



ANNA MIKLER-CHWASTEK

Maria Grzegorzewska Pedagogical University in Warsaw

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## The other in the early system of care and education

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Polish child care system for the disabled children offers some interesting solutions. However, lack of coherence in the management of individual groups of small-child outreach facilities makes it impossible for some solutions to be fully implemented. This problem concerns the system of nurseries and early support for the development of children.

**KEY WORDS:** young child, supporting the development, nursery

### A young disabled child

Whenever any disability or other deficit is detected or only suspected in a child it is worth to take multiprofile actions aiming at supporting its development. It shall not only improve a current condition, but may also help to decrease or even reduce problems which might appear in future<sup>1</sup>. Many disorders display a tendency to increase with age. Therefore the sooner a child receives treatment, the greater the probability that it will avoid many secondary difficulties.

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<sup>1</sup> E. Reczek (1997), *Wczesna interwencja w Krakowie*, „Światło i Cienie” No. 3/97.

We should also remember about the specific character of the development and growth of human nervous system. The younger a person is, the easier it is to compensate for many developmental deficits. It is closely connected with the so-called *brain plasticity*, consisting in ability of neurons to undergo permanent transformations<sup>2</sup>. *Certain factors damaging central nervous system cells, such as: stress, some environmental factors, ischemia, anoxia, cerebral oedema and neurodegenerative diseases stimulate repair processes, resulting in creating new neurons. By repairing self-damage of certain areas, neurogenesis in pathological states, secures the ability of the brain to function properly. The developing nervous system displays the greatest ability to repair damage. The intensity of repair processes and compensating abilities weaken with age*<sup>3</sup>. Therefore young children make progress faster since their nervous system is more susceptible to stimuli than with adults<sup>4</sup>.

Since our knowledge of early stimulation is so vast, we may thus assume that omission of the treatment due to a limited access may result in irreversible changes in a child's nervous system. It may also prevent further developmental progress on such a level which would allow to e. g. implement a child in the peer environment<sup>5</sup>. Therefore, in order to effectively support the development of a young child with disability, the whole system of support for the child and its family shall be required.

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<sup>2</sup> M. Borkowska (2001), *Uwarunkowania rozwoju ruchowego i jego zaburzenia w mózgowym porażeniu dziecięcym*, Warszawa, p. 32.

<sup>3</sup> Quoted from J. Dorszewska (2008), Neurogeneza i plastyczność synaptyczna ośrodkowego układu nerwowego, in: *Apoptoza w chorobach ośrodkowego układu nerwowego*. ed. W. Kozubski, J. Dorszewska. Czelej, Lublin, pp. 45–64; K. Wójcik (2009–2011) *Neurobiologia rozwojowa i inwolucyjna plastyczności mózgu*, in: *Neurokognitywistyka w patologii i zdrowiu*, Pomorski Uniwersytet Medyczny, Szczecin, p. 165.

<sup>4</sup> R. Stefańska (1997), *Wczesna interwencja terapeutyczna – nadzieja i szansa na lepsze jutro dziecka*, „Światło i Cienie” No. 3/97.

<sup>5</sup> Text compiled on the basis of A. Mikler-Chwastek (2011), *Dotykowe poznawanie otoczenia. Diagnostyka i wspomaganie rozwoju małych dzieci*, Wydawnictwo APS, Warszawa, pp. 16–17.

## Support system for parents of small disabled children

In Poland a parent whose child is struggling with developmental difficulties according to the law may expect various forms of support e. g. financial allowances and tax reliefs. These are the following:

- nursing aid
- nursing benefit;
- child benefit;
- supplement to the family allowance for education and rehabilitation of a disabled child;
- co-financing from PFRON (State Fund for the Rehabilitation of the Disabled) to rehabilitation holidays, rehabilitation equipment, orthopaedic items and aids;
- rehabilitation relief, while settling with Tax Office a parent is entitled to deduct the rehabilitation related expenses from his/her income;
- support from NFZ (National Healthcare Fund may partly finance the purchase of orthopaedic items and aids and long-term nursing care).

The aforementioned offers refer to financial aid, whereas parents may also receive psychological support. They participate in various support groups and self-help groups. However, such groups are established as a bottom-up initiative. Foundations and associations offering a variety of extensive help are often established thanks to the efforts of the parents of disabled children in reaction to lack of systemic solution. However, it should be remembered, that allowances and financial support are only a part of the whole range of needs. Organising professional help in the form of multi-profile support for the development of the child with detected disability is becoming equally essential.

