their members' professional development.

7. Conclusions

The results of this research are consistent with similar previously conducted research. The professional development of ECE teachers is the imperative for their professional work. The results show professional development is recognized as an integral part of the profession and that lifelong learning and motivation are extremely important prerequisites for professional development. The research also highlighted the importance of professional learning communities and professional associations. Professional associations are a prerequisite for the professionalization of the educational profession and a factor which could take over the authority in professional issues related to early and preschool education. Taking over autonomy in the ECEC issues requires a high level of knowledge and responsibility. The professional development of ECE teachers could probably result in knowledge, responsibility, autonomy and professional ethics.

Given the size of the sample, general conclusions cannot be reached by the results of this research. This research was constructed with a help of a group interview with highly motivated professionals whose reflections show advanced awareness of professional development and the importance of networking. It is possible that repeated research would show different results. Nevertheless, the results can be considered as a basis for more extensive research. Regardless of the possible limits of this research, given the benefits of networking, it is necessary to provide opportunities for networking of community experts.

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Redefining and developing professional competencies for early childhood education and care

Redéfinir et développer des compétences d'accueil de la petite enfance

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Abstract

The competences expected from early childhood education and care professionals have evolved significantly in our Western countries following the transformation of services and the affirmation of their educational function. This article is based on action research projects carried out in the Wallonia Brussels Federation (FWB) which integrate an analysis of other education and training systems (France, Flanders, England, Sweden and Quebec). It presents a reflection on the development of professional competencies and their acquisition from the initial training in a holistic approach to education. It notes that a diversity of formations coexists, leading to an absence of clear view on professional skills and profiles. In response to this observation, it proposes a modeling that articulates organizational, relational and reflexive competencies that are needed for the development of a professional posture. That modeling is presented as a grid of analysis that can enable better understanding of the complexity of early education and care in its many dimensions (working with children, families, professionals and the local community). It can be considered as a tool to globally rethink initial and continuing education and training in a systemic perspective

Résumé

Les compétences attendues chez les professionnels de l'accueil de la petite enfance ont fortement évolué dans nos pays occidentaux suivant la transformation des services et l'affirmation de leur fonction éducative. À partir des recherches-actions menées en Fédération Wallonie Bruxelles (FWB) qui intègrent l'analyse d'autres systèmes éducatifs et de formation (France, Flandre, Angleterre, Suède et Québec), le présent article présente, dans une approche holistique de l'éducation, une réflexion sur le développement des compétences d'accueil et de leur acquisition dès la formation initiale. Il relève le manque de lisibilité des profils et des compétences dans les systèmes où une multiplicité de formations coexiste. En réponse à ce constat, il propose une modélisation qui articule compétences organisationnelles, relationnelles et réflexives nécessaires au développement d'une posture professionnelle. Cette modélisation se présente comme une grille d'analyse susceptible de mieux faire comprendre la complexité de l'activité d'accueil dans ses multiples dimensions (travail avec les enfants, les familles, les professionnels, la communauté locale). Elle peut être considérée comme un outil pour repenser globalement la formation initiale et continue dans une perspective systémique

Keywords

Competence; Early years; Initial training; Professional development

Mots clés

Compétence; Petite enfance ; Formation initiale; Développement professionnel

1. Introduction

Dans de nombreux pays, au cours de ces dernières décennies, les services d'éducation et d'accueil de jeunes enfants (EAJE) ont connu de profondes transformations sources d'autres manières de penser les compétences, la formation initiale et le développement professionnel des acteurs qui y travaillent. Ces services sont aujourd'hui investis de fonctions éducatives à concilier avec leurs fonctions économiques et sociales (Vandenbroeck, Pirard & Peeters, 2009). Sur le plan international, plus d'attention a été portée aux politiques d'EAJE ces deux dernières décennies, visant à ne pas dissocier les questions quantitatives (taux de couverture, etc.) des enjeux de qualité des services, ces nouvelles orientations étant justifiées notamment par les études internationales en la matière (OECD, 2017). Cette affirmation de la fonction éducative s'est traduite par un affinement des méthodes de recherche, un exemple prégnant étant, en 2011, la subdivision du niveau 0 de la CITE (Classification Internationale Type de l'Éducation) en deux catégories, 010 et 020, respectivement consacrées aux programmes de développement éducatif de la petite enfance (ciblant généralement les enfants de moins de 3 ans) et à l'éducation préprimaire (UNESCO Institute for statistics, 2012; OCDE/Eurostat/Institut de statistique de l'UNESCO, 2016). L'affirmation d'une fonction éducative transparaît aussi dans l'importance accordée au curriculum qui édicte des orientations éducatives pour les services de l'EAJE ainsi qu'à un personnel qualifié de niveau supérieur et bénéficiant des conditions nécessaires à sa mise en œuvre : temps de réflexion, de concertation et de formation continue reconnus ainsi que de bonnes conditions de travail (European Commission Thematic Group on ECEC Quality, 2014; European Commission/EACEA/Eurydice/Eurostat, 2014; OECD, 2001, 2006, 2012, 2015; UNICEF, 2008).

