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Research Centre on Child Studies

Guest editors:
Ana Tomás de Almeida
Ana Maria Serrano
Ana Paula Pereira

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Child Studies is an international peer-reviewed journal which publishes empirical and theoretical articles focusing on children's social contexts and relations in everyday life, taking a holistic perspective. This journal is a multidisciplinary forum for sharing and discussing issues such as children's rights, development and well-being, generational and intergenerational relations, and the broad societal, political and cultural aspects impacting children's lived realities.

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Ana Tomás Almeida
Research Centre on Child Studies, Institute of Education, University of Minho, Portugal

Ana Paula Pereira
Research Centre on Child Studies, Institute of Education, University of Minho, Portugal

Ana Serrano
Research Centre on Child Studies, Institute of Education, University of Minho, Portugal

This Special Issue of the Child Studies journal aims to address areas of research and intervention with an increasing projection for children's well-being. Aligning development, early childhood intervention, and inclusion in early years, we seek to revisit the conceptual meaning of these key concepts in research studies featuring the interconnectedness of knowledge of scholars and professionals in the context of routine care practice.

Early childhood intervention is a crucial period for learning and development, encompassing the physical, cognitive, social, and emotional growth that lays the foundation for a child's future well-being. During these years, children experience rapid brain development, making early childhood intervention essential for identifying and addressing developmental delays or risk factors (Shonkoff & Phillips, 2000). The early childhood intervention field is at a crucial turning point in our changing world. We have the chance to combine new scientific insights with the real-life experiences of families and decision-makers from various sectors, cultures, and political backgrounds. This presents a strong way forward, and shared leadership is urgently needed (Shonkoff, 2022).

Inclusion in early childhood settings is equally crucial because it creates a sense of belonging and acceptance for all children, regardless of their abilities or backgrounds. Inclusive practices ensure children with special needs have equal opportunities to participate in all activities. This benefits children with disabilities by giving them the same learning experiences as their peers and fosters empathy, understanding, and

acceptance among all children. By creating an inclusive environment, professionals and caregivers help build a foundation for a more equitable society where every child can reach their full potential (Soukakou, Dionne, & Palikara, 2024).

Albeit being socially and legally recognized the importance of providing children and families the support they need to enhance their development during the early years of life, implementation of a research-guided practice is crucial, particularly concerning, training and capacity-building of skilled practitioners to cover the needs identified. Despite existing training programs, the early childhood system of care has to improve according to the family-centered framework and evidence-based defined quality criteria to narrow the gap between the discourse of professionals and actual practices. Furthermore, families and children's participation should be promoted not only for their empowerment and competence enhancement but also as a critical contribution to the evaluation of the quality of the service they receive.

The five papers assembled in this thematic issue on First years: development, early childhood intervention, and inclusion showcase these theoretical and practical assumptions. Moreover, the first three papers bring us the perspective of the high-affinity context of research on early childhood intervention, while the last two expand the topic to universal aspects of children's education in the family context and early education centers.

The first paper, "Early childhood intervention: the perspective of families", by Vânia Oliveira and Catarina Grande from the University of Porto, Portugal bears witness to the generative features of the family-centered approach to increase the opportunities for parental involvement and participation. Addressing participating families about their perceptions and appraisals of the early childhood intervention, this research study discloses the relevance of meaningful participation for the family's empowerment. Difficulties and challenges are evidenced and instigate the reflection on processes to continue promoting the family and children's active roles throughout collaborative practices with the ECI professionals.

The second paper, "Evidence-based Practices in an Early Childhood Intervention Service in Spain: The Voice of families", by Patricia Carla de Souza Della Barba from the Federal University of São Carlos and Margarita Cañadas Perez from the Catholic University of Valencia, analyzes the implementation of evidence-based practices in early childhood intervention (ECI) in the Centro de Atención Temprana y Escuela Infantil L'Alqueria, Catholic University of Valencia. Using a qualitative paradigm inquiry, the study listens to family voices, and uses three instruments answered by the families, to understand how child outcomes, capacity building /empowerment practices, and family quality of life are interconnected in the support received by the children and their families.

The third article, "Interaction between children in preschool: perception of differences in the school inclusion process for children with autism" by Andrea Perosa Saigh Jurdi & Alanis Raabe Honorio da Silva from the Federal University of S. Paulo, Brazil highlights the importance of peer interactions, with a focus on children with autism. It also highlights the importance of the influence and mediation of the early childhood

educator as an enabler of greater involvement and understanding between pairs of children, with and without autism. This study challenges us to create support strategies and methodologies that underpin the right to belong and participate for all children in their life contexts.

The fourth paper entitled "Family's childbearing challenges during the transition to preschool: a qualitative study", by Rafaela Rosário, from the University of Minho, focuses on the family's developmental transitions and the challenges with three-year-old childbearing. The study describes the personal experiences of families that integrated two focus groups partnering with professionals from their routine care practice (family nurse, family physician, kindergarten educator). While families face new needs and demands with childbearing at transitional periods such as entry in preschool, it is crucial for them to find the support they need in primary care units. In line with family support policies, this study showcases the importance of designing interventions that strengthen meaningful liaisons both for families and professionals.

The fifth article "Enhancing communicative skills in early childhood education: the role of oral tradition and phonics", authored by Ana Maria Montero Ramirez from the University of La Rioja, is an opinion paper that pinpoints the importance of the oral tradition and phonics in the communicative experience in early childhood education. Young children's pedagogy is to be considered an immense cultural environment where the communicative experience in early childhood education is enriched through the oral tradition. The author's perspective highlights the educational value of exploring methods of teaching that embed the process of learning in the children's culture and ways that are sensitive to the development of their communicative skills.

Welcoming the readers of Child Studies to this special issue on First Years: Development, Early Childhood Intervention, and Inclusion, the journal is eagerly committed to giving the stage to research studies that focus on families and professionals working together to help children thrive.

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Funding

EARLY CHILDHOOD INTERVENTION: THE PERSPECTIVE OF FAMILIES

INTERVENÇÃO NA PRIMEIRA INFÂNCIA: A PERSPETIVA DA FAMÍLIA

Vânia Oliveira
Faculty of Psychology and Educational Sciences
University of Porto

Catarina Grande
Faculty of Psychology and Educational Sciences
University of Porto

Abstract

The study explores how families in North Portugal perceive professional practices of Local Early Intervention Teams (LIT) within the Portuguese National System of Early Childhood Intervention (*Sistema Nacional de Intervenção Precoce na Infância* - SNIPI), fourteen years after the publication of Decree-Law 281/2009. Thirty-five families with children aged 0-6, receiving LIT support for at least two years, participated. The research employed a qualitative approach, involving semi-structured interviews. Data analysis used content analysis to categorize responses. Overall, the findings indicate that many families expressed satisfaction with LIT support but noted areas lacking a family-centred approach. Families also highlighted challenges and suggestions for improvement. The study offers insights for enhancing Early Childhood Intervention (ECI) services under SNIPI, by incorporating direct family perspectives.

Keywords: early childhood intervention, family-centred practices, family participation

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Resumo

O estudo explora a perceção das famílias do Norte de Portugal sobre as práticas profissionais das Equipas Locais de Intervenção Precoce (ELI) no âmbito do Sistema Nacional de Intervenção Precoce na Infância (SNIPI), catorze anos após a publicação do Decreto-Lei 281/2009. Participaram 35 famílias com crianças dos 0 aos 6 anos, apoiadas pelas ELI há pelo menos dois anos. A investigação seguiu uma abordagem qualitativa,

através de entrevistas semiestruturadas. A análise dos dados utilizou a análise de conteúdo para categorizar as respostas. Em geral, os resultados indicam que muitas famílias expressaram satisfação com o apoio das ELI, mas notaram áreas que carecem de uma abordagem centrada na família. As famílias também enfatizaram desafios e sugestões de melhoria. O estudo aponta perspetivas para melhorar os serviços de Intervenção na Primeira Infância (IPI) no âmbito do SNIPI, incorporando as perspetivas diretas da família.

Palavras-chave: intervenção precoce na infância, práticas centradas na família, participação da família

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Introduction

Early Childhood Intervention (ECI): Portuguese Legislation

According to Decree-Law 281/09 (2009), ECI in Portugal seeks to "ensure conditions for the development of children [between 0 and 6 years] with functions or structures of the body that limit personal growth, social development, and their participation in activities typical for their age, as well as children at serious risk of developmental delay" (p. 7298). In practice, ECI comprises a set of services, supports, and resources available to meet the specific needs of a child, as well as their family, to promote the child's integral and full development (Dunst & Bruder, 2002). To this end, it is widely agreed that the goals of ECI should also include promoting the competencies and confidence of the child's caregivers, as well as promoting that the environments to which the child belongs function as agents of change (Carvalho et al., 2018; Dunst et al., 2010; European Agency for Development in Special Needs Education, 2005; Moore, 2012).

Decree-Law 281/09 (2009) established the SNIPI. This entity establishes ECI as a set of support measures in the social, educational, and health areas, which immediately brings together representatives of the corresponding ministries: Ministry of Labor, Solidarity and Social Security, Ministry of Education, and Ministry of Health. This legislation also includes the fundamental principles of ECI practices advocated by Guralnick (2005): (1) the principle of developmental guidance – intervention should be determined by the needs of families, along with the resources and supports to be provided; (2) the principle of inclusion – intervention should be guided by family and community realities, determining which community resources to mobilise and which social support networks, formal or informal, to foster; (3) the principle of integration and coordination – intervention should be integrated and coordinated, which, in the Portuguese case, involving the three ministries regulating ECI in Portugal.

Family-Centred ECI: Models and Practices

Theoretical Frameworks of ECI

The theoretical framework of ECI draws heavily from Bronfenbrenner's Bioecological Model (Bronfenbrenner & Morris, 1998) and Sameroff's Transactional Model (Sameroff, 1983). These models emphasise the dynamic and interactive nature of child development, highlighting the reciprocal interactions between the child and their environment. According to these models, understanding child development requires considering the influences of biological, environmental, and relational factors and the bidirectional relationships between the child and their surroundings (Sameroff, 2009; Sameroff & Fiese, 2000). The practical implications of these theories underscore the importance of considering all contexts in which the child is involved during intervention, as well as the interconnectedness of these contexts. Both models advocate for policies and practices that promote optimal child development and emphasise the role of the immediate and broader environment in shaping children's growth and development (Bronfenbrenner & Morris, 2007; Sameroff, 2009; Sameroff & Mackenzie, 2003).

Family-Centered Practices (FCP)

As previously mentioned, developmental models are the foundations of current ECI practices (Bairrão & Almeida, 2003). Thus, ECI intervention is conceived, planned, and ideally executed from an ecological perspective (Carvalho, 2015), which assigns great importance to all ecological contexts of the family, particularly the influence they exert on child and family development and functioning. From this standpoint, an intervention that prioritizes parental involvement and participation is necessary, hence the concept of FCP (Dunst, 2000, 2023). However, considering the history and evolution of ECI, it is understood that there has been a shift from interventions focused solely on the child, inspired by the medical model, with an overemphasis on pathology and deficits, to interventions where both the child and the family become the focus, with special attention, sensitivity, and empathy towards the family's needs (Correia & Serrano, 2000). Nowadays, the participation and involvement of families are recognized as essential components of ECI programs (Pinto & Serrano, 2015).

Thus, the family-centred approach in ECI can be defined as a set of practices that recognise, promote, and value the centrality of the family, as well as its strengths and capabilities, throughout the intervention process (Dunst & Espe-Sherwindt, 2016; Dunst et al., 2019). This is the most recommended approach in the field of ECI by the Division for Early Childhood (DEC, 2014), highlighting, its most important components, (1) family-centred practices, (2) family empowerment practices, and (3) collaboration between ECI professionals and families.

Firstly, (1) family-centred practices are those that consider the family as a key element in the process of providing care to the child, making decisions, and treating them with dignity and respect. In this way, the family is recognised as an active agent in acquiring and implementing competencies (both their own and the child's). It is important to properly inform the family so that they can make informed decisions, to ensure that

the family has access to community resources and necessary social supports for the child's optimal development and family functioning, and ensure that professionals are responsive to the needs, concerns, and desires of the family (Dunst, 2011; Dunst et al., 2019; Mas et al., 2019). It is also noteworthy that Decree-Law 281/09 (2009) itself considers family participation in the intervention.

Regarding (2) family empowerment practices, the Integrated Third-Generation Model on ECI and Family Support by Dunst (2000) illustrates all factors to enhance the child's learning and development opportunities offered by their caregivers, making them confident and competent in their parenting role (Dunst, 2017; Dunst et al., 2010). The provision of effective tools to parents increases their empowerment to respond to their children in specific situations, thereby impacting their self-efficacy beliefs and, consequently, their autonomy and independence in handling such situations in the long term (McWilliam, 2003, 2010). Furthermore, the child's development is more noticeable when professional support, with a transdisciplinary approach (Aldridge et al., 2015; Bruder, 2000), promotes caregivers' confidence and competence, compared to direct intervention by the professional with the child (Almeida et al., 2011).

Therefore, Dunst's model (2000) presents three main elements (Figure 1): (A) child's learning opportunities, (B) support for parental skills, and (C) family/community support and resources. Additionally, three elements arise from the intersection of the previous ones, namely (i) family/community activity settings, (ii) parental interaction styles, and (iii) parental participation opportunities, with child learning and development at the centre.
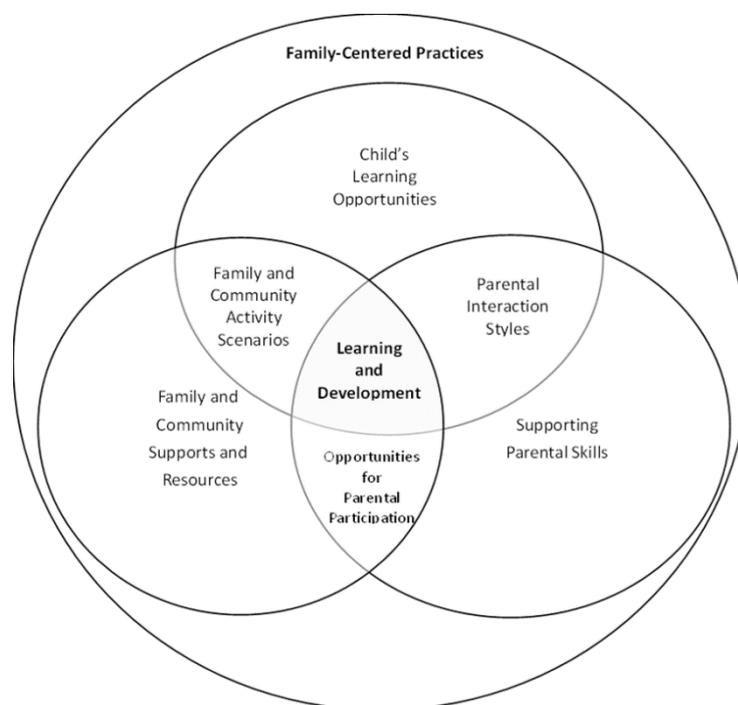
Figure 1. Third Generation Integrated Model on ECI and Family Support (Dunst, 2000)

Thus, (A) child´s learning opportunities encompass the daily activities that are part of the family routine and that parents can take advantage of to enhance a natural developmental opportunity. (B) Support for parental skills focuses on assessing the strengths and capabilities of the family, including their formal and informal resources, upon which the intervention is built. (C) Family/community support and resources involve evaluating resources, both from the family and the community, that can assist in responding to specific needs. (i) Family activity settings in the community are the places where family activities take place, constituting the so-called natural learning opportunities, for which caregivers need to be sensitised to make them beneficial and productive from a developmental perspective. (ii) Parental interaction styles refer to how the family and other caregivers interact, support, respond, and encourage the child, with responsive teaching being prioritised. (iii) Parental participation opportunities refer to moments of sharing information or interacting with other members of the social network that contribute to promoting parental autonomy.

Finally, regarding (3) collaboration between ECI professionals and families, this is crucial for them to be an effective team, to enhance the child's development. The professional-family relationship should be characterised by two types of support practices: relational or participatory (Dunst, 2011; Dunst et al., 2002). Firstly, relational practices support the development and strengthening of relationships (e.g., active listening, joint reflection, empathy, understanding, and genuine interest). Secondly, participatory practices support informed choice, family participation, and involvement through collaboration, discussion of options, and sharing of information with the family. By always respecting their individuality, the integrated implementation of these practices can enhance family engagement and their capacities and competencies in child development and family functioning.

Many of the characteristics that evidence considers important for ECI have already been highlighted: family-centred, transdisciplinary teamwork, professional development and knowledge and community-based approaches developed in the child's natural contexts and with respect for the individuality of each family. It is noteworthy that a family-centred approach yields more and better results for children and families (Espe-Sherwindt, 2008; Mas et al., 2022). In fact, in a Portuguese study conducted by Almeida (2011), families emphasise the progress of the child resulting from the intervention, their empowerment through appropriate educational strategies, as well as the empathy, sensitivity, support, and attention of the technicians regarding the concerns of the families. However, the literature shows some difficulties in implementing the assumptions and principles of a family-centred approach in practice. In the study by Almeida (2011), some problems at the level of FCP are identified. For example, there is a tendency towards more passive involvement of families in choices and decision-making throughout the entire process, both in evaluation and intervention. That families are not integrated into the professional team and there is a poor use of the Individual Family Support Plan (IFSP), the current IEIP (Individual Early Intervention Plan). In another study also conducted in Portugal (Pinto et al., 2009), although they demonstrate willingness to

develop and apply FCP, professionals have difficulty in seeing families as partners, which naturally translates into difficulty in actively involving the family (Costa, 2017). However, it should be noted, that the results of these Portuguese studies refer to a very early stage after the publication of the new decree-law (Decree-Law 281/09, 2009), which could help explain these difficulties and problems.

In the study by Almeida (2011), some of the expectations and concerns associated with ECI services and the development of their children are illustrated, respectively. Firstly, many families expect a response directed towards resolving their child's problems. Additionally, families wish to be active participants, both in the assessment process and in the intervention process, having an idea of the type of role they want to play but also a desire that intervention take place in the child's natural living environment (e.g., home or kindergarten).

Regarding concerns, they were focused on child development and family quality of life. That is, families feel insecure about their children's problem and their future. On the other hand, they reveal some uncertainties regarding their abilities to manage the entire situation: facing the problem, dealing with the child, and promoting their development (Almeida, 2011).

Methodology

Empirical Study

The main goal of this study is to understand the perspectives of a group of families attended by ECI professionals, in the Northern Region of Portugal regarding professionals' practices. In this sense, the aim is to address the following research question (RQ): How do families perceive their participation in the ECI process?

Participants

Participants in this study are 35 families with children aged between 0 and 6 years old, who, at the time of their selection and data collection, were attended by an ECI professional for at least two years. Thirty-three female participants, in the role of mothers or legal representatives, and three male participants, in the role of fathers, responded to the questionnaires and were interviewed. In one of the families, both mother and father were present and participated. The participating families represent a total of 39 children. Additional characterisation data of the families and the support they receive from ECI are presented in Table 1.

