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Deliverable 2

Case management system handbook

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When parents face the fact that their children need professional help in their development, they are often confused: where to start, which therapy to choose, how long to do each of them. Due to their lack of information and despair to do as much as possible within the shortest possible time, they may choose therapies that are counterproductive to each other, as therapists do not communicate with each other. They are looking for answers online, not necessarily finding the most appropriate solutions and therapies. Ideally, there would be a group of experts consisting of movement therapists, speech therapists, psychologists, etc, who see the child as a “case” and would evaluate the condition and suggest the next therapy needed. We plan to put together a methodological handbook/guide/toolkit to establish such case- management centers, that would enable that helpers and any key figures in the life of the child to start to work as a team and to communicate with each other, evaluate the current condition of the child and suggest the next step. This would release the parent from the responsibility of deciding about the therapies without having the necessary knowledge. The target group of this would be the therapists and the parents. The output will be published in a downloadable and printable electronic format.

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Case management system handbook

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Introduction

When parents face the fact that their child needs professional help in their development, they are often confused: where to start, which therapy to choose, how long to do each of them. Due to their lack of information and despair to do as much as possible within the shortest possible time, they may choose therapies that are counterproductive to each other, as therapists do not communicate with each other. They are looking for answers online, not necessarily finding the most appropriate solutions and therapies.

Ideally, if a child is receiving therapy from a group of experts consisting of movement therapists, speech therapists, psychologists, etc. they see the child as a "case" and would evaluate the condition and suggest the next therapy needed rather than only focusing only on the area they develop as individual professionals.

This methodological handbook is also promoting the establishment of case-management centres, that would enable helpers and any key figures in the life of the child to start to work as a team and to communicate with each other, evaluate the current condition of the child and suggest the next step. This would release the parent from the responsibility of deciding about the therapies without having the necessary knowledge. The model we suggest is one possible approach to dealing with the complex challenges related to supporting the best development of a disabled child. It is always the parent's or parents' decision what approach they feel most comfortable with. The authors believe that currently the most effective approach to the coordination of development and other therapies is case management, but even within the method the parent(s) have a wide range of choices from agreeing with a professional special education expert to become the case manager to becoming case managers themselves.

The target groups of this handbook are therapists and the parents. In an ideal case, both should consider the information provided to make the best decision.

Case management - theory and practice

1. Why use the case management approach

Case management is a collaborative practice in which a professional provides help to an individual in order to meet their health, educational or any additional needs. The practice is used in healthcare and education systems, as well as social work around the world and is considered to be an efficient and low-cost method used in many different fields.

The philosophy of case management is based on the fact that everyone benefits when the client reaches the optimal wellness and functionality level, as their well-being not only affects them – but their family, their support system, and even the healthcare system itself. Therefore the main goal of case management is to reach the client's wellness and improve their overall life quality through advocacy, assessment, planning, care coordination, communication, education, resource management, and service facilitation - with a main focus on evaluating the options and services needed and linking the family/client to the relevant providers and resources.

Case management is an effective, inexpensive, and client-centred method if implemented, since a case worker could mean a lot of help to families in different circumstances: such as families with children that have to attend several different therapies or families with special needs children. The case

manager coordinates and helps to make decisions for the child – ensuring their medical, physical and emotional needs. With their client-oriented mindset, case workers help families navigate complex systems, making it easier for them to find applicable resources and services they need for their children.

To bring a well-working example from outside of Europe, we can mention the method of case management as it has been implemented into the special education system of the United States (Individualised Education Program) in which a case manager assigned to a child ensures that services and supports are appropriately provided as determined by that child's specific plan and needs. Moreover, the case manager makes sure that all paperwork is updated regularly, and colleagues are following the child's plan, leading to a valuable contribution to the student's overall progress.

Case management can make a huge difference when it comes to gathering information quickly. To meet the clients' fast-changing demands, the case manager's approach is not only fundamentally adaptive, but the management can also be applied to several, different types of unpredictable and complex work, all involving – mostly data based – fragmented resources. In addition, to achieve better and faster outcomes, case management initiates a sort of connection between the client and the service delivery system. Case managers interact more accurately with a wider range of information, services and sources. Just two examples on how case management services should be applicable; numerous, correlated investigations taking place at the same time, with little to none transparency between them, or a utilizational case in which collaborating on a single work-object includes connections through several channels.

The case management system works in many areas of life and is very beneficial, whether in business, healthcare, education, or social services.

Case management is one of the most important aspects of social work; it provides a detailed and organised multi-step process to ensure that all relevant aspects are considered to meet the needs and well-being of the individual. Case management helps to assess, plan, monitor and evaluate services and possible options to meet the client's needs. Case management allows social workers to focus individually on the needs of the client and their family to ensure the best possible care and outcomes.

Case managers do everything according to the client's personal beliefs, culture, religion, wishes and needs. Case managers help clients, and their family members assess their options, determine what is best for the individual's needs, implement the best possible options to achieve the individual's goals, and meet their expectations. Case managers act as advocates for the client, so it is important that they are effective, efficient, equitable and organised in their work.

Some say there is not much of a difference between a social worker and a case manager. However, case managers tend to focus more on the individual level and take a more client-oriented approach than social workers in general. Case managers have certain steps that they take when they work with clients. These include but not limited to:

- Summing up each child's individual needs, history, strengths, and development,
- Identifying and assessing alternative child- and family-care options,
- Identifying the specific services and plans needed by both the child and their family,
- With the assistance of both the family and the child, formulating an individualised care-plan that relies on the child's assets to meet their needs,
- Monitoring the whole family and the child during the whole process, keeping in touch with parents, social workers, healthcare professionals, etc.

- Identifying if the family or the child themselves need additional support or if necessary, a quick intervention.

The case manager is a person who is connected to the client and their environment and who always has the client's best interests at heart.
In those cases where the client is a child, the case manager helps the parent(s) (and the whole family) to manage everything they need – especially if the child is with disabilities and when things are even more difficult – helps to coordinate and manage appointments, helps to make important decisions.

They have the background knowledge to deal with any situation and have access to the resources and contacts that may be needed in the case. Case managers work in different environments, so who they work with depends on the situation. They may work with medical teams, administrators, insurers/insurance companies, service providers and social workers.

As well as keeping in touch with everyone in the best interests of the child, the case manager could be all kinds of different professionals in one person whom the family may need. They help families to manage costs, especially to find the most cost-efficient solutions, and navigate the different systems and institutions. Besides, they help to deal with legal, professional, technical, and technological issues.

2. What it is

a) What the case manager needs to know of

The case manager has to collect a lot of information about their client in order to provide them with the help they need. The case manager has to assess the needs and goals of the family involved, gather information about what has been happening to the family - as well as understand the situation of their client. Furthermore, they have to know of the available resources and social services they can use and offer to their client, and evaluate what services worked and which ones did not. They contact and connect with the patient/client to monitor their progress and ensure satisfaction.

In addition, the case manager's responsibilities include managing and handling case assignments, preparing a service plan, determining, and reviewing case progress, and determining case closure. Their main responsibility is to coordinate and provide safe, efficient, timely, effective, equitable and client-oriented care and to help clients achieve well-being and independence.

Their aim is to maximise the client satisfaction and to promote quality and cost-effective interventions and outcomes. The case manager will be responsible for the entire patient care cycle. Their responsibilities include planning, assessing, implementing, monitoring and evaluating the actions required to meet the client's health and human service needs. And – if it's required – to establish an effective working relationship and collaboration with the medical team throughout the case management process.

The case manager will address and assess motivational and psychosocial issues, and if necessary, arrange meetings with social, health and government agencies. Moreover, recording information about cases, accurately filling in necessary forms and preparing statistical reports and adhering to professional standards set by protocols, rules and regulations, and adhering to record-keeping standards and maintaining confidentiality.

These are the knowledge/skills expected of a case manager: excellent knowledge of case management principles, healthcare management and reimbursement; effective communication skills; knowledge of

new professional and technical skills; problem solving skills; team-working skills and ability to multitask and to be compassionate and empathetic.

Being a case manager requires a high level of responsibility. The case manager is not only responsible for the client's therapy (or therapies in some cases), medication, and rehabilitation, but sometimes also has to take on financial management, community involvement and client education. Although the case manager may not have to do these tasks themselves, they are responsible for managing and organising everything to take care of these aspects of the work.

The ability to communicate effectively about rehabilitation, medication and therapy plans is highly dependent on the ability to communicate effectively. Furthermore, they should be able to provide the client with culturally and linguistically suitable services.

The case manager must be able to delegate effectively in order to successfully complete the tasks and responsibilities assigned to them. Case managers must remain aware when the volume of tasks becomes overwhelming and take care to delegate tasks to the appropriate team members. They know that quality is more important than quantity.

Good time management skills are important for case managers to be able to manage schedules, meetings, and deadlines. They always have easy access to contact lists, reference materials and source information.

Sometimes the case manager must act as a mediator for the client, which is why conflict management skills are important too. Their responsibility to resolve the conflict and help everyone to reach a satisfactory and workable solution. This may involve arranging a meeting between the different sides, gathering all the facts, and developing a viable solution.

Advocacy is the representation of the client's interests. Advocacy is central to the work of case managers and is a valuable skill. Typically, advocacy involves arranging services for clients and ensuring that their needs are met. It involves ensuring things such as that clients have access to the services or treatment they need, that they are treated fairly and that their legal rights are fulfilled. You may also need to look at gaps or failures in the system that prevent your client from receiving the right level of care and support. This means knowing the laws and regulations that govern these services. You will most certainly need to educate your clients (or in the case of a child, their family) on how to advocate for themselves as part of case management. This will help them to become more self-sufficient and confident.

Furthermore, a good case manager is caring, organised and has strong relationship building and documentation skills. They are open to learning new models and ways of working, as well as an understanding of people. In this job, knowing that everyone has their own unique journey and case managers taking the time to understand their clients is essential for success. Case managers understand and know the different resources available in the community.

Overall, case managers help patients understand their options in relation to their specific situation at the moment. They are the bridge between patients and their treatment (or care options). Case managers work in education, mental health, rehabilitation, medical, legal and other fields. They work directly with clients. They review their records, involve and talk to their family members and understand their medical history to properly assess their needs and circumstances. They work with organisations on behalf of their patients to find the best options. An essential part of the case manager's role is to develop an appropriate care plan. The case manager's ability to communicate with the patient and their family is what makes them effective.

b) What should parents know about the work of a "case manager"? Who they are and what their job is?

