

**The challenge of change:
Why services for young children and their families need to change,
and how early childhood interventionists can help**

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INTRODUCTION

Along with many other developed nations, Australia is going through a major rethink of how best to support young children and their families. This paper outlines the economic, social and demographic factors that have precipitated this press for change, and suggests what form such change should take.

Early childhood intervention services have also been evolving, partly in response to these wider social changes, but driven as well by the steady evolution of ideas about how best to meet the needs of young children with developmental disabilities and their families. The paper summarises the key features of this evolutionary journey, first looking at well established changes in practice and then at emerging trends.

Finally the paper explores what implications the efforts to reconfigure early childhood and family support services have for early childhood intervention services. The main implication is that the early childhood intervention field must be part of the change, and cannot stand aside from it. Indeed, early interventionists already have many skills that should be of great value in the new forms of service that are emerging. However, there are some specific ways in which we too must change, and these are outlined.

REASONS WHY CHANGE IS NEEDED

There is evidence that the increasing prosperity that Australia and other developed nations have experienced over the past few decades has not brought with it corresponding increases in psychosocial and health functioning. On the contrary, there is increasing evidence that these are worsening. It has become increasingly apparent that there is need to reconfigure the services we provide to young children and families in order to achieve better outcomes for young children, families and society:

There are ***six main reasons why change is needed:***

- Major social and economic changes – international and local
- Changes in families and family circumstances
- Service delivery issues – problems in meeting child and family needs

- Worsening developmental outcomes
- New knowledge of factors affecting child development and family functioning
- Evidence of the efficacy and cost effectiveness of early intervention

Major social and economic changes

The first reason why change is needed is because there have been major social and economic changes occurring that create challenges for families, services and governments.

International changes

In developed nations around the world, there have been a number of common social and economic changes over the past two or three decades. These include:

- **Adoption of free market economic policies** – the globalisation of commerce
- **Concurrent rise in general prosperity** – dramatic increases over the last few decades
- **Reduction in government control** over market and in government responsibility for provision of public services
- **Fall in birth rates** – an international phenomenon
- **Increased movement of people** between countries, leading to more diverse societies
- **Globalisation of ideas and culture** – world wide web

Changes in Australian society

There have been corresponding changes in Australian society over the same period. These include:

- **Improvements in general prosperity**

‘... overall economic growth in Australia has gone from being quite modest in the 15 years following 1975 to being relatively rapid in the subsequent 15 years. Together these years of growth have produced impressive levels of general material prosperity, although the benefits of this prosperity have been very unevenly shared. And it has come at a cost that we do not yet fully understand.’ (Richardson and Prior, 2005, p. 2)

- **Widening gap between the rich and the poor** – with consequent social gradient effects on health and well-being

‘Within societies, health is graded by social status. Whether we look at life expectancy or at the frequency of most causes of death and disability, health standards are highest amongst those nearest top of the social ladder -- whether measured by income, education, or occupation -- and lower as we look at each successive step down the ladder.’ (Wilkinson, 2005, p.14)

- **Changes in demographics** - drop in birth rate and decrease in proportion of children in society - from 1:3 in 1977 to 1:4 in 2002 (but with a recent upturn).

Children are less of a social priority – the care of the aged becomes more of a priority and takes up more and more of the public budget. (The old used to be the poorest group in society – now it is single parents with children, followed by large two-parent families).

Those who do not have (and do not intend to have) children may have less of an investment in the future (and therefore less of a concern about what happens to children).

- **Further cultural diversification** – new migrant and refugee groups
- **Changes in employment opportunities and conditions**

Over the past 25 years there has been:

- a decline in men's participation in the labour market and in their employment, and an increase in women's participation and employment
- a large shift away from full-time and towards part-time work
- a rise in the proportion of workers who are employed as casuals
- a rise in long hours of work
- increased inequality in the distribution of pay – pay at the top end has risen faster than pay at the bottom and, especially for men

These changes have come at a cost:

'There is no doubt that the Australian economy has become more efficient at producing a variety of the sorts of things that people want to buy, at a relatively low cost. This is good to people as consumers. But it has achieved this success at the expense of people as workers, parents and citizens. Our economic life is now harsher, more pressured, less forgiving of any shortcomings, more unequal, more insecure. Our very effective economic machine is taking us efficiently in the wrong direction.' (Stanley, Richardson and Prior, 2005)

- **Changes in the cost of housing** as a proportion of income – Australia now has one of the highest rates in the developed world
- **Changes in social mobility**, with consequent weakening of the social infrastructure

It should be noted that the Australian governments of all political persuasions have done (and continue to do) much to protect families from the adverse effects of these social and economic changes.