Table 1
Characteristics of family and support

Characteristics of family and support	n
Year of birth of the child	
2016	12
2017	15
2018	7
2019	5
Age of participants (in years)	
29-33	8
34-38	11
39-43	10
44-48	7
Academic qualifications of participants	
1st cycle	1
2nd cycle	2
3rd cycle	9
High school	14
Professional qualification	3
Higher education	7
Family referral entity to LIT	
Family	1
Healthcare (hospital, health center)	28
Education (daycare, preschool)	9
Social security	1
Support time from LIT (years ≈)	
2	4
3	25
4	8
5	2
Context of support for LIT	
Residence	1
Educational	29
Mixed	9

Data Collection Instruments

Child and Family Characterisation Questionnaire

A characterisation questionnaire was developed, consisting of quick response questions, aiming to collect sociodemographic data, which are divided into three groups: child-related, family-related, and ECI services-related. The questionnaire includes 12 questions.

Semi-Structured Interview for Families

The main data collection measure of the current study was the semi-structured interview. Therefore, a script was developed based on the study's goal, allowing for a detailed content analysis facilitated by the categorisation of the collected data. The interview had 7 main questions, such as: "How do you describe the family's participation in the process and in the work carried out with the child?", "How is family involvement promoted and valued?", "How do you feel that IPI has promoted your and the family's abilities to deal with the child's situation and resolve related problems?", "How does ELI consider and value/respect your interests and concerns/needs as a parent (other)?".

Data Collection Procedure

Initially, to conduct this study and its data collection, we requested and obtained authorisation from the Northern Regional Coordination Sub-Committee of the National Early Intervention System for Childhood. Then, after sending, a collaboration request, and the sample selection criteria, 10 ECI services also expressed their willingness to collaborate via email, providing contacts of families who agreed to participate in the study. Data collection was conducted remotely with the participants via the Zoom Platform, and an informed consent form was sent, indicating the study's goal, and requesting authorisation for the interview recording.

It is worth noting that the main reason for concluding the data collection was due to the solid convergence of the already collected information at a certain point, assuming theoretical data saturation (Bauer & Gaskell, 2017). The data collection process took place between September 15, 2022, and December 16, 2022.

Data Analysis Procedure

Qualitative data collected through semi-structured interviews was analysed by conducting a categorical content analysis based on the principles of Bardin (2009). This analysis procedure allows the recognition, coding, classification, and naming the collected data (Flick, 1998), facilitating their grouping according to consistent findings and aiding in result interpretation, facilitating their grouping according to consistent findings and aiding in result interpretation. Thus, in the first phase, following the full transcription of the interviews, preliminary reading of the analysis corpus (comprising all responses) was conducted. The theme (idea present in the response) was assumed as the unit of registration, the complete response of the participant to each question as the unit of context, and the frequency and direction of the unit of registration in each category as the counting unit (Bardin, 2009; Vala, 2003).

In this sense, the themes and their respective categories were defined according to a mixed analysis, that is, a deductive logic was followed, where the themes were established beforehand based on a pre-established theoretical model; and an inductive logic, through the collected information, which gave rise to new, more specific categories

that aligned with more specific categories aligned with the study's goals and existing literature in this domain (Elo & Kyngäs, 2008). After the analysis, a system of categories and its operationalisation was obtained.

Quality

As a strategy contributing to the quality of the research (McMahon & Winch, 2018), peer debriefing was utilised, involving discussions with an external researcher regarding data analysis, particularly concerning themes, categories, and their operationalisation. Additionally, excerpts from interview transcripts were used to support the interpretations made.

Results and Discussion

Results will be presented and discussed, using narratives from the participants as examples. To address the RQ (How do families perceive their participation in the ECI process), a major theme emerged: Recommended Practices in Early Childhood Intervention. The results will be discussed on light of the practices recommended in ECI literature. Within this overarching theme, specific categories were identified, which further led to second and third-level subcategories (Figure 1).
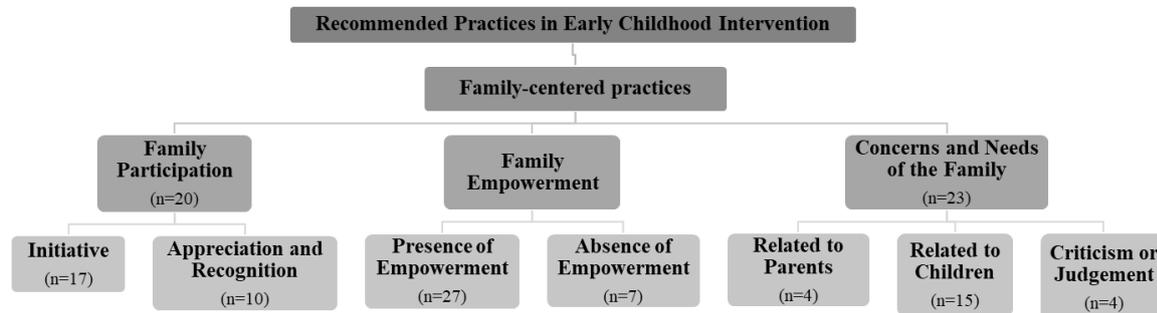
Figure 2. Categories in the theme "Recommended Practices in Early Childhood Intervention"

From the category "family-centred practices", three subcategories emerged, all representing ways to highlight the role of the family throughout the ECI process.

In the first subcategory, "family participation", family accounts suggest the role they have/perceive to have regarding decision-making (F5. "No decision, nor any strategy is applied with our son if we are not informed or agree. If we don't agree, we'll think of something else, a different way to do it with him."), as well as feeling part of a team working towards a common goal (F35. "They take care to say, 'this is our joint goal'.").

Indeed, family participation is recognized as an essential component of ECI programs (Decree-Law 281/09, 2009; Pinto & Serrano, 2015), without which effective

promotion of child development may be compromised (Pinto, 2019). Since the family is a constant in children's lives, as advocated in the literature (Dunst & Espe-Sherwindt, 2016), it should be considered throughout the intervention. To this end, participatory practices are important, aiming to promote family participation, which includes the family being properly informed and empowered to make decisions (Dunst, 2011; Dunst et al., 2002). Although the importance of these practices is recognized, there are studies where professionals have difficulty recognising the family as a partner (Almeida, 2011; Pinto et al., 2009), suggesting greater ease in the adoption of relational practices (Carvalho, 2015).

The first third-level category, "initiative", indicate that families make efforts to continue the work done in educational settings at home (F1. "I'm the one who takes a lot of what is discussed, in terms of schoolwork, and brings it home and tries to apply the same methodology in routines and also explain to the grandparents.") and in clinical settings (F29. "What I learn in therapy, I try to apply in routines."). Moreover, the effort of family participation is also a reflection of the proactive attitude they seek to adopt (F12. "Close to the start of the school year, I even hold a meeting with everyone to define the strategies for that year, for example, the 1st term.").

In ECI, the aim is to promote parents' autonomy and independence (Dunst et al., 2010), so that, in the long run, they can deal with the situation and, in the short term, be capable of continuing the work that is developed when the professional is not present, for example, between visits. The data from this study may indicate that the achievement of this goal is progressing in the right direction.

In the second third-level category, "appreciation and recognition", it is observed that professionals can value/acknowledge the role of the family in different ways. For example, through the words they address to the parents (F19. "Always said we were on the right track. Saying 'well done' and congratulating us, as parents, for being like this.") or by attributing the children's progress to the efforts of the families and the role they play in the work that is developed (F1. "If they acknowledge that my son has been evolving very well, they acknowledge that there is a huge family effort. They know that the major gains are within the family.").

This result is consistent with the literature by mentioning that the child's progress is more noticeable when are the parents who "intervene" with the child in their routines, through changes guided by ECI professionals (Almeida, 2011). As evidenced in the literature (Pego, 2014), recognition by professionals reinforces that the role of the family is central in promoting the child's development, also impacting their feelings of confidence and competence (Dunst et al., 2010).

The second emerged subcategory was "family empowerment". Indeed, in FCP, strengths, including parental capacities, are valued by professionals (Dunst & Espe-Sherwindt, 2016). Therefore, empowerment practices are assumed as one of the most important components of this approach, making the family the active agent in acquiring and implementing new skills. However, the entirety of the responses did not corroborate this recommended practice, resulting in two third-level categories.

The first third-level category refers to the sharing conducted by families, which can be interpreted as the "presence of empowerment". These results allow us to understand that family empowerment can take several perspectives. Firstly, through a perspective of sharing and discussing basic knowledge, from a developmental point of view, along with strategies to promote it (F6. "Regarding the developmental delay, in the areas of intervention he had, they provided strategies for us to do at home, activities, more suitable games... basically, they are general guidelines for us to try to follow and that are in line with what the technicians are also doing, where to insist and where to do certain things."). Also, in this perspective, professionals help families to understand how they can promote the child's development in routines, using materials they have available at home, (F35. "I find certain things very amusing, and I am amazed by certain things we can do to help them because sometimes it's not necessary to have certain things and go buy stuff to help them."). From a second perspective, we highlight the support given to the family in the process of accepting the child's difficulties (F13. "Regarding my husband, staying with him, feeding him, which was a bit difficult for him, it was all a complicated transition. And we achieved that recently."), which can even lead to a reflection on the framework and meaning that families make of the child's needs and difficulties, readjusting conceptions, and expectations (F10. "They managed to show me that they don't need to talk for me to understand them. They taught us that there were other more important and urgent things, like being able to call them by name and their look, having some kind of contact with our children that we couldn't have until now."). Finally, it is worth noting the reflection of empowerment on the family's ecology. The work done and the skills acquired by parents not only have a positive impact on the child's development but also on the development and functioning of the family (F2. "These adjustments didn't just regulate the child; it was the whole family dynamics as a whole.").

These results are consistent with findings from previous studies (Almeida, 2011; Ferreira, 2014; Pinto, 2019), where families mention their empowerment through the implementation of appropriate educational strategies. Indeed, one of the pillars of ECI, under a family-centred approach, is the promotion of opportunities for the child's development and learning in their natural contexts, where the child naturally participates (Dunst et al., 2010), using materials available there and therefore familiar to them. For this reason, it is crucial to consider and analyse the child's surrounding environment and identify adjustments that can be made to maximize their learning and development process (Sameroff, 2009; Sameroff & Fiese, 2000), involving parents in the use of strategies within these natural environments (Dunst & Espe-Sherwindt, 2016). On the other hand, the readjustment of parental conceptions is precisely one of the positive outcomes of FCP (Dunst et al., 2007; Espe-Sherwindt, 2008). Currently, ECI is conceived from an ecological perspective (Carvalho, 2015), which encompasses considerations of the child, the family, the environment, the relationships established between them, and the influences exerted mutually. Thus, practices aimed at empowerment, which support parental competencies (Dunst, 2000), not only yield positive results in child development but also positively impact parental well-being, as well as their competencies to autonomously deal with problems, consequently reflecting on family functionality (Dunst & Espe-Sherwindt, 2016).

However, the second third-level category includes aspects identified by families that may, in some way, indicate the "absence of empowerment". Thus, the absence of information sharing is pointed out (F1. "I am never informed about anything, neither about the support or about what we are entitled to. We must ask, and if we don't even ask, it's excellent."), and the family's inclusion in the work conducted with the child (F21. "A person doesn't know how to do it. For example, I don't know what part she is working on now. So, I feel lost in what I should do too."). Besides, the professional may be seen as an expert, overshadowing the role of the family, and the intervention itself may be very prescriptive (F34. "Our participation is: we have a meeting, the Doctor tells us what she thinks about our daughter, her problems, tries to work with her, and I try to work with her at home.").

First and foremost, this absence goes against what is advocated as FCP (DEC, 2014). Based on these results, the role of the family is passive and reduced, while the professional is the expert and decision-maker, channelling their efforts solely and exclusively into the child's development, reflecting a child-centred approach rather than family-centred. Supporting this, Pinto (2019) found that some professionals mention that their support is child centred. Almeida (2011) observed that professionals did not engage families and that there was deficient or even no use of the IEIP. Leite (2018) also found that families participated little or not at all in the intervention process. One factor that may explain the limited participation of parents is the context in which the support occurs (Dunst et al., 2014), namely the predominant school context in the sample of the present research.

The third subcategory, "concerns and needs of the family", indicates that the concerns and needs of families are valued, addressed, and considered (F17. "We are not 24 hours every day, but we spend many hours with our child and feel the difficulties in a pronounced way and I think there is a valuation of that concern and those difficulties we feel, and a care to help us overcome them."). Even when, from the professional's point of view, the timing is not exact, concerns are listened to and, within what is possible, supported (F10. "Even if it wasn't the right time for that request, they were always guiding me and, in some way, supporting my requests and concerns.").

Thus, the principle of developmental orientation is fulfilled, which determines that are the family's needs that dictate the course of the intervention (Decree-Law 281/09, 2009; Guralnick, 2005). Other authors have also found that professionals listen to these concerns (Couto, 2014; Pinto, 2019). Furthermore, supporting the family's needs promotes parents' feelings of confidence and competence (Dunst, 2017; Dunst & Espe-Sherwindt, 2016). Of course, the concerns and needs of the family may have different focuses or may not be addressed and respected, thus emerging three third-level categories.

The first third-level category, focusing on "concerns and needs related to parents", includes family accounts indicating that their concerns and needs are considered since parents and individuals are also valued and addressed, not just those related to the child. (F16. "They also ask us how we are coping with the situation (...). It also helps us because we are constantly in distress."). In fact, one family recognises that this support is crucial

for the subsequent work they will develop with the child (F20. "So, I think that the LIT helps a lot and is very concerned with the family. First, knowing if the mother is well to take care and understand everything about the subject."). Merchán (2017) and Pinto (2019) also confirmed that families feel supported in their own needs. Furthermore, for families, it is becoming evident that their well-being will impact the well-being of the child, emphasising the importance of adopting an ecological approach (Bronfenbrenner & Morris, 2007; Carvalho, 2015).

On the other hand, the second third-level category, focusing on "concerns and needs related to children", addresses the sharing that reflects an appreciation for the needs that parents express regarding their children (F23. "There is always a concern, there is always a question asking what our concerns are regarding development."). Additionally, these needs are acknowledged and addressed (F5. "There are many things that I have talked about the difficulties I have at home, and they help, at home and at school, and we manage to change for the better."). However, it is also emphasised that the focus is often solely and exclusively on the child (F8. "If they come directly to us to talk more at the couple or family level? They don't do that much. They focus a lot on the child, without a doubt."), somewhat neglecting the parents' needs (F1. "Someone asked me how I felt, for example, in an assessment consultation? If I'm okay, bad... everything is directed towards the child (...). I wasn't supported as a mother, in my needs, doubts, and moments, and I had to overcome it."). This child-centred focus, as also found by Pinto (2019), does not align with the recommended FCP practices, where the focus shifts to the family (Carvalho et al., 2018; Correia & Serrano, 2000).

In the third-level category, "criticism or judgment", comments were identified that could be seen as moral judgments from professionals towards families (F3. "(sigh). Once, they made a little comment that we did everything he wanted and that we were manipulable.") or towards the choices/options they make, based on the difficulties and needs they perceive in their children (F6. "In the case of our son, it's a very specific, rare disease with very specific characteristics, and I think sometimes there's a lack of understanding from the LIT about certain things. Taking the example of potty training, at the time the professional had raised the issue that it was better to take off his diaper. But he didn't show signs of that, in other words, maybe it wasn't the time. It was hinted that it was our and his laziness."). Since the collaboration of ECI professionals with the family is one of the essential components of FCP (DEC, 2014), this may be compromised if professionals adopt a posture of criticism, judgment, disrespect, or incomprehension towards the family. In fact, relational practices presuppose empathy, understanding, and active listening, while participatory practices presuppose the responsiveness, flexibility, and collaboration of the professional, supporting and respecting the informed choices of the family (Dunst et al., 2002).

Conclusions

The results of this study prompt to a reflection on a need for change. Difficulties and challenges found in the present study that have been identified in previous studies, particularly about the difficulties in the implementation of recommended practices within

a family-centred approach, promoting family participation and empowerment (Almeida, 2011; Leite, 2018; Pinto, 2019), and the adoption of a transdisciplinary model (Oliveira, 2015; Pimentel, 2005). Another indicator that also deserves reflection is the prevalence of support in the school context, and the potential impact it may have on a family-centred approach, as well as the strategies to adopt to ensure effective parental participation in the support provided by the ECI.

Years go by, contextual factors vary, but the needs and difficulties of the families seeking help remain real and distinct, which is why necessary to ensure that a quality response in ECI practices is a priority.

In this sense, training, supervision, and intervention could be the fundamental triad to ensure the implementation of recommended IPI practices and, thus, achieve change.

We believe that this study can bring us closer to the reality of ECI in Portugal, contribute to the understanding of its contours through the perspectives and opinions of the key elements of these services: the family. However, despite its relevance, it is important to mention that geographical area of origin of the participants might be a limitation of this study, which does not allow the generalization of these results.

For future research, it may be relevant to continue this research, by gathering perspectives from professionals, allowing to understand how Family-Centred Practices (FCP) are implemented from the interventionist's viewpoint. This could be done through interviews and/or focus groups, or by employing naturalistic observation in context to observe professionals' practices at different stages of the intervention process.

Acknowledgments

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Bionotes

Vânia Oliveira was recently graduated in Educational Psychology and Human Development, from the Faculty of Psychology and Educational Sciences (FPCEUP), University of Porto. Completed her academic internship in a Local Early Intervention Team, in the city of Porto, Portugal. Her master's thesis was also developed within the

scope of Early Childhood Intervention. Currently, is undertaking her junior professional year at CASA – Centre for Psychology, Education, and Development, in Porto

Email: vafioliveira@gmail.com
Orcid: 0009-0009-5569-7849

Catarina Grande, has a Ph.D. in Psychology and is an assistant professor of Psychology in pre- and post-graduate studies at FPCEUP and an integrated member of the Center of Psychology of the University of Porto. Her areas of scientific activity are Educational and Developmental Psychology, Early Childhood Intervention, and recently Pediatric Psychology. Her main research interest is preschool children with typical and atypical development and she participated in different research projects on early childhood education and early childhood intervention.

Email: cgrande@fpce.up.pt
Orcid: 0000-0003-4675-6279

Evidence-Based Practices in an Early Childhood Intervention service in Spain: the voice of families

Práticas Baseadas em Evidências em um serviço de Intervenção Precoce na Infância em Espanha: a voz das famílias

Patricia Carla de Souza Della Barba
Department of Occupational Therapy and Postgraduate
Programme in Occupational Therapy
Federal University of São Carlos

Margarita Cañadas Perez
Psychology Faculty
Catholic University of Valencia

Abstract

This study was carried out at the *Centro de Atención Temprana y Escuela Infantil L'Alqueria, Universidad Catolica de Valencia*, as part of the *Observatorio Internacional de Atención Temprana y Desarrollo Infantil* (International Observatory of Early Childhood Intervention and Development), and its aim was to identify the families' perceptions and role in the intervention process, the child's development, the quality of family life and their own empowerment. It involved the participation of a final sample of five families accompanied by four professionals for 11 months. The source of data used was audio recordings of the families, transcribed by the researcher, and the application of instruments before and after six months of intervention, which were analysed qualitatively. The analysis focused on the families' perceptions of the intervention process, child development, family quality of life and empowerment. The results indicate that families perceive the intervention as support, feel empowered to act in the contexts, learn strategies for child development and identify learning opportunities in their routines. Communication is valued, showing that families have a voice in the intervention process. The responses to the instruments indicate that families have a positive view of their children's development and perceive an improvement in the quality of family life. These findings point to the importance of evidence-based practices in Early Intervention.

