

Early Support of Development for Children and Parents – Model Concentrated on a Family vs. the New Intersectoral Model of Support in Poland

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ABSTRACT:

The article focuses on the evolution of the approach to supporting the early development of a child, from the medical paradigm to the socio-interactive to the biopsychosocial model of disability. The current and new models of supporting early child and family development in Poland were compared, with particular focus on the family-focused model; the broader scope of the intersectoral support model, which integrates resources from multiple environments, was highlighted. Legal and organizational aspects, as well as selected model scopes, were referred to. For this purpose, the bibliographic method and classical source analysis were applied. The analysis indicates that in scientific literature, models of early family support and its context are considered in terms of: fundamentals and theoretical models; cross-sectoral integration and social policy; the role of family and the home environment; the role of specialists - interdisciplinary teams; the aspect of diagnosis in early support of child development and their family; Polish context – diagnoses, barriers, development; international context - comparative studies. The intersectoral model does not exclude a family-centered approach, but rather expands it to include coordinated actions by multiple departments. In Poland, the new model is being implemented through a system of training and functional assessment questionnaires.

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INTRODUCTION

Theoretical and legal support for a child's development in the early stages of life in Poland

The beginnings of support for child development in situations of disruptive development, difficulties, or dangers — both practical and theoretical — come from developmental psychology and medicine. Currently, it is believed that the key periods for a person's development are the prenatal period, early childhood, and late childhood (Kornas-Biela, 2017). In the 1990s, two thought trends were developed with a child at risk of a disability or with a disability and their family as the focus. It was towards them that the procedures for early intervention and child development support were developed. These approaches differ in the specific actions, allotted time-frame, organization, legal bases, and the government unit that implements them. The differences also stem from theoretical paradigms, and the detailed analysis of definitions in the literature was conducted by Twardowski (2012), who noted the multitude of terminological aspects, their dispersion, and the lack of a systemic take. According to the medical approach, early intervention refers to children at risk of disability or disabled and their parents (Sidor-Piekarska, 2010). It pertains to children from birth through the start of school education. In support practices, it is assumed that early intervention includes health system facilities to which one is referred by a family doctor, pediatrician, or a specialist, such as a pediatric neurologist. Under current law, there are no regulations governing the operation of early intervention centers. The implementation of early intervention concepts occurs primarily within the framework of day-operating rehabilitation centers for children (Nowak et al., 2024). The term *early support of development for children* is used in education law. For a child to attend activities, an evaluation report from a psychological and pedagogical counselling center is required, with the child's specific needs and the need for early support in the child's development included in the report (Rafał-Łuniewska, 2017). Support is provided in educational institutions, psychological and pedagogical counselling centers, and mostly in kindergartens. The young age of a child is the key factor in these approaches at the time of starting the intervention. The cited regulations pertain to the country's departments of education, health care, and social policy.

The first legal regulations governing the current model of early support for child development were included in the Ordinance of the Minister of National Education of October 11 2013 on the organization of early support

for child development (Journal of Laws of 2013, item 257, Poland). The current regulations are: the Act of December 14 2016 – Education Law (Journal of Laws of 2017, item 59, Poland), which contains clauses on early support for child development, and the Ordinance of the Minister of National Education of August 24 2017 on organizing early support for child development (Journal of Laws of 2017, item 1635, Poland). The first regulations about an intersectoral approach to the issue were already formulated in 2005 in the Government Program 2005-2009, titled “Early, multi-specialist, complex, coordinated, and constant help for a child at *risk of disability or disabled and their family*”. The principles of the program are the result of multi-resort cooperation, based on the consolidation of theoretical knowledge and the practical demands of organizing early, multi-specialist, and coordinated aid (Cytowska, 2011). This aid was understood as a joint effort of medical-rehabilitative-therapeutic (early intervention) and remedial-educational (early support of development) actions, within one complementary program designed particularly for each child (The Government Program). Under *Ordinance of the Minister of Education and Science of August 30 2023 on the detailed actions of the leading coordination, rehabilitation, and care centers* (Journal of Laws of 2023, item 1801), the *Leading Coordination, Rehabilitation, and Care Centers* were established in accordance with the Act of November 4, 2016 on Supporting Pregnant Women and Families ‘For Life’. They can conduct activities with a child and their family for up to 5 hours per week, and can provide additional services from therapists. The aid is offered based on a medical certificate. They offer coordination and implementation of early developmental support, as well as support for pregnant women expecting a child with congenital defects or a genetic load (Nowak et al., 2024).