Parents of disabled children inclusive education need some firm anchor points. One of these – perhaps the most important – is the person of the case manager.

They are…

- the contact person of the child if the child receives multiple developmental services
- the contact person for the child in the inclusive school
- provides and monitors all the services that the disabled child needs during the inclusive education
- from the very beginning of inclusive education, maintaining contact with the parents and external professionals who support the child's development through some kind of activity.
- regularly organises discussions and joint forums for the peer community of the child with a different educational background. These discussions can be about a specific problem or a pre-planned topic. The discussions should be repeated several times during the school year.

The professional who provides the child with a difference and his/her family with security and the inclusive school with professional support for the child with a difference to succeed in school.

The case manager is usually a person with a special education background, but it can also be another professional or a parent experienced in similar challenges. Depending on the type of developmental delay the child has, it may be useful to have a specialisation in the helping professional. Where appropriate, if the child needs it, he or she can work individually with the child with developmental differences. It is important to bear in mind, however, that the aim of individual support is always to close the gap and to enable the child to integrate flexibly into the learning process of the class/group community in which he/she is placed.

It is worthwhile to strive for a permanent person to accompany, assist and organise the developmental and educational programme of children in need from the beginning of their entry to school/preschool until the end of the process, if possible. This allows parents and professionals to plan the development process together, in the best interest of the children.

Supporting the child with a difference in an inclusive school/day-care centre

Case managers have an important and essential role to play in inclusive education settings. They are responsible for organising and providing support for the development of children with special education needs. This does not mean that they personally deliver the sessions in all cases, but that they adapt the services to the system of the institution.

In each case, they take great care and attention to identify the specific needs of the child concerned and draw up personalised development and education plans on the basis of these. They are responsible for monitoring the results of the process and making changes as necessary.

The number of children assigned to a case manager depends on the number of pupils. The ideal situation is to monitor the progress of 2-3 children. For parents, the most important thing is the feeling of security that they know there is one person in the institution who is professionally responsible for solving and managing the problems arising from the special situation of the children. This requires

that, in addition to the information received from the parents and the school/preschool, the broadest possible cooperation is guaranteed. Regular formal and informal assessment are part of the continuous follow-up of children with developmental delays who have received integrated education. These should also be kept up to date by the case manager. Evaluations should always be carried out in joint meetings with parents, colleagues and, where appropriate, external specialists in special educational programmes. If necessary, changes to the educational and/or support programmes may be made by the teachers in the institutions.

A digital platform can be developed with parents and all the helpers around the child to share information safely and to support children's progress with a consistent approach at all times. After all, the most important thing for children in inclusion is that their abilities and skills become clearer and clearer to those involved in their education and upbringing, while it is also clear where and to what extent they are lagging behind. This requires constant monitoring, which is the task of the case manager, who knows the child's full and detailed anamnesis, development plan and progress.

In any case, the progress rate should be changed if the need arises at regular professional consultations. Since the case manager is also involved in the work of the school/preschool team (regularly or occasionally), he/she can give the teachers support and ideas to help them achieve their goals.

The progress of children in inclusive education should be monitored regularly. The frequency of these depends on the type and severity of the developmental difference. This is determined by a joint meeting coordinated by the case manager. In all cases, parents will be informed of this, as well as of the results of assessments and follow-up tests.

Before the work in the inclusive institution, school, or kindergarten, begins, parents are given precise and detailed information about what inclusion education and upbringing means for their child.

How much and what kind of support a particular child will receive.

In certain subjects, the child is regularly supported individually by a specialist (developer) in the classroom or group room.

Occasionally, but regularly, in individual sessions, the child receives supportive activities based on the appropriate methodology for the child. These may be small group or individual sessions.

Extra-curricular afternoon therapy sessions may be provided for children whose developmental delay or disability warrants it. These include communication, perceptual and sensory disorders.

Children with developmental difficulties in communication and social skills can benefit from shadow education.

These support and assistance activities are coordinated by the case manager, in consultation with the management of the institution, the methodology and the operating procedures of the nursery/school.

The case manager may be assigned to any task except that of the shadow teacher (an educational assistant who works directly with a single, special needs child during his/her early school years)

Educational institutions will inform their team members as soon as a request is made by a parent to enrol a disabled child in the institution. The case manager will contact the parents and (with their permission and cooperation) the previous actors who have been involved in the child's development.

It is important to note that the case manager is not a private teacher of a particular child, within the kindergarten or school community. Parents can keep in contact with teachers just like any other parent

of a child, but since we are talking about special needs, supporting children who develop differently, there must be a professional with a differentiated knowledge and attention to the families concerned.

The case manager's role is preferred by schools/preschools that are aware of and accept inclusive education precisely because they want to avoid parents being the advocates, the private teachers, of children with special needs. As parents, it is important that everyone should choose their parenting style and that special educational needs should be met by professionals who are competent in this field. It also takes a great burden off the shoulders of the institutions if the special needs are met and coordinated by professionals who can deal with them in a focused way and only in this way.

The relationship of the host institutions with the "case manager"

It has been mentioned above that the case manager is a member of the professional team of the school/day care centre. This is particularly important in cases where a change of institution is necessary because of the age of the child or the pace of progress.

In these cases, the case manager makes recommendations to teachers and parents based on his or her assessment of the results and processes. He or she will of course be involved in all discussions that may influence decisions.

Often compromises have to be made, either by parents or by the institution. The case manager plays a major role in accepting these compromises.

Children with different levels of development often show variable performance, fluctuating progress, sometimes stagnation in their development, but also sudden jumps.

Discussing these changes is important for peer educators and parents. The case manager should therefore:

- Coordinate regular meetings between parents and teachers concerning the children's learning programme
- Ensure that all those in the nursery/school team who have a relationship with the child write down their views and comments. After the meeting, it is important that colleagues are informed in the same way about the decisions taken at the meeting.
- Each child who participates in an inclusive education setting or has an individual inclusion programme, which is managed by the case manager. It is his or her responsibility to use the new information and decisions obtained in the meetings to update the child's inclusion programme.
- It is also essential for the case manager to keep informed of any changes to the learning plan or learning support processes for those who did not attend the meeting for whatever reason.

The case managers maintain professional contacts with teachers and other service providers who are important for the child. It is important to make sure in each case that the persons involved in the programme are fully aware of the elements of the integrated education programme and share the same principles in their approach.

In meetings, you can tell them about the material or human resources they may need to achieve their goals more successfully. If a behaviour plan is being developed for a particular child, you can also inform the professionals how to access this plan.

Partnership with case manager in inclusive education

Teachers working with children change from time to time within an educational institution. This is also the case for children with different developmental needs, but the case manager assigned to them remains the same for as long as the child is in the same educational institution. This of course depends on the staffing and facilities of the school/school. But in all cases, this continuity should be sought, as the case manager knows the child's history, developmental and educational history. One key to achieving the objectives of a successful inclusion education plan and maximising the children's skills and abilities is the permanence of the case manager.

It gives parents the security of knowing what is happening in the school/preschool in all situations and can be easily incorporated into their daily lives. Good communication means that parents and the case manager meet weekly (possibly fortnightly) with the case manager to discuss the progress of the catch-up programme or any changes that need to be made. These meetings do not always have to be face-to-face. They can be by telephone, e-mail or other electronic means. In all cases, the case manager knows best the special education/developmental support programme of the child in integrated education and the parent wants this person to know best about his/her child. For this to happen, there must be mutual trust, reflection and full cooperation.

The most important step is for the parent to identify their child's strengths so that they can share them with the case manager. These strengths can even be recorded in the form of a card, which the case manager can then share with the teachers involved in the child's preschool/school life.

In summary, the key roles are

The case manager should make sure that the inclusive education plan for a particular child is known and understood by all members of the education team.

The case manager ensures good communication between the institution and the family, avoiding unnecessary or sometimes frustrating meetings.

Building trust with the case manager creates an opportunity to share important information about the children, thus helping the disabled child to catch up and integrate.

How school support can help in an inclusive education system

By no means exhaustive, we present some examples of good results that are known.

1. Mentoring: Mentoring takes many forms around the world, in different institutions, with different objectives. In our case, it is about supporting a child with a different development in an integrated community. However, it is important to outline the type and extent of developmental difference. In the case of a child with learning difficulties, the supportive role of an adult can be effective if he or she develops a close relationship between the child, the parent, and the teacher of the subject in question. In this case, the parents know the mentor from the start of the education and discuss the child's abilities and difficulties together. Support can be provided in the classroom or occasionally in a dedicated room. If the mentor has established a good relationship with the child, the ideal situation is that the child will be approached by the mentor through different communication channels and ask for help in solving or understanding difficult tasks. The subject teacher will consult the mentor regularly and together they will draw up a support plan, according to the curriculum and taking into account the

specific difficulties of the child. The mentor should be a person trained in special education who should have at his/her disposal all the data concerning the child's condition, ability and skill deficits. The mentor should be informed by the teacher of the assessment and monitoring "tests" that will take place during the school year and should prepare the pupil in need of support for these events. The question of whether the mentor will be personally involved in the completion of the assessment tasks should always be decided jointly. The type of learning difficulty and the child's progress should be taken into account. The decision will be communicated to the parent or may be taken jointly with the parent.

2. Student club: We can support a subject-specific developmental gap or delayed developmental trajectory with good results in learning clubs by providing learning clubs for 2-3 children with similar abilities and difficulties. In these clubs, small groups of pupils are taught a subject according to the level of the pupils involved. The material for the club is prepared very carefully beforehand, together with the teacher who teaches the subject, by the teacher who runs the club, preferably a teacher specialising in special education. In certain situations, a qualified assistant may also be involved. The teaching in these clubs varies in method, intensity, and approach to the subjects. The curriculum does not differ from that of your classroom. Students in the clubs also monitor their progress at the same time as their classmates, but the amount and depth of material is adapted to their different abilities. When designing study clubs, it is important to pay attention to the flexibility of allowing students to leave the study club setting on a case-by-case basis and continue their progress in the classroom with the help of a mentor. The size of the club should not be fixed, but should provide a stepping stone for children in need.

