Current developments in Early Childhood Intervention: An international perspective

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Take home messages
A: Target groups of vulnerable children are changing

1) Early Childhood Intervention faces new vulnerable groups (new morbidity, Schlack et al. 2010):
   a) Social aspects will become more important (e.g. in the field of FASD)
   b) Vulnerabilities of VLBW children have to be considered
B: Early Childhood Intervention is faced with increased cost/efficiency aspects “

(evidence based) SMART goal definitions become relevant

(specific – measurable – acceptable - realistic – timely)

In the future only evidence based programs maybe financed by social/health systems
C: Family-Centredness will be re-defined.

- Service delivery for more and more children takes place in institutional settings (creche, kindergarten)

- ICT (information and communication technology) facilitates new forms of cooperation with parents
D: Early Childhood Intervention goes „Internet“

e.g. using the internet to
- Plan, assess and document processes
- Ensure transparency for the parents
- Enable online team exchange processes
  (see www.icf-training.eu)
Will „classical systems of Early Childhood Intervention“ disappear?

• Yes and no

Yes, because the „classic“ landscape of vulnerable children /families is changing.

Yes, because issues of efficiency become more important and we are missing significant data on this issue in Europe.

Yes, because eligibility criteria more and more addresses aspects of child protection and child welfare systems (the dichotomy between disabilty and child welfare tends to disappear)
Will „classical systems of Early Childhood Intervention“ disappear?

No, because Early Childhood Intervention in most EU systems is seen as an „entitlement“

No, because existing Early Childhood Services (at the moment) do not deliver sufficient services (8% of children are currently assessed as eligible target group, most EU systems reach 2-3%).
A: Target groups of vulnerable children are changing

German researcher (Sohns, 2010) describes that 80% of children receiving ECI services, do not show a "classical" diagnosis: most children show unspecific developmental delays without clear etiology.

Most children receiving ECI services show impairments concerning

- Expressive language
- Regulation of emotions and impulses
- Attention (ICF-train Pilot run, 2014)
New vulnerable groups

I. 1 in 8 children is born prematurely (Medical Research Council, 2008)

II. More than 20% of all children live in the context of parental mental health problems (Mayberry et al, 2003)

III. FASD (Fetal Alcohol Syndrom) is dramatically increasing within the context of „binge-drinking“
Current prevalence: 1 in 300.
FASD is 100% preventable and 100% irreversible! 25% of women (age 16–24) drink more than 21 units of alcohol per week. (14 units is the recommended maximum) (Health Survey for England, 2003)

IV. Autism -Spectrum-Disorder“ shows a dramatic increase (prevalence around 1%)

- Overdiagnosed?
- Re-diagnosed?
- Hypersensitivity?
- Public awareness?
- Better diagnostic tools?
I. The situation of extremely premature babies

The EPICure Study (1995), followed extremely premature babies up to age 6. It reports that:

32% showed mild impairments
24% showed moderate impairments
22% showed severe impairments.

78% of children showed “some kind” of impairment

60% of the children showed symptoms of ADHD, inattentive type (non-hyperactive),

More than 10% showed autistic behaviour
II. Prevalence of Autism Spectrum Disorders (ASD)

<table>
<thead>
<tr>
<th>Source</th>
<th>Prevalence</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Research Council, 2001</td>
<td>60 per 10,000 (1 in 166) children under 8 years</td>
<td></td>
</tr>
<tr>
<td>National Autistic Society, 2002</td>
<td>91 per 10,000 in general population (1 in 110)</td>
<td></td>
</tr>
<tr>
<td>Department of Health, 2002</td>
<td>1 in 800 school age children (1 in 1,000)</td>
<td></td>
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</tbody>
</table>
Challenges concerning ASD

-A controversial scientific discussion concerning increased prevalence can be observed (re-diagnosed, overdiagnosed...)

-Evidence concerning available programs is still under discussion (ABA, Shadow-teaching or individual assistance)

- Needs of parents might collide with available financial means and/or scientific evaluation of programs. No final evidence is found that ABA shows higher effects than other – less frequent in intensity programs.
Conclusio A:

1) New vulnerabilities increase the heterogeneity of the target groups (this will have an impact on initial training or in-service training.

2) Professionals in the field of ECI might be faced with more tasks of a social nature.

3) Parents of children with ASD represent a strong pressure group concerning support needs and service delivery.
B: Early Childhood Intervention is faced with increased cost/efficiency aspects“

Perform a personal experiment: Perform an internet research concerning Early Childhood Intervention (e.g. for Ireland) and analyze which information you will find:

What you will NOT find?

Specific outcome data concerning the impact
- Which skills could be promoted?
- Where could you see prevention effects, which can be measured?
Early Childhood Intervention is faced with increased cost/efficiency aspects“

- A critical discussion (mainly initiated by financial bodies) is initiated concerning goal attainment (e.g. smart-goal-definitions)
## Making Social Goals Measurable

“will improve peer relationships” becomes...