Changes in families and family circumstances

In addition to the social and demographic changes just outlined, there have been significant changes in families, and in the conditions under which families are raising

young children. These have created problems for the existing system of child and family services as well as for governments, and therefore represent a second reason why the service system needs to change.

Changes in families

Families have changed significantly over the past two or three decades - they are more varied in their structure, and more diverse culturally and ethnically:

- families are smaller – extended families are also smaller – fewer cousins, uncles and aunts
- childlessness is increasing – more people who neither have children nor intend to have children
- mother's age at first birth is increasing – from 25 in 1984 to 29 in 2004
- more single parents – due principally to growth in the number of children born mothers without a partner, rather than to marriage or cohabiting breakdowns
- more blended families
- more shared custody arrangements
- more same sex couple families

These changes have important consequences:

- Children are growing up with fewer siblings, as well as smaller extended families
- Because families have fewer children, parents are more intensely concerned about their welfare

Changes in family circumstances

The circumstances in which families are raising young children have also changed:

- more parents are working
- more mothers with babies are working
- more parents are doing shift work and working non-standard hours
- more parents are working longer hours
- more families are jobless
- more children are being raised in poverty

'There is virtually no evidence that increasing the incomes of families that already have a comfortable material standard of living is particularly beneficial to children. But there is plentiful evidence that poverty is harmful.' (Richardson, 2005, p. 122)

There need for parents to work has created a number of tensions that have not yet been satisfactorily resolved:

- Our society has an ambivalent attitude to the relation between parenting and employment. On one hand, it is seen to be highly desirable for parents to be in employment, yet it is also thought to be desirable for parents to be at home caring for their children, especially when they are little.
- Australian employers have not yet made the changes that are necessary to enable people to be good parents without paying a major price in terms of career progress or even current wage.

- 'In total, the workplace has become very hostile to parents, and hence to children. Many men are finding it hard to obtain adequate full-time work and hence to be breadwinners (or even to find a partner). Others, while they have high-paid jobs, find all their energy, attention and time being absorbed by the demands of work, so they have little left to give their children. The picture for women is different, as they have opted to work part-time to enable them to manage children and some paid work. But they pay a high price in terms of their job advancement and the low incomes they can earn in casual and part-time work.' (Stanley, Richardson and Prior, 2005)

There are a number of other social changes that have a significant impact on the conditions under which families are raising young children:

- There has been a partial erosion of traditional family and neighbourhood support networks, due to factors such as increased family mobility and the search for affordable housing
- There has been an increase in the number of parents whose own experiences of being parented were compromised, and who therefore have difficulty parenting their own children
- Because families are smaller, people have less exposure to parenting while growing up and therefore have fewer models to draw upon when they tackle the task themselves
- These social changes have also contributed to an undermining of confidence among parents in their ability to raise their children well
- There is no longer a social consensus about the right way to bring up children, or even that there is a single right way
- All these factors have contributed to an increase in the number of families with complex needs
- Overall, parenting young children has become a more complex and more stressful business for many families

Service delivery issues

The third reason why the service system needs to be reconfigured is that, as a result of the social and economic changes already noted, the services themselves are experiencing difficulties meeting the needs of children and families.

Challenges currently facing services for children and families

- The service system is having difficulty providing support to all families who are eligible – many or most forms of service have waiting lists
- Services cannot meet all the needs of families that they do serve
 - no single service is capable of meeting the complex needs of many families
 - these unmet needs may loom larger in the lives of parents than the needs of the child with a developmental or mental health problem.
- Families have difficulty finding out about and accessing the services they need

- Services are often not well integrated with one another and are therefore unable to provide cohesive support to families
- Services have difficulty tailoring their services to meet the diverse needs of families
- Services have difficulty reaching and engaging marginalised families effectively
- Services are typically treatment-oriented rather than prevention- or promotion-focused, and therefore cannot respond promptly to emerging child and family needs
- The service system does not maintain continuous contact with families of young children during the early years
- Many families are isolated and lack supportive personal networks - extended family, friends or other families of young children
- The early childhood field is undervalued and underfunded, and has difficulty attracting and retaining staff
- Many people working with children and families have not had opportunities to learn about recent early childhood research findings
- Many people working with children and families have not been trained in ways of working with families

Systemic issues

In addition to the challenges just listed, there are a number of systemic issues that create difficulties for child and family services.