3. Consultation, counselling support: For children with behavioural, inclusion and attention difficulties, the support of a specialised centre is needed. Inclusive schools provide extracurricular - out-of-school time - group or individual sessions. In these sessions, children learn strategies, situational awareness, problem-solving and problem-solving skills through playful, therapeutic activities designed to identify and alleviate their specific difficulties. These sessions take place in the school setting and are organised and delivered by the school. Participants are selected on the basis of a request from parents, a recommendation from teachers or a suggestion from special services working with the school. There are cases where a combination of these options is available. These are the truly optimal situations. Working together is essential for the success of the goal, the brainchildren. This form of support is based on very close and consensual cooperation. The session is led by a special needs teacher or a school psychologist with specific expertise in these areas. Regular contact with parents and the whole team of the educational institution can help to provide this form of support service.

c) Collaboration with the healthcare system

While some case management systems focus on general healthcare and patient life management, others are designed specifically for the handling of complex cases in healthcare settings. These automated tools assist caseworkers to tackle complex patient-related tasks, incidents, and claims at healthcare environments such as hospitals, health insurance centres and care homes.

Case managers that work with hospitals are responsible for the coordination and facilitation of patient care, serving as resource nurses - as well as transitional planners. The case managers firstly assess the patient's needs prior to going home, then develop a care plan with the involvement of the doctors and nurses. Their primary role is to work with the patient to create a safe discharge plan (for example after surgery). Additionally, case managers ensure the referral of new patients and the evaluation of the patient's results along with the evaluation of the program's overall effectiveness.

There are many roles in the healthcare industry that can be filled with a case manager. Their exact role mainly depends on the operational area they serve. Unlike a case manager who works in a hospital – as mentioned before – for example a health insurance case manager's job is to ensure the availability of the best quality medical attention with the patient's economical state in mind.
Even though these two case managers will not necessarily work directly with each other, their cases are likely to be encountered.

Most benefits a patient can enjoy when working with a case manager come from the modern automated case management solutions. They are designed to manoeuvre the diverse needs of the healthcare case management process and ease some of the burden of case managers. Some of the benefits include but are not limited to keeping patients informed at all times, allowing knowledge workers to effortlessly interact with patients through a number of channels.

d) Support a parent

Case managers support parents in multiple ways, they aid with making decisions, help them get their child a proper diagnosis (depending on the case), and get financial help if needed. Moreover, they can help with the coordination of details along with the organisation of the treatment/wellness plan. They are there to assist the parents, guide them and help them get the perfect treatment for their children.

The case management (and the case managers themselves) involves family members throughout the case to ensure that services are best suited to the family's strengths and needs, thus creating a family-centred, strengths-based environment and case. Family members can be involved in the timeline for expected outcomes and plan implementation and can suggest the services that are most helpful to them.

If the child has a special education program (or is in the process of getting one), a case manager will help them through it. The case manager has been in contact with the school from the start of the program (or earlier) and knows the school system and the professionals who are working there. In fact, there are cases where the case manager themselves is part of the program. In that case, the case manager may be a special education teacher who works directly with your child.

The case manager is responsible for ensuring that the child's special education needs and services are in good hands. The case manager ensures that these needs and services are provided as described in the child's plan. The case manager's responsibilities may include supervision of the child.

Moreover, the case manager will ensure that all paperwork and assessments for the child are up to date. The case manager also makes sure that everyone is following the child's program to ensure that your child is getting the support they need to achieve specific goals.

They will keep the parent(s) informed about everything, such as when their child's examination or therapy will take place. The case manager may also help explain the special education process to the parent(s) and may call a specific program eligibility meeting after the evaluation process is complete. Once the child is found eligible for special education services, the case manager will be the primary contact.

Most parents don't want to be their child's manager, they just want to be their parent. Of course, that doesn't mean they are not involved or that they don't have a say in the whole process. They can always contact the case manager if they have questions or requests.

Whatever the case is, the case manager will help parents navigate their way through the appointments. In addition, the case manager will keep parents informed about their child's progress and inform them if there are any problems with the school or other institutions.

The case manager's tasks and responsibilities include coordinating and organising meetings and scheduling them between professionals and parents for the best cooperation. Ensure that all members of the group are notified before meetings. Their job is to collect information and updates from professionals, especially if they are unable to attend the meeting. Also, if it’s necessary, taking notes, collecting data and writing the necessary documents.

Case managers also work with all professionals who work with the child and related service providers to make sure they understand the child's needs. The case manager can tell them what resources they need, how to get them and how to make a plan for the child.

Furthermore, the case manager will help the parent(s) to make important decisions, if needed they can provide you with examples of several similar cases.

If a child is attending more than one therapy session, they will help you keep tabs on all the appointments and information. Sometimes the child may not need to go to more than one therapy session, thanks to the case manager, who can be all they need in one person.

What's more, the family no longer needs to hire different professionals from different areas to do certain tasks, they can hire just one case manager who knows and does everything that they need for the child and their family.

Navigating complex systems and applying for services can be confusing and difficult to parents, thankfully with case workers' client-oriented mindset it is easier to find and sign up for applicable resources and services a parent might need for their children.

A case manager assigned to children ensures that the services and the support which said children need are determined by the children’s specific needs and fits into their established plan. Furthermore, the manager also makes sure that every single colleague who works with the child is updated as regularly as possible, that the paperwork needed is up to date and all workers are following the child's plan leading to the children's overall progress.

Every professional case manager is to oversee and report to the parents about their child’s development through evaluations and check-ins, thus creating the connection between parents and institutions. Moreover, already established management requires frequent, planned contact between the case manager and the family to assess progress towards their goals. All case managers communicate – and plan – with numerous service systems to make sure of the appropriate service delivery and to evaluate the services effectiveness. It is especially important to keep in mind that the family also plays a big role in helping the child reach their goal. For that very reason caseworkers also encourage family members to utilise all their skills to access resources, evaluate progress and to fully participate in the child’s plan and services.

Case managers will do everything in their power to ensure the well-being, the safety, and the progress of every child they encounter, this is all to make sure the children can develop according to their own needs.

3. Early Intervention Case Manager

Early intervention case managers provide a variety of services to infants and toddlers with developmental delays or disabilities and their families. They facilitate young children's care by assessing their needs, evaluating treatment options, creating treatment plans, coordinating care, and gauging progress. Oftentimes case managers work with physicians, social workers, families, and human services providers.

The exact educational requirements for early intervention case managers vary by country. In most cases, early intervention case managers must have a minimum of a bachelor's degree in an allied health profession, such as speech and language pathology or physical therapy, or another human services field, such as social work, counselling, psychology, or public health.

- Responsibilities

The main responsibility of early intervention case managers is the coordination of care services. They are usually members of interdisciplinary health-care teams that might include social workers, physical therapists, speech and language pathologists, psychologists, nutritionists and physicians. Depending on the organisation, an early intervention case manager might be involved in the screening process to determine a child's eligibility for services, provide education to families on the early intervention process, conduct training sessions for parents and educators, help to formulate treatment plans and provide referrals for additional services.

- Skills Needed

Since early intervention case managers have direct contact with children and their families, they need to have excellent communication skills. They must be able to interact with children and their families in a friendly, caring, compassionate and patient manner. In addition, they should be clear and concise when communicating with them.
Early intervention case managers should have a thorough knowledge of the services and benefits available to families under the legislation system. They also need to stay up-to-date with any legislative changes that may affect these services. Case management often requires advocating for families to receive community and government resources. They also advocate on behalf of the families, to insurance companies to ensure they are getting the care they're entitled to.
A successful case manager can collaborate on a care plan with a child and family members. For example, they may connect children and their families with additional resources in their communities that could enhance their care.
Case managers also work as part of a team with other doctors, nurses, educators, and specialists to provide the necessary care for the child. Active listening, reliability and problem-solving are among the qualities of a case manager that lend themselves to better collaboration.

Case management

Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes.

(Marfleet, F., Trueman, S. & Barber, R. (2013). 3rd Edition, National Standards of Practice for Case Management, Case Management Society of Australia & New Zealand.)

a. Stages of Case Management

1. Intake: Intake is the initial meeting between a case manager and a family with a PWID. The case manager uses this time to gather demographic information about the family, identify any immediate needs, establish trust, and build a relationship. This first interaction is helpful for a case manager to determine if a child would benefit from the provided services. If they would, they then move on to assessing the child's individual needs. If their needs fall outside the organisation, the case manager works to identify and refer /suggest another resource.

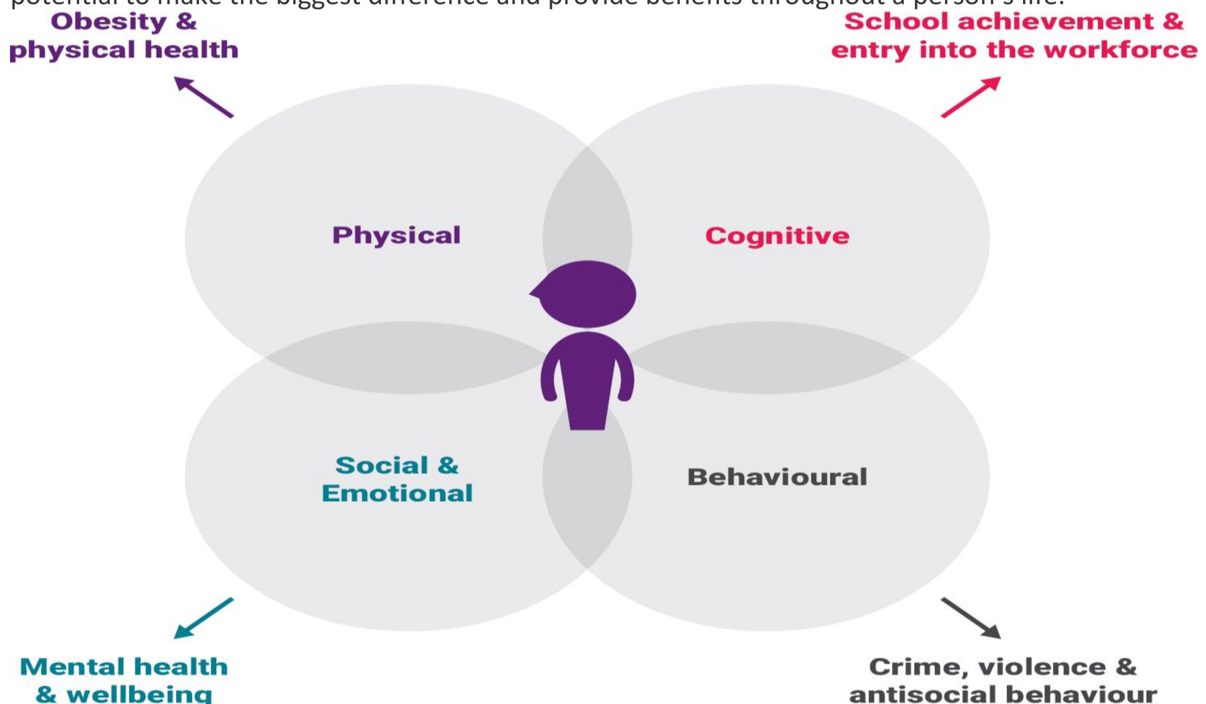
2. Needs Assessment: The Needs Assessment stage builds on the information collected during the Intake stage, going into greater depth on the child's individual challenges and goals. During this stage, a case manager's primary objective is to identify a child's key problems to be addressed, as well as individual needs and interests, and risks to success. While every child goes through this stage when they first come to an organisation, it is important to reassess over time as needs and circumstances often change.