Le développement d'une fonction éducative des services et de nouvelles exigences de qualification se manifeste également, mais de manière variable, dans les politiques des régions et des pays. Ainsi, le développement d'une fonction éducative apparaît dans l'élaboration de plus en plus répandue de curriculums, même s'ils ne sont pas généralisés et ne couvrent pas toujours l'accueil des enfants de moins de trois ans là où l'offre de services est divisée (Rayna & Laevers, 2011). Ces curriculums présentent, à l'échelle nationale ou plus locale, des objectifs et des principes communs convergents au-delà des indications réglementaires; ils présentent un ensemble de valeurs et de connaissances dans divers domaines et constituent un cadre de référence explicite qui peut contribuer à améliorer la vie quotidienne des jeunes enfants et à favoriser une cohérence d'ensemble des pratiques éducatives, particulièrement importante dans les systèmes divisés d'offre de services (Rayna, Bouve & Moisset, 2014). Ils sont élaborés dans une démarche qui dans l'idéal devrait être participative et démocratique et font l'objet d'une diffusion accompagnée auprès des professionnels auxquels ils s'adressent et qui n'ont pas, pour la plupart d'entre eux, participé à leur conception (Pirard, 2011).

Conjointement à ce développement curriculaire et en accord avec les recommandations internationales, une série de réformes reconnaissant l'importance d'une formation initiale et continue pour les professionnels de l'EAJE est en cours dans plusieurs pays. À l'encontre de l'idée tenace qui réduit les compétences du métier à des qualités humaines, essentiellement féminines (Miller & Cable, 2008), ces réformes permettent une élévation progressive des niveaux de qualification et une révision des orientations davantage socio-éducatives avec une ouverture aux hommes, même si une diversité de profils peut coexister au sein d'un même pays et si les résultats de ces réformes peuvent fortement varier, particulièrement en termes de parité (Oberhuemer & Schreyer, 2017). Dans la littérature, l'importance du travail en équipe, de la formation continue et de l'accompagnement professionnel (Pirard, & Barbier, 2012; Pirard, Camus, & Barbier, 2018), voire plus largement de la création et du développement de communautés d'apprentissage et de pratiques est aujourd'hui soulignée pour répondre aux enjeux actuels de qualité de services (NESSET 2017). Surtout dans les pays et régions où le personnel est peu qualifié, il s'impose de dépasser les actions ponctuelles de formation continue dont les effets positifs restent à démontrer (Peeters, Budginaite, Cameron, Hauari, Lazzari, Peleman & Siarova, 2014) et de privilégier des dispositifs qui combinent différents types d'action dans la durée, ancrés dans les réalités de terrain (Vandenbroeck, Urban & Peeters, 2016). Ces actions sur et hors site, idéalement accompagnées et réalisées selon des

démarches qui soutiennent l'articulation théorie-pratique (analyse de la pratiques, formation-action, démarche projet, recherche-action, etc.).

Cette évolution du secteur de l'EAJE souligne la nécessité de mieux définir le contour des métiers des professionnel-le-s de l'EAJE de manière à faire ressortir clairement le caractère professionnel, tout en laissant place à une orientation contextualisée en accord avec les valeurs privilégiées localement. Il s'agit ici de développer une posture professionnelle distincte de la posture parentale (Bosse-Platière, Dethier, Fleury & Loutre-Du Pasquier, 2011) en reconnaissant que les responsabilités à l'égard de l'enfant, l'engagement affectif et les ressources (savoirs et autres références) à mobiliser sont différents selon que l'on soit parent ou professionnel. Cette reconnaissance des spécificités des postures parentale et professionnelle permet de différencier pratiques parentales et pratiques professionnelles en veillant toutefois à ne pas les hiérarchiser (Camus, Dethier, & Pirard, 2012), en vue d'une dynamique collaborative entre parents et professionnel-le-s (Giampino, 2011) que le terme de coéducation résume bien (Rayna, Rubio & Scheu, 2010).