- Government departments, research disciplines and service sectors tend to work in 'silos', despite there being strong arguments for greater service integration and a 'whole of government' approach to service delivery
- Responsibility for provision of services to young children and their families is spread across three levels of government - federal, state, and local - with different planning processes and funding priorities
- The combined effect of the growth in the numbers of aged people and the decline in the birth rate will be a reduction in the proportion of the population which is working and therefore paying taxes - thus creating a 'welfare squeeze' which reduces the general funds available for services
- Most specialist intervention services are already underfunded, and it is looking increasingly unlikely that they can ever be fully funded in their present forms
- Governments are more concerned about promoting general economic growth than reducing economic disparities, despite evidence of the link between widening social inequalities and worsening developmental outcomes
- Governments spend a disproportionate amount on services for adults and the aged, in comparison to the very young, despite the greater developmental importance of the early years and the greater likelihood of young children living in poverty

It should be acknowledged that the difficulties that services are having in meeting all the needs of all families are not the fault of the services themselves. In many respects, Australia has an exemplary system of child and family support services, and it worked well when society was more homogeneous and the demands upon families were fewer. However, the social and economic changes have greatly altered the circumstances in which families are raising young children, and the traditional forms of service and support have not yet fully adapted to the new environment.

Worsening developmental outcomes

The fourth reason why we need to rethink how best to support families of young children is that outcomes for children and young adults have worsened or are unacceptably high. This has been dubbed 'modernity's paradox':

'A puzzling paradox confronts observers of modern society. We are witnesses to a dramatic expansion of market-based economies whose capacity for wealth generation is awesome in comparison to both the distant and the recent past. At the same time, there is a growing perception of substantial threats to the health and well-being of today's children and youth in the very societies that benefit most from this abundance.' (Keating and Hertzman, 1999)

Measures of social well-being used to increase in parallel with wealth as countries got richer during the course of economic development. But now, although rich countries have continued to get richer, measures of well-being have ceased to rise, and some have even fallen back a little. Since the 1970s or earlier, there has been no increase in average well-being despite rapid increases in wealth. (Wilkinson, 2005)

Worsening (or unacceptably high) developmental outcomes in young people include

- *Mental health* - eg. depression, suicide, drug dependence
- *Physical health* - eg. asthma, obesity, diabetes, heart disease
- *Academic achievement* - eg. literacy levels, retention rates, educational outcomes
- *Social adjustment* - eg. employment, juvenile crime

These have been summarised by Stanley, Richardson and Prior (2005) as follows:

- Increasing proportions of our children and youth have complex diseases such as asthma, diabetes, overweight and obesity, intellectual disabilities, and particularly psychological problems such as depression / anxiety, suicide and eating disorders.
- There have been no improvements in the proportions of our children born prematurely or underweight, or in those diagnosed with physical disabilities such as cerebral palsy.
- There have been perceived dramatic increases in a range of behaviour problems such as attention deficit disorder and hyperactivity; dangerous activities such as substance abuse; and the high levels of teenage pregnancies.
- Trends in behavioural and learning outcomes in schools are challenging teachers, and education departments are voicing concern at the levels of social and other problems in schools and how these may affect educational achievement.

- Not all types of juvenile crime have increased, but the most aggressive ones certainly have, such as assault and rape.
- Child abuse and neglect is reported more than ever before, although it may be that the occurrence is not really increasing, but that it is more acceptable to report it.
- Whatever the case, child protection services everywhere are in a state of crisis

Stanley et al note some common patterns in these trends:

- They are occurring at younger and younger ages
- Girls are now involved almost as frequently as boys in activities such as substance abuse, anti-social behaviour and aggressive crime.
- The problems are more severe, more complex, and more difficult to manage than 10-20 years ago.
- The different outcomes between the social levels of the Australian population have not levelled out as anticipated, but instead have become more marked.

Other points regarding developmental outcomes

- The rates of all these poor developmental outcomes have risen or are unacceptably high
- The developmental pathways that lead to each of these outcomes can be traced back to early childhood
- All the poor developmental outcomes identified have associated social and financial costs that cumulatively represent a considerable drain on societal resources
- Re explanations for this state of affairs – the worsening outcomes represent an *unintended* consequence of other changes and policies

‘In Australia, decades of peace and economic prosperity had failed to translate into improvements in many measures of children's population health and well-being. In some areas, previous gains in health have slowed or have reversed, and there is a real possibility that the current generation of Australian children will not enjoy a better level of health and children than the preceding generation. In other areas, there is an increasing social divide with respect to the available opportunities to participate in the basic social, civic and economic activities of the nation.’ (Zubrick, Silburn and Prior, 2005, pp. 161-162)

New knowledge of factors affecting child development and family functioning

A fifth reason why we are rethinking how best to support young children and their families is the deepening of our understanding of how children develop and the factors that affect their development. The research findings are far too numerous to elucidate here, but key areas in which our knowledge has grown include the following:

- The nature and significance of the early years (McCartney and Phillips, 2005; Shonkoff and Phillips, 2000)
- The role and significance of relationships in child development (Gerhardt, 2004; National Scientific Council on the Developing Child, 2004a)
- The neurobiology of interpersonal relationships (Cozolino, 2002, 2006; Goleman, 2006; National Scientific Council on the Developing Child, 2004b, 2005; Siegel, 1999, 2001)
- Cumulative impact of multiple risk and protective factors on child functioning (Appleyard, Egeland, van Dulmen and Sroufe, 2005; Durlak, 1998; Shonkoff and Phillips, 2000)
- The interplay between genes and environment (Ridley, 2003; Rutter, 2006)

The growth in our understanding of family and community functioning has also been considerable, if less dramatic. Key findings include

- The relationship between parenting practices and child development (Barlow, Parsons and Stewart-Brown, 2005)
- Cumulative impact of multiple risk and protective factors on family functioning (Ghate and Hazel, 2002)
- The importance of social support for parental and family functioning (Cochran and Niego, 2002; Cooper, Arber, Fee and Ginn, 1999; Crnic and Stormshak, 1997; Thompson and Ontai, 2000)
- The prevalence of social gradient effects (Hertzman, 1999; Marmot, 2005; Wilkinson, 2005)
- The role of social capital (Coleman, 1988; Cox, 1995; 2002; OECD, 2001)

Efficacy of early intervention and the importance of the early years

The final reason why change is needed comes from the accumulating evidence of the long-term efficacy of early intervention and the economic benefits to be gained from investments in the early years. Again, there is only time to list a few of these findings:

- Long term effects of early childhood and early childhood intervention programs (Guralnick, 1997; Karoly, Greenwood, Everingham, Houbé, Kilburn, Rydell, Sanders and Chiesa, 1998; Karoly, Kilburn and Cannon, 2005)
- Cost effectiveness of early childhood and early childhood intervention programs (Galinsky, 2006; Karoly and Bigelow, 2005; Melhuish, 2003)
- The effectiveness of parenting interventions (Barlow, Parsons and Stewart-Brown, 2005; Moran, Ghate and van der Merwe, 2004)
- Benefits of investments in the early years (Cunha, Heckman, Lochner and Masterov, 2005; Heckman and Masterov, 2004; Lynch, 2004; Rolnick and Grunewald, 2003)

Together, the six factors just outlined - social and economic changes, changes in families and family circumstances, service delivery issues, worsening developmental

outcomes, new knowledge of factors affecting child development and family functioning, and evidence of the efficacy of early intervention - make a powerful argument for rethinking how we deliver early childhood and family support services.

WHAT TO CHANGE

What form should this change take? There are three main ways in which change is needed: we need more supportive communities, better coordinated services, and improved forms of dialogue between communities and services.

- ***To build rich and supportive social environments for families with young children.*** As a result of the pervasive economic, social and demographic changes that have occurred over the past few decades, there has been a partial erosion of traditional family and neighbourhood support networks. This has left a greater proportion of parents of young children with relatively poor social support networks and therefore more vulnerable. The evidence regarding the importance of social support and social connectedness strongly suggests that one way in which we could address this problem is by providing families of young children with multiple opportunities to meet other families of young children.
- ***To build a well-coordinated and easily accessible system of services for young children and their families.*** In the light of the difficulties that services have in meeting all the needs of all families effectively, the service system needs to become better integrated, so as to be able to meet the multiple needs of services in a more seamless way. We need to turn the system around so that it puts the customer first, tailoring our services to the needs and circumstances of families rather than the needs of professional and bureaucracies.
- ***To develop ways in which the service system is able to respond promptly and effectively to the emerging needs of young children and their families.*** For the service system to become more responsive to the emerging needs of young children and families, we need better ways of communicating, more constant feedback. This needs to occur at all levels, involving service providers in their dealings with individual families, agencies with their client groups, and service systems with whole communities. For individual professionals, this means using a service philosophy based on family-centred and strength-based practices as well as needs-assessment procedures and tools that regard parent input as being as important as professional input. For service systems, it means developing skills in talking to communities of families – in other words, community-centred practice.

One way in which the service system will need to shift is from targeted and treatment approaches to a universal prevention approach to service provision (CCCH, 2006). In the existing system, targeted and treatment services are mostly located separately from universal services; there are referral 'bottlenecks' that result in delays in help being provided; and the communication between services tends to be one way. Services are having difficulties meeting the needs of all children and families effectively because they are too dependent upon scarce specialist services. The answer is not simply to increase funding for targeted and treatment services (such as early childhood intervention services) in their current forms. First, given the range of

services that would need additional funding (which includes health, mental health, disability, special education, family support, parenting, child protection services etc.), the cost would be prohibitive. Second, the evidence would suggest that the targeted approach is not the most efficient and effective way of meeting the needs of all children and families, or even those of the most vulnerable children and families for whom they are intended.