3. Service Planning: A case manager establishes specific goals and the actions that will be taken to meet those goals. The result of this goal-setting process is a case management plan inclusive of outputs and outcomes that will measure success. A service plan should be both achievable and measurable.

4. Monitoring and Evaluation: Evaluation is critical to understanding the impact specific programs and services have on a child. A case manager should continuously monitor and evaluate a child's progress using the output and outcome metrics defined in the previous stages.

What can case management in early intervention achieve?

Early intervention approaches often focus on supporting four key aspects of child development – their physical, cognitive, behavioural, and social and emotional development – where it has the potential to make the biggest difference and provide benefits throughout a person's life.



- **Physical development** involves children's physical health, maturation and the presence or absence of a physical disability, and it provides the basis for positive development in all other areas. Physical outcomes targeted by early intervention activities include improving birth outcomes, reducing the incidence of infectious diseases and decreasing childhood obesity.

- **Cognitive development** includes children's acquisition of speech and language skills, their ability to read and write, their numeracy capabilities and their understanding of logical problem-solving. Positive cognitive development is strongly associated with a child's success in school and entry into the workforce. Cognitive outcomes typically targeted by early intervention include performance on standardised tests, school achievement, and higher education and employment opportunities once they leave school.

- **Behavioural development** involves children's ability to monitor and regulate their own behaviour, attention and impulses. Children's self-regulatory skills are highly associated with their ability to form positive relationships with others, as well as their success in school. Behavioural self-regulation difficulties during childhood are highly predictive of children's involvement in criminal activity during the teenage years and adulthood. Behavioural outcomes frequently targeted by early intervention include reducing antisocial behaviour and crime, violence and aggression at school, and affiliation with antisocial peers.

- **Social and emotional development** involves children's awareness of their own emotional needs and the emotional needs of others. Social and emotional development also encompasses the development of children's self-esteem and their ability to manage negative feelings. Social and emotional development is strongly associated with a child's ability to form positive relationships with others and a reduced risk of depression and other mental health outcomes. Early intervention outcomes associated with children's social and emotional development include increasing prosocial behaviour, improving self-esteem and reducing the incidence of clinically diagnosed mental health problems.

Strategies of team management

Multidisciplinary teamwork: This model involves a group of professionals working independently with a family and having minimal interaction with one another. Each specialist conducts their own assessment, develops discipline-specific goals, and works directly with the child to remediate weaknesses identified in their assessments.
The advantage of this model is that it maximises the specialist skills of the different professional disciplines. However, there are a number of disadvantages that arise from the lack of coordination between what the different professionals are doing. There is a high risk of professionals providing contradictory advice to families, and of making cumulative demands upon families that are both unrealistic and highly stressful.

In this model, the role of the case manager is to combine and co-ordinate the professionals actions and communication.

Interdisciplinary teamwork: This model involves a team of professionals that may conduct their own assessments and develop discipline-specific goals, but meet regularly to coordinate service planning. Actual service delivery is still done by the professionals separately, but as part of an overall plan.
This form of teamwork reduces some of the potential for providing families with conflicting advice and overloading them with demands on their time, but does not completely eliminate these problems. There is evidence that families find the constant rotation of visits from different professionals

confusing and stressful. There is also evidence that having multiple professionals from different disciplines providing decontextualized, child-focused and deficit-based interventions is not the most effective way of delivering support to families.
In this model the role of the case manager identifies the suitable disciplinary options and supports the family.

Transdisciplinary teamwork: This model involves a team of professionals who work collaboratively, and share the responsibilities of evaluating, planning, and implementing services to children and their families. Families are valued members of the team and are involved in all aspects of intervention. One professional is chosen as the primary service provider for the family, and acts as the conduit for the expertise of the team. The full team remains involved, and the primary provider reports back to the team constantly.

In the following model the case manager coordinates and ensures the participation in the planning process. The case manager secures the balanced involvement of experts and the family.
A particular feature of this model is what is known as role transfer or role release: the primary provider uses some direct intervention strategies from outside their discipline with supervision and support from relevant team members. This sharing of roles across disciplinary boundaries is the most challenging aspect of transdisciplinary practice and the most controversial among practitioners who have been trained in traditional forms of service delivery.

The main reason for adopting this approach is that there is good evidence that parents prefer and do better with a single case manager. The more health or development problems a child has, the more services they receive and the more service locations they have to access. Under these circumstances, services are less family-centred. What parents want is a single point of contact with services and an effective, trusted person to support them to get what they need.

This is one of the main reasons why transdisciplinary practice is regarded as best practice in early intervention services. The advantages of this way of working are that it greatly simplifies family relationships with the specialist team, ensures family receives coordinated advice, involves the family in all decisions, enables the family to manage the demands upon their time, and reduces family stress. There is good evidence that this results in greater family satisfaction with services, more family-centred service delivery, and better outcomes for children and families.

However, it is not an easy model to implement. It requires a high degree of trust between the professionals involved, and therefore works best with a stable team of experienced practitioners. New practitioners must first develop competence in their own skill areas, and then expand their knowledge to include some basic interventions from outside their own discipline. Since stable teams of experienced practitioners are not always available, it may not be feasible to expect or mandate transdisciplinary practice in every case.

These **three models of teamwork** were originally conceptualised in the context of a model of service delivery that was principally focused on practitioner-child interventions, with limited attention to the adults in children's lives and the quality of children's everyday environments. This approach has proved to be moderately effective at best, and it is now recognised that early childhood intervention should be focusing much more on supporting caregivers in providing optimal experiences for the children in the course of their everyday lives.
A teamwork model that fits better with this re-conceptualisation of early childhood intervention is the primary service provider or key worker model.
Primary service provider / key worker model: This involves a team of professionals from different disciplines that meets regularly and that nominates one member as the primary service provider or

key worker - in our approach this is called a case manager. With support from the other team members, the primary service provider works in partnership with parents and other caregivers to support and strengthen their capacity to provide children with opportunities and experiences that will promote the children's learning, development, and participation in everyday activities.

The primary service provider's first job is to build a supportive partnership-based relationship with families and other caregivers. The focus is on the child in the context of the family and community, rather than the child in isolation. The primary service provider seeks to become an expert on the family's circumstances, routines, interests, and values as a basis for helping the family find ways of promoting the development of the child's competencies in the course of everyday activities.

Another main focus is building the confidence and competence of parents and other caregivers in promoting the child's development and participation. The aim is not for the primary care provider to work directly with the child to improve functioning, but to build the capacity of those who care for the child to do so.

The primary service provider also acts as the principal resource and single point of contact for a family, providing them with support, resources and information tailored to meet their individual needs, and helping them access and coordinate the services they need.

As with the transdisciplinary model, the rationale for this model is based on the evidence that parents and results in better outcomes prefer provision of a primary service provider for children and families. Although sharing many similarities with the transdisciplinary teamwork model, the primary service provider model is seen as an enhancement of this model, and therefore differs from the transdisciplinary model in a couple of important ways.

4. Working with parents/relationship with the parents, dealing with a parent with trauma/grieving period

a. How to communicate with parents using simple language

When a child with developmental problems or disabilities is born or when these problems are discovered, it will undoubtedly have profound effects on a family. However, these effects vary greatly from family to family, not only depending on the nature and severity of the child's problems and the need for additional support, compared to what is provided to all children**,** but also due to many other factors, internal or external to the family. It is always a very difficult and stressful situation that has a short-term and long-term impact on a family's life.

Under these circumstances, parents go through different stages of reactions and adaptation, and after the first moments of shock and denial, parents may experience many different feelings and emotions. From anger, blaming others and themselves, depression, anxiety, fear of failure, most parents will progressively reach a phase of adaptation and orientation. Often, families start a hard process, in search for information and clarifications, and for help and different solutions to the problems and needs of the child, trying to find support from different professionals and different services.

An extremely important aspect in this process has to do with the first contact of a professional with parents. The conditions under which the announcement is made, how information is provided, the opportunity that is given to parents to ask questions, and the concrete orientations and perspectives communicated by professional(s) to parents, regarding services and supports required for the child and for the family in the future.

Time to Reflect…

Try to remember how you received the information or how you became aware that your child had developmental problems or disabilities.

Who was the first professional(s) to share it with you and under which conditions/circumstances?

Looking back, can you recall if you considered that the professional shared with you the information in the best way? And can you identify both the appropriate and the inappropriate attitudes of that professional or team?

Professionals and services' work can play a decisive role both in the child's development and in family and parents' well-being and adaptation. When we talk about professionals' work with parents, what are we thinking about? What does work with parents mean and what is it for? How does this take place? It is important for practitioners to question themselves and to rely on scientific evidence, to make decisions based on how they can implement more effective helpgiving practices with children and families.

This is what has happened in recent decades. Many changes have been taking place in the way services and professionals work with families and children, especially with infants and toddlers with developmental disabilities. Research and scientific advances have recognized family's central role in children's development and learning at an early age. It has also shown that the most effective programs and practices are interventions that adopt a family-centred approach rather than child-centred practices. If the child needs additional support, what about the families? There is no doubt that the family also needs support.

