

Enhance Education by Family Based Education and Therapy

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Family-based community development is necessary in order to create the communities around children than enable them to be fully educated. It emphasizes the productive roles of families in education and therapies. It holds that if community is educating its children successfully, then most of its homes are in fact functioning in various ways as home schools. The parents who are more involved in their child's day-to-day care, concepts of family-centred service are increasingly adopted in children's health and rehabilitation service organizations. In this paper, we report the results of a study to develop and evaluate educational materials for parents, service providers and health sciences students about family-centred service. The materials focus on the nature and philosophy, and the practical skills and systemic changes required for its implementation. There is a whole continuum of homeschooling approaches from something that resembles the structured school classroom to supporting children in pursuing their own interests. It is most typical for parents to combine homeschooling approaches. To be effective, programmes should explore issues relating to parenting and family diversity, employing innovative methods to fully engage, involve and empower the most vulnerable and diverse of families.

Key words : Education; Family; Family Based Education; Family Centered Education; Family Based Therapy

Introduction:

Community Based education includes knowledge, skills, habits, values, and outlooks toward the future. The knowledge and skills are measured in part by tests in math, reading, science, and other formal subjects. But, we know that in order to acquire competence in those areas, children must also be learning the discipline that it takes to study hard, the values that it takes to get along with others in a school or home setting, and outlooks that tell them that if they master these subjects, they can succeed in life as adults, form their own families, and take care of their children. They must learn faith, hope, and trust therefore, in order to succeed in their academic studies. Communities must impart to them faith, hope and trust. In order for communities to do so, they must be filled with strong and productive families.

Family-based community development is necessary in order to create the communities around children than enable them to be fully educated. It emphasizes the productive roles of families in education. It holds that if community is educating its children successfully, then most of its homes are in fact functioning in various ways as home schools. It recognizes that in the formal school settings, if education is taking hold, then that is because parents, teachers, and other significant institutions are co-producing it.

Family Based Education:

Home education is essentially family-based education and, this can subject us to an extraordinary level of distrust. Homeschooling is an educational option in which the parents assume the responsibility for educating their children at home. It is about families loving and learning from one another. Homeschooling or family-based education has been the primary mode of education for most of recorded history. Institutionalized schooling, while what is familiar to most of us today, is actually relatively new. In fact, the last compulsory education laws in the United States were n't passed until 1918. The modern homeschooling movement, which was a return to family-based education, began in the 1960's. There are many reasons families choose to homeschool. Academic excellence, physical safety and the desire to pass on the family's governing values to the children are perhaps the most commonly voiced. Families desire the increased closeness homeschooling brings. Homeschooling maintains the enthusiasm for learning that a child is born with. Homeschooling allows each child to receive individual attention, taking into consideration his own learning style and interests. There are probably as many reasons or combinations of reasons for homeschooling as there are families.

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Approaches to Family Based Education:

There is a whole continuum of homeschooling approaches from something that resembles the structured school classroom to supporting children in pursuing their own interests. It is most typical for parents to combine homeschooling approaches. They might use a textbook for math, a unit study approach combining history, language arts and the social sciences, and a very hands-on approach to science. In the homeschooling community we call that the eclectic approach. You might be home and crack the books or play games. You might race off to a support group activity. You may take a walk, play some basketball, go grocery shopping or just read a good book. Some parents do a little of each subject every day. Others spend one day on math, another on language arts, and so on. Some families use a planned curriculum and others utilize the library and follow the interests of their children.

European law and the Human Rights Act which derives from the European Convention on Human Rights ostensibly guarantee the rights of parents to educate children in accordance with their own philosophy as well as to enjoy the right to a private family life. Despite this home based education is illegal in countries such as Holland, Germany and Cyprus and a recent judgment against a family in Germany has raised serious questions about any such rights.

Children with chronic disabilities receive ongoing services from health professionals over a period of many years. In the past decade, because of legislative and societal changes, the nature of the relationship between parents, families and service providers has changed. Parents want more influence in determining the nature of the services that are best for their child. As well, parents are increasingly involved in co-ordinating services and implementing home programmes, particularly because of resource limitations within healthcare systems. In light of these changes, family-centred service (FCS) has become increasingly adopted in hospitals and community-based service organizations across North America.

FCS is a method and philosophy of service delivery that emphasizes a partnership between parents and service providers (Hostler 1994). In this approach, each family is given the opportunity to decide how involved they want to be in the services and decision making for their child (Brown *et al* 1997; Rosenbaum *et al.* 1998). The strengths, resources and needs of all family members are considered (Allen & Petr 1998; Rosenbaum *et al.* 1998). There is evidence to indicate that FCS leads to improved

outcomes for children and families (King *et al.* 1999, 2004), and that parents are more satisfied with services that are perceived to be family-centred (King *et al.* 1999; Law *et al.* 2003).

The philosophy of FCS has been described in many articles (Bailey *et al.* 1992; Edelman *et al.* 1992a; Rosenbaum *et al.* 1998). Similarly, several studies have identified barriers that limit the implementation of FCS. Examples of such barriers include limited time, human resources and financial resources (King *et al.* 2000; Litchfield & MacDougall 2002); lack of skills needed to put FCS into practice (King *et al.* 2000; Iverson *et al.* 2003); and lack of support from the organization for using FCS (King *et al.* 2000). Other authors indicate that many service providers find it difficult to be family centered because they were trained in models, such as the medical model, in which the service provider is seen as the expert (Lawlor & Mattingly 1998; Bruce *et al.* 2002). However, in a more recent systematic review of the dissemination and implementation of clinical practice guidelines, Grimshaw and colleagues (2004) report that the majority of strategies that have been investigated, including educational materials, have modest to moderate impact on the way in which service providers deliver services. Freemantle and colleagues (2003) and Grimshaw and colleagues (2004) indicate that the current literature in this area is limited both in quantity and in quality, and they conclude that further research is needed to better understand the impact of printed educational material and other activities designed to facilitate changes in healthcare practice.