The existing service system of universal, targeted and treatment services needs to be reconfigured as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universal and primary services (CCCH, 2006). Secondary and tertiary services are similar to targeted and treatment services in that they provide direct services to children and families with problems and conditions that are either mild or moderate (secondary services) or chronic, complex and severe (tertiary services). However, the integrated tiered system differs in approach from the current system in a number of important ways:

- it has the capacity to respond to emerging problems and conditions, rather than waiting until problems become so entrenched and severe that they are finally eligible for service
- it focuses on targeting problems as they emerge through the secondary and tertiary layers, rather than people as risk categories, thus avoiding unnecessary stigmatising
- it aims to drive expertise down to universal and secondary services, facilitating collaboration and strengthening their capacity to deliver prevention and early intervention strategies
- it would have outreach bases co-located with universal services to facilitate collaboration and consultant support

Before we consider the implications of these developments for early childhood intervention services, we will look at how these services have evolved over the same time span. We will begin with by considering the well-established changes, then look at emerging trends.

EVOLUTION OF EARLY CHILDHOOD INTERVENTION PRACTICE

In its relatively short history, the field of early childhood intervention has evolved rapidly, and a number of well-documented trends have become evident. In response to social change and service developments, the field has continued to evolve and a number of emerging trends can also be identified. This paper documents these two types of evolutionary trends in service delivery.

Well-established trends

- ***From professionally-directed to family-centred practice*** (Blue-Banning, Summers, Frankland, Nelson and Beegle, 2004; Dunst, 1997; Moore, 1996; Moore and Larkin, 2006; Rosenbaum, King, Law, King and Evans, 1998; Turnbull, Turbiville and Turnbull, 2000). As in many other forms of human service, early intervention has seen a shift away from a service delivery model in which the professionals controlled the process of diagnosis and treatment to one which

seeks to base service on needs and priorities identified by parents, building upon existing family competencies and mobilising local resources. This family-centred approach is based on a partnership between parents and professionals with the parents making the final decision about priorities and intervention strategies, and represents a profound shift in the *manner* in which early intervention services are delivered.

- ***From a child-focused to a family-focused approach*** (Bernheimer, Gallimore and Weisner, 1990; Buysse and Wesley, 1993; Moore, 1996; Stayton and Bruder, 1999). The initial form in which early intervention was conceived was child-focussed: services primarily took the form of specialist interventionists worked directly with the child. Research indicated that this approach did not produce lasting change and experience suggested the parents' needs for support and information were being neglected. Programs were developed to address these gaps, becoming more parent-focussed. Subsequently, the needs of the family as a whole came to be considered as well. This included recognition of the needs of other family members, such as siblings and grandparents, as well as consideration of the overall circumstances of the family (including employment, housing, transport, and health) and of the family's 'ecocultural niche' (Bernheimer, Gallimore and Weisner, 1990; Gallimore, Bernheimer and Weisner, 1999; Gallimore, Weisner, Bernheimer, Guthrie and Nihira, 1993).
- ***From an isolationist model of family functioning to a systemic ecological model*** (Bronfenbrenner, 1979, 1995; Bronfenbrenner and Morris, 1998; Erickson and Kurz-Riemer, 1999). The implicit assumption underlying early efforts to support families of young children with disabilities was that families functioned more or less independently of the wider social context. There is now a much greater understanding of the way that family functioning is dependent upon the immediate community and wider social environments, and of the consequent need to provide services that take these wider factors into account (Guralnick, 2005).
- ***From simple linear causal models to complex transactional models*** (Moore, 1996). This progressive broadening of early intervention goals went hand in hand with a reconceptualisation of how early childhood intervention achieved its effects. The early programs were based on an underlying assumption that direct child-focussed therapeutic and educational programs were all that was needed to create long-lasting changes in children. The failure of such programs to achieve permanent change soon led to the development of theories (Sameroff and Chandler, 1975; Sameroff and Fiese, 2000) and practices (Bromwich, 1978, 1997) based on a transactional model of change and development in which development was seen as the result of a dynamic reciprocal interaction between the child's biological and intrapersonal characteristics on the one hand, and family and community factors on the other.
- ***From multidisciplinary to interdisciplinary teamwork*** (Briggs, 1997; McWilliam, 2000; Rapport, McWilliam, and Smith, 2004). When early childhood intervention programs were first established, services to children were often delivered in a multidisciplinary fashion, with different specialists working with the child independently of one another. The conflicts this sometimes created for

families prompted a shift to interdisciplinary practice, in which specialists coordinated their efforts to a much greater extent but still continued to be directly involved with the child and family.