Les résultats de la recherche européenne « Core » fondée sur un survey impliquant 15 pays et 7 études de cas (Urban, Vandenbroeck, Peeters, Lazzari & Van Laere, 2011; Urban, Vandenbroeck, Van Laere, Lazzari & Peeters, 2012) insistent sur l'importance de reconnaître aujourd'hui les compétences nécessaires au travail non seulement avec les enfants, mais aussi avec les familles, entre professionnels et plus largement avec la communauté locale. Si le travail avec les enfants est central, celui avec les familles, les professionnels et la communauté locale a pris actuellement une place considérable dans un contexte sociétal marqué par la diversité (Urban et al., 2011, 2012). L'accueil d'un enfant signifie aussi accueillir sa famille dans une « logique professionnelle de continuité, qui reconnait la nécessité d'un dialogue avec les parents dès les premières rencontres et tout au long de l'accueil, au rythme des parents avant tout » (Camus, Dethier & Pirard, 2012, p. 27). Accueillir l'enfant et sa famille s'inscrit dans une dynamique de projet éducatif qui, loin d'être une simple application de curriculum, devrait permettre de transformer les idées en projets à mettre en œuvre, à analyser et à évaluer ensemble en vue de régulations au bénéfice de tous (EADAP, 2011).

L'accueil de tous dans un respect de la diversité reste toutefois un défi quand on sait que les familles monoparentales, celles avec un enfant en situation de handicap, en situation de précarité, voire de pauvreté ou issues de l'immigration restent peu présentes dans de nombreux services alors que la fréquentation d'un service de qualité leur serait particulièrement bénéfique (EACEA, 2009; European Commission/EACEA/Eurydice/Eurostat, 2014). Ce constat doit interpeller non seulement les responsables concernés par les politiques éducatives, mais aussi les professionnels de l'enfance dans la mesure où ils sont supposés, eux aussi, contribuer à faciliter l'accès des services à tous les enfants et à toutes les familles afin de rendre possible le premier contact, l'inscription et l'accueil de l'enfant. Il incombe aux professionnels de définir des stratégies à mettre en place pour favoriser l'accès lui-même (accessibilité primaire), mais aussi de mettre en œuvre des conditions d'accueil donnant aux familles le sentiment d'être les bienvenues (accessibilité secondaire) (Humblet & Laevers, 2013). Renforcer l'accessibilité primaire et secondaire des services nécessite une réflexion permanente sur ses propres normes de référence, sur l'organisation du service (bénéficiaires accueillis ou non, critères d'accès, priorités établies, pratiques mises en œuvre) et sa lisibilité par l'ensemble des familles (Vandenbroeck & Lazzari, 2014; Garnier, Brougère, Rayna & Rupin, 2016).

Cette façon nouvelle de concevoir le métier a le double mérite de mettre en évidence tant le caractère relationnel et réflexif de l'activité d'accueil au-delà des actes techniques que la nécessité de compétences qui permettent de définir les manières de penser, d'agir et de s'ajuster au mieux aux situations quotidiennes, toujours complexes et jamais identiques. Dans ce métier adressé à autrui, « les prescriptions des organisations et des institutions sont toujours en retrait par rapport à la complexité de l'activité de travail (…) » (Maubant & Piot, 2011, p. 8). Les professionnels sont rarement confrontés à une simple application de procédures, de savoirs appris ou diffusés dans les curriculums. Ils ont moins à se préoccuper de la bonne manière de faire en réponse à des enjeux de qualité normative, qu'à rechercher une manière ajustée d'agir en fonction de la complexité des situations rencontrées en accord avec une

approche contextualisée de la qualité (qualité effective, Pirard, 2007). Avec Osgood (2011), on soulignera la composante émotionnelle essentielle dans ce profil réflexif, mais aussi l'importance de parvenir à gérer l'incertitude inhérente aux métiers de l'interaction humaine et particulièrement cruciale dans le développement de relations avec les enfants, les familles, les professionnels et les autres partenaires où il s'agit d'« être suffisamment sûr pour ne pas l'être » et de parvenir à gérer les contradictions de points de vue (Sharmahd & Pirard, 2018).

De cette nouvelle manière de définir les compétences professionnelles doit résulter un changement de paradigme de la formation initiale et continue non plus fondée sur le modèle du « professionnel expert » d'un domaine où la composante technique prime, mais sur celui d'un « professionnel réflexif » capable de réfléchir avec d'autres (enfants, familles, partenaires) aux actions et ajustements les plus adéquats en situation complexe et évolutive. Le tout repose sur différents niveaux de responsabilité dans « un système compétent » (Urban et al., 2011) : responsabilité individuelle des professionnels et plus largement responsabilités institutionnelles, interinstitutionnelles, de gouvernance engagée dans le développement d'une qualité de services.