Family Based Rehabilitation:

Family Based Rehabilitation was started in 1985 to create an indigenous model of rehabilitation suitable to Indian conditions, where resources are few and numbers large. The objectives of FBR are to Empower families; Reach out to many more people with disabilities, and Create neighborhood initiatives. The programs include: The Referral and Advisory Clinic; The Early Intervention Program; The High Risk children Clinic; Home Management; and Outstation Programs.

The Referral and Advisory Clinic is the entry point for the services. The objective of this program is: To assess and start rehabilitation services for the person with disability. To demystify and give information to the parent/caregiver. To empower the parents/caregiver to look at disability with a new perspective.

The Early Intervention program focuses on working with babies under the age of five. The objective of this program is: To focus on the motoric learning of the child. To train the parent/caregiver to have fun and enjoy their babies by offering diverse experiences. To demystify and give information about the condition.

The High Risk children Clinic: High risk neonates are screened and assessed for developmental delay. Early intervention and stimulation programs are planned, to be carried out by the families.

The Home Management program is a cost-effective, alternative model of service, where caregivers and parents are trained to develop the potential of the child. The objective is to create more resource people in the community. Along with offering individualized education and therapy to the child, it also trains the parents/ caregiver. It provides technical assistance for integration, trains resource persons, gives parent-to-parent support and works on building a partnership with parents.

The Outstation Program is conducted once in three months for children with disability who do not have access to services in their home towns. It focuses on assessment of the child and planning an integrated program of therapy, education and communication. The focus is on training parents, conducting workshops, demystification, medical assistance, providing suitable aids and adaptations, and running counselling sessions for parents.

Over the last 30 years there have been tremendous improvements in psychological interventions working with people with disability and serious mental illness, and psychologists are at the forefront of that. They've contributed to programs that are helping people change their feelings, emotions, and behavior instead of just suppressing symptoms. In particular, a number of treatment programs are drawing on the work of psychologists and their method encourages people to learn about their own body and mind and demonstrate social skills that allow them to function in a community. Japanese psychological rehabilitation (Dohsa-Hou) is one of these programs. In Dohsa-Hou the Family empowerment (counseling and guidance) has a great role. Family Empowerment program offers families with disabled children hope by providing them with the opportunity to develop new skills, guidance about their child, access needed resources and reintegrate into the community. The main ideas are:

-Information and training for parents of children with disabilities on how the disability affects the child's learning and progress in the general curriculum so that

parents/families will become knowledgeable in the systems and services and be full partners in their child's education.

-Support systems for parents as primary caregivers to take leadership roles both in the group and at home.

-Resources for parents to become aware of all the systems in their community that support people with disabilities.

There are three phases to the program:

Phase 1: **Family First**, in which the family is provided resources, including skill needed for rehabilitation of his/her own child.

Phase 2: **Making it**, in which the family is using resources to develop new skills and achieve goals.

Phase 3: **Gathering**, in which the family maintains a family group-based rehabilitation. They try to make their own association, gather with their children time to time, invite volunteers and supervisors and enhance /correct their task activities.

Recommendations: Principles and components

From analyzing over 10 years of work and research in the field of therapy and Education, the following principles and components are recommended for effectiveness in family based education and therapy:

Programmes should:

--Enhance protective factors and reverse or reduce risk factors. [Protective factors are those associated with reduced potential for education obstacles. Risk factors are those that make the potential for education more likely.]

--Address all forms of education, alone or in combination, including the family role.

--Include a strong family-based component (in addition to the school-based component) to enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on education; and training in empowerment education and information.

--Start early in a child's life (at pre-school) to address health issues and family roles and be long-term and ongoing through children's school years.

--Have a targeted programme for key transition times such as transition to secondary school.

--Involve schools, having Head Teachers and teachers committed to programmes and providing follow-up work and reinforcement of programme objectives.

--Involve the entire community.

--Involve press/media to support family based education aims (through campaigns, advertisements.

--Use interactive teaching techniques for active

involvement in learning, such as discussion, decision making and role play.

--Include general life skills training and training in increasing social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness).

--Be age-specific, developmentally appropriate, and culturally sensitive.

Families have a significant role to play in enhancing the education and therapy programmes. Programmes involving families in education and therapy should:

- Be adequately resourced to develop quality programmes, enabling them to focus on the complex process of involving vulnerable and diverse families in projects.
- Focus on the needs and experiences of young people, by developing participative and creative programmes of interest to them.
- Find positive, empowering approaches to parenting, resilience work to encourage the most vulnerable and challenged families to engage and stay in programmes.
- Programmes can effectively engage the most vulnerable of adults and young people. However, these programmes need to be planned and developed according to diverse needs and interests.

To be effective, programmes should explore issues relating to parenting and family diversity, employing innovative methods to fully engage, involve and empower the most vulnerable and diverse of families.

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