- ***From segregated centre-based services to inclusive community-based services*** (Dunst, 2001; Guralnick, 2001; Pilkington and Malinowski, 2002; Stayton and Bruder, 1999). There has been a growing recognition, backed by research evidence, of the importance for children with disabilities of being able to mix with children without disabilities in mainstream early childhood and community settings. The location in which early childhood intervention services are provided has diversified accordingly, and increasingly occurs in settings with children without disabilities. The early childhood interventionist's role has broadened to include provision of support to mainstream settings.
- ***From a norm-referenced approach to assessment to a functional approach*** (Meisels and Atkins-Burnett, 2000; Schneider, Gurucharri, Gutierrez and Gaebler-Spira, 2001). Norm-referenced (or developmental) assessment is based on the notion that interventions should be directed at helping children attain sequential developmental positions and move 'normally' through them. This has been largely replaced by functional assessment, which is based on the notion that interventions should be directed to helping children complete activities of daily living at home and in the community (Schneider, Gurucharri, Gutierrez and Gaebler-Spira, 2001). This means the fusion of assessment and intervention (Meisels and Atkins-Burnett, 2000). Formal assessment is recognised as only the first step in the process of learning about the child and family - through intervention (applying the ideas or hypotheses generated by the initial assessment), more can be learned that can serve the dual purpose of refining the assessment and enhancing the intervention.

Although not all of these practices are universally applied, they are well accepted as the basis on which services should be delivered. There are also a number of emerging trends or new practices which are likely to become accepted as best practice in due course.

Emerging trends

- ***From a clinical approach to a natural learning environments approach*** (Bruder and Dunst, 1999; Childress, 2004; Dunst and Bruder, 2002; Hanft and Pilkington, 2000; Noonan and McCormick, 2005). The traditional clinical approach (in which children were 'treated' by specialists in clinical settings) limits the opportunities the child has to practise the skills they need to develop and cannot guarantee that the child will transfer those skills to everyday settings. Accordingly, this form of service is being replaced by a natural learning environments approach in which specialists seek to identify and utilise natural learning opportunities that occur in the course of children's everyday home and community routines.
- ***From a direct service delivery model to indirect and consultative forms of service delivery*** (Hanft, Rush and Shelden, 2004; Stayton and Bruder, 1999). The primary role of early interventionists originally centered around

provision of direct services to young children with disabilities and their families. The trend toward more inclusive, coordinated, comprehensive, family-centered services within community settings has required a reconceptualisation of the early interventionist from direct service provider to indirect service provider, with a flexibility to assume multiple roles. These include skills in consultation (Buysse and Wesley, 2005) and coaching (Hanft, Rush and Shelden, 2004).

- ***From fragmented services to seamless service integration*** (Harbin, McWilliam and Gallagher, 2000; Pilkington and Malinowski, 2002; Rosin and Hecht, 1997). It is becoming increasingly apparent that early childhood intervention services cannot meet all of the needs of the families they serve, particularly families with complex needs. To ensure that the needs of these families are met, early childhood intervention services need to become part of wider networks of services that work together to provide holistic integrated services to families (CCCH, 2006).
- ***From interdisciplinary to transdisciplinary teamwork*** (Drennan, Wagner and Rosenbaum, 2005; Harbin, McWilliam and Gallagher, 2000; McWilliam, 2000; Martin, 2004; Moore, 2004; Pilkington and Malinowski, 2002; Rapport, McWilliam and Smith, 2004; Stayton and Bruder, 1999). In transdisciplinary teamwork, several professionals provide an integrated service to the child and family, with one professional acting as the key worker. The rationale for adopting this approach is two-fold. First, there is good evidence that parents prefer and do better with a single case worker (Bruder, 2002; Sloper, 1999; Sloper, Greco, Beecham and Webb, 2006); according to Bruder (2002), transdisciplinary teamwork is 'absolutely necessary for effective intervention'. Second, because of increases in parent numbers, services are no longer able to provide full interdisciplinary services to all eligible families.

The quality of relationships within teams contributes to the ability of team members to work supportively with parents and families (Pilkington and Malinowski, 2002). Ways of building supportive collegiate relationships have been identified by Brunnelli and Schneider (2004), Drennan, Wagner and Rosenbaum (2005), and Rapport, McWilliam and Smith (2004).

