Policy and practice in implementing early childhood intervention services

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Plenary presentation at 5th Malaysian National Early Childhood Intervention Conference
– *Passion Has No Parameters* –

Ipoh, Perak, Malaysia, 7th June 2014

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ABSTRACT

In the 50 or so years that early childhood intervention services have existed, policy and practice have steadily evolved, and will continue to do so. This paper provides an overview of current thinking and evidence about effective early childhood intervention practices, and explores the implications for policy development. Changes in practice have been driven by a number of factors, including our growing knowledge about how children with and without disabilities develop and learn, and the recognition of the importance of daily environments for children's learning. Another factor is the recognition that early childhood intervention services have limited time to work directly with children, and that it is what happens when they are not present that really matters. This has profound implications for early childhood intervention service providers: their prime role is to help parents and other caregivers care for their children in ways that will promote the children's development and learning. We now have developed a good understanding of the key skills and tools that early childhood interventionists need to work in this way. The paper concludes with a discussion of the policies needed to support this way of working.

INTRODUCTION

This paper provides an overview of current thinking and evidence about effective early childhood intervention practices, and explores the implications for policy development.

Outline

- Where we have come from
- What we have learned
- Where we are now
- Implications for early childhood intervention practice
- Implications for early childhood intervention policy
- Conclusions

Where we have come from	Where we are now
No services for children with developmental disabilities below school age	Services for all children and their families from diagnosis to school age
Services catering for disabilities of one type only	Services catering for all types of disabilities - recognizing the commonalities between them
Programs mainly centre-based	Programs mainly home-based and community-based
Professionals seen as the main agents of change, working directly with children	Parents and other caregivers seen as the main agents of change, with professionals helping them develop skills to meet children's needs
Professionals seen as experts, with parents as passive recipients of advice	Professionals and parents seen as partners, with shared expertise and power
Helping understood in terms of what professionals do *to* and *for* parents	Helping understood in terms of what professionals do *with* and *through* parents
Children cared for and educated with other children with disabilities only	Children included in programs and settings with other children
Main focus on how children with disabilities differ from other children	Greater focus on what children with disabilities share with other children
Families of children with disabilities also seen as differing from other families	Families of children with disabilities seen as having many needs in common with other families
Disabilities viewed as differences in kind rather than degree	Disabilities viewed as continua with no absolute cut-off point
Main focus on children's developmental goals – on mastering the next skills on developmental charts and assessments	Main focus on children's functional goals - on learning skills that will be functional in their everyday environments
Widespread use of unproven intervention techniques	Greater reliance on evidence-based intervention strategies

WHAT WE HAVE LEARNED

In the 50 or so years that early childhood intervention services have existed, policy and practice have steadily evolved, and will continue to do so. These changes in practice have been driven by a number of factors, including

- new knowledge about how children develop and learn,
- new knowledge about how children with disabilities develop and learn,
- a new understanding of what children with disabilities need,
- changing ideas about disabilities,
- changing ideas about families of children with disabilities,
- changing ideas about the relationship between parents and professionals, and
- new knowledge about effective intervention strategies

Let's look briefly at each of these factors.

New knowledge about how children develop and learn

In considering how children with disabilities develop and learn, we should always start by reviewing what we know about how children in general develop and learn, then explore in what ways the development and learning of children with developmental disabilities differ from these patterns.

And in considering the needs of children with developmental disabilities, we should begin by reminding ourselves of the needs of children in general, and ask in what ways (if any) these differ for children with developmental disabilities.

For the purposes of the present discussion, we will focus on four key features of how children develop and learn.

- *Learning starts from birth, and skills develop cumulatively*, so that those acquired early form the basis for later skill development. Thus, the skills children develop in the early years contribute to a chain of effects that either reinforces and expands their initial skills and dispositions, or worsens their initial difficulties and even produces new ones.

  Therefore we should be providing support from birth, not waiting until they are school age.

- *Children learn through regular practice of emerging skills.* Children spontaneously practice new skills in their play and in their interactions with others.

  Therefore we should be ensuring that children get multiple opportunities to practice functional skills in everyday environments.

- *Children's development is shaped by their early learning environments*

  Children do not wait until they are in some kind of educational setting to begin learning. They learn from whatever they experience in everyday settings. Wherever they go, there is a curriculum of sorts in play.