Keywords: Evidence-Based Practices, Early Childhood Intervention, families

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Resumo

Este estudo foi realizado no *Centro de Atención Temprana y Escuela Infantil L'Alqueria, Universidad Catolica de Valencia*, no âmbito do *Observatorio Internacional de Atención Temprana y Desarrollo Infantil*, e teve como objetivo identificar as perceções e o papel das famílias no processo de intervenção, no desenvolvimento da criança, na qualidade de vida familiar e na sua própria capacitação. Envolveu a participação de uma amostra final de cinco famílias acompanhadas por quatro profissionais durante 11 meses. A fonte de dados utilizada foram as gravações áudio das famílias, transcritas pela investigadora, e a aplicação de instrumentos antes e após seis meses de intervenção, que foram analisados qualitativamente. A análise centrou-se nas perceções das famílias sobre o processo de intervenção, o desenvolvimento da criança, a qualidade de vida da família e a capacitação. Os resultados indicam que as famílias percecionam a intervenção como um apoio, sentem-se capacitadas para atuar nos contextos, aprendem estratégias para o desenvolvimento da criança e identificam oportunidades de aprendizagem nas suas rotinas. A comunicação é valorizada, mostrando que as famílias têm voz ativa no processo de intervenção. As respostas aos instrumentos indicam que as famílias têm uma visão positiva do desenvolvimento dos seus filhos e percecionam uma melhoria na qualidade de vida familiar. Estes resultados apontam para a importância das práticas baseadas em evidências na Intervenção Precoce.

Palavras-chave: práticas baseadas em evidências, intervenção precoce na infância, famílias

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Introduction

This study is part of a broader investigation, a post-doctoral study conducted at the *Centro de Atención Temprana y Escuela Infantil L'Alqueria*, *Universidad Catolica de Valencia*, within the framework of the *Observatorio Internacional de Atención Temprana y Desarrollo Infantil*, aimed at investigating Recommended Practices for Early Childhood, with a focus on the production of scientific evidence.

This study was carried out under a specific collaboration agreement between the *Universidade Federal de São Carlos* (Brazil) and the *Universidad Catolica de Valencia* (Spain). It is justified by the need to produce research on recommended practices in Early Intervention and to advance towards a practical model based on the leading role of families.

Investigating the scientific evidence of Recommended Practices for Early Childhood Intervention has been a contemporary demand in order to consolidate these practices and fill the gap between research and the professional field. In this way, this study aims to reflect on the active involvement of the family as an essential element in achieving a better quality of life for its members and obtaining effective support from the services received.

Evidence-based practices use the analysis of available production to select the actions that will be employed in the work and not just the search for evidence to support a practice that has already been developed. From this perspective, evidence-based practices can be defined as "research findings that demonstrate a relationship between the characteristics and consequences of an experience or opportunity, which tell us what can be done to produce a desired outcome" (Dunst, Trivette, Watson, 2008, cited by Dunst, 2009, p.46).

"Evidence-based practices in Early Intervention" are practices that have been evaluated and proven to achieve positive results for children and families. In this way, professionals can achieve positive results by implementing evidence-based practices with fidelity. Important material on the subject has been developed by the DEC (Division for Early Childhood) to bridge the gap between research and practice; to guide professionals and families on more effective ways to improve outcomes (DEC, 2023).

There is a vast international literature addressing evidence-based practices in Early Intervention; however, we are faced with the challenge of implementing them.

We found important sources of evidence on early intervention. These include Moore (2020), who states that: early experiences influence children's health, development and learning; children learn in all the contexts in which they live, adapting to the experiences these contexts provide; children develop through relationships with important people in their lives; parents and carers, based on children's interests, provide them with the opportunities they need to participate meaningfully in the key moments of their lives.

The Ecta Center (Early Childhood Technical Assistance Center) has many publications on the subject. Some of them define evidence-based practice in the field of Early Childhood intervention (ECI) as the process that brings together the best available research, knowledge from professional experts and data and contributions from children and their caregivers, to identify and provide evaluated and proven services, to achieve positive results for children and families. ECTA indicates evidence-based professional development procedures, which include seven steps for offering training to adults, including early childhood professionals: 1. Introducing a practice to professionals; 2. Illustrating or demonstrating the use of the practice to professionals; 3. Engaging with professionals in the use of the practice; 4. Facilitating professionals' self-assessment of their experience using the practice; 5. Facilitating professionals' reflection on their understanding of the practice; 6. Facilitating professionals' self-assessment of their mastery of the use of that practice; and 7. Provide ongoing support and learning opportunities for professionals to improve their use of the practice (ECTA Center, 2024).

The theme of family empowerment as the main outcome in the context of ECI has received attention in studies.

Portugal and Spain have been a benchmark for Latin American countries on recommended practices in ECI and have produced important research and practice. In Spain, researchers have studied variables that predict family empowerment. The study by Fernández-Valero, Serrano, Cañadas and McWilliam (2020) related the type of early intervention practices, level of support, socioeconomic status and the child's diagnosis as

predictors of family empowerment. They found that family-centred practices are a predictive variable with a very positive influence on the level of empowerment of families who have children with developmental disorders; and if carried out rigorously and faithfully, they are associated with high levels of family empowerment, such as dignity, respect and tolerance. Families' satisfaction with the interventions received from early intervention services is largely due to the implementation of collaborative practices (professional-family), highlighting values such as trust, partnership and mutual respect.

The main aim of the study was to identify the families' perception of the intervention process, the child's development, the quality of family life and their own empowerment.

Materials and Methods

Type of study

The study is configured as qualitative, descriptive and participatory in nature, where the research subject is relocated in the investigative context assuming an active role in the investigation (Alves et al, 2021).

Participants

Ten families attended by four professionals from the *Centro de Atención Temprana L'Alqueria* team at the *Universidad Catolica de Valencia* (UCV) began participating in the study. However, the final sample consisted of 5 families, who answered all the instruments.

Location and period

The study took place from May 2022 to March 2023 at the *Centro de Educación Infantil y Atención Temprana UCV - L'Alqueria*, of the *Universidad Catolica de Valencia* (UCV), Spain.

Data sources and instruments

For this study, being field research, a combination of data sources was chosen. Socio-demographic data was collected from the 10 participating families; data on the families' perception of their process during the intervention, through questions addressed to the family (what is Early Intervention? What has it taught me to put into practice? What strategies have I learned?); data on the family's perception of their child's development (through the application of the Ages and Stages Questionnaires - ASQ-3 protocols); on their perception of the family's quality of life in early intervention (through the application of the Families in Early Intervention Quality of Life - FEIQOL scale) and the results of the intervention perceived by the families (through the Family Outcomes Survey

- FOS scale) - at the beginning of the intervention and at the end of 6 months, at the reassessment.

The sociodemographic data of the 10 families was obtained by answering a questionnaire drawn up using Google Forms, which was sent to the families via a link, and which they answered via a form.

The families answered the questions about their perception of the intervention received via audio on the WhatsApp application directly to the researcher and/or team therapist.

To identify the families' perception of their child's development, the Spanish version of the Ages and Stages Questionnaires - ASQ-3 - was used. It is an instrument for screening and monitoring child development created by Squires et al. (2009) and translated into several languages. It is aimed at parents and primary caregivers of children between 1 and 66 months of age; it consists of 21 questionnaires, each with 30 items divided into five developmental domains (communication, gross motor skills, fine motor skills, problem solving and personal-social), totalling 630 questions, plus an additional information field in which concerns can be expressed. The score is: 10 for Yes / 05 for Sometimes / zero for No (Ramos & Della Barba, 2021).

In order to identify the families' perception of their empowerment in the face of the intervention and how they evaluate the results, the Family Outcomes Survey (FOS) was used (Bailey et al, 2011). It is a scale that identifies the family outcome, which refers to the benefit experienced by families as a result of the services offered. It was validated in Spain by Fernández-Valero, Serrano, Cañadas, McWilliam (2020). According to the authors, a family outcome would be family members' impressions of the usefulness of the information and activities of a particular Early Intervention service. The authors state that ideally, families should feel that the services they receive are individualised, based on the needs of the child and family, effective in achieving the desired results in a respectful and empowering way. It is a self-administered instrument, with 41 scoring questions on a Likert Scale model, subdivided into two parts: Session A (Outcome 1 - understand your child's strengths, needs and abilities; Outcome 2 - know your rights and defend your child's interests; Outcome 3 - help your child develop and learn; Outcome 4 - form support systems; Outcome 5 - have access to the community) and Session B (Know your rights; Communicate your child's needs; Help your child develop and learn). It is also available in several languages (Early Childhood Outcomes Centre, 2009).

The analysis of family quality of life has been identified as an important predictor of early intervention results. The Families in Early Intervention Quality of Life (FEIQoL) scale, developed by McWilliam and Pau García Grau (2017) was an important addition to the field because it was designed for all families in early intervention (not just families with a child with a disability). It contains families' perceptions of family relationships, access to information and services and child functioning as one of the factors, because several studies have shown the influence of child functioning on overall family quality of life. García-Grau et al (2021) validated the Spanish version, which is used in PI services in Spain. It contains 23 items related to the family relationships and access to information

and services factors and 16 items related to the child functioning factor; scored from inadequate/partially adequate/adequate/very adequate/excellent.

How the data was analysed

All the data was analysed using qualitative methods.

According to Bardin (2011), data analysis involves several stages in order to give meaning to the data collected. The stages are organised into three phases: 1) pre-analysis, 2) exploration of the material and 3) treatment of the results, inference and interpretation.

The voice of the families in the process: content analysis of the families' feedback on their process - what they understand about early intervention and the strategies they have experienced. The families answered the questions: what is Early Intervention? what does it teach me to put into practice? what strategies have I learned? They answered in audio format sent to the researcher, the answers were transcribed and their content analysed.

Although the scales used in the study were designed for broad studies with quantitative analysis, in this study, due to the small number of participants, they were analysed qualitatively and, on a case, *-by-case* basis. In this way, we proceeded with the families' perception of Child Development (Ages and Stages Questionnaires - ASQ-3), Family Quality of Life (FEIQOL) and Family Empowerment and Outcomes (FOS): protocols applied at the start of the intervention and during (after 6 months) the reassessment.

Results

1. The profile of the families

As we have seen, the families taking part in this study are provided with Early Intervention services by the UCV Early Childhood Education and Care Centre - *L'Alqueria*, of the *Universidad Catolica de Valencia* (UCV), Spain.

The sociodemographic data obtained from the 10 families shows that: the mother was the majority of the respondents, with the father in only one case; the parents' ages ranged from 22 to 46; 80% of the families were Spanish, one family was from Honduras and one family was from Peru. The parents' professions varied (translator, audio-visual professional, language teacher, doctor, general service assistant, housewife, waitress, delivery man, administrator, marketing professional). 70% have higher education and 90% have only one child (the child in the study). 60% of the participants live in their own home; 50% of the families receive up to one Spanish minimum wage and 50% receive 2 to 3 Spanish minimum wages. Regarding the type of disability or developmental delay, 80% of the children had a suspected diagnosis of ASD (Autism Spectrum Disorder) and 100% receive Early Intervention. The children served range in age from 8 to 36 months.

2. The voice of families in the process

We analysed the content of the families' feedback on how they experience their early intervention process, answering the questions: "what do you understand about early intervention", "what does it teach me to put into practice" and "what strategies do you use". The families responded via audio on the WhatsApp app directly to the researcher and/or therapist.

Of the 10 participating families, seven answered the questions.

Note: the original audios were received in Spanish and the transcript was translated into Brazilian Portuguese.

Faced with the question: what do they understand about early intervention, the following groupings of perceptions emerged:

Strategies for developing potential:

> Mother F1: form of stimulation [...] according to the evolution of his corresponding age;

> F6: work strategies to carry out with my son at home and [so that] he can advance in his development;

> Father F3: it's a set of actions for the child with the problem and their family that seeks to develop their maximum potential;

> Mother F3: it's professional support for our child, giving us tools to help him develop as much as possible;

> F8: learning techniques for everyday life.

Perception of the child:

> Father F1: [allows us] to identify our child's developmental problems;

> Mother F3: taught us a lot about the baby's development;

> F8: it has helped us a lot to understand our son.

Helping practices:

> Mother F2: a help for both parents and our child;

> Mother F4: as a support [...] as an orientation;

> F5: child counselling service for families with young children with disabilities;

> F8: for us, it's a very necessary tool in our daily lives and it's helping us a lot

Faced with the question: what does it teach me to put into practice?

Learning opportunities:

> Mum F1: giving children opportunities [...] [I] didn't know if he could do it because I hadn't given him the chance;

> Mum F3: exercises to stimulate each stage, anticipating things he could do, if he detected what wasn't as expected;

F4: teaching him other ways of doing things, a helping hand;

F5: taught me to take advantage of everyday situations and tasks to invent activities that help our child's development;

F6: enough tools to work with your child at home, super important for parents who have children with developmental problems, autism, Down's syndrome, attention deficit disorder

Importance of evaluating and setting goals:

Mum F1: To see how he was progressing, to set goals, to see that he was really progressing properly;

Father F1: A. applied the tests and we realised that we weren't giving him the chance to do them, it shocked us because we weren't noticing - so we set objectives that were monitored weekly, some every fortnight, and the following week we discussed what we'd achieved and what we hadn't[...]we had to assess what situation J. was in, A. gave clues about communication, applied tests, raised the alarm a bit about communication, J. didn't communicate well, neither here nor at school. ;

F2: to see what he needs, what he lacks, to help us with guidelines, to know how to take him and get him into routines and see what he needs.

When asked what strategies they had learnt, the families pointed out:

Gaining communication and interaction:

Mum F1: I thought at first that he would never achieve. Little by little, he started saying "papa" and "mama", which he didn't do. To say "yes" and "no", we used symbols and he stuck to graphic things, things he liked, symbols that meant "yes" and "no" - this helped us a lot in establishing "yes" and "no" answers. the songs helped us recognise body parts, we sang the song every day;

F4: trying to get him more interested in trying to speak a bit more, to say the words. The strategies we've learned with early attention are how to try to teach him a little with games, with colours, with fruit, with animals, so that he says the words and understands us a little more;

F6: how to work with games;

F8: teaching us how to address him.

Support network:

Father F1: at the first meeting we talked about the family environment, that we could ask our relatives how to help us. As the months went by, we were able to do this, little by little, and it was very productive. CAT got in touch very quickly, and they started to assess us, in less than a week we already had a therapist

The results show that the participating families understand the early intervention process as a relationship of help and support, they feel equipped to get to know their child and support their development according to their real conditions and contexts, and they learn strategies for their child's development. Families also identify learning opportunities in everyday life and create ways of using them within their routines. They value the fact that they set objectives and targets according to each moment, evaluate progress in a timely manner and for this they have the support of the professional. When they evaluate the strategies used, they value the communication process. Their statements show that families have a voice in the intervention process and are listened to.

3. Assessment of child development, family quality of life and family empowerment at the start of the intervention and during the intervention (after 6 months).

This study also collected data from families on child development (using the Ages and Stages Questionnaires - ASQ-3 instrument corresponding to the child's age – (Squires et al., 2009), Family Quality of Life in Early Intervention (FEIQOL - Garcia-Grau et al, 2021) and Family Outcomes, empowerment (FOS - Early Childhood Outcomes Centre, 2009).

This analysis was included because other studies have shown the importance of evaluating these elements as a result of good practices in ECI, because to the extent that they improve the child's developmental competences plus quality of life and family empowerment, the intervention can be said to have been successful (Garcia-Grau et al, 2021).

It should be noted that the instruments applied are already part of the protocol of the *Centro de Atención Temprana de L'Alqueria* and were not applied in isolation for this study. To this end, the therapists were asked to provide the results of the initial application - when the families arrived at the Centre - and the results of the application six months after the intervention. In this sense, it was not possible to receive data from all the families, as some did not provide it for various reasons, including: discharge during the data collection period; change of ECI centre and less than six months of intervention.

At this stage of the study, we only had five complete answers (50%) to these instruments - families 1 to 5, which allowed us to analyse the data only qualitatively. The data from the other families was obtained inconsistently and was not taken into account. Below are the results by case - from Family 1 to Family 5.

In general, it was possible to analyse that:

The child in Family 1 reached the end of the intervention with all the developmental domains within the typical zone, according to the results obtained in the Ages and Stages Questionnaires (ASQ-3) instrument, which generated satisfaction for the family in terms of identifying the gains in the developmental domains and reducing their anxiety in relation to a possible ASD diagnosis, which was not confirmed. The results of the Family Outcomes Survey (FOS) scale show that the family felt empowered in terms of understanding their child's strengths, needs and abilities and knowing their rights and defending their child's interests; however, they pointed out that they still need

information to form support systems. With regard to family quality of life (QoL), when answering the Families in Early Intervention Quality of Life (FEIQoL) scale, the family reported satisfaction in family relationships and access to information, and identified gains in their child's functioning.

In Family 2, nine months after the start of the intervention, when the ASQ-3 was applied, the child did not achieve the expected behaviours for his age of 30 months. This is a case that shows progress and setbacks throughout the intervention process, for a variety of reasons, such as illness, social vulnerability and prolonged absences from school. Regardless of the ASQ-3 result, the family felt empowered in relation to all the items on the FOS scale - knowing their needs and those of their child, knowing their rights, helping their child to develop, accessing information to form support systems. With regard to QoL, the family reported having excellent family relationships and access to information. In addition, with regard to their child's functioning, they identified a gain in ability to adequately participate in dentist and doctor routines; improved information about services and their child's condition. The importance of this result for QoL should be emphasised: the increase in the family's perception of their condition, and how the Early Intervention process helped them to identify needs.

The child in Family 3 started the intervention 45 days after birth and at 9 months scored all the ASQ-3 developmental domains within the typical (white) zone. This result is relevant, as at the start of the intervention the prognosis was poor due to many complications at birth = lesions in both cerebral hemispheres, the possibility of cognitive and motor impairment. The results of the FOS showed that the family expressed a need to know what happens when their child leaves the program and about their rights, and about helping their child to develop and learn (they lowered their score on these items in the post-test). They showed more satisfaction with knowing who to contact and feeling free to ask for services (they increased their score); they scored the highest on forming support systems and having access to the community. With regard to QoL, the family scored the highest number of questions on family relationships and access to information as Very Adequate and Adequate (4,5) = 18 items. However, they did not score the items on their child's functioning, so it was not possible to analyse them.

The child in Family 4 reached the 7th month of the intervention with all the developmental domains within the typical zone for his age, 36 months. In the FOS, the family scored lower in the post-test on the score related to knowing their rights and defending their child's interests, and also on the score related to helping their child develop and learn. Regarding forming support systems, the family gave the same satisfaction in the pre- and post-test. Regarding outcome 5 - having access to the community, the family scored higher on all items in the post-test. With regard to family quality of life, the family scored a higher number of questions between Very Adequate and Adequate (4.5) = 19 items on the topics of family relationships and access to information, and identified gains in their child's functioning. Regarding the child's functioning, the family rated the following as partially adequate: participation in routines such as doctors, dentists, participation in routines such as going on excursions, autonomy, their understanding of what they are told and their way of expressing themselves. In this

case, the mother seems to have difficulties understanding, and the fact that she responds more reflexively to each question on the FOS and FEIQOL seems to be a gain in perception and criticism of her context.