Since the 70s-80s, in different countries, as it is the case of the USA and of some European countries, recognizing the importance of the first years of life and how child development and education is processed, has had implications in the development of policies, programs and collaborative integrated services (health, education and social) known as **Early Childhood Intervention (ECI)**. With interdisciplinary teams, ECI is not a restricted program of early stimulation provided directly to young children, by one or more therapists in parallel, exclusively addressing the child's limitations or deficits. On the contrary, it is an intervention in natural contexts, based on the routines, interests and needs of the child and the family, namely at home or formal care and preschool settings. According to scientific evidence, the principles, and practices of ECI, nowadays, have very specific characteristics, namely a family-centred approach, being recognized as a support modality with effects in 2 generations.

But why these changes?

Before we talk about the reasons behind changes in the forms of intervention with younger children and their families, we ask you to think about the relationships with professionals and to reflect on the following sentences, indicating which you consider true (truth) or false (myth).

Let's reflect

Please read each sentence and reflect on whether it is a **myth** or **truth**.

1. It is the professionals who should make decisions about my child.

   This is a MYTH: Professionals should provide parents with relevant knowledge and information about education and support measures that help parents make informed decisions for their children.

2. In the relationship I establish with professionals, my main role, as a parent/family, is to provide the information that is asked of us, listen to the professionals and comply with the guidelines they give us.

   This is a MYTH: Parents/families should have an effective participation and engagement in the child's intervention process. Professionals play an important role in supporting and strengthening parents' competences and confidence to provide experiences and opportunities enhancing the child's growth and development in the first years of life.

3. To ensure an effective relationship between professionals and parents, the needs of different family members should be identified and addressed by professionals, beyond the child's needs.

   This is TRUTH: It is important to consider the quality of life of both the child and his/her family as a whole, without losing sight of the individual needs and interests of the different elements.

4. Generally speaking, it is the parents who know the child best and who better understand their reactions and behaviours.

   This is TRUTH: The reciprocal interactions between the child and his/her parents, who are established daily, play a decisive role in the child's development. Professionals should support parents in becoming aware of the crucial role they play on children's learning, development and inclusion, as principal caregivers during the first years.

5. It is important that a young child with developmental problems and their family can have the back-up support from a team that includes different professionals. One of these professionals must be the case mediator, or case coordinator, and have a privileged relationship with the child and family.

   This is TRUTH: A "key-worker", usually a professional from early childhood services or transdisciplinary teams, called the case mediator or case coordinator, has a privileged role in establishing contact with the family and child, and in representing the other elements of the team.

Traditionally, and still nowadays, parents, when establishing relationships with professionals supporting their children, tend to see them as specialists who hold the knowledge. In turn, parents also tend to devalue their role and all the knowledge acquired on a day-to-day basis, regarding their child, feeling little confidence in coping with the child's needs and demands.

Progressive advances in scientific knowledge have led to important changes in professionals' work and intervention practices with children and families, based on important evidence:

- The family plays a preponderant role in the education and development of the child, especially at the early ages,
- Reciprocal influences occur between the child, his/her family, and the different contexts in which they are involved.
- Social support networks directly and indirectly influence family well-being.

In addition to supporting the specific needs of the child, supporting the family and considering their needs is crucial. Again, it is very important to consider the child and the family's quality of life as a whole, without losing sight of the individual needs and interests of the different elements. The whole family must be the intervention unit. The way in which services provide their help to the family, how professionals work, and the quality of parent-professional relationship are decisive for a greater or lesser impact on the family well-being and, consequently, on the child's development.

Building a parent-professional partnership: a family-centred approach

While reflecting on parent-professional relationships, we cannot forget some relevant issues such as family-centred practices, collaboration, partnership, and engagement.
The fact that parents meet with one or more professionals does not mean that a true partnership is always established. **Partnerships** are anything that is built between people, implying "a joint understanding of each other's expectations and attitudes" - in this case, between parents and professionals. Further, partnership can be described as involving "collaborative relationships, characterised by shared decision-making and goals, mutual respect, equality, dignity, trust and honesty" (Rouse, E., 2012).

The **family-centred approach** has occupied a prominent place in family-professionals' partnerships and relationships, particularly within the context of early childhood intervention practices.

What is a family-centred approach?

The **family-centred approach** is a comprehensive (ecological) approach, aimed at promoting and strengthening (empowering) family skills, and mobilising its support networks to, directly and indirectly, provide children with experiences and opportunities that foster their development and quality of life. Importantly, this approach benefits both children and families.
Also, the family-centred approach is a way of working in partnership with families to better understand their circumstances, and to help parents decide what strategies will best suit their children as well as the whole family. Professionals can work as mediators, supporting parents in dealing with child learning and behaviour – this can be achieved through consultative collaboration.

Families are recognized as are pivotal in children's lives, besides fully capable of making informed choices. Professionals view themselves as agents of families who strengthen existing skills and promote the acquisition of new skills. Interventions must prioritise capacity building and resources/supports mobilisation, by families, in order to assure the provision of experiences and opportunities, and promote high-quality parent–child interactions with the potential of influencing the child's growth and development in the first years of life.

When starting the work between parents and professionals, it is very important to build an **effective mutual collaboration** and a **trusting family-professional partnership**.

The professional should intervene in accordance with family-centred practices and its key components, such as:

- Engagement and effective participation of family caregivers in the entire process referring to the child, from the assessment and the planning of the intervention, to the actions to be developed and integrated in the child and the family's daily life;
- Work with the family to set up goals and strengthen parents' capacity and confidence to make decisions;
- Provision of individualised, culturally responsive, and evidence-based interventions with each family.

Within this framework, the individualised educational program, previously exclusively child-centred, is replaced by an **individualised family support plan** *(Individualised Family Service Plan - IFSP)*, where the child with developmental problems or disabilities is obviously not forgotten.

Work and partnerships between parents and professionals: what is the main goal?

The ultimate **goal in working with parents of infants and toddlers** or developing an early childhood intervention program should be to enable and empower the family, promoting the development of their skills and a sense of control over important aspects of the family life. Professionals should support

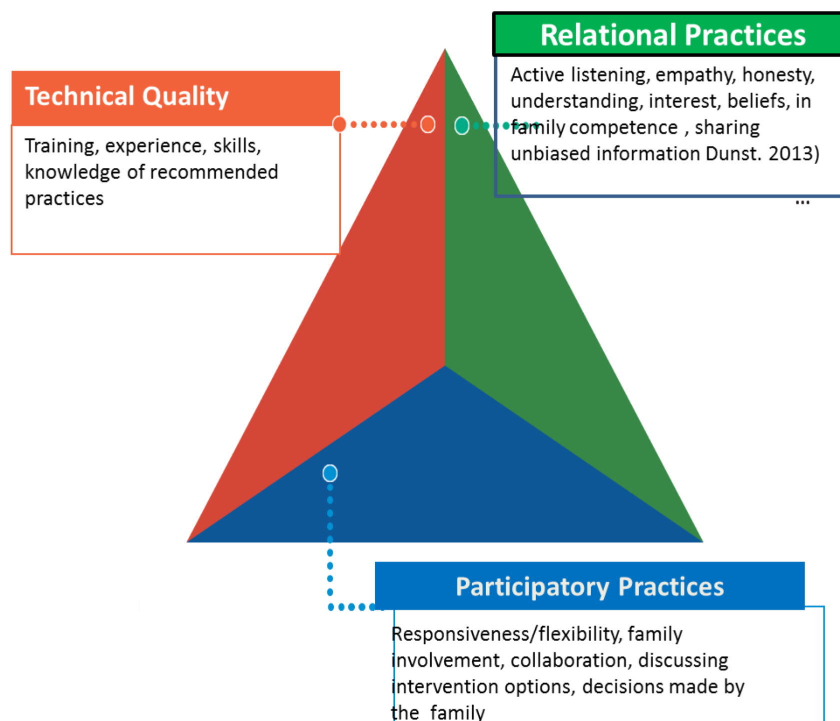
parents in finding solutions and better responding to the needs and priorities of the family and the child, reducing family stress. In their work with parents, professionals should also contribute to enabling and empowering families to be more autonomous and less dependent on professionals (Dunst, Trivette and Deal, 1988).

It is not enough to simply intervene early, to contribute to a significant change in the child and the family's quality of life. Helping styles, collaborative relationships between professionals and the family, the roles, and responsibilities to be assumed by each of the parties, the organisation and functioning of services and the community, are determining factors that contribute to the effects of early intervention, in the short and long term. The results of interventions in which there is no effective parental involvement are highly questionable.

Effective helpgiving practices to build a partnership

Dunst and Trivette have made important contributions to advance knowledge about the most effective helpgiving practices and how to promote them by professionals. The authors have identified **three effective helpgiving practices' components** (add reference - Dunst & Trivette, 1987, 1988, citados por Dunst, 1998):

The three components of effective help giving



Source: Dunst, C. J. (1998). Joint responsibility and help giving practices which are effective in the work with families. In L. M. Correia & A. M. Serrano (Org). Parental involvement in early intervention: From child centred practices to family-centred practices (pp. 123-138). Porto: Porto Editora. Adapted and reproduced with the author's permission.

The three key-components that characterise effective help giving practices complement each other include:

- **Technical quality:** Professional's theoretical and practical knowledge about the area in which he/she works, knowing how to respond to doubts and questions that the family raises (e.g., typical child development; Identification and recognition of developmental changes).

- **Relational practices:** Building the trust and partnership relationship, ensuring honesty, empathy, and clarity, and providing all the required information to the family, actively listening to what the family wants to share (e.g., parents' participation; needs identification; respect for family decisions).

- **Participatory practices:** Provide the necessary information, providing space for the family to make informed decisions.

Here you can find more detailed information about effective helpgiving practices' components (adapted from Dunst, 2013).

Recommended Practices in Early Childhood Intervention. A guidebook for professionals (https://www.eurlyaid.eu/eciguidebook-englishversion/

Parents-Professionals Partnerships: a teamwork

Sometimes, professionals and services (health, social and education) can be a source of stress. Daily, children and parents face and must deal with various professionals, different therapies, within formal educational contexts, health services, etc. This situation is not easy, of course, in regards to the organisation of family time and life, or to the family financial availability. Also, given the existence of several parallel and fragmented therapeutic supports, opinions and uncoordinated actions between different professionals can become inappropriate and even an overload, both for the child and for the parents, psychologically. Hence, it is important to ensure integrated early childhood intervention services, with interdisciplinary teams that can provide better quality services to children and families, as it already exists in some countries. ECI services can help overcome many of such difficulties.