  Therefore we need to be concerned about the quality of the environments provided by parents and caregivers and not just the quality of early childhood and early intervention environments.

- *Children learn through relationships with key caregivers.* In young children particularly, the key feature of their early learning environments are people - children learn through their relationships with the important people in their lives, and infants and toddlers are hard-wired to use adult's brains to form their own

  Relationships change brains neurologically and neurochemically, and these changes may be for the better or for the worse. Sensitive and responsive care giving and positive attachments with caregivers are essential for the healthy neurophysiological, physical and psychological development of a child. Therefore we should view building positive relationships between children with disabilities and their parents as a major focus of early intervention.

New knowledge about how children with disabilities develop and learn

Do these findings apply to children with disabilities? Do they learn in the same ways as other children? Are relationships just as important for them? The short answer to these questions is Yes.

- Children with disabilities learn the same way as other children - through relationships, through the quality of the social and learning environments they experience, through having repeated opportunities to practice functional skills in everyday settings, through participation.

- Are relationships as important for children with disabilities? The evidence indicates that these crucial relationships qualities have the same impact on their development as they do on other children.

Therefore, we should focus as much on what children with disabilities share with other children as on their different needs. We also need to recognise the importance of daily environments for young children's learning.

A new understanding of what children with disabilities need

It is now recognised that children with developmental disabilities have the same needs as all children – needs for attachment, nurturance, emotional responsiveness, care, safety and security, opportunities to mix with a range of other children and adults etc. However, children with disabilities may have difficulty having these needs

realised because of the nature of their disabilities – they often initiate interactions less frequently and give cues that are more subtle and difficult to read.

All children, including those with developmental disabilities, benefit from meaningful participation in everyday activities and settings. To participate meaningfully, children need functional skills – communication, mobility, self-regulation, social skills – gaining these skills is often a challenge for children with disabilities. Therefore, assessments and intervention strategies should focus on functional skills rather than developmental skills.

All children benefit from opportunities to mix with a range of other children in safe and stimulating activities and settings. Children with disabilities are no exception and gain much from being in programs and activities with other children. Therefore, children should not be cared for and educated with other children with disabilities only, but included in programs and settings with other children.

Changing ideas about disabilities

We have learned that, while different disabilities present unique challenges, there is much that they have in common – in the needs they share, the interventions strategies that are effective across disabilities etc. Therefore, there are many benefits to be gained from providing services for different disabilities under one auspice. (There are other practical considerations that this – the logistical difficulty of providing separate services for different disabilities across whole populations.)

Whether we are regarded as disabled or gifted depends largely upon when and where we live, and how successfully we have adapted to the needs of the immediate environment – this is a challenge we all face. Therefore, we need to rethink our approach to services, and explore ways of meeting the varying needs of all children in a seamless fashion.

Changing ideas about families of children with disabilities

Just as children with disabilities have many needs in common with those of children without disabilities, families of children with disabilities have the same needs as other parents - for social support and acceptance, for participation in community activities, for financial and housing security. They also need additional support to help them meet the child's basic care needs and to gain the skills to meet the child's learning needs – this is one of the main roles of early childhood intervention services.

Parenting can be a challenging task at the best of times. However, it needs to be recognised that disabilities are not tragedies and that families of children with disabilities can (and do) transcend the challenges they face and flourish. Therefore, we should attend to the needs that families of children with disabilities have in common with other families as well as their additional needs.

Changing ideas about the relationship between parents and professionals

Early childhood intervention services are less effective when parents are expected to be passive recipients of expert professional advice, and more effective when professionals and parents work together as partners, with shared expertise and power.

Early childhood intervention services are less effective when helping is understood in terms of what professionals do *to* and *for* parents, and more effective when helping is understood in terms of what professionals do *with* and *through* parents.

Early childhood intervention services are less effective when professionals try to be the main agents of change through direct work with children, and more effective when parents and other caregivers are seen as the main agents of change, with professionals helping them develop skills to meet children's needs.

Early childhood intervention services are less effective when delivered in in specialist centre-based settings, and more effective when delivered in home and community settings.