2. Méthodologie

Nous avons mené deux recherches-actions entre 2011 et 2016 en FWB en vue de la mise en place d'une réforme des formations initiales des professionnels dans l'accueil de l'enfance. Elles s'inscrivaient dans un contexte caractérisé par une offre divisée de services, où des curriculums éducatifs (appelés « référentiels psychopédagogiques ») centrés sur l'accueil des enfants de 0 à 3 ans et de 3 à 12 ans en dehors de la famille et de l'école avaient été élaborés selon une démarche participative et diffusés, dès les années 2000, dans le cadre de dispositifs d'accompagnement, mais où les formations initiales des professionnels du secteur censés s'y référer n'avaient guère changé. Les formations étaient et sont toujours actuellement d'un niveau inférieur aux recommandations internationales et axées majoritairement sur des préoccupations d'hygiène et de santé.

Les recherches-actions en question ont impliqué 150 participants sélectionnés pour leur connaissance des métiers et formations dans les différents services d'accueil ainsi que leur rôle clé dans leur possible amélioration : professionnels de l'accueil de l'enfance et encadrants, formateurs, enseignants, représentants des fédérations professionnelles, syndicats, responsables administratifs et politiques. Elles ont été structurées en quatre étapes étroitement liées entre elles et toutes fondées sur une collaboration entre l'équipe de recherche et les participants associés. La première étape consistait à identifier les compétences attendues dans les métiers d'accueil et d'encadrement dans les services tant à domicile qu'en collectivité et à évaluer la manière dont les formations existantes permettent de les faire acquérir. Elle a procédé à une analyse des prescrits (référentiels métiers et de formation) et a recueilli le point de vue des participants sur les compétences attendues, sur les conditions de leur acquisition et de leur développement dans le cadre de focus groupes (consultation collective) et lors de deux journées d'études (consultation individuelle par questionnaire). Il s'en est suivi la rédaction d'un premier rapport débouchant sur des recommandations en matière de formation à l'intention des décideurs (César, Dethier, François, Legrand & Pirard, 2012).

La deuxième étape a eu pour objectif une prise de recul nécessaire pour repenser le système établi en FWB grâce à l'analyse de systèmes éducatifs et de formation de quatre pays (la France, l'Angleterre, la Suède et le Québec) et une région (la Flandre). Le premier pays étudié, la France, présente un système divisé d'offre de services proche de celui en FWB, sans curriculum national jusqu'en 2016 et où œuvrent des professionnels aux qualifications très différentes. Parmi celles-ci, relevons les éducateurs de jeunes enfants qui bénéficient d'une formation de niveau supérieur reconnue pour la qualité de ses approches méthodologiques articulant théorie et pratique (François, Pools & Pirard, 2014). En second, la Flandre qui vient de créer un cursus de formation de niveau supérieur pour l'accueil et le coaching dans les services de l'enfance à côté des autres programmes. Ce baccalauréat est accessible aux personnes en fonction. La Flandre a également, par la suite, développé un curriculum

spécifique à l'accueil de la petite enfance (François, Pools & Pirard, 2015). Troisièmement, l'Angleterre s'attache elle à mieux intégrer les services relatifs à la petite enfance dans l'enseignement, l'accueil constituant désormais la première étape du curriculum anglais (0-16 ans). Dans ce pays, une formation de niveau supérieur a été mise en place avec un système de passerelles facilitant l'accès à des personnes très peu qualifiées (Pools, François & Pirard, 2015a). Quatrièmement, la Suède, de son côté, offre un système intégré de services avec un curriculum national et une formation de niveau supérieur pour les professionnels qui y travaillent (Pools, François, & Pirard, 2015b). Enfin, en dernier lieu, le Québec où l'offre de services est divisée, les qualifications variables, mais où est organisée une formation d'éducateurs conçue sur un programme de 22 compétences et où a été implémenté un curriculum pour les services d'accueil (Housen & Pirard, 2017).

Chacun de ces cinq systèmes a été étudié à partir d'une analyse de la littérature et des prescrits. Il a fait l'objet d'une journée d'étude où intervenaient au moins deux experts du pays concerné. Comme dans la première étape, les journées d'étude ont été l'occasion de consulter les participants sur les compétences attendues, les éléments qu'ils jugeaient porteurs dans les contextes éducatifs et de formation étudiés pour la FWB, sur les conditions et les freins à prendre en compte pour une réforme des formations initiales. Dans chaque cas, un rapport a été rédigé comprenant la présentation du système éducatif et de formation (révisée par les experts du pays) et une synthèse des points de vue des participants sur ce qu'il peut apporter en FWB dans une perspective de système compétent.