The role **of case manager, case coordinator or case mediator** (different designations may be possible, in different geographic locations) is also crucial. This is a key-professional who coordinates actions with the family and other support professionals or resources, who primarily intervenes directly with the child and the parents, always with the back-up support of the team (ECI team when it exists). Sometimes on his home visits, this case manager can be accompanied by another professional, considering the needs of the child and the family.

The following video ***"Your child, your family and early childhood intervention: Family Perspectives"***, is very illustrative of family and professional perspectives about effective helpgiving practices. We believe it can be useful to the work case managers develop with families and with other professionals or teams.

Video: Your child, your family and early childhood intervention: Family Perspectives (6:49)

https://www.youtube.com/watch?v=DbuV4isNLDI

Some questions that may support your work with families…

Based on previous information and the content of the video, please consider using the following questions with families, so they can reflect on their experiences regarding relationships established with professionals who systematically provide support to the child and/or the family. Families can reflect on relationships established with professionals from the education and care settings, or other professionals who also provide systematic support to the child and the family (e.g., therapists, special teachers, psychologists, health professionals, etc.).

1. Does the professional really listen to my concerns and requests?
2. Does the professional look at my child and my family in a positive and healthy way?
3. Does the professional provide the information I need to make good choices?
4. Does the professional respond to my requests for advice or support?
5. Does the professional really try to understand my child and my family's situation?
6. Does the professional recognize my child and my family's strengths?
7. Does the professional help me to be an active part in obtaining the resources I need?
8. Is the professional flexible when my family's situation changes?
9. Does the professional encourage me to get what I want for myself?
10. Is the professional sensitive to my personal beliefs?
11. Does the professional support me when I make a decision?
12. Does the professional recognize the good things I do as a father/mother?

Source: Recommended Practices in Early Childhood Intervention. A guidebook for professionals (adapted from Dunst, 2013).

Finally, you can help families reflect on how they can contribute to make the relationship they establish with professionals more based on effective helpgiving practices.

5. What the case manager needs to know

a. Communication

Knowledge	How communication process works
	Understanding the impact of cultural differences on communication
	Child rights and parents' rights
	Professional support systems and existing regulations in them
	Regular and successful communication tools
	Different communication styles

	Importance of verbal and nonverbal communication
	Barriers to communication and how to overcome them
Skills	Using different language registers
	Conflict management between mentor and mentee
	Mediation
	Communication with authorities and the school as an institution
	Organisational
	Leadership
	Matchmaking
	Supervisory
	Flexibility
	Conflict management
	Awareness of their own nonverbal communication
	Check if the message is understood
	Listening actively
	Showing empathy
	Understanding nonverbal communication

	Helping others formulate their messages
	Change management
	Adapts the way he speaks to the person who is listening
Attitudes	Empathy

b. Resilience

Knowledge	Connection between how we think and how we feel
	Internal and external focus of control
	Strategies to help others finding alternative/positive thoughts
	Awareness and understanding of verbal (tone of voice, choice and flow of words) and nonverbal (eye contact, body language) cues indicating that change is possible
	Positive coping strategies
Skills	Anticipates problems or situations
	Looks at things objectively
	Accepts constructive criticism
	Recognises and self-regulates own emotions
	Asks for help in the appropriate moments
	Able to work autonomously
	Directs the discussion from problem to solution

	Talks and shares about emotions and/or situations
Attitudes	Perseverance
	Optimism
	Proactiveness
	Critical thinking
	Self-efficiency

c. Group management

Knowledge	Group dynamics: roles in a group (the aggressor, the joker, the negator, the withdrawer, recognition seeker)
	Different leadership styles
	Different strategies to keep the group motivated (dynamic sessions, individual/group tasks, etc.)
	Benefits of working with a group as well as its challenges
	Understanding your own role in a group
	Conditions/rules necessary to make a group work effectively
Skills	Mediates communication pathways within a group
	Creates a comfortable environment where the group feels free to express opinions and feelings
	Manages different people, attitudes and opinions

	Capable of keeping a group motivated
	Changing style to adapt to group dynamics
Attitudes	Leadership
	Creativity
	Dynamism
	Easiness of dealing with people
	Confidence

d. Conflict management

Knowledge	Strategies to deal with conflicts
	Stress management techniques
	Different levels on which conflict may occur (intrapersonal, interpersonal, intragroup, intra-organisational, intergroup and inter-organisational)
	Different causes/sources of conflict (relationship, different perspectives on children's learning, lack of clarification about roles)
	Conflict as something positive to promote development
	Negotiation skills
Skills	Accepts different people, opinions and situations
	Attentively observes and listens

	Identifies feelings and emotions involved in a conflict
	Stays calm and neutral in a conflict situation
	Anticipates the conflict, is able to focus on factual information instead of getting influenced by emotions
	Helps other people to solve a conflict situation
	Self regulates emotions
Attitudes	Calmness
	Assertiveness
	Self-confidence
	Self-efficacy
	Impartiality
	Collaboration

e. Child development awareness

Knowledge	Brain development
	Cognitive development
	Understanding the impact of stress and trauma on child development
	Socio-cultural development

	Learning methods
Skills	Plans learning support according to development needs
	Identifies the stages of change
Attitudes	Person centred
	Change sensitive

f. Emotional intelligence

Knowledge	Mindfulness (reflecting on the day, event, person)
	Parenting styles
	Self-management
	Awareness of personal emotional triggers
	Social problem solving
	Peer-related social issues
	Positive emotions
	Ethnic and cultural differences
	Relationship management
Skills	Perceives and understands emotions
	Re-frames perceptions of self

	Empathetic
	Introspects
	Manages and regulates emotions (coping skills)
	Accepts emotional display
	Celebrates positive emotions
	Responds to child's needs
	Solves problems
Attitudes	Self- awareness
	Self-management
	Assertiveness
	Self-motivation
	Social awareness

g. Continuous self-development

Knowledge	Where to find and apply for training to develop skills
	Awareness of own strengths and weaknesses
	Awareness of the importance of self-development and lifelong learning
Skills	Auto-analyses themselves

	Thinks critically about their own performance
	Recognizes and takes responsibility for their own decisions/mistakes
	Understands their own resources and weaknesses, and works towards self-development
	Solicits and acts on feedback
Attitudes	Self-awareness and self-reflection
	Motivation to learn and grow
	Proactiveness
	Curiosity

6. Real world examples for inspiration

a. The role of the case manager in early development and therapies

1. Boldi is a 2.5-year-old boy. Developmental tests show that he is deficient in all areas (motor coordination, manipulation, language, and socialisation), but he is a very kind, lively and cheerful child. He has epilepsy for which he is on medication. He has one younger brother.

His parents, a young couple, are full of despair and insecurity. They watch Boldi's every move with a magnifying glass. They live in a place and in such a way that they can do anything for Boldi's development, surrounded by a wealth of possibilities, yet they are frightened and uncertain: they would give their child everything, but they don't want to overwhelm him. Should they join an age-appropriate community, put their child in day-care for socialisation and language development, or do everything they can for him at home to avoid possible infections? The medical consultations were mainly concerned with the setting and dosage of medicines. But Boldi was changing day by day, developing in his own way, at his own pace. Every day, new questions arose for the parents...

2. She doesn't like to be touched, which is why she cannot be calmed down for a long time after her tantrums, which often seem to be without reason to the environment. They do not like to go anywhere with her because of this, she can throw tantrums at any time, which the family dreads, and the environment makes a lot of contradictory 'well-meaning' comments. The changes are traumatic. He speaks in a very modal way, with a very selective vocabulary, in complex sentences. Her younger brother often does not understand his sister's reactions. But when Liza has no problems, she likes to engage her brother in role-playing. However, the tantrums come suddenly, often leaving one of the siblings, mostly Liza, to spend the day at the grandparents' house and the family dreaming of a happy weekend together.

3. Domi, a 4-year-old boy, lives on a farm in the countryside. A paradise for other children: animals, plants, open spaces. Even though his neighbour lives far away, his only companionship is at nursery school. This environment protects Domi from the "trials and tribulations" of the community, as Domi is clumsy in communicating and speaks almost nothing. His parents, in desperation, talk to him all the time and are delighted when Domi finally makes a noise, whatever it may be. Getting used to kindergarten has been very difficult, and even now she cannot say that she feels happy in the community of her age. Her parents feel her loneliness and unhappiness.

4. Dani, a 4 year old boy, started talking late, after the age of 3, and his speech and expression became difficult with stuttering-like stuttering. In many cases, he could not understand the paced, coherent speech addressed to him and experienced difficulties in completing the tasks, instructions and requests addressed to him. The children could not relate to him either, because neither they understood Dani nor Dani understood them. The previously kind and interested little boy became more and more withdrawn. Probably constantly confronted with his difficulties, he grew to hate the world, which meant so much failure and uncertainty for him. His resistance and defiance made it even more difficult to communicate with him and to engage in joint activities. Dani went from test to test, diagnosis to diagnosis, advice to advice to parents, but the more people tried to help, the stronger Dani's resistance became.

All four cases are real, with the parents' dedication, attention and uncertainty and helplessness in common. The parents' request to the professionals: tell them what kind of therapy their child needs, how regularly, to achieve the appropriate development. What they, the parents, can do in this process, since the child spends most of the day with them at home. It is also important that a therapy is available, and if there are several therapists working with the child, they should have a jointly developed concept, so that a coherent system is put together.

Our knowledge of certain areas of medicine and therapeutic pedagogy is already so deep that it is impossible to know them in full depth. In other words, it is unlikely that the same therapist will carry out movement and language therapy, or that music therapy, which is recommended as a complementary therapy, or animal-assisted therapy, may be carried out by a colleague who is specifically specialised in this field.

It follows that there must be a specialist, a therapist, who is familiar with the case, the child and his/her environment, and who is also aware of the therapies available. Of course, in the case of children with communication and language deficits, it is a good idea to have a speech and language therapist as a support professional, and in the case of a young child with epilepsy, it is essential to have a link with a paediatric neurologist. Knowledge of the basic therapies available in the country is also important for a professional working in this "case manager" role. These include: movement therapies, sensory inclusion therapies, language development and communication therapies and occupational therapies.

i. What is expected of a case manager in early development?

- Know the institutional and professional resources and facilities in the setting
- Know the therapies used in early development, their aims and methods
- Maintain contact with the patient's environment, including family members and teachers and doctors.
- Have a knowledge of developmental psychology and be familiar with basic developmental milestones in the language, motor, social and manipulative-play developmental domains.

ii. How does such a network work?