In order to meet the needs of children and their families in 2013 a tool was created for providing additional support in the form of *Early developmental support*.

## Early developmental support for a child inaccessible in a nursery

The Ordinance of the Minister of National Education of 11 October 2013 provides conditions for organising early support for the development of children, aiming at stimulation of psychomotor and social development of a child from the moment the disability is detected, until it begins its school education<sup>6</sup>. Thus the Ordinance covers young children with detected and documented disability. However, this is when the difficulty lies. Such early support may be organised in a kindergarten and a primary school, including special schools, and also in other forms of pre-school education and centres<sup>7</sup>, as well as in public and non-public psychological-educational counselling centres, including specialist clinics, if such units can realize the recommendations included in the opinion stating the necessity to provide early support of a child's development, have didactic aids and equipment indispensable for providing early support. Yet the Ordinance does not pertain to nurseries and children's clubs, which are not the responsibility of the Minister of National Education, but the Minister of Family, Labour and Social Policy. Thus children attending nurseries cannot participate in the procedure of early support of development in a unit where they spend a couple of hours daily. It means that units providing professional care to the youngest children cannot provide WWRD service (early support of development of children), despite the fact that their children fulfil all the requirements (e. g. have the opinion stating the need for an early support of the development).

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<sup>6</sup> It is Worth to differentiate between early therapeutic intervention (treatment and rehabilitation) and early support of development (psychological and educational impact). Early intervention is provided by healthcare system (National Healthcare Fund, rehabilitation centres), whereas early support of development is provided by education institutions. cf. <http://www.zespoldowna.info/roznica-wczesna-interwencja-a-wczesne-wspomaganie.html/23.05.2017>.

<sup>7</sup> Article 2 point 5 Law of 7 September 1991 on the education system.

The Ordinance allows for the possibility to organise WWRD at home (*classes as a part of early support, in particular with children under the age of 3, may be conducted also in their own homes*<sup>8</sup>). However, one should remember, that the very possibility to spend time with a group of peers is a form of support for the child's development and may be additionally strengthened by therapeutic activities organised in the unit.

Thus a question arises, where we can find some help for a child who does not yet attend a nursery, and already suffers from disturbed development? Integration nurseries seem to be the solution here. Apart from everyday classes in the form of play, music classes, self-service activities, a child may be provided professional support tailored to its individual needs (e. g. Sensory Integration classes, rehabilitation according to Bobath concept). Such classes are offered by the integration nurseries.

### **Nursery – a place for an effective treatment of a young child**

For every parent, and particularly for a parent of a disabled child, a transition of the child into a nursery is a difficult moment. We are dealing with a very small child (under 3 years of age), who has not collected much experience, especially with regard to peer relations. Besides, during this period difficulties with communications occur as a natural consequence of development and thus a considerable majority of children struggle with it, which causes adults to worry about the way the child will be able to communicate its needs and worries.

It should be remembered that recently a significant change has taken place with regard to management and organisation of nurseries in Poland. On 4 February 2011 Act on care for children under

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<sup>8</sup> The Ordinance of the Minister of National Education of 11 October 2013 on organising early support for the development of children, § 5.1.

the age of 3 (*Ustawa o opiece nad dziećmi w wieku do lat 3*) was adopted. Due to this legal act nurseries are no longer the responsibility of the Ministry of Health, but are taken over by the Ministry of Family, Labour and Social Policy. And consequently, the whole system of providing care, education and support of the development of such a young child has undergone changes.

Thanks to the involvement of the Comenius Foundation for Child Development (Fundacji Rozwoju Dzieci im. J.A. Komeńskiego) recommendations have been produced in the form of a document: Quality standards of the care and support of a development of a child under the age of 3 *Standardy jakości opieki i wspierania rozwoju dzieci do lat 3*<sup>9</sup>. A caretaker employed in such unit is currently required to provide safety for children, tender care, but also to be able to organize the whole system of support of development. In practice, the unit should ensure children considerable comfort in every aspect of their functioning. The recommendations are connected with the organisations of rooms and immediate environment:

- Theme corners furnished with real objects,
- Children have access to materials stimulating their senses,
- Children have access to materials for manipulation,
- All materials and toys should be directly accessible for children,
- equipment made mostly of natural materials,
- natural materials accessible for manipulative and constructive play,
- natural landscape is preserved, so that children can run, climb, dig, rake leaves, water flowers, etc.