Dans la troisième étape, la recherche s'est recentrée sur le contexte de la FWB par l'analyse croisée de l'ensemble des résultats (Pirard, Dethier, François & Pools, 2015). Au départ d'une confrontation du système éducatif et de formation de la FWB aux autres contextes étudiés, elle a défini les compétences attendues ainsi que les conditions de leur acquisition et de leur développement dans un système compétent. Elle a débouché sur toute une série de productions : un rapport présentant les caractéristiques contextuelles dont il faut tenir compte; des principes directeurs d'une formation initiale et continue; la mise en discussion des besoins de l'enfant (0-12 ans); une modélisation des compétences d'accueil autour de trois macro compétences interdépendantes (Pirard, Dethier, François & Pools, à paraître) et des compétences relatives à la direction et l'encadrement et enfin une série de recommandations concrètes pour la FWB, mais dont la portée peut être plus large.

3. Résultats

L'analyse des résultats fait ressortir l'extrême diversité des profils métiers et de formations particulièrement en FWB ainsi que, plus largement, la multiplicité des qualifications dans le secteur de l'EAJE des systèmes étudiés. Cette diversité de profils est plus souvent déterminée par des éléments du contexte historique, culturel et politico-administratif de la région que par des choix fondés sur une définition actuelle des métiers, des services et des curriculums de référence là où ils existent. Notons que dans de nombreux contextes, la plupart des prescrits de formation ont été définis bien avant la parution de curriculums dans l'accueil de la petite enfance.

En FWB, une multiplicité de formations coexistent, mais aucune n'atteint le niveau supérieur et l'orientation socio-éducative visés par les recommandations internationales et le curriculum en vigueur. Dans les autres systèmes étudiés, des professionnels de niveau de formation baccalauréat côtoient des professionnels dont la formation est de niveau inférieur. En France, au Québec et, plus récemment, en Flandre, ces formations de niveau supérieur à orientation socio-éducative co-existent avec les formations d'un niveau inférieur, à orientation davantage technique et sanitaire. En Angleterre, un mouvement de professionnalisation de l'accueil de la petite enfance a été impulsé dès 1997. Le personnel étant alors fort peu qualifié, notamment en raison de la persistance d'une vision « maternelle » et féminine du secteur, le pays s'est attelé à réarticuler le paysage des formations autour de deux profils clés, un dont le niveau de formation correspond au secondaire supérieur et l'autre à un baccalauréat. L'accueil suédois, dont la qualité est soulignée dans plusieurs enquêtes internationales, tire une partie de son excellence

dans la formation des professionnels, dont plus de la moitié est titulaire d'un diplôme universitaire pour l'accueil de la petite enfance. Enfin, au Québec existe depuis 1975 une formation professionnalisante appelée « Techniques d'éducation à l'enfance » qui comprend 3 années d'études après l'école secondaire. En 2016, dans les Centres de la Petite Enfance (CPE), 56% du personnel était porteur de ce diplôme.

La diversité de profils qui, à première vue, pourrait apparaître comme une richesse offrant une multiplicité de formations pour des services eux-mêmes très diversifiés génère, dans de nombreux contextes, un problème de visibilité et de lisibilité des compétences et des responsabilités attendues des personnes qui travaillent dans les services de l'EAJE et donc des formations initiales et continues à privilégier. Le cas de l'Angleterre le montre bien : les formations et qualifications des professionnels du champ extrêmement nombreuses (des centaines) et au contenu fortement variable ont conduit à la réorganisation des qualifications autour de deux profils visant à accroître la lisibilité du système en établissant une série de critères auxquels les formations doivent répondre pour se conformer à un des deux profils.