- ***From a service-based to an outcomes-based approach*** (Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, Spiker and Wagner, 1998; Dunst and Bruder, 2002; Friedman, 2005; Harbin, Rous and McLean, 2005). Like many forms of human service delivery, the early childhood intervention sector has tended to view its established forms of service as important in their own right, rather than as means to an end (that is, achieving positive changes in child and family). Increasingly, there is a recognition of the importance of basing services on agreed outcomes (starting with the end in mind) and selecting the form of service delivery best able to achieve these outcomes (Moore, 1996a). For example, Indiana's First Steps Early Intervention System has adopted a statewide evaluation system that focuses on the outcomes for children, families and communities, not on services or procedures (Conn-Power and Dixon, 2003). Data collection procedures are embedded into ongoing service routines and are locally implemented by service providers (and therefore do not require independent or outside investigators).

- ***From a tradition-based approach to an evidence-based approach to service delivery*** (Dunst, Trivette and Cutspec, 2002; Hemmeter, Joseph, Smith and Sandall, 2001; Law, 2000; Moore, 2005; Odom and Wolery, 2003; Noyes-Grosser, Holland, Lyons, Holland, Romanczyk and Gillis, 2005). As in other human service sectors, the early childhood intervention field has tended to persevere with established forms of service delivery that have good face validity but have not necessarily been proven to be effective. There is now enough accumulated evidence to suggest which forms of service delivery are most effective (Odom and Wolery, 2003), and there is an increasing recognition that these are to be preferred). Law (2000) provide guidelines for direct service providers on how to do this. The Research and Training Center on Early Childhood Development (www.researchtopractice.info) has prepared a number of practice-based research syntheses using a methodological approach that examines the characteristics and consequences of practices, how practice and outcome variables are related, and how this relationship informs what parents and practitioners can do to implement practices based on available research evidence (Dunst, Trivette and Cutspec, 2002).
- ***From a deficit-based to a strength-based approach*** (Pilkington and Malinowski, 2002; Saleebey, 2006; Turnbull, Turbiville and Turnbull (2000). Early intervention has followed the natural evolutionary path, evident in other areas of human services, from an initial focus on treating deficits, succeeded by an emphasis on remediating, and culminating in an increasing emphasis on promoting strengths. In early intervention, this has resulted in a general emphasis on empowerment and efforts to acknowledge and build on the existing strengths both of children (Zeitlin and Williamson, 1994) and of families (Scott and O'Neill, 1998). Training programs, such as those developed at St. Luke's in Bendigo (McCashen, 2004) are now available.
- ***From a professional skill-based approach to a relationship-based approach*** (Edelman, 2004; Gowen and Nebrig, 2001; Heffron, 2000; Heffron, Ivins and Weston, 2005; Moore, 2006b; Pawl and Milburn, 2006; Pilkington and Malinowski, 2002; Weston, Ivins, Heffron and Sweet, 1997). Important as specialist knowledge and skills are, there is a growing recognition of the equal importance of relationship skills in working effectively with families (as well as with other professionals) (Davis, Day and Bidmead, 2002; Dunst and Trivette, 1996; Hornby, 1994; Moore, 2006b; Moore and Moore, 2003; Pawl and St. John, 1998). However, a relationship-based approach broadens this beyond the relationship between service providers and parents. According to Heffron (2000), 'relationship-based preventive intervention is a way of delivering a variety of services to infants, toddlers, and families that includes a focus on the importance of parent-child interaction, knowledge of how parallel process or how the staff-family relationship influences the family-child relationships, and the deliberate use of the intervenor's self awareness in working with infants and families where relationships are at risk' (p. 16). There are now some good examples of how early childhood intervention services can adopt a relationship-based approach (Gilkerson and Kopel, 2005; Gilkerson and Ritzler, 2005).