Caretakers should provide optimal conditions for child development, therefore they have to:

- know the stages of a child development in all of its aspects,
- know the rules governing health prevention and protection, prevention of accidents,

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<sup>9</sup> M. Rościszewska-Woźniak (2012), *Standardy jakości opieki i wspierania rozwoju dzieci do lat 3*, Fundacja Rozwoju Dzieci im. J.A. Komeńskiego, Warszawa.

- know the rules of healthy nutrition,
- know the dynamics of a group process, development of an individual in a group, rules of establishing social relations in child groups,
- know conditions favourable for establishing bonds and positive social relations of young children,
- know the best way to arrange the area in order to facilitate the development of a young child,
- acquire the knowledge of the young child education,
- know the requirements to be met by the toys for young children,
- have the knowledge about the sexual development of a child,
- have the knowledge of certain legal aspects of the care of children and protection against abuse,
- have the knowledge of emergency medicine,
- know how to observe and interpret a child's behaviour in terms of its developmental needs,
- know how to recognise signals given by children related to e. g. its physiological needs, fatigue, etc.,
- be able to communicate with a child, ask questions, conduct a conversation, stimulate linguistic development,
- be able to cooperate with other adults, communicate with them, share tasks,
- have the skill of working with a group,
- be able to organise classes stimulating children's curiosity (arts, music, physical activity, cooking, natural science),
- be skilled at solving problems,
- be ready to conduct physical activities with children (caretakers with disabilities of locomotor system they work with the assistance of a person without disabilities),
- be able to detect problems faced by children and assess whether a given situation requires the assistance of a specialist,
- be able to provide first aid to a child,
- be able to plan and document their work with children.

Also some attention was drawn to personal traits of character of a caretaker who should:

- have readiness to a change, be curious of the world,
- be patient and able to control one's behaviour,
- be sensitive to the environment and other people,
- be ready to reflect and capable of critical consideration,
- display readiness to learn,
- be ready to accept, refrain from judgement or assessment,
- be ready to play,
- be flexible (can adapt its activity to dynamic changes of a situation),
- respect other people's individuality<sup>10</sup>.

### **Methods of supporting development of young children offered by nurseries**

In order to meet the expectations of parents of the disabled children, directors and staff of nurseries try to organize a system of support. Although the system of early support of a child's development cannot formally function in nurseries, yet fortunately, employing effective forms and methods of support and hiring professional staff is possible.

Children with disorders related to chewing and gnawing, as well as those struggling with delayed speech development can count on the assistance of a **speech therapist**. Parents can learn proper stimulation to continue the speech therapist's work at home. Owing to this cooperation, a child's progress is more easily noticeable, whereas a therapeutic process may be continued regardless of the presence of the child in the facility (e. g. sickness or holidays).

Many institutions decide to hire a **psychologist**, whose task is often to make the first diagnosis of a child. In case of some children,

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<sup>10</sup> Recommendations prepared on the basis of M. Rościszewska-Woźniak (2012), *Standardy jakości opieki i wspierania rozwoju dzieci do lat 3*, Fundacja Rozwoju Dzieci im. J.A. Komeńskiego, Warszawa.

developmental disorders appear by the end of the first year of age or in the early childhood. Therefore, it is in the nursery that some deficits are detected. An experienced caretaker can assess which child requires additional support. A child psychologist has different tools at his/her disposal which he/she may use even with very young children. As an example, Psychomotor Development Assessment Cards are used (Karty Oceny Rozwoju Psychoruchowego) (KORP)<sup>11</sup>.

A psychologist's task is also to provide care for parents who have to face developmental disorders of such a small child.

An interesting offer for children struggling with disorders of the motor development are **classes conducted by a physiotherapist**, often a NDT – Bobath therapist. In the medical community this method is considered highly effective, safe and useful in the therapy of the youngest children. It is the physiotherapist's task to properly influence muscular tension (reducing excessive tension and increasing the reduced one), reducing improper reflexes, inducing movements comparable to proper ones, consolidating the acquired motor skills in everyday activities.

The important thing is that the results achieved thanks to the application of Bobath method may be strengthened at home by parents themselves, who, to be honest, are not specialists, yet they ensure a proper care of the child, methods of feeding and playing<sup>12</sup>. When properly prepared by a therapist, they will manage much better with the implementation of basic tasks, but also will be able to continue series of exercises at home<sup>13</sup>.