Cette trop grande diversité de profils va à l'encontre d'une reconnaissance des compétences professionnelles requises de tout professionnel et de mieux en mieux définies dans la littérature. Cela risque de réduire le métier à une check list de compétences génériques qui peuvent, du reste, se lire dans une multitude d'autres profils métier de l'interaction humaine, masquant la spécificité éducative de ce que certains revendiquent comme « un vrai métier ». En effet, ces différents profils déclinent dans de nombreux cas une multitude de compétences qui de manière très différente, abordent les dimensions du travail avec les enfants, de manière souvent superficielle le travail avec les familles, le travail entre professionnels et rarement celui réalisé au sein d'une communauté locale. Si certains profils, souvent les plus récents et ceux qui relèvent du niveau supérieur de l'enseignement, abordent ces différentes dimensions, d'autres se focalisent davantage sur les tâches à accomplir avec ou pour les enfants sans montrer de manière explicite la complexité de leur prise en charge dans un cadre professionnel. Nous voyons ici la difficulté de rendre compte de la complexité de situations quotidiennes apparemment banales telles que le change d'un enfant, la prise en charge d'un repas, l'accueil d'un parent, la gestion d'un moment de retrouvaille ou encore la participation à une réunion d'équipe. Pourtant, la prise en compte de cette complexité permettrait de mieux cerner les compétences professionnelles attendues, les ressources (savoirs multidisciplinaires, capacités, attitudes) qu'elles mobilisent, dont les bases s'acquièrent en formation initiale et dont le développement nécessite un travail d'équipe, une formation continue et un accompagnement professionnel régulier.

L'analyse des prescrits, la consultation des participants ainsi que des experts des différents régions et pays étudiés montrent la nécessité non seulement de tenir compte des différentes dimensions du travail, mais surtout de démontrer leurs interconnexions. Ainsi, si le travail avec les enfants constitue le cœur des métiers de l'EAJE, il ne peut être conçu aujourd'hui indépendamment d'un travail en étroite collaboration avec les familles, d'un travail d'équipe et plus largement encore d'un travail en réseau favorisant l'inscription du service dans le quartier en réponse notamment à des enjeux d'inclusion. Ainsi, en Flandre, l'attention récente portée au développement de la fonction sociale des milieux d'accueil ainsi que le curriculum MeMoQ, qui souligne l'importance des milieux d'accueil pour les parents et la société, renvoient à la nécessité, pour les professionnels, de développer des partenariats avec les parents et avec la communauté locale. À ce titre, la nouvelle formation de niveau baccalauréat « Pedagogie van het jong kind » fait la part belle au travail avec les familles, avec les professionnels des milieux d'accueil et, plus largement, avec le secteur éducatif et la société. En Angleterre, les Children's Centers sont des services intégrés travaillant en pluridisciplinarité autour du jeune enfant et de sa famille. Cette expérience révèle les bénéfices mais aussi les difficultés du travail interdisciplinaire et interinstitutionnel ainsi que la nécessité d'un personnel expérimenté, qualifié et disposant de compétences spécifiques. Au Québec, on note une volonté d'intégrer les familles dans le lieu d'accueil et sa gestion. La gestion des CPE est assurée en grande partie par les parents usagers du service de garde, ce qui leur permet de jouer un rôle important dans la prise de décisions administratives et éducatives qui concernent leur enfant (Tougas, 2002). Dans tous les cas, une vision élargie des services de l'EAJE, considérés dans leur

environnement local, telle qu'elle transparaît dans les curriculums exige une perspective élargie des compétences professionnelles et génère une réorganisation du programme de formation des éducatrices.

Dans nos recherches, cette vision élargie des compétences d'accueil a fait l'objet d'une modélisation organisée autour de trois macro-compétences inter-reliées et mobilisables dans le travail avec les enfants, les familles et les professionnels au sein d'une communauté locale. Il s'agit : des compétences organisationnelles, nécessaires à l'aménagement et l'ajustement d'un cadre de vie; des compétences relationnelles avec les enfants et les familles ainsi qu'entre professionnels et plus largement avec la communauté locale; des compétences réflexives nécessaires à une prise de recul et à l'analyse partagée des pratiques en vue de leur régulation. L'interdépendance de ces compétences se comprend dans la mesure où, par exemple, les compétences relationnelles (porter attention, observer, faire place aux émotions, communiquer, soutenir la participation de tous à la vie quotidienne) dépendent en grande partie des compétences dites organisationnelles (mettre en place une organisation de l'espace, du temps et du travail en équipe) qui permettent de se rendre disponible et de garantir une intimité a priori peu compatible avec une gestion collective de l'accueil. Ces compétences font elles-mêmes appel à un troisième type de compétences dites réflexives : prise de recul sur soi, documentation des pratiques éducatives quotidiennes, analyse de leurs effets sur les enfants, les familles et les professionnels et évaluation régulatrice des pratiques pour un mieux-être de tous. Ceci montre l'intérêt de développer davantage certaines dimensions de ces trois macro-compétences, particulièrement celles de réflexivité trop peu développée actuellement dans la formation initiale et continue, mais surtout de renforcer leur interdépendance.