- ***From a focus on differences between children with and without disabilities to a recognition of the commonalities between them*** (Moore, 2001, 2004). Young children with developmental disabilities share the same core needs as all other children, needs that are easily lost sight of when parents or specialists focus unduly on their special or additional needs. There is also evidence that there are many commonalities between the practices that have been found to be most effective in working with children who have developmental disabilities and those recommended for children who have no developmental problems (Moore, 2001). The children themselves, and the underlying principles for working with them, are more the same than different. This is true also of families of children with and without developmental disabilities. Families of children with developmental disabilities have universal needs that they share with all families, plus some additional needs unique to their particular subset of families. This is in contrast to thinking of them as a different classes or types of families altogether, all of whose needs should be met through different specialist systems of services (Moore, 2004).
- ***From an authoritative expert stance to reflective practice*** (Gilkerson, 2004; Schön, 1987; Wesley and Buysse, 2001; Weston, 2005). Reflective practice refers to the ongoing process whereby practitioners critically examine their past and current practices in order to ensure that they are delivering services as they intended and achieving desired outcomes. This is now increasingly recognised as an essential feature of best professional practice in an ever-changing world. To support ongoing reflective practice, reflective supervision is needed (Bertacchi and Norman-Murch, 1999; Gilkerson, 2004; Gilkerson and Ritzler, 2005; Norman-Murch and Ward, 1999; Pawl, 1995).
- ***From a deficit-based approach to eligibility assessment to a response to intervention approach*** (Coleman, Buysse and Neitzel, 2006; Fuchs and Fuchs, 2005; NASDSE, 2005). The traditional approach to determining the eligibility of a child for special education is to compare their scores on intelligence tests with their academic performance. However, this method does not discriminate between those children who truly have a learning disability and those who had just fallen behind because they have not received appropriate experiences or instruction. In contrast, the response to intervention approach emphasises pre-referral prevention and intervention based on recognition of early warning signs that the child is not learning in the expected manner. In this approach, there is limited reliance on formal diagnosis and labeling. Instead, there is a systematic approach to responding to early learning difficulties that includes assessing the overall quality of early learning experiences for all children and providing a series of progressively more intensive research-based interventions. A child is not deemed to have a learning disability until it can be demonstrated that they do not respond to such interventions.

IMPLICATIONS FOR EARLY CHILDHOOD INTERVENTION SERVICES

These developments have profound implications for early childhood intervention services, and the paper will explore some of these. The main implication is that the early childhood intervention field must be part of the change, and cannot stand aside from it. Indeed, early interventionists already have many skills that should be of great

value in the new forms of service that are emerging. We should therefore seek to be actively involved in shaping the new system (Moore, 2004).

However, there are some specific ways in which we too must change. These include the following:

- ***We need to shift from a service-based approach to an outcomes-based approach.*** This will involve gaining agreement with parents, other services, and the wider community as to what outcomes we should be working towards. Some work towards this end has already been done through forums run by Early Childhood Intervention (Victorian Chapter).
- ***We need to develop our skills in working in partnership with other specialist and mainstream agencies*** (Lowenthal, 1996; Rosin and Hecht, 1997). Partnerships with other specialist services are necessary to ensure that families receive all the supports they need in an integrated fashion. Partnerships with mainstream services are needed to ensure that they are able to meet the needs of children with developmental disabilities in an inclusive fashion.
- ***We need to explore ways in which some of our services can be embedded in mainstream settings.*** Among other things, this means applying our knowledge and skills to children who are not (yet) eligible for early childhood intervention services but who are experiencing some developmental difficulties.
- ***We need to develop our skills in exploiting natural learning opportunities in home and community settings.*** This is one of the most powerful tools we have at our disposal, and we need to build our experience and skills in using this approach.
- ***We need to develop our consultancy skills for work with mainstream services.*** This involves training in the consultation and coaching skills necessary to ensure that they are able to share their expertise with universal service providers effectively (Buisse and Wesley, 2004; Hanft, Rush and Shelden, 2004). More specifically, it includes how to help non-specialist service providers apply natural learning opportunities approaches in mainstream and community settings (Gettinger, Stoiber, Goetz and Caspe, 1999; Johnson, Zorn, Tam, Lamontagne and Johnson, 2003; Knapp-Philo, Corso, Brekken and Bair Heal, 2004).
- ***We need to learn how to work in transdisciplinary teams*** (Briggs, 1997; Straka and Bricker, 1996; Widerstrom and Abelman, 1996). This is both a necessary economy required of us by social and economic changes, and a desirable streamlining of support to families. Learning to work in a transdisciplinary way is a developmental accomplishment for early childhood interventionists that takes support, training and time.
- ***We need to develop our helping and 'people' skills.*** This requires a combination of training (Davis, Day and Bidmead, 2002; Moore and Moore, 2003) and ongoing supervision.

- ***We need to continue to build our family partnership skills and family-centred practices.*** Again, this involves training (Bailey, McWilliam, Winton and Simeonsson, 1992; Bruder, 2000; McBride and Brotherson, 1997; Stayton and Bruder, 1999) as well as ongoing support and supervision.
- ***We need to develop our understanding of and skills in relationship-based practice.*** To achieve this, we need to enlist the support of infant mental health specialists (Gilkerson and Ritzler, 2005; Heffron, Ivins and Weston, 2005).
- ***We need to become truly reflective practitioners.*** The most effective practitioners are those who constantly reflect upon the work they do, and whether it is achieving the goals they and those they support have in mind. Given the ongoing rate of social change, it is essential that we establish habits of life-long learning.

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Resources and links

Re *evidence-based practice*

- Research and Training Center on Early Childhood Development - <http://www.researchtopractice.info/whatisebp.php>

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