New knowledge about effective intervention strategies

As evidence has accumulated, some of the strategies that there have been used by early childhood interventionists have been found to be ineffective. This has led to a push to adopt strategies that have been proven to be effective in promoting children's development and well-being, and in supporting their families and other caregivers.

As evidence of the importance of children's early learning environments has accumulated, we have become more aware of the importance of ensuring that those environments are able to meet children's needs. This means that early childhood intervention services need to focus more on promoting the capacity of families and caregivers to provide optimal learning environments for children, rather than trying to provide those environments themselves.

We have become aware that early childhood intervention services have limited time to work directly with children, and that it is what happens when they are not present that really matters. Young children's main learning environments are in the home and other community settings, and not in specialist services such as those provided by ECI professionals.

While ECI providers can play an important role in supporting children with disabilities and their families, they have a limited role to play in the everyday lives of these children. The one or two hours a week that ECI professional may be able to spend in direct contact with children represents less the 3% of their waking hours. The bulk of the child's learning occurs between home visits or other sessions with professionals, not during them.

We also need to recognise that early childhood intervention services will always be in limited supply, and cannot provide full day services for young children with disabilities – this is true even in industrialised and relatively wealthy countries such as Australia, and even more true in Malaysia.

Seen in this light, *the overall aim of ECIS is to ensure that the parents or other key caregivers are able to provide young children who have developmental disabilities with experiences and opportunities that promote the children's acquisition and use of competencies which enable the children to participate meaningfully in the key environments in their live.*

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IMPLICATIONS FOR PRACTICE

These changes in ideas and knowledge have profound implications for the practice of early childhood intervention. If the main role of early childhood intervention services is work with and through parents and other key caregivers to ensure that they are able to provide optimal learning environments for their children, then we need to be using different skills and strategies.

Fortunately, we now have developed a good understanding of the key skills and tools that early childhood interventionists need to work in this way.

Working with children

- Responsive caregiving (Mahoney & Nam, 2011; Roggman et al., 2008)
- Response-contingent child learning and parent contingent responsiveness (Dunst et al., 2007, 2008)
- Parent-mediated everyday learning opportunities (Dunst & Swanson, 2006)
- Building on children's interests (Dunst & Swanson, 2006; Dunst et al., 2011)
- Naturalistic teaching practices (Kaiser & Trent, 2007)
- Community-based everyday child learning opportunities and natural environments (Dunst et al., 2010; Noonan & McCormick, 2006)

Working with families

- Family-centred practice (Dunst & Trivette, 2009; Trivette et al., 2010) and family-centred care (Kuo et al., 2012; Kuhlthau et al., 2011)
- Family partnership skills (Davis & Day, 2010; Fialka et al., 2012)
- Capacity-building practices (Dunst & Trivette, 2009; Trivette & Dunst, 2007)
- Support-based home visiting (McWilliam, 2012)
- Routines-based approaches (McWilliam, 2010; McWilliam et al., 2009)
- Coordinating services (Bruder, 2010; Bruder & Dunst, 2006)
- Key worker and transdisciplinary service delivery (Forster & Webster, 2012; McWilliam, 2011; Shelden & Rush, 2012)

Working with other settings

- Coaching (Shelden & Rush, 2010)
- Consultation (Buysse & Wesley, 2005)
- Engagement strategies (McWilliam & Casey, 2008)
- Tiered support models (Buysse & Peisner-Feinberg, 2013)

IMPLICATIONS FOR POLICY

These changes in ideas and knowledge also have profound implications for early childhood intervention policies. Here a just a few to consider, beginning with a couple of things to avoid:

- *Don't lobby on behalf of individual disabilities* – that just leads to competition between disability groups, and inequities in provision. It is important to speak with a united voice, through a national body.

- *Don't set up segregated services* – seek to work with mainstream services from the start.

- *Don't aim for a service model that depends upon different professionals each focusing on a different aspect of the child's functioning and needs*. This can result in a confusing and time-consuming range of recommendations and interventions that are demanding for the child and family alike, and unlikely to be effective.