Portant sur les situations quotidiennes dans les services, cette modélisation est conçue avant tout comme un outil mobilisable dans une diversité de contextes et de services de l'EAJE. Elle s'attache à dépasser les cloisonnements liés aux découpages institutionnels et aux catégories d'âges associés et fortement ancrés dans les représentations des acteurs de terrain. L'analyse du processus de recherche mis en place en FWB fait apparaître trois difficultés majeures qu'éprouvent les acteurs de terrain : dépasser les découpages établis entre l'accueil des enfants de moins de 3 ans d'une part et celui des enfants de 3 à 12 ans en dehors de l'école d'autre part; envisager et adopter une approche holistique de l'éducation fondée sur une transversalité des besoins des enfants dont les dimensions culturelles et contextuelles sont reconnues; assurer une nécessaire continuité éducative dans leur prise en charge sans nier les spécificités de contextes institutionnels. L'analyse de leurs discours montre une représentation dualiste/binaire qui tend à opposer d'une part un accueil du jeune enfant articulé sur un lien chaleureux avec l'adulte et d'autre part un accueil dans le temps libre des enfants de 3 à 12 ans, articulé avant tout sur la vie de groupe et la socialisation. Cette conviction, très répandue, conduit à ne pas intégrer la progressivité des processus et des conditions d'accueil. Ainsi l'accueil des 3-12 ans en dehors de l'école peut-il exposer les enfants aux effets d'une surestimation de leurs capacités à la vie de groupe et à ceux d'une sous-estimation de leurs besoins d'une relation individualisée et sécurisante avec l'adulte. Le risque est aussi bien présent dans l'accueil de la petite enfance : une surestimation des compétences relationnelles des jeunes enfants se traduit notamment par des attentes excessives concernant par exemple le respect des règles et en même temps sous-estime leur capacité à participer aux faits et événements quotidiens qui les concernent. Une approche holistique de l'enfant lui donne une position centrale dans l'accueil et conduit à une recherche intégrée de son bien-être – ici et maintenant – et de son bon développement – au-delà – dans ses différents contextes de vie, respectant ses besoins et ses droits, et tenant compte de ses univers d'appartenance. Le développement d'une telle approche fait appel à des professionnels dont les compétences organisationnelles, relationnelles et réflexives sont reconnues et soutenues, permettant un décryptage de ce qui se joue pour l'enfant en toute situation, une recherche avec d'autres (collègues, parents, accompagnateurs) des manières les plus ajustées d'agir en tenant compte de l'observé, de l'éprouvé et des références utiles. Plus largement, une telle approche globale suppose des conditions de travail compatibles avec une prise de recul et une réflexion partagée, si possible accompagnée et soutenue par des processus de formation continue jugés nécessaires à la dynamique de projet éducatif attendue dans tous les services de l'EAJE.

4. Discussion et conclusion

Notre recherche montre l'importance d'articuler étroitement les orientations prises dans la définition des compétences et les formations avec celles définies dans les curriculums ou autres références pour les services de l'EAJE. Elle pose la question de l'accompagnement des acteurs de terrain, et plus particulièrement de l'ensemble des opérateurs de formation potentiellement concernés mais pas nécessairement suffisamment informés et associés dans la diffusion des curriculums. Plus largement, elle pose l'importance du temps de rencontre entre acteurs des secteurs de l'accueil, de la formation (professionnels de l'enfance, formateurs, enseignants) et leurs responsables politico-administratifs. Les processus de recherche présentés ici ont montré la possibilité de telles rencontres et permettent d'envisager de les rendre structurelles. Ceci favoriserait une vision davantage partagée sur les conditions d'accueil des enfants, les relations à établir avec les familles et sur les compétences requises pour les rendre possible au sein d'un système compétent.

L'analyse des recherches menées en FWB, intégrant celle d'autres systèmes éducatifs et de formation, sur les compétences attendues dans les métiers de l'accueil de l'enfance et sur les formations à développer dans une perspective systémique confirme l'intérêt de développer une approche globale de l'éducation et de la formation. Cette approche intègre différentes dimensions (accueil de l'enfant, de sa famille, en équipe et en réseau) et reconnaît des compétences communes aux professionnels de l'accueil de l'enfance travaillant dans différents types de service. Elle souligne surtout l'importance de travailler leur interconnexion montrant que toutes les situations éducatives font appel à des compétences à la fois organisationnelles, relationnelles et réflexives.

En réponse à la pléthore des profils métiers et de formation, il est essentiel aujourd'hui d'identifier et de faire reconnaître les compétences centrales qu'une approche globale et holistique requiert. Une modélisation combinant compétences organisationnelles, relationnelles et réflexives peut constituer un outil d'analyse utilisable dans d'autres contextes que celui de la FWB à partir duquel il a été produit.