In the case of Family 5, the ASQ-3 was not returned in the post-test and in the first application, there was a gap in all the domains. In the FOS, the best scores relate to understanding their child's strengths, needs and abilities; feeling comfortable asking for the services they need and knowing who to contact when in doubt; and the ability to help their child develop. On the other hand, the family scores "nothing" for items about knowing their rights and finding services and programmes available for when their child leaves the programme; they score low on the possibility of talking to other families who have the same needs, having friends who can help with difficulties and forming support systems. With regard to the QoL, the post-test results show that a greater number of questions scored between Partially Adequate and Adequate (11 items) on the topics of family relationships and access to information. It marked family communication and access to medical care as Excellent and the items related to making friends, joining associations and taking part in events as Inadequate. As for their child's functioning, the family scored "sleep, health, family life" as very adequate; they scored most items as inadequate and partially adequate, including taking part in excursions or outings, relationships with other children, ability to take part in routines, school, games, toys, autonomy. This is a family that believes in their abilities and has a lot of skills to work with the child, however, the proximity to the ASD diagnosis at the time of the post-test seems to have left them quite fragile and discredited in their potential - other evaluations show the good relationship between family and therapist and the great progress made.

The answers obtained highlight fundamental themes that permeate the reality of the families that receive Early Intervention support - knowing and defending rights, participating in routines and social participation, accessing information and support systems, family relationships, helping the child to develop. The responses to the protocols generally show a positive view by the family of their child's development, as well as a visible perception of improvement in their quality of family life. This confirms what has been researched on the subject - working with families goes far beyond stimulating aspects of the child developmental domains (physical and cognitive, etc).

Discussion

The field of research and practice at the *Centro de Atención Temprana de L'Alqueria*, the site of this study, is renowned for the expertise of its staff and for its important history in Spain. Thus, our experience in this field as a Brazilian researcher was undoubtedly of unrivalled richness, and reflections have certainly been raised in this field.

For this manuscript, elements were brought to show how the recommended practices in ECI are understood by families and have an impact on child development, family quality of life and family empowerment.

The results show that the professionals at *L'Alqueria* understand and act effectively on child development in a holistic and contextual way; recognising that the child's

progress responds to a global vision where care takes place in routines at home and in other natural contexts, such as school and the community, which are recognised as excellence contexts for promoting development. In this way, the development of the child's competences is no longer associated with the treatment of the deficit, but with favourable opportunities and experiences that promote their active participation at home and at school (Dalmau et al, 2017, p. 643).

It should be remembered here that the DEC's recommended practice guidelines were developed to fill a gap between research and practice; to guide professionals and family members on the most effective ways to improve outcomes in ECI, which is why it is the most up-to-date reference in the field (DEC, 2023).

Dunst's assertion in his 2017 study was borne out in the present study. He says that most of the evidence for the indicators in the recommended practice guidelines comes when the use of an intervention practice by the professional causes' changes in the functioning of the child, the parents or the family. This study identified a significant quantity and quality in the implementation of practices within the parameters of scientific evidence. Indicators of good practice were demonstrated, as well as benefits for the families being supported. These were evident in the voices of the families when they expressed their understanding of the process and their perception of their child's development, the quality of family life and their empowerment in the face of everyday situations.

Although it wasn't possible to obtain complete results from all the families, it was possible to see the complementary power of the instruments used. When working with families, children's results alone are insufficient for evaluating ECI practices. So it makes no sense to assess children's developmental skills in isolation, without analysing the elements of family empowerment and quality of life, as progress only makes sense if the family takes ownership of their rights and recognises their demands.

It is noteworthy that the families in the study identify the results achieved for themselves and their children, in terms of child development, family quality of life and empowerment, understanding the practices carried out by the professionals. In this way, the study can contribute to reaffirming "Evidence-based Practices in Early Childhood Intervention", as the literature has pointed out (Division for Early Childhood - DEC, 2023).

Family empowerment has been a term used in opposition to the directive attitude of professionals, and has been incorporated into the organisation and management of ECI models (Fernández-Valero, Serrano, McWilliam, Cañadas, 2020). This concept implies that many skills are already the families' own or can be learned by them. The structure of early intervention services, which are based on technicians, has historically made it impossible for families to acquire skills, causing dependency on services. And this study shows that the participating families perceive themselves as having information about their rights, access to services and their child's development, making them experts in the intervention process.

Family Quality of Life (FQOL) has been considered an indicator of the success of programs and policy initiatives aimed at prevention and intervention with people with

disabilities and their families, and as a key outcome for services (Garcia Grau et al, 2021). In addition, the results of the QoL can be taken into account in programs to serve families effectively, with individualized support and a better understanding of their situations. Fernández-Valero, Serrano, McWilliam, Cañadas, (2020) note that we have to understand empowerment as a process and the family's quality of life as an outcome.

The first and most important step is still to invest heavily in training professionals with a focus on changing the rehabilitative paradigm to one of practices based on the competencies of families in PI. Even in countries where this approach has been developed for a long time, such as Portugal and Spain, there is constant investment in training, especially in process/service training.

It is considered important to work on fundamental aspects of professional development, within the recommended practices in ECI, some of which are highlighted by EURLYAID (European Association for Early Intervention): preparing a national strategic plan for professional development; including follow-up and evaluation in ECI; reviewing existing systems of good practice and applying them; improving working conditions, supervision and technical support to develop ECI teams; applying professional competence profile analyses and starting to develop them while still in university programmes/training.

The article by Dalmau et al. (2017) describes all the steps of an intervention based on best practices in ECI and discusses the evidence available in the scientific literature on its effectiveness. Among them, they mention: the professionals who apply the approach consider it to be of great value to their work, as it allows them to get to know families' daily lives better, their strengths and concerns (in this sense, home visits are an important strategy); participating families realise that the recommended practices allow them to be more capable of dealing with their children's needs.

Trivette, Dunst and Hamby (2010) point out that PI practices aimed at promoting parenting skills have a direct effect on parents' beliefs about their self-efficacy and well-being. They also point out that the degree of family participation in the programmes is a clear indicator of the success of the recommended PI practices. The active participation of the family is fundamental to the efficiency of the support received and to achieving a better quality of life for all family members.

Finally, we identified the broad dimension in which evidence-based practices are applied in the field of Early Intervention studied (*Centro de Atencion Temprana L'Alqueria*), given the constant training and expertise of the professionals; we identified the central role and protagonism of the families in the assessment and intervention process, as well as the possibilities of working on the strengths and competences of the families and finally we identified the likelihood of the practices described being based on the most up-to-date and evidence-based theoretical references, thus bringing benefits to the population targeted byECI.

Acknowledgments

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Bionotes

Patricia Carla de Souza Della Barba. PhD in Special Education from the Federal University of São Carlos, Associate Professor in the Department of Occupational Therapy and Postgraduate Programme in Occupational Therapy, Federal University of São Carlos, Brazil. Post-doctorate at the Catholic University of Valencia, Spain.
Email: patriciabarba@ufscar.br
Orcid: 0000-0002-7893-8133

Margarita Cañadas Perez. PhD from the Catholic University of Valencia, Spain. Full Professor at the Psychology Faculty of the Universidad Catolica de Valencia San Vicente Mártir - Spain
Email: margarita.canadas@ucv.es
Orcid: 0000-0002-5496-322X

INTERACTION BETWEEN CHILDREN IN PRESCHOOL: PERCEPTION OF DIFFERENCES IN THE SCHOOL INCLUSION PROCESS FOR CHILDREN WITH AUTISM

INTERAÇÃO ENTRE CRIANÇAS NO PRÉ-ESCOLAR: PERCEÇÃO DAS DIFERENÇAS NO PROCESSO DE INCLUSÃO ESCOLAR DE CRIANÇAS COM AUTISMO

Andrea Perosa Saigh Jurdi
Department of Health, Education and Society of the
Occupational Therapy Course
Federal University of São Paulo

Alanis Raabe Honorio da Silva
Department of Health, Education and Society of the
Occupational Therapy Course
Federal University of São Paulo

Abstract

This qualitative research used participant observation in an early childhood education group to understand how children perceive differences among their peers, especially in their relationships with children with autism. An early childhood educator and 28 children aged four to six years participated, two of whom were autistic. Observation was carried out from February to May 2023. The results indicate that the behaviour and relationships that children establish with children with autism vary depending on the level of commitment and interaction that these children present. However, children' receptivity and acceptance of the differences presented by children with autism were positive, helping them with pedagogical or daily life activities, when necessary. The teacher's actions brought children closer together and enhanced their understanding of their peers. As a limitation, it is understood that a study restricted to a specific pre-school can make it difficult to understand and deepen the phenomenon under study.

Keywords: preschool inclusion, children, autism, early childhood education, differences

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Resumo

Esta investigação qualitativa recorreu à observação participante num grupo de educação de infância para compreender como as crianças percecionam as diferenças entre os seus pares, especialmente nas suas relações com crianças com autismo. Participaram uma educadora de infância e 28 crianças com idades compreendidas entre os quatro e os seis anos, duas das quais autistas. A observação foi realizada de fevereiro a maio de 2023. Os resultados indicam que o comportamento e as relações que as crianças estabelecem com crianças com autismo variam em função do nível de empenho e de interação que estas crianças apresentam. No entanto, a recetividade e aceitação das crianças em relação às diferenças apresentadas pelas crianças com autismo foram positivas, auxiliando-as nas atividades pedagógicas ou de vida diária, quando necessário. As ações da educadora aproximaram as crianças e melhoraram a compreensão de seus pares. Como limitação, entende-se que um estudo restrito a um pré-escolar específico pode dificultar a compreensão e o aprofundamento do fenómeno em estudo.

Palavras-chave: inclusão pré-escolar, crianças, autismo, educação na primeira infância, diferenças

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Introduction

This chapter aims to present the results of the participation observation in a pre-school class in the municipality of São Paulo, Brazil. It is a class of children aged between four and five, two of whom have been diagnosed with autism. The research aimed to understand the children´s perception of the differences in their relationship with those who specific needs, and to understand the Early Childhood Educators 'mediating (ECE) role in the school inclusion process.

With the visibility of autism around the world and the growing number of individuals diagnosed, early childhood education is faced with questions about how these children learn and the role and function of the environment in this process (Gómez-Mari et al., 2021).

Autism is a condition characterised by communication and social difficulties that begin in the first years of life and become evident throughout development. The term spectrum currently used includes a complex and wide range of characteristics, with different levels of severity and commonalities with other disorders, making it challenging for parents and health and education professionals (Nunes & Schmidt, 2019).

From a biopsychosocial perspective and from a systemic and bioecological approach, autism can be understood in the context of multiple factors that are intrinsically linked, bringing real life into the analysis, including the person and the environments relevant to the development process. Bronfenbrenner's ecological systems theory emphasises how different factors in social systems directly and indirectly influence children's learning and development (Bronfenbrenner, 1975).

Although autism is a topic that has been widely discussed, many ECE are still unaware of or have difficulties in working with these children in the classroom, many due to insufficient training and others due to the lack of structure and support from the school (Silva, 2022). Among the challenges reported by ECE regarding the inclusion of children with autism in pre-schools is the lack of accessible materials and the use of traditional teaching methodologies, which create barriers for children with autism to learn (Suassuna, 2021; Silva, 2022).

Peterson-Bloom and Bolte (2022) emphasise that the multifaceted needs of these children often require substantial educational resources and reinforce the importance of teacher development for the support, teaching and inclusion of autistic children.

Among the potential of school inclusion for children with autism is the coexistence between peers, mutual learning between children, contributing to the structure of inclusive environments. Moser at al. (2021) state that children with autism are exposed to a situation of socio-environmental vulnerability when they are deprived of socialising with their peers and benefiting from the meaningful experiences provided by pre-school.

Early Childhood Education as a social right is a recent achievement in Brazil and in the public policy scenario for the educational care of children between the ages of zero and five. In 1990, the Statute of the Child and Adolescent (ECA), created by Law 8069/1990, introduced the principle of full protection and ensured equal conditions for access and permanence in free public schools close to the student's home (Law, 1990). The ECA stipulates those children aged between 0 and 3 years and 11 months must attend nursery school and children aged between 4 and 5 years and 11 months must attend pre-school. Just like all the other stages of education, Early Childhood Education must also follow the principles of Inclusive Education. According to the definition given by the Department of Basic Education, through the National Policy for Special Education from the Perspective of Inclusive Education - PNEEPEI (Ministries of Education, 2008), Inclusive Education is a teaching proposal based on human rights and equal opportunities, in which the education system must organise itself to ensure that all students learn together and have their specificities catered for.

With regard to people with disabilities, Brazilian legislation guarantees their inclusion in schools (Law, 2015; Ministries of Education, 2008). The Berenice Piana Law (Law no. 12.764, of 27 December 2012), designed to protect the rights of people with autism, guarantees access to education and vocational training. Since education is a legal and social right of every individual, whether they have a disability or not, they are guaranteed the right to study in regular schools, with a view to education for all. In the Brazilian education system, universalisation of public basic education must be ensured, with priority given to Special Education from an Inclusive Perspective in regular schools and Specialised Educational Assistance (AEE) in a complementary or supplementary way.

In the context of this global movement, the 2030 agenda for education stands out (UNESCO, 2015), formulated by the 193 member states, with Brazil being its signatory, which is committed and determined as a goal to be achieved by 2030 "eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and

children in vulnerable situations". Within this context, by adopting inclusion as an ethical, normative and pedagogical principle, we talk about transforming school culture and educational practices, with displacement and changes in teaching-learning activities, social interactions and a curriculum committed to diversity and children's rights.

To make school inclusion effective for children with autism, the organisation of the school's space and time and the proposed activities need to facilitate expression, communication and learning through the use of everyday routines. In young children with autism, difficulties in social and communicative interactions can be an obstacle to learning with peers and can generate negative responses (Moser et al., 2021).

Aisncow (2020) states that inclusive education is seen as a principle that supports and welcomes diversity among students. This definition was published by UNESCO in 2017, proposing that, to eliminate social exclusion resulting from discriminatory attitudes about race, social group, ethnicity, religion, gender and ability, it is necessary to guarantee education for all as a basic right and the basis for a fairer society (UNESCO, 2017).

Likewise, Silva (2020) stated that each person is unique and their educational needs are also unique, as well as their way of learning. Therefore, inclusive education presupposes equal opportunities, access and appreciation of differences.

From a biopsychosocial perspective, the greatest impact on a child's development process would be their participation in daily activities and interactions with people For Pletsch et al. (2021), early childhood education from a bioecological perspective represents a microsystem that has a great influence on human development and can create opportunities for identifying and effectively responding to developmental issues presented by children.

Furthermore, the potential of children with autism must be understood in the context of multiple factors that are intrinsically linked, bringing real life into the analysis. From this perspective, it is necessary to include persons and relevant environments that interact throughout life and time, considering autism beyond individuals, including aspects of interpersonal relationships, family, community, political structures and the society and culture to which individuals belong.

Bronfenbrenner (1975) already emphasised that schools with defined educational objectives become an important element of the microsystem of young children in interdependence and articulation with other development contexts. In relation to children with autism, often agitated, or with repetitive movements, fixation on routines and sensory difficulties that make them uncomfortable with noise, light, among others, can hinder social contact among children.

Materials and methods

This qualitative research used participant observation to collect data. This method consists of the researcher's real participation in the community, group or situation that will be observed, taking over, in part, the role of a group member (Oliveira et al., 2019).

For Ezpeleta and Rockwell (1989), each school is unique in its history and daily dynamics. Arriving at a school that will be observed and recording what is observed involves multiple tensions for a researcher. Recording everything they see is difficult and it is necessary to define how to do it. In general, participant observation can be divided into three essential phases: (1) descriptive observation, which corresponds to the phase in which researchers observe and record through field diaries, recordings, photographs, filming, among others, everything that was initially possible to observe, including description of subjects and location, reconstruction of dialogues, description of special events, description of activities and description of target group and observer behaviour; (2) localised observation, which corresponds to the phase in which observers put aside the camera, recorder, notebook and pencil to effectively participate in interaction among group members, listening and sharing their conversations; (3) selective observation, which corresponds to the phase in which researchers synthesise and use special methods to collect, analyse and record their data (Oliveira et al., 2019; Marques, 2016).

The researcher's field diary was used to record all the facts that were observed throughout the visits, as a way of presenting, describing and ordering study subjects' experiences and narratives and as a tool to understand them (Oliveira, 2014).

Field diary records were the result of detailed observations of children and the group, which allowed the researcher to be fully inserted into children's daily lives. Most records were from moments when the researcher was close to children, whether directly or indirectly involved in the group, being able to follow the events and understand the contexts. At other times, more observations were made in which the researcher remained more distant so as not to interfere in the situations.

The research was initially presented to the school's headmaster through a telephone conversation, where the intentions and objectives of the research were presented. After the headmaster agreed, the pre-school classes that fitted the research profile and their respective ECE were presented. The class with the largest number of children with autism was included in the study. The researcher contacted the ECE and introduced her to the research, and she agreed to take part. The ECE spoke briefly about the profile of the students with autism, highlighting the behavioural differences between the two.

To obtain the parents' consent for the research, she attended a parents' meeting, presented the research and collected their signatures on the consent forms.

Thus, the research participants were a teacher from an early childhood education school in the municipal education network in the city of São Paulo and children who were regularly enrolled and who attended group during participant observation, two of whom were boys diagnosed with autism and 26 children with typical development. Students were enrolled in early childhood education and were aged between 4 and 6 years old.

Observation took place during February, March, April and May 2023 on every Monday and Wednesday. The observation began at the start of the school term and the observation days were agreed with the school and the ECE, as well as the researcher's availability. The researcher actively participated in all activities carried out in the daily

life of the participating group such as arrival at school, interactive calls, moments of free and guided play, meal times and outdoor activities, such as playground and library.

The ECE was 44 years old and had been working in early childhood education in the public school system for 22 years. She had a degree in Literature and a postgraduate qualification in Children's Literature. The two children with autism had already been pupils of this ECE the previous year, so they were already familiar with the classroom environment. To describe them, we will use the fictitious names 'Levi' and 'Tiago'.

Levi was 5 years old, communicated little orally and had immediate and delayed echolalia. He got to and from school-by-school transport. At school, he recognised his belongings, fed himself, took part in activities that interested him, responded to verbal commands and interacted with other children.

Tiago was also 5 years old and didn't communicate orally, only babbling. He arrived at school in the middle of term accompanied by his parents and didn't stay for the whole shift. He didn't bring any school materials or eat at school, and his participation in activities was restricted. He didn't respond to verbal commands and interacted little with the other children.

Once the data collection was complete, the field diary entries were analysed from June to August 2023. The researcher read them in their entirety, separating out the moments of interaction between the children and between the children and the teacher, and then selected the excerpts according to the contexts that would later be allocated to the topics of the results (1) Interaction between the children: perception of differences (2) Child-adult interaction

The research was approved by the university's Research Ethics Committee, under Opinion 63823722.0.0000.5505. The participating teacher and parents signed a consent form after being informed about the research. The names mentioned in the article are fictitious to preserve participant anonymity and confidentiality.