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<sup>11</sup> It is a standardised tool, designer for initial assessment of a child's development. It helps to establish if a child under diagnosis displays harmonious development in accordance with the expectations determined for every age bracket.

<sup>12</sup> In Bobath method, which is often used with children with motor disability, e. g. suffering from cerebral palsy, a therapist teaches parents, how to provide proper care, how to carry them, feed and change them in order to strengthen therapeutic effects. Such organisation of a therapy helps to avoid consolidation of improper patterns.

<sup>13</sup> M. Matyja, M. Domagalska (1998), *Podstawy usprawniania neurorozwojowego według Berty i Karla Bobathów*, Wydawnictwo Śląskiej Akademii Medycznej, Katowice

Other significant method of supporting development is a **music therapist**. In nurseries we find eurhythmics classes and music classes, but many institutions introduce also elements of music therapy<sup>14</sup>. Mobile Music Recreation (Mobilna Rekreacja Muzyczna) is worth mentioning, in which sources of sounds related to our body are used (clapping, stamping, whistling etc.), and also strengthens the influence of music with all kinds of exercises: rhythmic, motor, breathing, imagination, relaxation, percussion, forms of art, literary and drama. The author of this method, M. Kierył, has determined its 5 basic stages, which can be narrowed down to five keywords: release, rhythm, awareness, recreation, stimulation in Polish establishing the acronym of OZURA:

Stage 1 - **O**, namely releasing (clapping, stamping, jumping, shouting) making a few simple spontaneously dynamic movements.

Stage 2 - **Z**, adding rhythm, namely strengthening the rhythm of music by movement or playing instruments.

Stage 3 - **U**, evoking awareness by integrating music with art, literature, may also consist in playing simple instruments.

Stage 4 - **R**, recreation, consists in learning various forms of rest with the use of music, breathing exercises while lying or sitting.

Stage 5 - **A**, means stimulation by rhythmic exercises, dancing, singing. Mild activation (easy exercises in the lying position, moving to a standing position through sitting position); dynamic activation (exercise done at a pace).

**Sensory Integration Therapy** is another interesting way to complete a therapy of a child with development disorders. Many

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ce; Z. Szwiłing, P. Zawitkowski (1998), *Podstawy pielęgnacji i opieki nad małym dzieckiem wg zasad NDT-Bobath* [in:] *Warszawskie warsztaty neurologiczne. Materiały wybrane 1996-1997*, Poradnia Diagnostyki i Terapii Neurologicznej POLEK, Wydawnictwo Polskiego Stowarzyszenia Terapeutów NDT-SI, Warszawa; [http://www.ndt-bobath.pl/?page\\_id=65/29.05.2017](http://www.ndt-bobath.pl/?page_id=65/29.05.2017).

<sup>14</sup> Cf. M. Kierył, *Mobilna Rekreacja Muzyczna - MRM*, w: <http://www.zdrowamuzyka.pl/pdf/mrm.pdf/29.05.2017>. Cf. <http://www.zlobki.waw.pl/zlobki.php/poradnik.php?z=23&pid=14799>

institutions invest in special facilities for rooms<sup>15</sup> and therapist training, since SI method may be used already with very young children.

Already the youngest children with difficulties within SI suffer from: excessive sensitivity to sensory stimuli, lack of or excess of sensitivity to sensory stimulation, display too low or too high level of physical activity, difficulties in concentration, have reduced motor skills, coordination problems, display delays in development of speech. Such behaviour is visible already in the early childhood, therefore it seems reasonable to make use of SI method in the nursery.

## Summary

Although the Programme of Early Support of Development of a Child cannot be applied to nurseries (they are not managed by The Ministry of National Education (MEN), and thus are not subject to its legislation) yet, directors and caretakers try to organize support in such a way which would meet the expectations of children and their parents. Many institutions, both public and non-public, hire professional staff and invest in necessary equipment. Therefore parents may use the Programme of Early Support of Development of a Child at home (law provides for that) and take advantage of a valuable offer of nurseries, which will certainly have a positive impact on a child's development.

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<sup>15</sup> Si therapy room is properly equipped, in terms of, e. g. swings, rolling pins, mattresses, springboards. Cf. <http://poradnia-ada.pl/sala-integracji-sensorycznej-si/>

[http://www.ndt-bobath.pl/?page\\_id=65](http://www.ndt-bobath.pl/?page_id=65)/29.05.2017

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