<table>
<thead>
<tr>
<th>Annual Goal</th>
<th>Criteria</th>
<th>Method</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Given 10 minutes of free play time, Joe will engage in 3 verbal interactions with peers using 4-word positive or neutral sentences</strong></td>
<td>14 out of 20 occasions over a 4 week period</td>
<td>Frequency and duration reporting from direct observations using rubric during free play sessions</td>
<td>1x weekly</td>
</tr>
</tbody>
</table>
## Some misunderstandings

<table>
<thead>
<tr>
<th>Misunderstanding</th>
<th>Example</th>
<th>Smart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy as goal</td>
<td>physiotherapy</td>
<td>Walking without help (3 meters)</td>
</tr>
<tr>
<td>Vague goal definition</td>
<td>Increase fine motor skills</td>
<td>Child is able to pick a small object using 2 fingers</td>
</tr>
<tr>
<td>Non-measurable goals</td>
<td>Improve balance</td>
<td>Child is able to walk on a 15cm wooden &quot;bridge&quot;</td>
</tr>
<tr>
<td>Symptoms are &quot;re-defined&quot;</td>
<td>Decrease antisocial behaviour</td>
<td>Once a day child asks another child to play with him/her</td>
</tr>
<tr>
<td>Goals are defined in a professional language</td>
<td>Increasing proprioception</td>
<td>Once a day the child is exploring his/her body by touching</td>
</tr>
</tbody>
</table>
Increasing efficiency by using a common LANGUAGE within teams and between professionals and parents

ICF-CY tries to describe impairments and skills of children/adolescents with disability in interaction with their relevant environment.

ICF (CY) is NOT a diagnostic tool but a way to **DESCRIBE** the complex reality of a person with a health problem.
ICF-CY offers the possibility to „shift“ the point of view
Examples from real life
Training-tool www.icf-training
Resources

skills to be increased
Effects and risks....

- SMART goals and ICF increases the likelihood to evaluate goal attainment.
- SMART goals and ICF increase possibilities to monitor ECI processes.
- Professionals report risks, that they might loose the holistic perspective on the child/family.
- Increased pressure concerning efficiency and impact.
- Necessity to prognose developmental processes.

Does teamwork increase efficiency?
IMORTANT: Teams ARE

- Structured/well coordinated entities
- To solve problems
- with internal well-defined communication and decision strategies and
- External clear defined boarders and/or exchange strategies
Classical (additive) paradigm in ECI

- **Medical system(s)**: Describe and explain "the" world by means of their specific. Define, plan and perform specific interventions. Goal 1, 2, 3
- **Special education System(s)**: Describe and explain "the" world by means of their specific perceptual filters. Define, plan and perform specific interventions. Goal 4, 5, 6
- **Social system(s)**: Describe and explain "the" world by means of their specific perceptual filters. Define, plan and perform specific interventions. Goal 7, 8, 9
New „synergetic „paradigma
Effects and side effects of a „new“ synergetic transdisciplinary teamwork

Evidence based data about teamwork is „rare“

Few studies highlight a better cost/efficiency ration (due to avoidance of redundant information management) Kiss 1983 based on Foley 1990

Less time needed concerning assessment processes with families (Myers, McBride, & Peterson, 1996)

Concept of a „kea persons“ and „monitoring“ background team (Simmen, 2014)

The new „common language“ in teams – using ICF-CY should not become a new SECRET language for the parents
Conclusion B for professionals

- Increase the focus on outcome/impact of Early Childhood Intervention

- Highlight and measure preventive effects

- Consider the possibilities of reflecting/monitoring teams and the importance of a key persons/key worker for the family (new „virtual“ teams around the child).
C: Family Centredness - redefined
What we as professionals might (purely hypothetically) expect from parents?

- Care for your child
- Be empathic (with) towards your child
- Focus on the resources and strengths of your child
- Create a supportive environment
- Comply with the recommendations of involved others
- Cope „well?“ with the vulnerability/disability of your child
- Be a „good enough“ mother/father/carer
- Focus on siblings
- Besides being a parent, be a partner to your partner
- Organise daily activities and duties (hygiene, finances, alimentation, structure)
- Take care of your own social network
- Self-realise your potential (e.g. within paid work)
- Take (your) time (for yourself)
- Engage yourself as a citizen
- ..
What kind of family do we need to satisfy these expectations?
As a professional, are you able to do everything that you expect from families?
### Making differences: Professionals and families may have different understandings of Family-Centredness

<table>
<thead>
<tr>
<th>Family-Centredness (clients’ point of view)</th>
<th>Family-Centredness (professionals’ point of view)</th>
</tr>
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<tbody>
<tr>
<td>Match appointments, meetings, visits with the timetable of the mother/father (e.g. Friday evening, Saturday morning...)</td>
<td>Match the timetable with the family’s own needs (e.g. children (of school age, best working time: Monday-Friday 9am until 1pm)</td>
</tr>
<tr>
<td>Be flexible in the case of unexpected events</td>
<td>Being able to anticipate work-load</td>
</tr>
<tr>
<td>Always be supportive</td>
<td>Be efficient, preventive, empowering</td>
</tr>
<tr>
<td>Let us decide</td>
<td>Do what I think is best for you</td>
</tr>
</tbody>
</table>
Family Centredness might also focus on those settings where children usually spend (most of) their day time in kindergarten (not in the family). This number due to labour market requirements increases.