Results

The research was carried out in a municipal school located in the city of São Paulo, Brazil. The school has seven classrooms, differentiated by colour, two playgrounds and others areas such library, a computer lab, bathrooms for children. The school operates in the morning and afternoon. The first period is from 7 a.m. to 12:30 p.m. and the second period is from 1 p.m. to 6:30 p.m. Children are handed over to support staff at the entrance gate by their parents, guardians, or drivers and go alone to their respective classrooms. At departure time, drivers pick up children from the room by presenting their identification cards.

Early childhood educators in the school work 4-hour shifts per group, i.e., those who only have one position in the municipal education network share a room with another teacher, who takes over during the intermediate period (11:00 a.m. to 3:00 p.m.). Thus, a classroom can have two ECE, who work at different times, but have equal responsibility for their group.

The Municipal Department of Education's proposal for early childhood education is mainly to emphasise babies' and children's autonomy in their discoveries of themselves and others and in their knowledge of the world and to encourage the expansion of their human experiences, as babies and children learn especially when establishing interactions and playing (SME/COPED, 2019). In the case of the group observed, the time for free play generally occurred after breakfast (7:30 a.m. to 7:50 a.m.), where Lego toys, fabrics, dolls, cars and other toys were available, and during playground hours. Guided games were carried out after story time, for instance. These activities were almost always carried out in groups, as children in this age group enjoy shared play.

The first contact with children was made in the first week of school, i.e., during the children's adaptation period to the environment, teachers and routine. Therefore, many were shy and remained more constrained, except for children who were already part of school the previous year. The early childhood educators are always receptive to everyone, waiting for them at the entrance and kissing and hugging those who accept this. The difference in children's ages is perceived mainly by their height and maturity, as younger ones were more dependent on a teacher initially.

Arriving at school was very peaceful. The researcher was introduced to the group by the main teacher as "Teacher Alanis", and she said that she was there to "play and observe how you play"; this last sentence caused some strangeness for some children, but both the teacher and the children were extremely receptive on every visit. The presence of the researcher in the environment caused some agitation among children, as they wanted to show off their clothes, objects and even talk about events in their lives, but as soon as activities began, they became involved and "forgot" about her presence. In some moments, involvement in games was necessary in order to record the view of events from within the group, but in others, she remained discreet, to observe another perspective of the same groups.

Through field diary analysis, we highlighted observed situations that will be presented in two axes of analysis: 1 – Interaction between the children: perception of differences; 2 – Child-adult interaction.

Interaction between the children: perception of differences

It is known that inclusion of children with autism has facilitators and barriers that can be presented both by the environment and by the children themselves (Stephenson et al, 2021). However, the way these differences are seen directly affects the position in which they will be classified. In the case of the observed group, we realised that sensory differences were the ones that most appeared as barriers to interaction among children. However, the perception of behavioural differences among classmates with autism varied depending on the peers in question.

The two students with autism are 5 years old, and were already part of the ECE in the previous year, so they already knew the classroom environment. Both have different behaviours and react in a unique way to stimuli from group and the ECE. To describe them, we will use the fictitious names "Levi" and "Tiago".

Tiago was always accompanied by his parents and did not stay during the entire group period, having little attendance at school. He demonstrated very agitated behaviour inside and outside the room and did not focus on any activity for long. It is worth noting that he used to arrive at group around 08:00 a.m., a period when the room was more disorganised as it was free play time.

Concerning relational aspects, children were confused by their peers' actions and were barely able to approach him due to agitation, according to excerpts taken from the field diary:

> No child interacted directly with him, nor did he with them, apart from moments of exchanging toys. Children didn´t show any form of astonishment or discomfort due to his behaviour (Excerpt 5 – 02/09, Thursday).

> At one point, a child expressed confusion about him, and that was when his father took him out of the room and took him to the playground, because according to him the boy liked it there. Faced with this, two girls questioned the teacher about why he was like that and she replied, "It's just that he doesn't understand things the way we do, his brain works differently" (Excerpt 6 – 02/09, Thursday).

Some peers made attempts to approach, which were almost always unsuccessful. Others, at times, were afraid of his participation in games, avoiding him or showing denial reactions:

> At around 8:10 a.m., Tiago arrived in the room already looking everywhere. He was greeted by the teacher, but there was no demonstration from his peers, who were focused on the game. A peer, who was near the door, offered him her pink helmet and asked him to play with her, but he showed no interest and started walking around the room. When he gets close to the children's table, he triggered some reactions due to their fear of their toy being broken, like when he went to Levi's table and threw the toys that were still in the box on the floor, making a peer to scream, "Noooooooooooooo!", and the teacher replied, "Chill out, he's just playing" (Excerpt 12 – 02/13, Monday).

During the observations, we realised that Tiago's restricted contact with the peers was directly related to the short time he spent in the environment, which made it impossible for him to experience different activities and moments of interaction other than free play. On the other hand, when they noticed the behavioural differences presented by their classmate, most of the children didn't engage in interactions with him, because whenever he arrived, they were already involved in other activities and barely noticed his presence.

In addition, free play in the classroom has strong characteristics of a lack of organisation, movement of the children around the room and the ECE being away so that the children can explore the environment and interact with their peers. Tiago's arrival at this point in the routine was marked by a great deal of excitement among the children in the room. As a result, the other children's interaction with their classmate was hampered, marked by a lack of meaningful contact and reactions of distancing and running away,

which shows that the children's perception of differences is related to the behaviour they observe, which directly influences whether they get closer to or further away from their peers.

On the other hand, the ECE's actions, such as prior conversations with the group before Tiago arrived, helped the children understand their peers' attitudes, allowing them to deal with him without conflict.

The other child diagnosed with autism is Levi. He was assiduous and participated in the activities proposed for the group, tending to be more reserved and not taking the initiative to carry out interactions. Children did not show indifference towards him, on the contrary, they seemed to enjoy talking to him and seeing his funny "crazes", as field diary records demonstrate:

> At the table where Levi was, five peers sat in addition to him. One of them was his peer last year. I noticed a different movement at the table and saw that she and the other two boys were laughing while she said something to Levi and he repeated it (Excerpt 16 – 02/15, Wednesday).

> He sang along with his peers and followed gestures reproduced by both the teacher and the other children. Excitedly, he moved around swinging in the chair, moving his hands and jumping on the chair, which made his peers who were sitting at the table with him laugh at his behaviour (Excerpt 48 – 03/22, Wednesday).

As he is very calm and often accepts the games passively, the children end up directing the actions of the game. He was the friend they looked for to push them on the swing, be the catcher and so on. At times, he seemed uncomfortable, but at others, he seemed happy with the game:

> A peer took one of the clips and used it as a comb for Levi's hair, who was uncomfortable, but did not exhibit aggressive or agitated behaviour. She remained playing for a few minutes without noticing her peer's discomfort. That was when I asked if she had asked him if he was enjoying it, and from then on, she started asking questions like, "Are you enjoying it, Levi?". Sometimes he said no, and sometimes he said nothing, which she interpreted as yes. In the end, he ended up not complaining anymore and continued to enjoy the games she proposed (Excerpt 18 – 02/15, Wednesday).

> Only later did a peer, realising that he was in the corner, took him by the hand and they went to play, but she took the opportunity to persuade him to do what she wanted, like pushing her on the swing and sliding down the slide together (Excerpt 62 – 04/17, Monday).

Sometimes, he needed help to understand or execute the proposal for a task that was assigned by the teacher, and his peers themselves carried out this intervention, sometimes commenting on the way he performed them, and other times just indicating what should be done.

Three peers quickly finished the task and then helped Levi, looking for the letters and handing them to him or showing them and saying, "Look Levi, it's here". Groupmate support was praised by the teacher (Excerpt 56 – 03/04, Monday).

As the story told was about a red ball, the teacher drew a circle on students' sheets and asked them to create something from there. One of the peers who was at the table with Levi said, "Miss, doesn't Levi do everything wrong?" (Referring to the friend who doodles when he draws), and was promptly warned saying that it was his way of drawing (Excerpt 60 – 04/05, Wednesday).

Children did not show any resistance to starting an interaction with Levi, who frequently attended classes, and always greeted him at the beginning of the period and offered help with activities. Naturally, there were children who had daily interaction with him. Others interacted sporadically, more precisely when the ECE made changes to the table arrangement, taking them to other groups.

Levi was the fourth child to enter the room; he walked quietly to one of the tables, hung his backpack on the chair and sat down (a routine he was already used to following, since last year). A peers greeted him with a wide smile, "Hi, Levi", and talked directly to him throughout the period, sometimes giving feedback verbally or with movements of the head and hands (shaking the head from side to side and shaking the hands in the air) (Excerpt 9 – 02/13, Monday).

During playtime in the classroom and in the playground, children grouped together according to the game they chose and their affinity with their peers. Children were free to choose their toys and create their own games. In Levi's case, he used to stay in his own place in the room and preferred to play alone, remaining that way throughout the period if no peers initiated an interaction. On the other hand, children were always interested in their friend's interests and made use of this to interact with him, whether inside or outside the classroom.

Excited about what they were creating, the girls started to incorporate dinosaurs into the game, until one of them made a Dinosaur Cake, to the delight of Levi, who said it was "Levi's birthday", and children quickly sang happy birthday to you. Upon seeing what Levi was playing with, one of the boys joined the table and started playing with him. Fighting between dinosaurs. He was not reluctant to see his friend, on the contrary, he enjoyed the game (Excerpt 15 – 02/13, Monday).

A peer went to him and they began to play together in the dirt, digging, apparently without any specific pretext. But soon the friend ran to the ECE and said, (...) his friend´s interest. As the two were digging, Levi was walking dinosaur bones, demonstrating that he knew his friend's interests. They continued the game and soon welcomed another peer to their digging, as the two were digging and Levi was walking around and watching. When asked

about this play, they responded, "It's just that it's telling us which dinosaur's bone it is" (Excerpt 55 – 03/29, Wednesday).

On occasions when several children were involved in the same activity, Levi would usually become more constrained, even if he had initiated the activity. When this happened, he would wait until his peers lost interest or he would give up playing and isolate himself. If the ECE noticed what had happened, she would immediately try to get around the situation and reintegrate him into the game, sometimes successfully and sometimes not.

> Levi was playing alone in a corner of the playground, collecting small stones and filling half of a plastic bottle, until a peer from the other room decided to also participate in the activity. He arrived and asked for one of the bottle jars, stopping in front of him and squatting in the dirt as well. The two then spent a few minutes filling the pots and throwing the stones back on the ground (Excerpt 32 – 03/01, Wednesday).

> I invited him to play colour matching and he soon got excited and got involved in the proposal. We started the activity and little by little some children arrived wanting to play too. As the colours appeared and Levi did not respond immediately, they soon spoke or whispered to him, which he then repeated. But when the crowd of children became larger, he began to get uncomfortable and could no longer pay attention to the activity. He looked up and to the side, made grunts, shook his head, etc. (Excerpt 66 – 04/19, Wednesday).

In general, interactions among children occurred naturally and in different environments, and, most of the time, they were initiated spontaneously by other children. They constantly sought contact with their friend and were willing to share his same interests. However, in many moments, it was possible to observe the strong characteristic of isolation by Levi, who avoided moving around the room and approaching the more agitated peers.

As for Tiago, it was observed that he had very few moments of sustained interaction with other peers, since his approach was almost always due to his interest in a toy that a particular child had, often taking the objects for himself. Children used to not notice his presence or absence, as his time in the classroom was short and alternated with other school environments.

Child-adult interaction

Throughout the observations, it was possible to verify that the ECE was concerned about including students with autism in classroom activities by offering toys that fit their interests, instructing how other children should greet them, providing places closer to them and offering support, when necessary, as reported below:

> From the moment the child arrived, the teacher encouraged the group to greet him with "Good morning" and gave him a didactic-pedagogical toy, but the boy paid little attention (Excerpt 2 - 02/09, Thursday).

> Before starting, the teacher always separates the toys that will be used in the day's activities. The highlight for today was her speech when separating these items, which said, "I'm going to get fabrics, Tiago likes fabrics*". She also picked up some child pans, stoves and dolls (Excerpt 22 – 02/27, Monday).

> Children began to arrive and settle down, but when some sat at "Levi's table", the teacher asked them to free up a seat for him, and he stopped in front of the table and waited. (Excerpt 44 – 03/15, Wednesday).

As the profile of the two children with autism was different, the ECE helped them according to their needs. Tiago always needed exclusive attention when he was in the room, as he had great difficulty participating in the proposed activities and engaging with other peers. Therefore, during his stay in the peers, the ECE presented him with different toys in an attempt to gather his attention in some way, and instructed children to be understanding with him.

> Taking advantage of the fabrics being around the room, the teacher grabbed some to present the proposal to him. He caught it, threw it in the air, shook it among other things, so the teacher had the idea of covering him and he seems to have liked it. Taking advantage of the opportunity, his father took one end and a peer took the other, thus forming a kind of "hut", where he ended up staying for a few minutes interacting with his peers and his father. (EXCERPT 40 – 03/08, Wednesday)

The dynamics of the classroom followed a routine that children were already used to, such as activity schedules, a day at the playground and library, "Good Morning" songs, among others. In addition, the ECE always changed the arrangement of tables and chairs, with the aim of causing rotation among children. This strategy was very efficient, especially for Levi, as it allowed him to have contact with several of his peers, regardless of how close they were.

When handing over toys, there was also this idea of moving children and providing new relationships. Therefore, the teacher placed the toy boxes in different corners of the room, leading children to move around the environment in search of their favourite toys. In these situations, Levi normally remained at the table, even when instructed by the teacher, and only had access to toys when his classmates picked them up and took them to the table.

> To encourage exchanges among tablemates, the teacher left each toy on a table and guided students to go to the table where they wanted to play. It was actually interesting because the teacher went to Levi to explain this with the following words, "So, if I want to play with dinosaurs, I have to come here to the dinosaur table, understand, Levi?", and he responded with a big and expressive, "Yeees" (Excerpt 27 – 02/27, Monday).

> The classroom tables were once again rearranged, now all being individual (with 4 chairs). This contributes to children's interaction, who accommodate themselves with other peers each day. This can be noticed immediately when

> J.M. and B. sat at the table together with Levi (normally they both sit with the other boys in the group at joint tables). (Excerpt 33 – 03/06, Monday).

Not all of the proposed activities pleased Levi, who sometimes remained sitting with his head resting on the table while the other children played. However, the ECE always encouraged him to participate, either by bringing him close to her or by including something in the proposal that was of interest to him. This strategy, most of the time, worked out.

> The ECE played songs with train noises that accelerated and slowed down and children moved around according to this rhythm. Three students remained sitting at the table when the game began, including Levi. But after some advances from the teacher, he got up to play too, with his hands covering his ears, but moving like the other children. It only took a few minutes for him to loosen up and start enjoying the game, walking and running in circles around the room, just like the other children who followed the teacher (Excerpt 19 – 02/15, Wednesday).

As for the ECE's relationship with the autistic children, we observed that she was very affectionate. They were always very welcomed by her and had their needs met when they expressed them. For this reason, we observed a two-way relationship, as the boys were also affectionate towards the ECE and had her as a support reference at school.

> He returned to the room to say goodbye, and the teacher said goodbye affectionately with a hug and a kiss, which he returned. He also kissed me goodbye, encouraged by his parents (Excerpt 52 – 03/22, Wednesday)

> The ECE greeted children emphasising saying "Good morning" for some, like Levi. At the moment, he did not respond, but soon after, while the teacher's back was turned, he got up and hugged her, returning to her seat shortly after. The teacher, surprised, turned and went after him to return the gesture. (Excerpt 65 – 04/19, Wednesday)

It was possible to verify that the group teacher's teaching practice contributed at various times to mediating social interactions among children and to including children with autism in the classroom context. The ECE modified the activity proposals, with what she had at her disposal, in order to include children and reserved for them the right to remain where they felt comfortable in the environment.

Discussion

This research aimed to understand how pre-schoolers perceive differences among their peers, especially in their relationships with those who have specific needs, and to understand how ECE deal with differences in the classroom. The results allowed us to verify that children perceive the differences arising from the condition of their peers with autism, but talk or dialogue little about it. The classroom ECE acts as a mediator, encouraging the inclusion of children in daily activities, but the difficulties that Tiago

exhibit were little addressed, and barriers to the inclusion process continued to exist during the participant observation process.

One of these barriers concerns the lack of pedagogical assistance for the ECE, especially at times when Tiago was present in the class and demanded exclusive attention to remain in the environment, which resulted in limitations in adapting activities and environment that would facilitate Tiago's participation. ECE support is essential and needs to be provided by the school.

Interaction between the children: perception of differences

Throughout the observation period, it was possible to verify that, for children in the group, it is natural to seek social interactions with their peers, and these are observed on a large scale during the group period. However, for children with autism, the process takes place slowly and, in most cases, is mediated by other children or by an adult, in this case, a ECE (Chícon et al., 2019).

In the case of autism, there are specific characteristics of the disorder, such as communication and socialisation difficulties, which are reflected in the behaviours presented by children, resulting in differences in the way they play and relate when compared to other children. Children with autism can, for instance, spend hours entertained with the same object or enjoying the same toy, present hyper focus on themes such as dinosaurs or cartoon characters, demonstrate a lack of imagination and an orientation towards make-believe, having a preference for playing in isolation (Moura et al., 2021; Mattos & Lione, 2023)

In preschool, playing is the form of communication and learning and should be one of the main strategies for socialisation and social interaction among children. A study carried out by Folha et al. (2023) in three early childhood education units observing children with typical development and children with autism analysed different play situations, such as collective directed play, free play in the classroom, free play in an outdoor area and spontaneous creation of games. The characterisation of children's participation was called full participation, active participation and restricted or rudimentary participation. It was recorded that, regarding the playing of children with typical development, it was possible to observe full participation in contexts of directed, free play and, often, in spontaneous creation of games, evidenced by excerpts from narrative descriptions. With respect to the play of children with autism, there was motivation for involvement and active participation in moments of free play, even with repetitive play repertoire; however, predominantly, restricted or rudimentary participation in both directed and free play and an absence of spontaneous creation of games were observed.

Considering play as one of the essential activities for children's learning, working with differences at school should involve recreational and cultural activities. It is through play that children can understand differences and how to live with and learn from them. Children's stories and games are examples of how to approach differences in the world of childhood.

Levi and Tiago had differences in behaviour and social interaction and needed different mediation from both children and teacher so that they could participate and remain in activities. The study by Proença and Freitas (2023) shows that the word of the other contributes to both initiating and sustaining interaction, in other words, we realised that interactions occurred more significantly in situations where the children or the ECE addressed the students with autism directly, calling them to play and giving them an active role. In Tiago's case, adopting this strategy would be essential for him to get involved in the activities, as it is known that free play favours isolation in autistic people due to their inability to understand its meaning, damaging their relationships (Rodrigues, 2023).