METHODS

The literature on early support for the development of the child and their family is particularly addressed in the social and medical sciences. The literature review was conducted using a bibliographic method and a classical qualitative analysis of sources. In general terms, the bibliographic method involves creating compilations of existing publications, processing them, and using them in the research process (Migoń, 1989). Document analysis can be used to provide context for the phenomena under study, formulate research questions, complement other types of data, track changes over time, and verify the reliability of information from other sources (Dalglish et al., 2020).

Regarding the considerations, the research objective of the analysis is to identify and compare models of early support for child and family development—the family-centered model versus the new intersectoral support model in Poland—within the context of theory, practice, and public policy.

The following research questions were formulated:

1. What theoretical assumptions underlie the family-centered model in early developmental support?
2. How is the intersectoral support model developing in Poland in 2020–2025?
3. What are the commonalities and differences between these models about: the role of the family, collaboration among specialists, and coordination between institutions (education, health, and social welfare)?

For this purpose, a literature review was conducted, and over 71 scholarly sources, reports, and monographs listed in the bibliography were selected. The search strategy included international scientific publications with a strong focus on Poland. The self-analysis was supported at the stages of managing sources, selecting, and coding using the software programs Zotero and Rayyan, which are recommended for bibliographic research (Župič & Čater, 2015). However, the creation of the literature review section and categories is original.

RESULTS

The literature review indicates that, for many years, a medical approach dominated both helping practices and social policy. It has evolved towards:

- Analyses of individual cases, diagnostics, and approaches considering the specificity of children's difficulties and developmental problems;
- Methods and scope of support provided to the child and their family;
- The role of the family and immediate environment;
- Theoretical models and social policy models;
- Implications for good practices.

Among the many publications (Table 1), those were selected and supplemented with others that most comprehensively explain the dynamics of changes and approaches in Poland. Detailed analyses are presented in the following chapters, highlighting the differences and similarities between the models discussed.

Assumptions and goals of a family-centered model and an intersectoral support model

The medical paradigm of early support for development, which was the leading one, proved inefficient, as it fo-

cused mainly on physical rehabilitation and speech improvement, neglecting cognitive and socio-emotional development. The aid consisted of a set of specialist services for various child dysfunctions, with the specialists focusing mainly on working with the child rather than on family cooperation. It often resulted in a set of unclear, conflicting information from different specialists. Parents' motivation to conduct the recommended training programs for the child was declining. The aid was mainly focused on physical rehabilitation and speech improvement, neglecting the child's cognitive and socio-emotional development (Twardowski, 2022b). It is important to stress that the outcomes of decisions made by parents, legal guardians, and specialists regarding appropriate support are directly felt by children and, indirectly, by their families.

The theoretical basis for early support of child development, which focused on the family, was proposed by Twardowski, who grounded his model in attachment theory and the interactive and social paradigms. It consists of:

“Four elements: characteristics of interactions supporting the child's development; the family's everyday activities; the child's curiosity and interests; and parents' strategies for interacting with the child. Suggestions regarding the goals, form, and methods of cooperation between parents and specialists constitute an additional element” (Twardowski, 2022b, p. 11).

The model, which focuses on the family, is grounded in a systemic approach and positive psychology, emphasizing the family's comprehensive support as the child's primary developmental environment. Its goal is to strengthen parents' competencies as the child's first therapists.

Currently, in Poland, there is a strong emphasis on professionally designing systemic services, grounded in scientific research, collaboration with experts, and cooperation with academic centers. *The new model of early support of development of child and family support in social environment* (model of intersectoral support) was suggested within the framework of projects funded by the Ministry of Education and Science e.g.: *Project – Establishing and piloting standards within organizing early support of child development and family support* (2021), *Innovation and implementation project for functional evaluation in researching and establishing model solutions for locally provided support for children, students, and families on the bases of methodology for functional evaluation using International Classification of Functioning, Disability and Health (ICF) 2022-2024* (Neroj, 2022). The result of this

Table 1. Characteristics of bibliographic analysis of publications and examples of sources in Polish literature on early access and support for child development and family support.