- Depending on the region up till 60% of ECI services in Germany take place in the kindergarten (not in the family). This number due to labour market requirements increases.
- Between 1990 and 1996 the number of women aged 15 years and over in the labour force grew from 456,500 to 573,700 and to 761,000 in 2002.
- This gives increases in the female labour force participation rate from 35.8% in 1990 to 41.4% in 1996 and 48.8% in 2002. (CSO, 1990-1997, 2002b) OECD thematic review
Hypothesized relevant factors of Family-Centredness in ECI from a professional point of view

Parents' needs and competence oriented (Peterander, 2000; Dunst & Hamby, 2007)

Participation, joint decision-making (Dunst & Trivette, 2002)

Relation, empathy, honouring strengths (Dunst & Trivette, 2002)

Family-system oriented (siblings, grandparents (Pretis, 2005)

Daily routines, Everyday activities (McWilliam, 1992; Mahonney, 2012)

Setting-oriented: natural environment (Speck, 2003; Sohns, 2000)
Family-Centredness from parents’ points of view (Meyer & Pretis, 2013)

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving the family context (siblings, matching between timetable of</td>
<td>525</td>
</tr>
<tr>
<td>parents and professional, addressing the needs of the family…)</td>
<td></td>
</tr>
<tr>
<td>Counselling</td>
<td>373</td>
</tr>
<tr>
<td>Involving the parents (into the process of early childhood intervention)</td>
<td>255</td>
</tr>
<tr>
<td>Focusing on the development of the child</td>
<td>83</td>
</tr>
<tr>
<td>Attitudes and personality traits of the professional</td>
<td>75</td>
</tr>
<tr>
<td>Ideas for the parents to support the development of the child</td>
<td>55</td>
</tr>
<tr>
<td>Other</td>
<td>53</td>
</tr>
<tr>
<td>Service delivery in the natural context of the child</td>
<td>52</td>
</tr>
<tr>
<td>Resource-orientation</td>
<td>19</td>
</tr>
<tr>
<td>Enabling social contacts</td>
<td>16</td>
</tr>
<tr>
<td>Exchange with other professionals</td>
<td>11</td>
</tr>
<tr>
<td>Overall (multiple answers)</td>
<td>1529*</td>
</tr>
</tbody>
</table>

*12 respondents showed difficulties to understand the question
Family Centredness „re-defined“

Professional attitude and behaviors that

(a) treat families with dignity and respect,
(b) honour their values and choices, and
(c) provide support that strengthens and enhances their functioning as a family
New professional challenges

Early Childhood Intervention will address more families with challenging behaviour. Communication, compliance and rapport can be seen as most important intervention goals.

Many parents are faced with more „existential“ problems (responsivity towards the needs of their children might not always represent a priority)
Making differences 2: Family-Centredness is based on what parents are able to do

Sometimes the priorities and needs of families might be different from those of professionals.
Look at the learning opportunities!

Belonging and Sharing = „relationship-oriented“ and „interest-based intervention“

Conclusion C: Family Centredness 2.0

- Give choice(s) to families
- Empower full participation (doing something meaningful together with the child and belong to someone).
- Address also other relevant life contexts for the child/families (playground, supermarket...).
D: Early Childhood Intervention goes Internet

Tools and resources in the www are able to simplify some of the complex, team-related processes (the internet will not be able to replace face-to-face-communication)

Using e.g. cloud computing (respecting legislation on privacy and data protection) enables teams to work together on ONE document.

Parents might have full internet access to all documents
ICT (Information- and Communication-technology) can be supportive!!
Internet increases full participation

1) APPS: for children with ASD more than 800 APPS are available (Pohlmann & Langhein 2014).

2) Providing access for parents to all ECI related documents
www.icf-training.eu:

This process changes the way we describe family processes!!
Using electronic tools to assess and evaluate support processes
Internet as an exchange platform for teams
Challenges for Professionals

- Use new possibilities of ICT
- Learn about available APPS
- TACs might also meet „virtually“ (addressing issues of restricted financial resources)
- Documentation systems (enabling full access to parents) might use ICT
And furthermore...

INCLUSION represents a „burning“ topic
INCLUSION will not be possible without resources
INCLUSION will not be possible without convinced teachers
INCLUSION will not be possible without a set of methods
Early Childhood Intervention – to a high degree – will have to address issues of evidence (evidence based and practice guided)

- Synergies between social/disability services and child welfare/child protection will arise

- Cost/effectiveness aspects will increase questions of eligibility/coordination/comparison of services (e.g. using ICF-CY)

- It will be more challenging to reach parents
New priorities might arise from the perspective of our „partners“ /the parents

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FUNCTION
FITNESS
FAMILY
FUTURE

Please visit our projects

www.icf-training.eu

www.games4competence.eu

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