How to approach autism with other children who seemed to conform to their friends' behaviours, but did not understand their causes, needs to be discussed further with children. Often, it is not enough to just name the differences, as children need to better understand the characteristics of their peers. This happened on the occasion of the researcher's farewell to the group, by using a story telling activity based on a children's book called "Meu amigo faz iii", by Andréa Verner. Children demonstrated a better understanding of their peers' characteristics and made several notes, relating the story to what they experienced in group.

The Brazilian National Curricular Guidelines for Early Childhood Education highlights those collective educational spaces are privileged to eliminate any form of prejudice and discrimination, making children, from a very young age, understand and engage in actions that know, recognise and value differences (Ministries of Education, 2009).

Child-adult interaction

Bronfenbrenner (1975) already stated that it is mainly through interaction with their caregivers that children develop their basic ideas about the world, themselves and others. From the beginning of life, relationships are built from interactions, i.e., from shared and interdependent actions. These actions are established through dialogic processes, in which each person has their flow of behaviour continuously delimited, cut and interpreted by the other(s) and by themselves through coordination of roles or positions within specific contexts. The relationships shared by adults and children are important. Carvalho and Portugal (2017) state that teachers' actions involve attention to the quality of relationships established between adults and children and the quality of spaces and material resources existing in this context for diverse and safe discoveries and explorations that provide meaningful experiences and learning.

At school, teachers are responsible for carrying out appropriate mediation to enhance social interactions among children (Mattos et al, 2023;). It is essential that teachers conduct their groups in such a way that autistic students can learn like others, even if they follow different paths. To achieve this, it is necessary to think about different methods, materials, resources, technologies and pedagogical support that meet students' specific needs (SME/COPED, 2019).

Hence, it was possible to observe that the ECE teaching practice contributed, at different times, to mediating social interactions among children and including children with autism in the classroom. The ECE modified the activity proposals, with what she had at her disposal, in order to include children, to remain where they felt comfortable in the environment. Furthermore, she made constant use of affection to welcome them, showing them, in addition to affection, patience and respect for processes, an attentive look and active listening to their needs and empathy, helping them to develop confidence in themselves and in a reference adult (Ubugata, 2022).

The literature recommends that coexistence among peers allows children to create their own hypotheses and views of the world, but it is the way in which this relationship is mediated that will determine the development of welcoming and respectful practices or actions of discrimination (Adurens et al, 2018).In other words, it is essential that topics are addressed clearly with children, presenting them with explanations based on their groupmates' real conditions and showing them that it is possible to live with differences (Vital, 2021).

The use of pedagogical strategies focused on children's specific needs can favour their inclusion in play contexts, increasing the possibilities for socialising and learning, but for this to happen, the ECE must be aware that each child is unique and understand the importance of adapting activities so that all students have the same opportunities. Proença and Freitas (2023) describe in their study that devising projects that involve play and creating spaces that are favourable to play allow autistic children to be encouraged to take on roles, directing them to the more abstract field and enabling the development of creative skills.

ECE mediation must take into account the most challenging factors for autistic children, such as socialisation, hypersensitivity and concentration, and formulate them to benefit their children. This includes using different strategies such as developing inclusive classroom environments and using adapted resources based on visual and concrete materials to stimulate the skills they want to work on (Paula & Peixoto, 2019). This requires ECE to have well-defined routines, but also to be able to deal with unplanned situations.

Finally, according to the observations and the ECE's own account, it is necessary for the school to provide pedagogical support that helps the ECE during activities and provides individual attention to the needs of children with disabilities whenever necessary, since the ECE needs to divide her attention between all the children. Decree 57.379, of 13 October 2016, provides for the hiring of Pedagogy undergraduates to support ECE who have Special Education children (São Paulo, 2016). However, at the time of the research, the school only had one trainee in the morning, who was helping out in another classroom.

Conclusion

According to the results produced during classroom observations, it appears that differences and diversities are manifested in the daily life of the group, in moments of

play, dialogues and interactions. Children with autism showed behaviours such as isolation, excessive or reduced interest in certain objects or toys, lack of games creation and interactions without mediation from peers or ECE and manifestation of discomfort when faced with visual and/or sound stimuli.

Nevertheless, several interactions among peers were noticed both inside and outside the classroom. Most of the time, these interactions took place spontaneously by children, who showed interest in interacting with friends with autism and seemed curious about the behaviours presented by them, only showing resistance to contact when faced with behaviours expressed by student Tiago.

At other times, the teacher mediated relationships, meeting the needs of students with autism and guiding other children on how to treat their friends. Children often expressed an interest in helping their peers with activities and were always encouraged by the teacher to do so.

However, even with her efforts, the ECE had difficulty dealing with the behaviour of students with autism, specifically with student Tiago, who required more attention and adaptations to the environment. Consequently, she had difficulty answering children's questions about their friend and did not clarify autism conditions and specificities.

The ECE mediation to involve children with autism in activities was essential, expressing adequate communication between ECE and child. However, the differences were not covered in the classroom in a practical, enlightening and continuous way for the children according to their age group, demonstrating that there is still a need for schools to include living with differences in their pedagogical projects.

As a limitation, it is understood that a study restricted to a specific pre-school can make it difficult to understand and deepen the phenomenon under study. Another limitation is that it was restricted to one classroom and did not include the teacher's perspective.

It is hoped that future studies can delve deeper into how children perceive differences in the inclusion processes of children with disabilities and/or specific needs.

Acknoledgements

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Bionotes

Andrea Perosa Saigh Jurdi holds a degree in Occupational Therapy from the University of São Paulo. Master's and PhD in School Psychology and Human Development from the University of São Paulo. She has a post-doctoral degree in Child Studies, specialty in Special Education from the University of Minho Institute of Education

(Braga/Portugal). She is an Associate Professor of the Occupational Therapy Course at UNIFESP. She has experience in research in Inclusive Education and Occupational Therapy, Early Childhood Intervention, working on the following topics: child mental health, school inclusion, recreational activities, child development and professional training.

Email: a.jurdi@unifesp.br
Orcid: 0000-0002-1111-5562

Alanis Raabe Honorio da Silva holds a degree in Physiotherapy from the Federal University of São Paulo and a degree in Pedagogy from the University Ninth of July. During her Physiotherapy degree, she participated in the Preamar extension project (Program to help women recover after breast cancer) and Cardiorespiratory Physiotherapy Academic Monitoring.

Email: alanis.raabe@unifesp.br
Orcid: 0000-0003-1326-2416

Family's childbearing challenges during the transition to preschool: a qualitative study

Desafios das famílias com a educação durante a transição para a pré-escola: um estudo qualitativo

Rafaela Rosário
School of Nursing
University of Minho

Abstract

Background: Time spent with children positively influences their behaviour and cognitive development, benefiting families as well. However, not all families, especially those in developmental transitions, can interact with their children equally. Objective: This study aimed to explore and describe the families' childbearing challenges during the children´s transition to preschool. Method: Education and health professionals, paired with families with three-year-old children, participated in two focus groups. Semi-structured interviews were conducted, and content analysis followed Bardin's assumptions. Findings: Three categories emerged: "time to be a child," "time to be a family" (with subcategory "time for routine and roles"), and "time for external engagement" (e.g., childcare and health systems). Increased time commitments and managing children's demands were cited as primary challenges. Consistent information from external sources was deemed essential for family well-being. Conclusion: Childbearing during transition to preschool presents families time-related challenges, calling for family support tailored to address them.

Keywords: Family, early childcare education, focus group
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Resumo

Contexto: O tempo passado com as crianças influencia positivamente o seu comportamento e desenvolvimento cognitivo, beneficiando também as famílias. No entanto, nem todas as famílias, especialmente as que se encontram em transições de desenvolvimento, podem interagir com os seus filhos da mesma forma. Objetivo: Este estudo teve como objetivo explorar e descrever os desafios das famílias com filhos pequenos durante a transição das crianças para o jardim de infância. Método: Os profissionais da educação e da saúde, juntamente com famílias de crianças de três anos,

participaram em grupos de discussão. Foram realizadas entrevistas semiestruturadas e a análise de conteúdo seguiu os pressupostos de Bardin. Resultados: Identificaram-se três categorias: "tempo para ser criança", "tempo para ser família" (com a subcategoria "tempo para rotinas e papéis") e "tempo para envolvimento externo" (por exemplo, sistemas de cuidados infantis e de saúde). O aumento dos compromissos de tempo e a gestão das exigências das crianças foram citados como os principais desafios. A informação consistente proveniente de fontes externas foi considerada essencial para o bem-estar da família. Conclusões: As famílias de crianças em idade pré-escolar enfrentam desafios relacionados com a gestão do tempo na transição para a pré-escola, necessitando de apoios adequados para lidar com eles.

Palavras-chave: Família, educação para a primeira infância, grupo focal

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Introduction

The concept of family is a crucial and evolving topic in nursing. The traditional definition is currently being challenged, particularly in light of modern changes (Schor, 2003; Weiss-Laxer et al., 2020; Wright & Leahey, 2013). Family is central to a child's development, not only because it is the primary environment shaping lifestyles (Shloim et al., 2015; van der Horst & Sleddens, 2017), and impacting children's well-being (Ho et al., 2022; Kohler et al., 2017), but also because parenting behaviour contributes to the development of brain structure (Yap et al., 2008), even early in life (Frye et al., 2010; Luby et al., 2012).

During the development of a family, there are both uncontrolled events and deliberate events such as marriage, childbirth, and preschool entry. Family triggers transitions, a widespread concept in theories of development, stress, and adaptation, by framing human life events in terms of continuities and discontinuities (Meleis et al., 2000). These transitions are invariably related to change and development, involving a complex interaction between the person/family and the environment (Lago, 2017; Schumacher & Meleis, 2010). However, not all changes imply a transition, as transitions often require the reconstruction of self-identity (Meleis et al., 2010). Throughout a family's lifespan, there are several stages (Carter & McGoldrick, 1999; Duvall, 1977; McGoldrick et al., 2011): beginning family, childbearing family, family with pre-schoolers, family with school-aged children, family with teenagers, launching, empty nest and ageing family (Duvall, 1977). Each stage comes with its own set of tasks and challenges, as well as transitions between stages (Wright & Leahey, 2013). In addition,each transition comprehends a change for children and families in different domains, such as physical, social, cognitive and relational (Dockett et al., 2014). There are other specific events such as the first day of education and care setting or organizational changes (e.g., change of physical sites) that can impact dramatically change. However, despite these changes, daily life may remain consistent, with children living in the same families, receiving support, and maintaining the same interests as before (Dockett & Perry, 2021). In

addition, childbearing families' demands, particularly those related to professional work and child care, can often conflict. Balancing these demands is a daily and arduous effort, where nurses can play a crucial role as facilitators in resolving these issues (Gedaly-Duff et al., 2010). Childbearing families face challenges that affect adults' ability to become effective caregivers and educators of the next generation. Factors such as previous experiences, career involvement, and sleep deprivation are significant predictors of parental well-being (Medina et al., 2009). For example, nurses can assist by anticipating needs, providing information about various community services, discussing the pros and cons of different options, and helping families cope with unexpected (and non-normative) changes (Limbo et al., 2003).

In Portugal, early childcare education for children aged 0 to 3 years falls under the Ministry of Work, Solidarity, and Social Security. For children aged 3 to 5 years, it is overseen by the Ministry of Education. According to national statistics, 88% of children aged 0 to 3 years currently spend more than six hours a day in these childcare settings (GEP - Gabinete de Estratégia e Planeamento, 2021). During the first three years of age, various factors such as nutrition and social interactions, can significantly shape a child's development (Clark et al., 2020; Shonkoff et al., 2012). Also, the experiences and conditions during these early years can influence cognitive development, emotional stability, and physical health (Black et al., 2017). The transition from childbearing families to families with preschool children is of great interest to nursing as a discipline, focusing on facilitating this process to achieve a sense of well-being (Schumacher & Meleis, 2010). This transition allows for the development of various research areas, including the nature of transitions, responses and consequences, and strategies that nurses can adopt to promote healthy transitions (Meleis, 2012). Moreover, it is central to advocate for policies that support children's health during this critical period (Dreyer, 2023). Despite the literature focused on the transition of children and families to schools (Dockett & Perry, 2021), more research is needed on the earlier transition to preschool. Most studies focus only on parenting styles (Shloim et al., 2015; van der Horst & Sleddens, 2017). This current study addresses this gap by exploring and describing the challenges faced by childbearing families during the transition to families with preschool children. Describing these transition experiences is crucial for identifying the factors that facilitate or hinder a successful family transition. In line with this objective, the following question was addressed: What are the family's childbearing experiences during the transition to preschool?

Methods

Participants

We conducted qualitative research using a focus group approach. The participants were diverse in both focus group. The first one comprised five participants (a mother, two nurses, a medical doctor, a kindergarten teacher) and the second six (a mother, a father, two nurses, one medical doctor and one researcher), please see table 1. Following the study's objectives, the sample was selected by convenience, and the childbearing family (mother and father) had the oldest child aged between 2 and 3 years (Duvall, 1977). Both

the father and the mother held a higher degree and had only one child. The medical doctor and both nurses were from the same health unit. The kindergarten teacher, with 20 years of experience, had extensive expertise working with children aged 3 months to 3 years. The principal investigator contacted all participants by telephone, reinforcing the information provided via email. The focus group integrated the professionals from the community-based services present in the families' daily lives.

Table 1.
Participants in the focus group

Participants of the Focus group 1	Participants of the Focus Group 2
-Mother with a child with 2 years old (C1); -Nurses (#2), one female (EC1) and one male (R1), -Medical doctor (#1) specialized in Family Health (CM1); -Kindergarten teacher (more than 10years of experience) (X1)	-Mother (L1) and a Father (R2) with a child with 3 years old; -Nurses (#2) (MJS2 and CL2) -Medical doctor (M2) -Researcher from the field of education (S2)

Data collection

We developed the focus groups in June 2016 in a place convenient to the participants, both of the sessions were carried out in a health unit. According to internationally accepted procedures, the sessions lasted between 60 and 90 minutes (Kitzinger, 1995; Krueger & Casey, 2015) and were audio recorded. The facilitator was the primary researcher (first author, female, PhD), assisted by a second researcher who kept field notes during and after the sessions (second author, female, PhD). Both of the researchers have a comprehensive experience in leading focus group. Field notes included non-verbal communication information and a summary of participants' discussions. The researchers did not have a previous relationship established with the participants in the focus group; the researchers presented the goals of the study and the interests in the research topic. Besides the participants and researchers anyone else participated in the sessions. The group's interaction was emphasised, recognising the active role of the researcher in the dynamics of the discussion (Krueger & Casey, 2015). Participants were placed in a circle to see each other; this facilitated the interaction and registration of verbal and non-verbal communication. Water and coffee were offered early in the session to allow informal contact. Some important rules were listed before each session, such as not having several conversations simultaneously and the confidentiality terms.

A semi-structured interview guide was developed with central questions, focusing on experiences of having worked (or being a parent) of a child in the transition to preschool. This interview guide was developed based on the procedures suggested by Anderson (Anderson & Arsenault, 2002); questions were open-ended and sequenced in a natural flow. It comprised the following main topics: family's challenges with childbearing in transition to preschool; everyday tasks; tasks related to education and health. The facilitator made sure that all group members contributed to the conversation

without influencing the discussion. Although participants individually answered the questions, they were also encouraged to interact with the rest of the group (Krueger & Casey, 2015).

Data analysis

The interviews were transcribed verbatim, and the theoretical framework of content analysis was performed according to Bardin (2015), following pre-analysis, end coding and categorisation. The transcripts were returned to participants for corrections. The primary researcher undertook the content analysis and identified the categories. The analytical process involved the end coding, transforming the raw data from the corpus, and using records into recording units (word/s). The corpus' organisation and classification were done on a set of a significant number of units of record (categories and subcategories). The categories emerged from the data, following an inductive perspective. The information was securely stored in electronic files. The participants provide feedback on the findings.

Ethical Considerations

Written informed consent was obtained from all participants, with the objectives clearly explained in accordance with the Declaration of Helsinki and the Oviedo Convention. Confidentiality was emphasised during a preliminary telephone meeting before the study commenced. Participants were informed of their right to withdraw from the study at any time. It was explained that their identities would remain anonymous, with codes used in descriptions to ensure privacy, and all data would be kept confidential. The study was approved by the ethics committee of the Portuguese regional health administration under the reference number 90/2016.

Results

The experiences of childbearing in families with pre-schoolers encompass numerous tasks, challenges, and needs. Through analysis, three main categories and one subcategory emerged: i) time to be a child: emphasising the importance of allowing children the freedom and opportunities to explore, play, and develop at their own pace; ii) time to be a family: highlighting the significance of quality family time to strengthen bonds and support the child's development, with the subcategory, time for routine and roles. This subcategory underlines the necessity of establishing consistent routines and clearly defined roles within the family to provide stability and predictability; iv) time for external engagements: including interactions with external entities such as childcare centres and the health system, which play a crucial role in supporting the family and the child's development.

The concept of time, viewed as a multidimensional construct, was a recurring theme mentioned by all participants during the sessions. This underscores the importance of

balancing various temporal demands to meet the diverse needs of children and families during this critical transition period.

Time to be a child

The first three years of a child's life are crucial for their emotional and cognitive development. Also, it is an essential foundation for health, well-being, learning, and productivity throughout an individual's entire life (Shonkoff et al., 2012). During this period, children express their emotions profoundly and engage in relentless exploration of their surroundings. As one participant noted, "(…) the child explores the world with all the senses. It's important because nobody knows what comes next" (R2). This exploration is fundamental to their growth, as the external world, including family and other systems, plays a significant role in their development.

Tantrums present a significant challenge for families, creating tension between understanding what is "normal" for a child's behaviour and what requires correction. A mother emphasise d this struggle, saying, "For me, the most difficult thing to manage is when he makes tantrums and help him (the son) understand he's wrong" (L1). This highlights the ongoing challenge for parents to navigate their child's emotional outbursts while providing guidance and discipline.

Time to be a family

Time presents a formidable challenge to effective parenting, often constrained by the demands of professional obligations that limit opportunities for parental engagement such as playing and reading with children. This dilemma is exacerbated in times of crisis, where societal priorities may overlook the rights and needs of both workers and families. The prevailing sentiment suggests a necessary shift towards integrating children into childcare centres, offering a potential solution to this dilemma. This was emphasise d by one participant saying "Our country, like others in crisis, tend to usurp the rights of workers and families" (S2). Parents need to integrate their children into childcare centres."

The discourse among stakeholders underscores the significance of addressing the balance between workplace hours and family life. Rather than expecting childcare centres to conform to business hours, there's a growing call for companies to adjust their schedules to accommodate the needs of families. For example, "We hear that childcare centre should adapt to business hours, but no… it should be precisely the opposite. The companies should adapt their hours to childcare centres" (L1). This perspective emphasises the need for a more family-centric approach in societal structures.

Central to this discourse is the longing for more time within families. The desire to spend even a few moments with children after a long workday speaks volumes about the importance of quality parental interaction. "I need to be a little bit with him (the child) after my workday. Rather than going to bed at 9 p.m., 9:15 p.m., he goes a little later, so that I can play with him or (just) be with him" (L1). However, it's also apparent that the utilization of this time isn't always optimized, as evidenced by instances where

technology distracts parents from meaningful engagement with their children. "A few days ago, I was passing in the playground area of a commercial centre, and I saw parents with cell phones in hand with their backs for children playing. It is a metaphor; it is very elucidative of how people can use time "(S2).