Cluster - criterion	Content characteristics	Representative publications
Fundamentals and theoretical models	Systemic models, intervention paradigms, model approaches: biopsychosocial, medical, social, developmental, attachment theory – theoretical foundations for early childhood development intervention and early support.	Guralnick (2001; 2011; 2017); McWilliam & Scott (2001); Błaszczuk-Kowalska (2012); Krishnan (2010); Petasis (2019); Twardowski (2017, 2022a, 2022b); Czerwonka (2021); Głodkowska (2017).
Cross-sectoral integration and social policy	Description of systemic solutions combining education, health, and social assistance; legal and organisational framework.	Behr (2024); Konieczna (2017); Ciczowska-Giedziun & Zmysłowska (2018); Czerwińska et al. (2018); Elszkowska et al. (2017); Grabowska (2015); Czyż (2017; 2018); Buchnat & Wojciechowska (2019); Kyle (2000a; 2000b); Stepulak & Kot (2020), Fajfer-Kruczek (2016).
The role of family and the home environment	Partnership, empowerment, coaching, and responsive parenting are the focus of the intervention.	Twardowski (2016, 2017, 2022a, 2022b); Wrona (2016); Deja (2018); Lucas et al. (2018); Żyta (2024); Zalewska (2023); Moeller (2000); Slaughter et al. (1983).
The role of specialists / interdisciplinary teams	Interdisciplinary and transdisciplinary teams, coordination, and cooperation within institutions.	Konieczna (2017); Piotrowicz et al. (2017); Doroszuk & Tera (2018); Mikler-Chwastek (2018); Feldman et al. (2022); Markowska-Manista (2016); Skibska (2014).
The aspect of diagnosis in early support of child development and their family	Functional assessment, needs diagnosis, and development assessment methods.	Bidzan et al. (2013); Stone-MacDonald et al. (2023); Hadders-Algra (2011); Kaczan & Śmigiel (2012); Czyż (2017); Sidor-Piekarska (2010); Piotrowicz (2023), Wrona et al. (2024)
Polish context – diagnoses, barriers, development	The evolution of the WWR system in Poland: diagnosis of barriers and good practices; reports and publications by the Centre for Education Development.	Kumant & Jaskólska (Ed.) (2022); Elszkowska, Golon, Raabe Krawczyk, Majcher, Niklewska-Piotrowska, Piotrowicz, Rafał-Luniewska (2017); Behr (2024); Buchnat & Wojciechowska (2019); Konieczna (2017); Czerwińska et al. (2018); Czerwonka (2021); Żyta (2024); Deja (2018); Widawska, Jachimczak & Gajdzica, (2023); Aksamit & Piotrowicz (2023); Piotrowicz (2023).
International context / comparative studies	International comparisons, models, and examples from other countries; integration frameworks.	Belsky (2006); Shan et al. (2014); Lucas et al. (2018); Guralnick (2017, 2018); Moeller (2000), Bruder (2010).

program is primarily the proposal of an intersectoral support model, grounded in *the biopsychosocial model of disability and the meaningful role of the family*. This model assumes integration of educational, healthcare, and social resources, creating a net of institutions supporting child development. The goal is to provide coherent, comprehensive support to the child and family through various institutions (Piotrowicz, 2022a). The program defines “a new model of early support of child development and family support, as a interdepartmental, complex aid impacts dedicated to families expecting a birth or raising a child from birth to the beginning of compulsory education, directed at developing family bonds” (Piotrowicz, 2022b, p. 21). According to Piotrowicz (2023, p. 18) the recommended for implementation model integrates

“model of holistic perception of the child, family, and broadly understood disability, as well as the model concentrated on the family and on biopsychosocial model of functioning of a person and disability in reference to the concept of ICF classification.”

The role of the family

First, the model’s approach, focused on the family, will be discussed. It is the family who is at the center of the actions – the parents are the primary implementers of the child’s support, and the specialists are the advisors. The parents’ role means both rights and responsibilities, representing their child. It is also the role of the best informant to know the child’s state. The parent is a partner in designing and implementing support programs,

as well as the beneficiary—the recipient of the services (Mitchell, 2016). Supporting the family includes both the child's development and the parents' emotional and social well-being. It is not only parents or caregivers who should be active in supporting the child, but also the child's closest family members with daily contact (Wrona, 2010). The parents are the first people introducing the child to the physical and social world. At the beginning, it is usually the mother, then father, and other close relatives, and then other significant people (Barlóg, 2018). It is the interactions between parents and the child that have supportive features, especially in the case of young children. Those include: ways of showing love, attention, and a sensitive reaction to the child's needs; sharing the topic of the activity (situation); adapting interactions to the child's needs and capabilities; mutuality; and directing the child's behavior (Twardowski, 2014). Those fundamental assumptions are at the core of the effectiveness of parents' actions.