  This is particular problem for children with multiple disabilities. Limbrick (2011) maintains that when we perceive a new need in a child with a multifaceted condition, the traditional response is to send for yet another practitioner with yet another bag of tricks. He proposes an alternative approach:
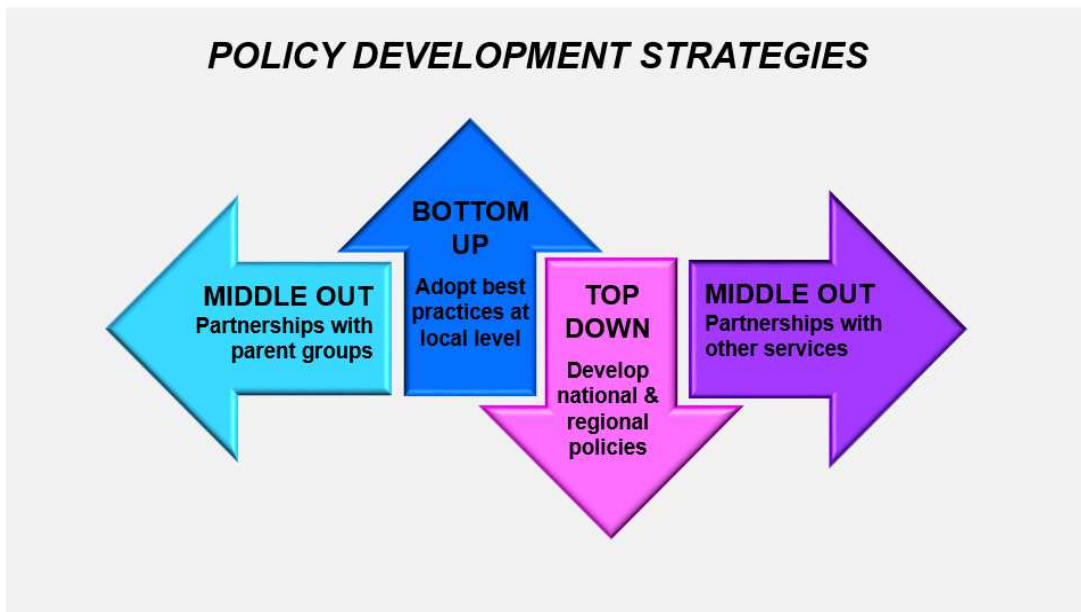
  > We can replace the statement, 'This child needs to be seen by a ----.' with, 'This child seems to be ready to learn (a particular new skill).'

  > We can then ask, 'Amongst the people around the child already, who is best placed to assess the child's strengths and needs for this new learning? Who can create an approach/programme for it? Who can deliver the work to the child? Who can review progress?'

  This important shift from 'We need a speech and language therapist!' to 'Who is best placed to help the child learn now?' keeps the focus on the whole child, acknowledges that there are several interconnected facets to this new learning and utilises the experience and skills of people already around the child.

- *Be careful what you ask for* - lobby for greater support for children with developmental disabilities and their families, but make sure that there is a coherent vision for what outcomes are being sought and therefore what form of support is needed. Policies are as much about values as evidence.

- *Use a combined top-down / bottom-up / middle-out approach to building and promoting policies:*

POLICY DEVELOPMENT STRATEGIES

BOTTOM UP
Adopt best practices at local level

TOP DOWN
Develop national & regional policies

MIDDLE OUT
Partnerships with parent groups

MIDDLE OUT
Partnerships with other services

- ***Top down***: Advocate for government policy frameworks and funding – peak professional body (NECIC), peak parent body or lobby groups

- ***Bottom up***: Don't wait for government leadership and funding – start building the kind of services you want at local and state levels, then seek to consolidate these through government policies and funding

- ***Middle out***: Seek partnerships with other service groups to gain support for early childhood intervention services and philosophy. Also seek to parental and public understanding and support for services.

CONCLUSIONS

Early childhood intervention services have evolved a great deal during the 50 or so years that we have been providing them …. and they will continue to evolve, which means that the practices and policies discussed in this paper will eventually be challenged and changed. This is not something that should disturb us, for it is the sign of a healthy and dynamic field of practice to be continuously learning and reinventing itself – just as the families that we work with do.

The fact that our ideas and practices change does not invalidate previous models of service – good work can always be done within different frameworks – but ideas and practices that do not change to accommodate changing social circumstances and values become moribund and ineffective.

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