Moreover, the scarcity of time can inflict broader wounds on familial dynamics. The essence of family quality extends beyond mere presence to encompass genuine interaction and effective communication among all members. Recognizing each individual's autonomy within the family unit is paramount, emphasising the need for open dialogue and mutual respect. "For me, communication is vital. Family time is family communication. We are parents, but we also do not stop being people" (MJS2).

In essence, the challenge of time in parenting transcends mere quantity; it delves into the quality and purposefulness of interactions within the family unit. Addressing this challenge requires a holistic approach that prioritizes the needs of both parents and children, fostering an environment where meaningful engagement and communication thrive.

Time for routine and roles

Routines are particularly important for providing a sense of security. One participant highlighted this, stating, "What gives them security at these ages? The routines" (X1). However, children in this age range are also described as being manipulative and prone to more intense tantrums. As a nurse observed, "I like (in these age groups) the game of power; they are great manipulators, players" (EC1). Another participant noted, "... the tantrums always come, but now are more serious, more felt, the beating with their hands on the ground, shouting ... because they begin to perceive right and wrong" (CM1).

One of the most formidable challenges parents face is establishing boundaries and setting limits within the family dynamic, a task complicated by the perceived lack of sufficient family time. "And I add the parents' lack of time. If they had more time, the rules would be spontaneous," remarks C1, encapsulating the struggle many parents encounter in finding the time and energy to enforce boundaries naturally.

Participants emphasise the long-term implications of parental roles during these formative years. "At the moment of setting boundaries, the child is not the happiest in the world, but will be a better adult," reflects X1, highlighting the importance of instilling discipline and structure for the child's future well-being. The evolving role of the mother, often portrayed as a "super mom," adds another layer of complexity. "The parental figure of authority itself is changing," observes C1, reflecting on how traditional notions of authority within the family unit are shifting. It's not uncommon, as noted by C1, to hear fathers defer disciplinary matters to mothers, indicating a collaborative approach to parenting that differs from previous generations. Despite these changes, parents endeavour to share family tasks to maintain balance within their daily lives. "We share everything as a couple, so we try to have time," shares L1, highlighting the importance of teamwork in navigating familial responsibilities.

However, the most pressing challenge within the daily routine appears to be the "eating moment," where mealtimes become stressful occasions. "(Food) is the greatest problem of the present," laments X1, reflecting on the struggles parents face in managing their children's dietary habits. Reports of parents facilitating their child's meal preferences at home underscore the challenges of maintaining healthy eating habits. "Meals and food? Yes… They are moments of stress," acknowledges C1, echoing the sentiments of many parents grappling with mealtime difficulties.

Some children skip breakfast due to either time constraints or adverse reactions after eating. "Many children arrive at the childcare centre without breakfast," notes X1, shedding light on the prevalence of this issue. Reasons for skipping breakfast range from the child taking an hour to eat, as observed by C1, to experiencing sickness after eating, as expressed by EC1, highlighting the multifaceted nature of the problem.

Recognizing the fundamental role of sleep and rest in a child's development, participants stress the importance of establishing consistent bedtime routines. "And we go back to the roles. Go to bed at convenient and regular times," advises C1, emphasising the significance of maintaining a structured sleep schedule for optimal child well-being.

Time for External Engagements

Childcare centres play a pivotal role in addressing the social and occupational demands of families by providing comprehensive care that nurtures children's cognitive, social, and democratic development. "(Childcare centre) is, in the first instance, a locus of the well-being of the child," emphasises S2, highlighting the paramount importance of these centres in fostering children's holistic growth.

However, it's essential to recognize that the environment of a childcare centre differs significantly from that of the family home. "(The environment of the childcare centre) is not similar to home, it does not even have to be. It is a collective context of care, which needs to provide medium to high levels of well-being," explains S2, underscoring the distinct yet complementary roles of both settings in nurturing children's development.

Failure to uphold high standards of interactive quality in childcare centres can have far-reaching consequences on children's well-being and learning. "Poor childcare centres may have harmful effects on children's development and well-being," warns S2, emphasising the critical importance of maintaining excellence in childcare practices.

Effective communication between childcare centres and families is crucial for ensuring continuity, integration, and happiness for the child. However, navigating this dialogue can be challenging, as noted by X1: "It is more and more complicated (the dialogical communication between childcare and family)… sorry, it is straightforward, but from year to year, it is more complicated… parents do not accept other perspectives about routines and boundaries." This highlights the need for open-mindedness and flexibility in fostering productive communication channels between all stakeholders involved in a child's care.

Furthermore, the information provided by health professionals plays a vital role in ensuring the well-being of the family. "My son's assessment performed by the educator was similar to the pediatrician. This triad (educator, nurse, and pediatrician) is essential," emphasizes R2, highlighting the collaborative effort between childcare centres and health professionals in safeguarding children's health.

However, challenges persist in ensuring optimal health literacy within families. "We see more and more people with many doubts regarding education, training, and childcare. It is important to address this in the consultations," notes EC1. Addressing diverse topics ranging from education to healthy lifestyles, nurses play a critical role in bridging the gap between healthcare and childcare.

Recognizing the interconnectedness of the child and their family system, health professionals emphasise the importance of maintaining strong ties with families. "No (I cannot dissociate the child from the family). I even like when the grandparents come to the health centre," affirms EC1. Similarly, families express appreciation for the supportive dialogue with health professionals: "Since we met the family nurse and the pediatrician, we trust a lot in their work," shares L1, underscoring the value of collaborative partnerships in promoting children's well-being.

Discussion

The present research identified three overarching categories encapsulating the challenges implied in childbearing families during the transition of the child to preschool: the need for time dedicated to the child's individual experiences, time for familial bonding, and time for external engagements such as childcare and healthcare. Across all dimensions, there exists a conflict, particularly concerning the perceived availability of time for fulfilling parenting roles effectively.

Emphasising child well-being, the research underscores the importance of allowing children sufficiently enough time to express themselves across multiple dimensions. Exploration of the world is deemed crucial during a child's developmental stages (Gallahue, 2002), while shared activities with parents play a pivotal role in fostering close relationships that are central to psychological and behavioural development in young individuals (Crouter et al., 2004). However, the increasing involvement of children in settings beyond the family sphere signifies that they spend less time within the family unit than in previous generations (OECD Family Database, 2016). Despite this trend, the time children spend with parents and family remains indispensable for their holistic development, thus presenting significant challenges in prioritising and managing parent-child time effectively. Although the importance of play was not explicitly mentioned by the participants, it is crucial for human development, particularly during childhood (Siviy, 2016). Time for free play has been decreasing as it competes with formal education and other structured activities. Free play, which is organized, controlled, and directed by children (Wood, 2014), is characterized by spontaneity, voluntariness, and unpredictability, all of which contribute to a state of pleasure and enjoyment (Lester & Russell, 2010).

Defining boundaries within a family can indeed be a challenging task, compounded by the work-family conflict and the time demands of daily routines and familial roles. Research has consistently highlighted time as a primary source of conflict in family dynamics (Greenhaus & Beutell, 1985; Lee et al., 2017). While there has been a notable increase in fathers' involvement in childcare in recent years, cultural norms still often dictate the mother's role as the primary caregiver (Lawrence et al., 2021; Williams, 2001), underscoring her leadership in child and family-related tasks. However, simply spending time together does not guarantee positive interaction experiences, as evidenced by findings from this study. Nonetheless, such interactions can contribute to children's well-being (Li & Guo, 2023), Previous research has indicated that specific activities such as shared meals, discussing homework, or engaging in daily routines can have a positive impact on children (Castro et al., 2015), highlighting the importance of quality interactions within the family unit.

In contemporary society, childcare centres have become indispensable settings not only for children but also for families as a whole. Previous research has consistently emphasised the benefits of early childhood education and care for both children and families (OECD, 2015). However, the transition of a child from a childcare centre to a formal educational setting, such as preschool, can introduce tensions and conflicts within the family. Expectations regarding educational institutions, both from the family's perspective and concerning the child's development, often intersect and may lead to conflicting priorities and stressors for all involved parties. This underscores the complexity of navigating the transition process and highlights the importance of effective communication and collaboration between families and educational institutions to ensure a smooth and supportive transition for the child.

The interconnectedness between children's health and family health is profound and reciprocal. Allocating time for health, particularly through regular meetings with health professionals, provides valuable opportunities to address a range of topics impacting not only children but entire families. Health professionals often adopt the ideology of family-centred care, wherein care planning encompasses the well-being of the entire family unit, not just the child (Shields et al., 2007). However, tensions exist regarding the effectiveness of the family-centered care model, particularly in hospital settings and among families with children facing chronic illnesses (Shields et al., 2006). Furthermore, there are challenges in comprehending and implementing this model effectively (Al-Motlaq et al., 2018).

This study contributes to existing research by exploring the potential applicability of the family-centred care model in families with healthy children within primary care settings. Future studies could delve deeper into this dimension, examining the feasibility and effectiveness of implementing the family-centred care approach in such contexts. By addressing these gaps in understanding, we can further enhance healthcare delivery and promote holistic well-being for both children and their families.

This study presents several limitations. First, we acknowledge the small and heterogeneous sample size; however, we view it as a crucial starting point for future research endeavours focused on this demographic. The diversity within the focus groups

enriched the study's perspectives and outcomes, offering multifaceted insights into the complexities of family life. Moving forward, there is a clear need for more studies that delve into the significance of time and its impact on familial dynamics, particularly concerning interactions with external entities such as childcare centres and healthcare settings. Second, the absence of computer software for content analysis and the reliance on manual coding by a single coder; however, we believe that the researcher's active engagement with the data facilitated a deep exploration of the participants' voices and their underlying meanings. This flexible and dynamic approach allowed for a nuanced understanding of the study's findings. Third, while the focus group and qualitative approach provided rich, in-depth data, it may also introduce certain biases, such as groupthink or the dominance of particular voices, potentially skewing the results. Additionally, qualitative findings are not easily generalisable to larger populations, limiting the extent to which these insights can be applied more broadly.

Conversely, several strengths bolster the credibility and depth of this research. First, the inclusion of both parents in the focal discussions provided a comprehensive exploration of their respective roles as individuals, parents, and professionals. This comprehensive approach enabled a rich understanding of the multifaceted dynamics within childbearing families. Second, the use of focus groups facilitated lively interactions among participants, fostering the exploration of diverse viewpoints and personal experiences. Third, the recruitment process continued until data saturation was reached, ensuring that the study captured a comprehensive range of perspectives and insights. This methodological rigor strengthened the validity of the findings by encompassing a diverse array of participant experiences and viewpoints, thereby enhancing the study's credibility and applicability.

In the realm of family nursing, it's imperative to recognize and embrace the holistic and self-organising capacity of families, without overlooking the unique care requirements of childbearing to families with preschool children. These families are confronted with myriad demanding and complex tasks, necessitating active engagement from health professionals, particularly family nurses. In this light, nursing interventions must extend to encompass the family as a cohesive unit, addressing the specific needs of both childbearing families and families with pre-schoolers.

Efforts to understand the time-related challenges faced by childbearing families during this transition period are imperative for designing effective intervention programs tailored to their needs. This study sheds light on the pervasive conflict experienced across various dimensions of time during this transitional phase. Through rigorous focus group data analysis, three distinct categories emerged: the allocation of time for the child, for family bonding, and for external engagements such as childcare and healthcare. These findings underscore the pressing need for nursing professionals to provide adequate interventions tailored to the unique family's needs with the children in transition to preschools. Moreover, these interventions must be sensitive to the time-related challenges faced by these families, ensuring that support is both timely and comprehensive.

Expanding on these findings, future research could delve deeper into the specific factors contributing to the perceived scarcity of parent-child time and explore innovative strategies to optimize the quality of interactions within the limited time available. Additionally, interventions aimed at balancing the demands of external engagements with the need for family time could be developed and evaluated to support childbearing tasks of families during this critical transitional phase.

Conclusion

The transition to preschool rises new challenges to childbearing families that encompass a multitude of tasks that are both diverse and intricate, particularly concerning various temporal dimensions. Families navigate this transition amid the weight of societal expectations associated with parenthood, which often engenders tension surrounding the establishment of family routines and roles.

Central to this experience is the pivotal role of time, which serves as a fundamental element in shaping the family's organization and lived experience. Time operates as a dynamic force, intricately interwoven with the family's interactions and engagements with external systems such as education, childcare, and healthcare. These systems exert significant influence on the family's daily rhythms and routines, further complicating the transition process. Future intervention studies should be sensitive to the intricate interplay between time and family dynamics, ensuring that support is comprehensive and effectively addresses the complexities inherent in this transitional period.

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Bionote

Rafaela Rosário (RR) is an associate professor at the School of Nursing, University of Minho, and a researcher at the Health Sciences Research Unit: Nursing (UICISA: E). She directs the Nursing Research Centre at the University of Minho. Since 2008, RR has advanced effective intervention programs, emphasizing co-development and cluster randomized trials, significantly contributing to obesity prevention and healthy behaviour promotion. Her research also explores the link between (digital) health literacy and health outcomes. RR's research includes health promotion reports and COVID-19 impacts on early childhood education. She is involved in networks like the Schools for Health in Europe (SHE) Network Foundation and the European Public Health Association, and she contributes to global health knowledge. Nationally, she participates in the Academic Network of Health Literacy and co-founded the Network Lusophone of Infodemiology.

Email: rrosario@ese.uminho.pt

Orcid: 0000-0001-6986-0007

ENHANCING COMMUNICATIVE SKILLS IN EARLY CHILDHOOD EDUCATION: THE ROLE OF ORAL TRADITION AND PHONICS

REFORÇAR AS COMPETÊNCIAS COMUNICATIVAS NA EDUCAÇÃO DE INFÂNCIA: O PAPEL DA TRADIÇÃO ORAL E DA FONÉTICA

Ana Maria Montero Ramirez
University of La Rioja

Abstract

This article is based on the reflection of the oral tradition and phonics in the communicative experience in early childhood education. The communicative experience in early childhood education is enriched through the oral tradition. Children learn to listen actively, imagine vividly, and express themselves creatively using those communicative experiences: Oral tradition and phonics. This article also explores the importance of oral tradition and phonics, because oral tradition is the use of phonics in the process of learning communicative skills in children. Phonics is a method of teaching by understanding how letters sound, children can string them together to form words and communicate effectively. The article aims to conclude that cultural transmission is also enriched through oral tradition within educational practices, factors that strengthen oral and communicative skills in early childhood education, such as phonetic practices, should be taken into account.

Keywords: Oral tradition, early childhood education, phonics, communication

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Resumo

Este artigo baseia-se na reflexão sobre a tradição oral e a fonética na experiência comunicativa na educação de infância. A experiência comunicativa na educação de infância é enriquecida pela tradição oral. As crianças aprendem a ouvir ativamente, a imaginar vivamente e a exprimir-se criativamente através dessas experiências comunicativas: a tradição oral e a fonética. Este artigo também explora a importância da tradição oral e da fonética, porque a tradição oral é a utilização da fonética no processo de aprendizagem das competências comunicativas das crianças. A fonética é um método de ensino que, ao compreender o som das letras, permite que as crianças as unam para formar palavras e comunicar eficazmente. O artigo pretende concluir que a transmissão cultural também é enriquecida através da tradição oral nas práticas educativas, devendo

ser tidos em conta os fatores que reforçam as competências orais e comunicativas na educação de infância, como as práticas fonéticas.

Palavras-chave: Tradição oral, educação da primeira infância, fonética, comunicação

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Introduction

From the time the child is conceived, there is a profound interaction between emotional development, thought and language. Language development in early childhood education is a fascinating process that often occurs through a variety of activities as children are introduced to and explore their own social context.

Language is woven from the bosom of the home to which the child belongs, as stated by the American phycologist Bruner, who made important contributions to human cognitive learning and physiologically affirmed that (1986), negotiation and interpretation begin at the moment when children enter the human environment and try to use language to interact with their peers. The author states that "Language is the means of interpreting and regulating culture" (p. 24). That is, beyond learning a linguistic code, children learn the cultural ways of their language and their social environment as oral and communicative competence. Accordingly, it is worth bearing in mind that "the child reacts culturally with characteristic hypotheses about what is needed, and enters language with a readiness for order" (p. 29).

In early child education when kids are between 2 years old to five years old the communicative competence becomes the connection that enables infants to enter the "human scene" as described by Bruner, but it also enables them to access the different scenarios that allow them to be protagonists. In early childhood education in Colombian context, from Colombia's public policy there are four pillars mentioned in the Zero to Forever document, it is evident that communicative action enables children to enter the world of play to interact with their peers, to enrich themselves from the literary world to understand the world around them, to enjoy the spaces they inhabit and to express themselves through the artistic activities proposed to them.

It should be kept in mind that:

> if environments are designed and interactions with others and with the world are enhanced, a child is ready to enter primary education eager to continue learning, which is the most important thing. But for this to be done satisfactorily, collegiality, the joint work of teachers, is indispensable. Few know and know more about the needs of children than teachers. Let us then allow their knowledge to become visible: let us reflect on it, let us enrich it (Fandiño, 2020, p. 88).

This is inadvertently connected through the mother tongue that accompanies the child from gestation. To the extent that educational spaces and intentional pedagogical projects in early childhood enable multiple learning and these are explicitly linked to the

communicative competence in which the child, his context and culture are involved. Therefore, from the perspective of linguistic action in early childhood education each one of the educational projects in early education has great value and impact on the formative processes in the present and future stages of the subjects (Montero, 2022).

In the educational practices carried out in the family and school context of children, the mother tongue plays a fundamental role in the configuration of their cultural and social context. It is not possible to ignore that from there all the representations that configure the identity of these children are made possible, so assuming the oral tradition within these practices in different countries or nations, makes it possible for all these ways of being to be re-signified from the school scenarios that work with children. The oral richness in different languages or dialects in early childhood education becomes the most representative thing that educational communities possess. These become the transversal axis of the culture that enables them to transmit knowledge, conceptions of the world, upbringing practices, culture and knowledge of their own communities (Montero, 2022), since children belong to these cultural groups and are immersed in this richness that is transmitted through oral competence.

Verbal communication has a communicative richness in the first years of schooling, since it is through the transmission of their culture that the oral tradition is enriched in the children's educational processes. In early childhood education, telling stories has always been an important tradition. The passing down of stories from generation to generation helps children learn about their culture and history. This tradition is known as the oral tradition. When children listen to stories told orally, they not only hear the words but also the emotions, expressions, and intonations of the storyteller. This immersive experience helps children develop their language skills and understand the nuances of communication.

Oral tradition goes in the same way of phonics teaching experiences, through this process phonics plays an important role in the learning environment kids are surrounded by. Phonics at its very main, is a method applied to teach kids how to read and write an alphabetic language using sounds. Phonics is one of the most recommended methods of teaching in different schools especially in childhood education (Marjorie, 1993). One key aspect of the oral tradition is the use of phonics. Phonics is a method of teaching reading and writing by focusing on the sounds that letters make. By understanding how letters sound, children can string them together to form words.