In the new model of intersectoral support, the family is equally important but mainly a recipient of services. The family's involvement depends on the level of cooperation among the institutions and specialists. The family receives multifaceted support, primarily focused on the child's needs (Piotrowicz, 2022a). This approach, as one can see, does not exclude the importance of the parents' role, but it organizes the support system so that they can be better informed, more directed, and monitored at every step of the aid for the child.

The role of specialists

In the traditional, family-centered approach, specialists are partners in the family, adjusting their activities to the family's abilities and lifestyle. The emphasis is on building relationships and supporting the family's autonomy. "Taking the skills gained in the early support of development facilities and bringing them to the child's home allows reaching the set goals faster, and it raises the level of agency of the parents. Moreover, this is conducive to normalization of the family's everyday life and honing the gained skills in the case of changes" (Wrona et al., 2024, p. 235). The specialist is a teacher and trainer, not only using appropriate forms of action but also providing tips for implementing them in everyday routine activities. Currently, in the early stages of development, interdisciplinary teams are created who, through interviews, examine the situation and, on that basis, formulate goals for the family and the therapists. The activities include speech, psychological, pedagogical therapy, physiotherapy, and sensory processing therapy. The main task of

the team is to support adult caregivers and to collaborate with kindergarten teachers and other institutions that support the child incidentally (Fajfer-Kruczek & Legierska, 2024).

In the new model of support, specialists serve as service providers, often working within established procedures. Organizational effectiveness and support coordination are the key here. It aims to do so by "uniformed standard of early support of development which defines: quality of organization of the early support of development team's work; the profile of early support of development worker – unified profile of competence, early support of development coordinator, lead specialist; transdisciplinary model for the team – rules for cooperation, supervision, interventions, tutelage, interpersonal training; unifying the rules of acting with the child and family – procedures; unified procedures of functional evaluation (ICF) complying with criterial evaluation (ICD-11); documenting and internal oversight of realization of early support of development actions for the child, family, and their environment – database; standards for the resources of the entity implementing the early support of development depending on the level of support (criteria of availability); outside supervision and control of the quality of tasks' implementation of early support of development." (Piotrowicz, 2022a). Standardization enables the delivery of high-quality services. *Transdisciplinarity*, unlike *interdisciplinarity*, strongly emphasizes the involvement of both specialists and parents/caregivers. Transdisciplinarity is based on partnership, joint involvement, learning the methodologies and terminology of other fields' representatives, knowledge integration—holistic approach—and not only on combining the diagnosis and evaluation of a singular team's members (Wrona et al., 2024).

Interministerial coordination and scope of support

In the family-focused model, cooperation is based on building relationships between the family and specialists from different sectors. Individualization of support is the priority, but there is a lack of consistent procedures, local resource mapping, and support partners. In the new model, it is assumed that there is cooperation among educational, healthcare, and social institutions. The central pillar for mapping the resources of entities implementing early development support in the local environment is the local network. The priority is systemic efficiency. "The integrated system of early support of child development and family support requires: a different look at the roles of each entities providing support in various departments and related sectors; coordination of that aid on the

local level; implementation of it through various entities and institutions; usage of various resources of further and closer environments, where the child and family function (Piotrowicz, 2022a; 2023).

It should be noted that the family-oriented model focuses psychosocial support on the family and builds relationships in the context of the child's everyday functioning. These actions are usually flexible and tailored to the family's specific needs.

The family-oriented model – efficiency is measured by the level of the family's involvement and their competencies in implementing support for the child. The stress on the subjective evaluation of family quality received support. The child's fitness, barriers, limitations, and the efficiency of the aid provided are evaluated at every step of the team of specialists' work in the institution providing early support for development (Fajfer-Kruczek & Legierska, 2024).

The introduced intersectoral model for support – the efficiency measured by accessibility, service quality, and service outcomes. Given the emphasis on subjective indicators, such as the number of children receiving support or the turnaround of services, it is assumed that a local network of support institutions is continually monitored for its organizational structure and for the evaluation of interinstitutional cooperation (Piotrowicz, 2022a).