To work well, you need a coherent and complex way of thinking. As the cases above demonstrate, there are many uncertain, desperate parents who flit from specialist to specialist within the care system, from one method-specific therapy to another. They do whatever the doctor or specialist suggests, in many cases beyond their strength and financial means. In such cases, a case management approach can be effective.

At the first meeting, the case manager gets to know the family, the child and the main problem. During the first meetings, the case manager will outline the case history, the history of the family and the child, the way they have been functioning and their options. The case manager observes and takes notes. Ideally, all these meetings are led by a team that can later follow the child's development. A therapist is very much involved in the therapeutic process and in the life of a family, it is good to have an objective professional available to monitor the process from time to time.

At the same time as learning about the environment, it is also very important to observe the child. I recommend the "Observation criteria" we have compiled. The set of aspects includes observation in a community setting, which is important because a child's behaviour can be very different in a community and in a two-person situation. It is also necessary to keep in contact with the professionals working in the care institution in order to provide effective care, and it is therefore recommended that the case manager visits the child's institution to observe his/her play, communication, inclusion and behaviour in the community.

After these observations, a joint discussion with the parents is necessary. If therapeutic care is proposed by the team, a reflection will be necessary: according to the proposed therapeutic methods and local possibilities. It is very important to take into account that the therapeutic methods should not be based on deficits but on the existing skills and abilities, the strengths, that the child can demonstrate.

A few months after the start of the therapies (which take place on a weekly basis), a follow-up meeting is organised by the case manager. At this meeting, everyone who spends quality time with the child should be present: parents, grandparents, professionals, therapists. At this meeting, the level of the child's current abilities, i.e. the starting status, should be discussed, with a specific focus on what the level is (strengths, favourite activities) on which to build. It should include what the next developmental milestone is, the next concrete goal, and the actions needed to achieve it, broken down by occupation and family members.

The development is monitored during a control visit, based on the observation criteria, 6 months after the start of the work.

The results are evaluated in a meeting with the parents, who first and foremost tell the parents what they see as successes, what they see as problems and difficulties and how they see their child developing. Any difficulties that arise should be discussed and parents should receive concrete help. If necessary, therapists should also join in this discussion, who will also be able to give ideas on how to overcome any difficulties that arise.

Once the target developmental milestone has been reached, the goal and the related tasks of the environment and the support team need to be reconsidered. Organising this is one of the tasks of the case manager.

In many cases the case manager can be the main therapist for the child. But it is also possible that at one time he/she may only be responsible for the organisation and contact and at another time he/she may be involved in the therapeutic work.

ii. The ideal place for therapeutic care organised in a unit

Coordinated work in at least 4 rooms: a movement therapy room, a sensory inclusion therapy room, a play therapy room and a room with less stimulation.

The equipment in the movement therapy rooms is quite elaborated in the literature, I will not go into details.

The sensory room is equipped with various tactile, visual stimulus and occupational therapy equipment, this equipment is also detailed in the literature.

In the play therapy room, the toys needed are mainly for situational and role play: doll's kitchen, doll's house with dolls and furniture, small cars, dice, plastic animals of handful size, shop toys, dice, some toys for unpacking and assembling, matching toys.

The low-stimulus room can be used for infant development and speech therapy for older children, as well as for children who have difficulty with multitudes of stimuli and tire easily in a sea of stimuli.

Once the "case" is known, the case manager determines which room and which therapist should provide therapy to the child and family in question, and at what frequency. The therapies work with different tools but for the same goal, this ensures consistency and complexity, this ensures the effectiveness of the therapy. He liaises with physiotherapists, movement therapists, speech and language therapists, speech and language therapists, communication specialists, doctors or psychologists and, above all, with the family.

The presentation of early intervention methods available in Hungary is mainly done to highlight the importance and diversity of the work of the case manager. It is impossible for a parent to find his way through so many different types of therapy, and even medical assistants cannot be expected to know all the developmental methods available in their particular circumstances.

b. Case manager's task in practice, illustrated by concrete cases

1. James is a 2-year-old boy. He doesn't speak at all when signing up, he pronounces everything with the melodious sound "e". He is interested in everything, listens to requests, listens to his name. He loves to drive, so he makes a noise while pushing the car, putting the baby in it or taking the cubes away. He also likes to be active in the baby's kitchen, loading the baby into the oven and putting it on the plate. He involves the adult in his play, but does not repeat the words. He makes and keeps eye contact, sharing his pleasure and success. Less willing to play construction games but can be involved. Her large movements seem harmonious but she is unsteady and cautious. Her movement development has progressed well, although her feet are heavily tilted inwards, making it difficult for her to maintain her stance and balance. He tended to act in isolation from others in the community, which the carers thought was anxiety.

2. Her attention span is extremely erratic, spending a few seconds on a toy. She'd rather just clear the shelves. Anything she sees, she picks up, then let's go and moves on. He can be engaged in play, continues the activity with adult guidance, imitates simple movements (closes the pop-up door) but does not understand the context of the game (door opens because he turned the knob, then when he closes it he can try to open it again). His motor coordination seems intact, but his control and planning show significant deficits. He does not walk, almost runs all the time, so he falls a lot. He prefers toys that involve loud sounds, changes of colour and strong tactile stimuli, and can only stop throwing wheat or splashing in water with great difficulty. He does not follow elementary instructions, he imitates an activity after being shown how to do it, but he stops quickly, he does not pay attention to the result, he is not motivated by the pleasure of solving it.

3. Zeno is a kind, quiet boy. 2.5 years old, he did not speak at all until he was 2 years old, now he says words, but rarely two-word sentences, and he cannot express his thoughts. In two-person situations, he accepts and even welcomes adult instruction and direction. When asked a choice question, he

repeats the second version, even when asked the first item. In a community, he or she will cling to a child older or more assertive than him or her and imitate his or her actions. In many cases, he does not understand the consequences of his actions or only learns the movements. Occasionally, he squeezes or bites the arm of the person standing or sitting next to him. Most of the time for no reason. When his partner starts crying, he does not go away and does not react to the crying. He does not like to listen to stories. He likes to hang around, looking wide-eyed, almost in wonder at the world. At the examination, he tries to do all the tasks, understands and completes the clear instructions. He puts the toys back in their place, even when the adult has not asked him to do so, and even when he has explicitly asked the boy to leave the toys on the table.

4. They came because he does not speak. He clings to his mother for a long time. They have been to several tests recently; his mother translates Árpi's behaviour as “scared”. Árpi doesn't listen to her name, pulls her mother's hand, wants to go out the door, but she doesn't know what to do or where to go. He is happy to open and close the door or turn the light on and off, but he does not look up at the light when it comes on or goes out. He is only interested in toys until he takes them off the shelf. He likes to play with a spoon or toy by pulling it or waving it in front of his eyes. He does not play with the content, but gets visual pleasure from moving a colourful toy, whatever its content or function. He does not go to the community. It moves without a sense of danger. His parents cannot relate to him. He cannot express his will and does not ask for or accept help.

All 4 cases of delayed speech development were referred to the Foundation by the Parents.

However, in all 4 cases the delayed speech development was due to other causes. As the cause is different, the same therapy or therapies cannot be used, and the environment must be prepared to adopt the same approach.

The story could be simple: speech initiation speech therapy is needed in all 4 cases. How do they differ, and how can this fit into the work of the case manager?

1. When the first assessment with two professionals takes place, their aim is to describe the likely discrepancy behind the child's problem. What the child's strengths, weaknesses and interests are.

2. The therapist must keep the described goal in mind above all else in his work, whether he uses movement therapy, sensory inclusion or speech and language play therapy. The goal and the task are the same for one - one child, the therapeutic tools and the approach may differ somewhat. For example, imitation may be the goal for a non-speaking child, then this goal should be given priority in all therapies. Whatever method the therapist uses, the agreed developmental goal should be the focus.

3. In the light of the cases:

James has already reached the stage of using symbols. His communication is age-appropriate. His motor coordination and control is unstable and he is clumsy in his movements. Motor deficits affect the speech-forming organs. His speech delay is probably caused by this anomaly. The case manager will provide him with therapies that will improve his motor skills, but still allow him to express himself freely and creatively, for the time being, non-verbally. Speech and language therapy has a role to play in motor dexterity.

Panni's developmental differences affect several areas. The case manager needs to liaise with the paediatric neurologist, the care institution and teachers, therapists and her family. He needs therapy where the sensory channels are present in the greatest possible number and strength. On a sensory inclusion therapy basis, all three levels of movement development: planning, regulation and coordination, language development embedded in play therapy and cognitive development are all needed from the outset. In the community, care of children with epilepsy requires particular attention, especially because they need to be worked with special attention, but should never be excluded from

the group, even with the greatest goodwill ("I know this is difficult for you, so you don't have to do it now" should be replaced by situations in which the child can do it with the others. These small but important practices should be taught by the case manager, together with the therapists, to the teacher and the assistant who is Panni's helper in the group. Providing care for children with different developmental needs and different treatment cannot be done without inter-professional consultation. The case manager is also responsible for organising these sessions.

The most important task for Zeno is to learn to perceive causality, to use human speech as information and to use its symbol system as a tool. These tasks concern the sensory inclusion and communication domains, and do not involve the use of traditional speech therapy tools for speech initiation and development. The intensity and coordination of the therapies will be the responsibility of the case manager. Zeno will need a facilitator in the community, whose training will also be the responsibility of the case manager. As Zénó is a young boy with good learning skills, it is likely that the therapies will be able to achieve results quickly. Further tasks, goals, the method and frequency of therapy are also the responsibility of the case manager.

Árpi needs complex support. Communication, motor coordination, regulation and organisation, sensory inclusion are all involved in the developmental delay in Árpí. Here it is important to plan which will be the main area for development initially, and then how regularly and with what intensity the next area for development can be incorporated. how the environment can help and find a suitably supportive community care place for Árpi. The case manager will bring together the therapist, parents and family, and teachers from all the areas listed. Monthly consultations are necessary, to identify the next target to be developed, to find the right tools and the time schedule - all these processes are also coordinated by the case manager

a. Case manager in institutional work

Johanna is a 9-year-old girl. Her intellectual level is on the borderline of intellectual disability, her thinking is black and white and very concrete, so she has difficulties with counting and reading, which require thinking in symbols. However, behind the thinking strategy typical of autism, a very kind, well-socialised behaviour emerges, sharing his joys and successes. She also asks for help, but cannot articulate what she is asking for help with. She is anxious at school, has difficulty assimilating material, needs constant reinforcement and her peculiar way of thinking means that practical educational help that is useful for other children does not work for her.