Phonics as an oral method helps educators develop reading skills in children since their early years. Kids start linking sounds in a language to the letters and words that represent oral language at first sight. Phonics instructions has a profound impact in kid's brain and is effectiveness over teaching methods. So Phonics teaches children to be fluent starting through their oral tongue being fluent learning letters through their own sounds, new vocabulary, spelling and learning for a well-rounded development.

Phonics is focused in help the first steps of the reading process, help kids to identify and comprehend how letter are linked to sounds (phonemes) to the system letter-sound correspondences and spelling forms and to help them learn how to apply this learning in the reading process. Looking at the phonics system and phonics instruction,

both produce significant benefits for students from their school experience and even for children with some difficulties in their reading learning experience. The ability to spell and read words was enchained in kindergartens who received systematic beginning experience in phonics instruction. Some studies as Maddox and Feng (2013) tell that if first graders who were taught phonics systematically were better able to decode and spell and they showed significant improvement in their ability to comprehended text. Older kids that getting phonics instruction were better able to decode and spell and to read text orally, but their understanding reading written texts was no significantly improved.

Oral tradition and phonics method are connected in the learning process in childhood education, because both instructions improved the ability of good readers and writers. The impact is strongest since kindergartners and decreased in later grades. Some people don't realise the importance of these relation and how educators can take them into their educational practice in classrooms so we will navigate through this connection in order to establish the importance in the beginning learning process as an educational tool in childhood education.

Oral tradition

Children all around the world would gather around their elders to listen to stories passed down from generation to generation. These stories, filled with wisdom and wonder, were not only entertaining but also served an important purpose in the development of young minds. In childhood education, the oral tradition plays a crucial role in nurturing imagination, creativity, and cultural awareness. Through storytelling, children learn about their heritage, values, and beliefs in a way that is engaging and memorable. By listening to tales of bravery, kindness, and adventure, young learners begin to form their own understanding of the world around them.

One of the key benefits of oral tradition development in childhood education is the strengthening of language skills. As children listen to storytellers' weave captivating narratives, they absorb new vocabulary, sentence structures, and linguistic patterns. This exposure to rich and diverse language helps expand their communication abilities and fosters a love for storytelling and literature.

Oral tradition is defined by Nogueira as an

> system of forms and modes of communication denominated by the syntagma "oral" tradition, which congregates knowledge, memories, values, and symbols generally configured in linguistic objects of non-literary or aesthetic-literary nature, objects with or without consignment in written testimonies, accomplished vocally and recognizable collectively and during consecutive generations in an anatomy built by the laws of traditionality (2003, p. 166).

Oral tradition stimulates multiple parts of children's brains: singing, chanting and storytelling often involve movement, calls or gestures. Oral tradition allows children to develop a muscle memory that not only stimulates their ability to communicate, but also

active learning. Oral traditions and expression realm incorporates the enormous variety of spoken methods including proverbs, riddles, nurseries, poems, prayers and more. Oral traditions are used to transfer on cultural, social, knowledge and values and collective memory. They play a crucial part in keeping cultures alive in different educational atmospheres.

This becomes the main element of cultural transmission from generation to generation, and turn in one of the pillars on which children are immersed in the world in which they are born. Through it, myths, stories, songs, legends are transmitted and in turn the cultural universe that surrounds them is built. Oral traditions are "expressions domain encompasses an enormous variety of spoken forms including proverbs, riddles, tales, nursery rhymes, legends, myths, epic songs and poems, charms, prayers, chants, songs, dramatic performances and more. Oral traditions and expressions are used to pass on knowledge, cultural and social values and collective memory. They play a crucial part in keeping cultures alive" (Unesco, 2021).

As Reyzábal states, "the anonymous discourses of the oral tradition are characterized by an uncontrolled, word-of-mouth transmission, in the course of which the form of the testimony may be lost and the content may vary" (2001, p. 312). It is necessary for such testimony to circulate orally for most of the time in early childhood in order to consolidate it in the collective consciousness as part of a country's culture. Although numerous variations are made throughout the period of transmission, there are different degrees of permissibility of these variations that maintain the oral tradition in the culture.

In accordance with the ideas expressed by the author (2001), he also exposes two categories within the conceptualisation of oral tradition, the first refers to "curdled" oral traditions, which are learned by heart and repeated with a certain pretension of fidelity. And the "free" ones, in which rigorous memory does not participate, but only the image built on the original, on which the transmitter introduces numerous variants. The oral tradition makes possible a link with the past that is capable of being connected with the collective conscience of a country, its culture, and facilitates the practice with living oral testimonies, characterized by naturalness and spontaneity.

Similarly, the oral tradition occupies a fundamental place within this transmission of knowledge in early childhood, and of course is part of the formation as subjects that belong to a particular social and cultural context. Singing in early childhood education and in indigenous cultures is one of the most representative essences in educational practices, interactions and constructions of the world, since it enriches and transforms situations through the living voice and the interaction with movements, body, instruments, materials, but especially with the other. Singing is an experience that allows oral development with a sense and value that makes it possible to humanize and live this development, which allows the subject (child) to be part of a context that takes him/her into account and understands his/her subjectivities and identities.

The importance of oral tradition is that the culture is "passed on by word of mouth, oral traditions and expressions often vary significantly in their telling. Stories are a combination – differing from genre to genre, from context to context and from performer to performer – of reproduction, improvisation and creation." (Unesco, 2021) As many

groups of people pass their culture through the oral tradition, in education environment is so important to contemplate in the education.

The oral tradition makes it possible through singing, besides summoning, integrating and uniting, to establish itself as a social practice that involves many dimensions of human activity (Rodríguez, 2006), that is to say that, as well as contributing to socialisation and interaction with the subjects, it also strengthens it from its particularity. Through it, aspects from the cognitive, intersubjective and cultural aspects are highlighted, which are enhanced from the everyday life itself that involves the life of the subjects through communicative events with their environment. Likewise, as mentioned by Ong 1987 (as cited in Rodríguez, 2006), orality is a natural act that constitutes the person as a member of the human species and through it makes it possible to understand and access culture, which in turn recognises him/her as a historical and social subject.

Singing makes sense within the culture when its meaning of community, relationship and living unfolds as an expression that is lived and shared, but above all, that is felt and that enables constant communication in educational practices in early childhood education. Singing is positioned, from this affective, social and cultural root within the educational practices of children, which is why it contains a cultural, social and linguistic charge within the development of orality in childhood.

In the educational contexts, it is evident that teachers sing in the morning routines, when taking food or while carrying out pedagogical activities in the classroom. Singing takes centre stage on a daily basis and allows these children to create, compose, imagine, dance, listen, ask questions and enjoy an oral development that makes them part of a social circle that admits and allows them to be who they are through their recognition and their peers. Bearing in mind that singing is one of the forms of expression that strengthens the oral tradition, it is necessary to emphasise that it enables recognition of the child as a subject, his or her history, family, contexts, realities and territories. When spaces are created and made possible where discussion, questions, knowledge and children's experiences are validated and accepted through the living word, history is also constructed, written and interwoven, a history from other perspectives and viewpoints.

Bernal assumes that "the living word is an irreplaceable element to know the real history of real life, that deep history that cannot be captured by statistics" (2000, p. 61). Life stories and the linking of families to oral processes and oral tradition through song are of great importance for the construction of children, since it is these experiences that enrich and sensitize the oral construction of each of them.

The linguistic experience that children share through singing with their peers, teachers and the adults around them is assumed to be a type of socialisation that mutually affects the individual and the society around them. Socialisation is assumed as

> a continuous process that occurs throughout life, being highly significant, emotional and intense in early childhood, since the newcomer to the world needs to know, understand, apprehend and internalize the meanings constructed by the members of their social reality to adapt to the environment

and integrate into their social environment (Pérez, Sandoval, Delgadillo & Bonilla, 2009, p. 11).

One of the most representative experiences in the children's memory are the moments of singing through cooing, the collective singing shared in kindergarten, school, family moments, at the end of classes, during reading, playing, watching their mother and grandmother knit, or while running around the house. This becomes a crucial part within the educational practices, since "a teacher of literature […] is a body that sings, a voice that counts, a hand that invents palaces and impossible architectures" (Reyes, 2016. p. 33).

All educators play an important role when kids are introduced into the literate world, because

> teachers are skilful at using their understanding of language, learning, and putting this knowledge into practice. They might follow their observations of children with questions about how best to help that child, about whether to intervene or stay in the background, about what kinds of new experiences and demonstration would be helpful." (Marjorie, 1993. p. 25).

Oral tradition through phonics teaching methods

There is a connection between oral tradition and phonics. When kids listen to stories being told aloud, they hear the sounds of the words and how they come together to create meaning. This help to recognise patterns in language, which is key in phonics instruction. Just like how storytellers use rhythm and repetition in oral tradition to engage listeners, phonics lessons use rhymes and word families to help students remember letter sounds and spelling patterns. So when children listen to a tale from long ago, students are not just hearing a story, they are also strengthening their understanding of language and phonics.

Phonics is important in learning to read and write. Research supports the view that phonics is a key predictor of a later reading success. English is a phonetic language which means it has a sound that is attached by a written letter or combination. Learning English as a second language in childhood education is not an impossible work even though English is the most complex alphabetic languages to learn, because it's irregular, there can be many options for combining letters to create a specific sound or combining different sounds to make up words (Maddox & Feng, 2013).

Phonics comprehension may be characterised as an awareness, conscious or unconscious, that there is a relationship between letters and sounds in English. To read and write English proficiently, readers need to have developed at least rudimentary phonics knowledge and an ability to use that knowledge in reading: that is, functional know-how (Weaver, 1990). While reading is seen as decoding symbols into sounds rather than unlocking meaning, so children must to learn phonics before they start learning how to read and write.

Teaching phonics in childhood education provide those children understand the basic rules in the language following the rules to be successful decoders in the second language. Learning to read is complex and phonics is just one part of the code-related literacy development and becoming literate. As Marjorie explains,

> the purpose of phonics instruction is to provide the reader with the ability to associate printed letters with the speech sounds that these letters represent. In 13 applying phonic skills to an unknown word the reader blends a series of sounds dictated by the order in which particular letters occur in the printed word (1993, pp. 12-13).

Oral language and phonological awareness play a key role in early childhood literacy development phonics knowledge is finite and can be learnt quickly, whereas comprehension and vocabulary knowledge continue to develop over a life time. This makes phonics learning easier to measure that comprehension and vocabulary development.

Phonics is understanding the structure of oral languages and it's the written representation for the language. It's a method for teaching children to read by helping them to connect sounds with letters or groups of letters. Phonics is just one part of learning to read. English as a second language in childhood education challenge kids to learn immense array of sounds and letter patterns what beginning to support children in developing an understanding of sounds, letters, and the alphabetic principle in the prior-to school years is important.

The study in phonics made by Marjorie establishes that

> phonics can have an important role in teaching young children to read and write. When phonics knowledge is characterised as an awareness, there is functional know-how for readers to read and write English proficiently. Also, it has been shown that the whole word approach has relevance for young readers and writers (1993, p. 27).

When Phonics is taught since preschool, kids are able to develop phonological awareness. Phonological awareness is the ability to detect and manipulate the larger of sound; for example, rhyme and syllables. Phonological awareness is important for children in the prior- to school years because it's easiest to understand a second language recognizing sounds, letters, pronunciations, etc. through phonics exercises. So, this is a possibility to open a bilingualism environment to kids where their knowledge is developed through different strategies that contributes their learning process.

Phonics teaches kids to be fluent in a language while they are learning to read and how to write. To be more competent, this instruction needs to effort hand-in-hand with vocabulary instruction and other types of knowledge for a well-rounded development. From an educational viewpoint, being able to calculate the pronunciation of words using letter-sound knowledge is healthier than repetition learning the pronunciation of all words.

The home environment is vital to progress holistic foundational skills, say experts. The role of parents in development their children's development is twin: they introduce kids to sound, and play a crucial part in strengthening teachers' instructions

Parents can be given a list of words and stories introduced in school, which they can repeat with the children during daily chores and activities. Parents can also ask questions about further letter sound knowledge, like 'What is the beginning sound of this word?' or 'What is the last letter in this word, and what sound does it make?' Parents unfamiliar with the language can listen to songs and rhymes in the language of instruction with their children, and encourage their little ones to sing along." (Medium blog, 2021).

Phonological awareness involves the larger units of sounds such as rhyme and syllables. Research suggests the phonological awareness is important to develop language in a second language. It's effortless for young children to attend to the larger units of sounds than phonemic awareness.

One of the best ways to introduce phonics in childhood classrooms is by picture books, reading poetry, sing rhyming songs, pronunciation of words and contextualised play-based learning. The contextualised play-based learning draw attention to letters when sharing picture books with children during small or large group times or they provide materials such as magnetic letters or alphabet puzzles. It also involves writing prompts in dramatic play areas or modelling print or names writing during an art or writing activity.

Alphabet books are the most common formats of picture books for young children. Children with learning letters of the alphabet support children in learning to read. When kids started to sounding words becomes easier the reading process as phonics breaks down words into their own components. Over time, children recognise the unique words patters and automatically learn to read them correctly. Classrooms from an increasing tradition stress genuineness of materials and methods in language instruction. Students are stimulated to search for meaning and to develop self-initiated learners. The intervening goal is that learning in such. Classrooms are not forced, but is more natural. "The reader brings the reading process understanding about the nature of language and the social uses to create meaning, using a variety of sources both in and out of text." (Keating, 2000, p. 13).

In preschool's classrooms you can see how teachers make links sounds and letters as they follow phonics method using sounds to link respective letter or letter groups, so that's exactly how children know precisely which sound should be create for each letter or letter group making the way to reading simpler and even cleaner as it

the purpose of phonics instruction is to provide the reader with the ability to associate printed letters with the speech sounds that these letters represent. In 13 applying phonic skills to an unknown word the reader blends a series of sounds dictated by the order in which particular letters occur in the printed word (Marjorie, 1993, pp. 12-13).

Conclusion

In conclusion, the significance of oral tradition and phonics in early childhood education cannot be overstated. Together, they provide a strong foundation for language acquisition, literacy development, and cultural understanding in young learners. In early childhood education, oral tradition plays a crucial role in laying the foundation for language development. Through oral traditions, children learn to communicate, express themselves, and understand the world around them. Stories, songs, and conversations passed down orally from generation to generation help children grasp language patterns, vocabulary, and cultural heritage.

Combining oral tradition with phonics instruction creates a balanced approach to language learning in early childhood education. Children not only engage in rich oral storytelling experiences but also develop the phonemic awareness necessary for reading and writing. This dual approach enhances literacy skills and fosters a deeper appreciation for language and communication. Phonics, on the other hand, focuses on the relationship between sounds and letters. By learning phonics, children acquire the fundamental skills needed to decode words, spell accurately, and read fluently. Phonics instruction helps young learners understand the alphabetic principle, which is the idea that letters represent sounds in words.

Oral tradition enables a link to a remote past, which connects with the collective consciousness of a nation, its culture, and facilitates the practice with living oral testimonies, characterised by spontaneity, freshness and naturalness. As stated by (2001, p. 312), "the anonymous discourses of the oral tradition are characterized by an uncontrolled, word-of-mouth transmission, in the course of which the form of the testimony may be lost and the content may vary".

Moreover, the oral tradition provides a sense of community and connection for young learners. Sitting together to listen to stories creates a shared experience that promotes social bonds and empathy. Children learn to respect different perspectives, appreciate cultural diversity, and develop a sense of belonging within their group. In today's modern world, where technology often dominates communication, the art of oral tradition development in childhood education remains a powerful and relevant tool. By preserving and celebrating the age-old practice of storytelling, educators can continue to ignite the imaginations of young listeners and instil valuable lessons that will shape their growth and development for years to come.

For this, it is necessary that such testimony has circulated orally for a long time and has become part of the collective consciousness as part of the culture of a country. On the other hand, although numerous variations are made throughout the period of transmission, there are different degrees in the permissibility of these variations. Reyzábal (2001) distinguishes between "curdled" oral traditions, which are learned by heart and repeated with a certain pretension of fidelity, and "free" ones, which do not intervene in the rigorous memory, but only the image built on the original, on which the transmitter introduces numerous variations.

Within the processes that are carried out in the tradition, it should be taken into account that the daily communication processes are materialised through oral discourses that are carried out in the daily pedagogical practice. In other words, it is essential that teachers put into practice different modalities that enhance the oral tradition in the educational experience of early childhood education.

Oral literature should be considered as an element that contributes to the general literary language and contributes others of its own. It maintains the linguistic or didactic and moral and archaic forms, since it is the reflection of the past. For a long time, it has been at the service of one of the most essential characteristics of the human being, the need of children to play and have fun, in this case, through listening and the exercise of speech.

Propp (1974) states that what is important in oral tradition tales is to know what the characters do, and not so much who does it and how they do it, that is, the teacher should focus on the way the narrative interweaves the different stories, songs, tales, games, among others. It was for this reason that this author studied an immense amount of fairy tales in terms of actions and concluded that the stories had a limited number of actions (specifically 31 stories). He also affirmed that their succession was always the same (although not all of them appeared in every tale) and that each set of actions (called by him "functions") was related to a character. Propp perceived that the number of characters that could appear in this type of story was also limited: the aggressor, the donor, the helper, the desired object or person, the agent, the hero and the false hero.

Having said this, it is necessary to take into account all those linguistic possibilities that enrich the oral tradition in the educational practice of children in early childhood; since unfortunately it is a subject that has been subordinated and underestimated in early childhood education; however, it is necessary to re-signify the oral tradition and make it visible in the practices of teachers in the education of children under five years of age.

Further all information said about oral tradition and phonics is needed on the precise effects of formal phonics teaching if we are to know what kinds of phonics will assist the beginning reader and writer. So even if you find different kind of practices in oral or phonics process teachers must know why is the importance to teach both of them and how they can do this process in kids according with their own levels.

This great debate may never end but perhaps it should not. The best way to continue with the conversation about the importance of oral tradition and phonics might be to take them into every school and very community where they can be conversed, debate and even argued about. It's indispensable to use phonics and the whole word styles in combination with the whole language philosophy to help young children become better readers and writer through both skills' phonics and oral tradition.

Oral language is the first bridge that introduce kids into their cultural environment that surround them so oral tradition and phonics help children to enjoy the learning process because oral language is the method used for spoken words to communicate with people. So that's why childhood is the most important age to strength the oral language. When kids are able to communicate in oral way with their pairs, adults, educators through

oral communication they learn how to express ideas, knowledge and emotions. At this point, oral tradition and phonics have a strong relationship to reading and writing process.

Oral tradition and phonics have been around for a long time and are the most recommended teaching methods, especially in early care and education, which improve many aspects of child development. Normally teachers do not relate them but treat them separately as if they were two different aspects of education. The invitation is to contemplate them in order to improve oral education practices to enrich educational experiences in early childhood education.

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Bionote

Ana María Montero Ramírez holds a master's degree in Language Teaching in Early Childhood and Elementary Education from the University of La Rioja, Logroño-Spain, a degree in Early Childhood Education from Universidad Pedagógica Nacional, Bogotá-Colombia. In recent years, she has devoted her interest in developing articles focused on the teaching of the mother tongue in contrast to the learning of the second language (English) in children's school processes. Her studies have been published in numerous scientific journals.

Email: anamamontero@gmail.com

Orcid: 0000-0003-0387-4435