La modélisation fournit un outil pouvant démontrer la complexité de situations éducatives ordinaires pointées dans les résultats et faisant comprendre la spécificité des compétences professionnelles à laquelle elles font appel. Elle peut être utilisée dans l'analyse de situations exemplaires et donner à voir ce qu'elles mobilisent comme compétences organisationnelles, relationnelles et réflexives avec leurs ressources associées (savoirs pluridisciplinaires, savoir-faire et attitudes professionnelles telles que réceptivité, bienveillance, etc.). Elle permet d'aller au-delà des prescrits souvent déclinés en « compétences » confondues avec des capacités décontextualisées et présentées sans lien entre elles.

Elle permet aussi de souligner l'importance, pour tous les professionnels de l'accueil et indépendamment de leur niveau de formation, de disposer de compétences relationnelles et réflexives. Ce cadre peut dès lors permettre d'harmoniser les multiples formations existantes autour de références communes et actualisées. Dans une perspective de création d'une formation de niveau supérieur, il permet également de faire coexister des professionnels formés à un niveau baccalauréat avec ceux ayant une qualification équivalente à un niveau secondaire supérieur, en distinguant les rôles et responsabilités dans l'action et l'analyse régulatrice de celle-ci, sans hiérarchisation des tâches effectuées par chacun.

Pour mieux saisir encore la complexité des situations, on relève l'intérêt majeur d'un travail complémentaire d'analyse contextualisée de l'activité qui rend, lui aussi, visible les compétences complexes mobilisées en acte et en situation. Des travaux de recherche inscrits dans les courants de l'analyse de l'activité, de la didactique professionnelle ou de l'analyse interactionnelle ouvrent des perspectives complémentaires prometteuses. Certains travaux précurseurs, peu nombreux, ont pu être réalisés dans le secteur spécifique de l'accueil de la petite enfance alors que ce type de démarche de recherche a été au départ utilisé dans d'autres métiers. Relevons les travaux précurseurs de Zorgmal (2015) qui a étudié, à partir de

situations filmées dans des crèches de Genève, les démarches d'observation de professionnels de la petite enfance que l'auteure associe à des démarches de catégorisation. Cette analyse de l'activité permet de mieux comprendre les processus d'observation en situation de travail dans lequel nous pouvons identifier des compétences organisationnelles (aménager et ajuster le cadre de vie), relationnelles dans les interactions avec l'enfant et les adultes impliqués dans la situation et réflexives, mobilisées en acte (pas seulement en dehors de l'action). Relevons aussi les travaux d'Ullmann (2017) qui par son analyse de l'activité dans des crèches parisiennes, contribue aussi à rendre visible aux yeux de tous, la complexité du métier.

Nous soulignerons en conclusion l'importance de poursuivre les travaux qui contribuent à mieux rendre compte de la complexité d'un métier et d'une activité professionnelle trop peu étudiée et (re-)connue à ce jour malgré la pléthore de recommandations internationales et prescrits locaux. Parmi ces travaux, la recherche a un rôle important à jouer. On gagnerait sans doute à mieux identifier son rôle dans le développement de systèmes compétents dans les différents contextes internationaux.

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1- Articles will be evaluated using a double blind peer review by accredited specialists. Anonymity is assured.

2- Before starting the blind peer review process, the editorial board will make a first evaluation to check the article meets the required standards by the journal.

3- Articles overcoming the first review will be evaluated in two ways: the first one-internal (member of the editorial board), the other one-external. In case of discrepancy between the two processes, a third evaluation will be required.

4- Evaluators will apply the evaluation criteria established by JETT with complete independence and freedom. If there could be a conflict of interest in assessing an article, the reviewer must notify JETT, declining to perform the requested evaluation.

5- In order to review the articles, the evaluators will use the template available in Spanish, French, Portuguese and English.

6- Evaluators will have five options for the article global assessment, (in all cases the decision should be justified in the commentaries section):

- Acceptable.
- Acceptable pending minor revision.
- Acceptable pending deep revision.
- Unacceptable but can be recommended to other journal.
- Unacceptable.

7- To avoid plagiarism conflicts, the evaluators should use the anti-plagiarism application (Grammarly), and also the (Google and Google Scholar seekers).

8- Evaluators will send the evaluation report (filling in the template) to the JETT OJS platform no later than 20 days after the reception of the template.

9- For further information please contact jett@ugr.es