SUMMARY

A comparison of both models shows the continuity and development of thinking about early childhood development support in Poland, from a family-system perspective to a cross-sectoral approach to support measures. The family-centered model was a turning point in the shift away from a medical approach towards a social-interactive and psychosocial one. It emphasized the importance of daily interactions between parents and children, a partnership between the family and specialists, and the individual tailoring of support to the needs and resources of the home environment.

The cross-sectoral support model does not reject these assumptions, but extends them. It introduces a systemic and environmental dimension, integrating educational, health, and social activities into a coherent local support structure. The streamlining of procedures, standardization of functional assessment methods (ICF), and inter-institutional coordination enable better resource use, ensuring comprehensive assistance to families and children.

In light of the analyses, the new model is not an alternative to the family-based approach but rather an ex-

tension of it towards cross-sectoral synergy. It combines the micro-social dimension of family interactions with the macro-social organization of public support, creating a framework for a coherent, integrated system of early assistance in the local community. As a result, Polish solutions are evolving towards a model that preserves the sensitivity of the family-based approach while strengthening the effectiveness and accessibility of support through institutional cooperation and professionalization of activities.

In practice, these changes are taking place gradually, thanks to scientific work and projects carried out on behalf of the Ministry of National Education. In the new model of early childhood development and family support, a set of Standards for the organization of early childhood development and family support was developed as part of the project "Development and piloting of standards for the organization of early childhood development and family support", financed by the Ministry of Education and Science (agreement no. MEiN/2021/DWKI/80), implemented at the Academy of Special Education. These solutions were then verified in 36 counties as part of the project "Innovation and implementation project in the field of functional assessment" (MEiN/2022/DWEW/1070) carried out by the University of Silesia. Both projects served as the basis for developing an early support model based on an integrated, cross-sectoral approach, in which educational, health, and social activities are interlinked and coordinated within the local environment (Piotrowicz, 2023). However, solutions based on this model require further legislative and organizational work. Its effective implementation depends on regulating the rules of cooperation between ministries and local governments and ensuring the secure flow of data between the institutions involved in the support process (Widawska et al., 2023). A functional assessment provides comprehensive insight into a child's potential, difficulties, and family and environmental circumstances, combining a developmental perspective with a medical diagnosis. It includes an analysis of data from interviews with parents, observations, and medical records, and, if necessary, is supplemented by consultations and specialist examinations, which allow for a more complete understanding of the child's functioning and the planning of adequate support (Aksamit & Piotrowicz, 2023). The Early Childhood Development Screening Questionnaire (SRMD, nd) is a screening tool designed for parents, teachers, and specialists that enables systematic monitoring of children's development from 6 months to 6 years. Based on the ICF classification, it supports the early identification of both delays and strengths

in children, facilitating the planning of support measures and deepening cooperation between families and institutions involved in the development support process. It is published on the Educational and Specialist Support Portal website. In the future, it is planned to implement and provide access to archived results after transferring to other facilities. A new model of early childhood development support, taking into account (possible cross-sectoral aspects), is also implied in the form of preparing future staff in postgraduate studies financed by the Ministry of Education. In this context, it would be advisable to monitor the systemic measures already taken and to develop research on several levels.

1. Systemic level – state policy and legislative framework – Research in this area may concern the effectiveness of legislation in terms of the availability and quality of early support. In particular, the impact of regulations on service quality, and the assessment of the effectiveness of mechanisms for implementing the law in practice.
2. Institutional level – cross-sectoral cooperation and coordination – covering the creation of local support networks and the flow of information between institutions. Research on the effectiveness of cooperation between institutions (educational, medical, social), analysis of communication barriers, quality of coordination, and information exchange tools.

3. Organizational level – support structure for children and families – the functioning of WWR teams, coordination, rehabilitation, and care centers (WOKRO), and counselling centers. Analysis of models of cooperation in transdisciplinary teams, research on the quality of services, and the role of leaders and coordinators in the support network.
4. Diagnostic and intervention level – functional assessment and support planning – related to the practice of working directly with the child and family. It includes the use of functional assessment tools, the development of individual development support plans (IPWWR), and the evaluation of progress. Analysis of diagnostic processes and their impact on the effectiveness of support.

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