Her teachers are cooperative and supportive with parents and therapists, but Johanna has constant difficulties in mastering the school curriculum - which she obviously needs.

In such cases, too, the help of a case manager is inevitable. Who are they and what do they do?

They are…

- the contact person for the child in the integrated school, a member of the board of the integrating school

- provides and monitors all the services that the disabled child needs during the integrated education

- from the beginning of integrated education, maintaining contact with parents and external professionals who support the child's development through some kind of activity.

- It organises regular discussions and joint forums for the peer community of the child with a different developmental disorder. These discussions can be about a specific problem or a pre-planned topic.

- Monitoring the child's progress and making changes as necessary: Regular formal and informal assessment is part of the ongoing monitoring of children with developmental delays who have received integrated education. These should also be kept up to date by the case manager. In all cases, these evaluations are carried out in joint meetings with parents, colleagues and, where appropriate, external specialists in specialised remedial programmes. If necessary, changes to the educational and/or support programmes may be made by the teachers in the institutions.

The 'case manager' is usually a specialist with a degree in special education. Where appropriate, if the child needs it, he or she will also work individually with the child with different developmental needs. It is important to bear in mind, however, that the aim of individual support is always to close the gap and to allow the child flexibility to integrate into the learning process of the class/group community in which they are placed.

b. How much and what kind of support a child receives

- For certain subjects, the child is regularly supported individually in the classroom or group room by a specialist (developer).

- Occasionally, but regularly, in individual sessions, the child receives support based on the appropriate methodology. These may be small group or individual sessions.

- Extra-curricular afternoon therapy sessions may be provided for children whose developmental delay or disability warrants it. These include communication, perceptual and sensory disorders

- Children with developmental difficulties in communication and social skills can benefit from shadow education.

These support and assistance activities are coordinated by the case manager, in consultation with the management of the institution, the methodology and the operating procedures of the nursery/school. The case manager may be assigned to any task except that of the shadow teacher.
Educational institutions will inform their team members as soon as a request is made by a parent to enrol a disabled child in the institution. The case manager will contact the parents and (with their permission and cooperation) the previous actors who have been involved in the child's development.
It is important to note that the case manager is not a private teacher of a particular child, within the kindergarten or school community. Parents, just like parents of any other child, can keep in touch with teachers, but since we are talking about special needs, about supporting children who develop differently, there must be a professional with a differentiated knowledge and attention to the families concerned.
The case manager's role is preferred by schools/preschools that are aware of and accept integrated education precisely because they want to avoid parents being the advocates for children with special needs, private tutors. As parents, it is important that everyone should play the traditional parental role and that special educational needs should be met by professionals who are competent in this field. It also takes a great burden off the shoulders of the institutions if the special needs are met and coordinated by professionals who can deal with them in a focused way and only in this way.

c. The relationship of the host institutions with the " case manager "

As mentioned above, the case manager is a member of the professional team of the school/care centre. This is particularly important in cases where a change of institution is necessary because of the age of the child or the pace of progress. In these cases, the case manager makes recommendations to teachers and parents based on his or her assessment of the results and processes. He or she will of course be involved in any discussions that may influence decisions.

The case manager:

- Coordinates regular meetings between parents and teachers concerning the children's learning programme

- Each child who is integrated has an individual inclusion programme, which is managed by the case manager. It is his/her responsibility to use new information and decisions from the meetings to update the child's inclusion programme. It is important to make sure in each case that the persons involved in the programme are fully aware of the elements of the integrated education programme and share the same principles.

d. How school support can help in an integrated education system without being exhaustive, we present some examples of good results that are known:

1. Mentoring

Mentoring takes many forms around the world, in different institutions, with different objectives.
In our case, it is about supporting a child with a different development in an integrated community. However, it is important to outline the type and extent of developmental difference. In the case of a child with learning difficulties, the supportive role of an adult can be effective if he or she develops a close relationship between the child, the parent and the teacher of the subject in question.
In this case, the parents know the mentor from the start of the education and discuss the child's abilities and difficulties together.
Support can be provided in the classroom or occasionally in a dedicated room. If the mentor has established a good relationship with the child, the ideal situation is that the child will be approached by the mentor through different communication channels and ask for help in solving or understanding difficult tasks. The teacher teaching the subject will consult the mentor regularly and together they will draw up a support plan, according to the curriculum and taking into account the specific difficulties of the child.
The mentor should be a person trained in special education who should have at his/her disposal all the data concerning the child's condition, ability and skill deficits.
The mentor should be informed by the teacher of the assessment and monitoring "tests" that will take place during the school year and should prepare the pupil in need of support for these events. The question of whether the mentor will be personally involved in the completion of the assessment tasks should always be decided jointly. The type of learning difficulty and the child's progress should be taken into account. The parent will be informed of the decision, or it may be that the decision is taken jointly with the parent.

2. Learning club

We can support a subject specific developmental delay or delayed developmental trajectory with good results in learning clubs, where we provide learning clubs for 2-3 children of similar ability and with similar difficulties.
In these clubs, small groups of pupils are taught a subject according to the level of the pupils involved. The material for the club is prepared very carefully beforehand, together with the teacher who teaches the subject, by the teacher who runs the club, preferably a teacher specialising in special education. In certain situations, a qualified assistant may also be involved. The teaching in these clubs varies in method, intensity and approach to the subjects. The curriculum does not differ from that of your classroom.
Students in the clubs also monitor their progress at the same time as their classmates, but the amount and depth of material is adapted to their different abilities.
When designing study clubs, it is important to pay attention to the flexibility of allowing students to leave the study club setting on a case-by-case basis and continue their progress in the classroom with

the help of a mentor. The size of the club should not be fixed, but should provide a stepping stone for children in need.

3. Consulting, advisory support

For children with behavioural, adjustment and attention difficulties, un. Extra-curricular - out-of-school time - group or individual sessions are organised by schools providing integrative education. In these sessions, children learn strategies, situational awareness, problem-solving and problem-solving skills through playful, therapeutic activities designed to identify and alleviate their specific difficulties. These sessions take place in the school setting and are organised and delivered by the school.

Participants are selected on the basis of a request from parents, a recommendation from teachers or a suggestion from special services working with the school. There are cases where a combination of these options is available. These are the truly optimal situations. Working together is essential for the success of the goal, the brainchildren. This form of support is based on very close and consensual cooperation. The session is led by a special needs teacher or a school psychologist with specific expertise in these areas.

Regular contact with parents and the whole team of the educational institution can help to provide this form of support service.

The Portuguese example

Early Childhood Intervention policies and practices adopted in Portugal, especially after 2009, with the creation of the National Early Childhood Intervention System (SNIPI) (Decree-law n. 281/2009) are in line with strong scientific evidence and have been internationally recognized as good practices. Specifically, are in line with ECI models defined since 2005 by the European Agency for Special Needs and Inclusive Education (EASNIE, https://www.european-agency.org/) with the participation of different European countries, and by The European Association on Early Childhood Intervention (EURLYAID, https://www.eurlyaid.eu/). You can see more information about ECI policies and practices in the next point (point 8) and in the Guidebook mentioned below.

“Recommended Practices in Early Childhood Intervention: A Guidebook for Professionals” created in Portugal under the responsibility of the Portuguese Association for Early Intervention - Associação Nacional de Intervenção Precoce (ANIP, https://www.anip.pt/), and its Portuguese collaborators, was later translated by Eurlyaid from Portuguese to English and to many other European languages (e.g. Hungarian, Polish, Ukrainian, Russian, etc.). This Guidebook intends to be a useful tool for ECI professionals, as well as for parents and serving, simultaneously, to facilitate the task of promoting and guiding quality practices at all levels of the Early Intervention System.

We highlight the key components of the ECI model and practices which are considered important contributions to its effectiveness:

- An Intersectoral collaboration and Integrated services - professionals from different Ministries/agencies (health, education and social) working in transdisciplinary ECI Teams;
- The Transdisciplinary Teamwork – one of the professionals of the team is designated as a case coordinator or case mediator and it is he/she who intervenes directly with the child and his/her parents (home visits) and with other caregivers from educational settings. This key-professional always acts with the back-up support of the team, and has a privileged role in the planning and implementation of the Individualised Family Services Plan (IFSP) in a collaborative relationship with the family. Thus, he can have a role similar to that of the case manager, either with the family and the child, or with other professionals.
- A strong focus on capacity building of families (Family-centred approach)

- An intervention in natural contexts and routines of child and family, namely at home or in formal care and preschool settings.

Collaboration and an integrated intervention is not an easy process, but, like the transdisciplinary team work, it is the foundation for effective early intervention services in responding to the needs of children and families. It requires a real commitment and an ongoing effort between responsible agencies, teams, and professionals.

The Nitzan coaching approach to supporting parents becoming case managers

The Nitzan approach is based on the assumption that the key for a child to success is in the hands of parents. They have the ability to help themselves and their children at home, in school, and in society.
Studies show that supporting parents of children with intellectual disabilities results in strengthening the parents' feeling of competence. This contributes to their child's success. It produces meaningful, positive results for the children, the family, and the society in which they live.
Nitzan Israel has developed a special model for parent coaching, by Maly Danino, author of the book "The Parent as a Coach". The main aim is to enable parents to become case managers of their own children.
Coaching is an empowering process that uses self-reflection and self-correction of the parent according to his/her own pace, while providing careful listening and acceptance without judgement or criticism by the coach.
The process enables evaluation of achievements and measurable progress. The parent acquires knowledge and skills through the coaching process that help him act in a more effective way with his child with exercises and practice. The parent learns to recognize his behavioural patterns that he uses to cope with crises and conflicts and helps improve relationships in all sectors of life.
The coaching sessions are led by professionals specialising in the field of learning disabilities, within a framework of 12 individual meetings that take place once a week, an hour and a half for each meeting.
Nitzan's coaching approach provides:

- Identification and development of abilities and strengths
- Improvement and design of effective behavioural patterns
- Improved ability to collaborate with and coordinate professional support for the disabled child
- Tools for effective coping with conflicts and crises in the family and with professionals
- Development of conversational skill with the use of intimate and empowering communication
- Improvement of family relationships

  https://eng.nitzan-israel.org.il/home/nitzan-services/parents-coaching.aspx