

**EUROPEAN DEVELOPMENTS IN EARLY CHILDHOOD INTERVENTION**  
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	<b>Contributor(s)</b>	<b>Title/Topic</b>
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<b>PART 1: SYSTEMS AND NATIONAL ORGANISATIONS</b>		
2	<p><b>Ana Maria Serrano</b> – University of Minho, Portugal</p> <p><b>Johannes Schädler</b>, University of Siegen, Germany</p> <p><b>Dieter Windels</b>, University of Gent, Belgium</p> <p><b>Jos van Loon</b> Stichting Arduin, Netherlands</p> <p><b>Stephanie Schuer</b>, University of Siegen, Germany</p>	<p><b>Supporting parents with intellectual disabilities</b></p> <p>This chapter shares knowledge and experience about supporting parents with intellectual disabilities (ID) from a group of researchers and service providers within four different European countries (Belgium, Holland, Germany and Portugal). Different professional approaches will be compared and integrated towards new approaches in the care for the target group. The issues discussed relate to: specific local service structures and traditions for supporting parents with ID in the different countries, family concepts and parenting with ID, planning instruments, practical aspects of planning arrangements for parents with ID and their children. A case study illustrates many of the challenges and strengths encountered when supporting parents with ID. The information gathered for this chapter was organized through a two year Grundtvig 2 Project, European Network on Parenting Support (ENOPS).</p>
3	<p><b>Marta Ljubešić</b> full professor, prof.dr., University of Zagreb</p>	<p><b>Early childhood intervention: challenges in the ‘new’ Europe</b></p> <p>The historical background of ECI in Eastern Europe was understood as a primarily health-care area of work taking place in health-care institutions. Such connection to medicine has had good and bad consequences which are discussed in the chapter. Changes have been initiated over the past ten years from both parent associations and university circles. These are connected with practice (sociocognitive approach and improvement of parent-child communication), with the training of experts through post-graduate university courses and with</p>

		legislation and social inclusion. The goal of numerous initiatives has been to create conditions that will enable the parent to let go of his role of a co-therapist and become a parent again. The next step is seen in the creation of a generally available network of services open to all parents and their young children regardless of their type of developmental problem.
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## PART 2: INTERVENTION PROGRAMMES

4	<p><b>José Boavida</b> Founder of the National Early Intervention Association (ANIP), Developmental Pediatrician Child Development Center, Coimbra, Portugal</p> <p><b>Leonor Carvalho</b> Developmental Psychologist, Management Board of the National Early Intervention Association (ANIP), Hospital Pediátrico de Coimbra, Portugal</p> <p><b>Marilyn Espe-Sherwindt</b> Training Consultant of the National Early Intervention Association (ANIP) / Director, Family Child Learning Center Tallmadge, Ohio, USA</p>	<p><b>A community-based programme of early intervention: The Coimbra Project</b></p> <p>The 1990s were the most productive years in Portugal for the field of early childhood intervention (ECI). In a little more than a decade, early intervention evolved from an emerging service, provided within a child-centred perspective in ways similar to special education with older children, to a rapidly growing field with a totally different conceptual framework. Part of this evolution was triggered by the implementation of a community-based program of early intervention in Coimbra, located in the central region of the country. The idea of the Coimbra Project was to develop a system to provide individualized comprehensive services to children and families by using formal and informal resources already available in the community, and by creating a collaborative effort involving health, education and social services.</p> <p>The problems confronting the target children and families were so diverse that an array of service providers cutting across different disciplines, agencies and theoretical orientations was needed. Teamwork skills and collaborative approaches had to be developed. Training played an essential role in the Project development and without a doubt was the single most important factor associated with the program's effectiveness.</p> <p>The passage of Early Childhood Intervention legislation in October 1999, inspired in the conceptual framework and structure of the Coimbra Project, started a paradigm shift of ECI in Portugal.</p> <p>A family centred, inclusive, ecological and comprehensive early intervention approach is widely accepted throughout the country among practitioners, researchers, and parents. However, a new political climate and an emphasis on cost-cutting have led to proposed legislation that reduces ECI services to children with disabilities, excluding at risk situations and emphasizing services based on a therapeutic and child centred model.</p> <p>After a two-decade evolution toward an evidence-based approach, practitioners' greatest challenge will be to maintain quality ECI services despite legislative and budgetary obstacles.</p>
5	<p><b>Monica Ingemarsson</b> Senior Advisor, and <b>Bjorg Ovstebo Grini</b>, Senior Advisor, Sorlandet Resource Centre, Norway</p>	<p><b>The Karlstad speech and language training model</b></p> <p>In late 1980s a model of partnership in early language intervention was elaborated in Sweden by Professor Irene Johansson and her team at the University of Karlstad. The model has been implemented in Norway and other countries. The structure and the realization of the model are within the framework of empowerment. The social network of the</p>

		<p>child/family is used not only as a social support system but also as a pedagogical tool. The theoretical motivation for the model draws on theories which take language development as a life-long creative process included in other activities and governed by social, cultural and historic factors. The child is the director of his own development but significant others can give vital support and mediate processes as good pedagogues in everyday settings. The social network group grows into an intentional system of communication and an organization of problem solving creating knowledge and skills relevant for the child/family. The key concepts are child and family focus, short- and long term continuity, participatory processes and change of power structures within the field of early language intervention. Evaluations of the model make it plain that families are strengthened in their power. However, there are variations between families due to demographic factors, social support systems and the various types of disabilities of the children. Professor Johansson has written several books about speech and language training. The books with ideas and suggestions for training are translated into many languages. I will give a short introduction in her ideas and her books.</p>
6	<p><b>Irena Samaria</b> Psychopathologist- Clinical Psychologist (freelance)</p>	<p><b>Quality and innovation in early intervention</b> In this modern society, we are living in surrounded by new ideas, methods and equipment, quality is considered to be a personal and pragmatic affair.</p> <p>Offering quality services in early intervention could mean rigidity to one, flexibility or complete freedom to others. One thing is certain – the quality of the provided services influences the whole development of the child and has an impact on the family's life.</p> <p>In this chapter quality means:</p> <ul style="list-style-type: none"> <li>- Providing structured early intervention programs adapted to the child's and family's abilities and disabilities</li> <li>- Having equal interaction / communication between families and professionals</li> <li>- Working as an interdisciplinary professional team with a well trained and stable staff</li> <li>- Underlining the progress, well-being and emotional stability of the child &amp; the family's satisfaction</li> <li>- Collecting data, assessing and re evaluating the progress of the child</li> </ul>
7	<p><b>Alexander Trost</b> M.D., Prof., Child Psychiatry &amp; Social Work, Zentrum für Koerperbehinderte e. V.; Moenchengladbach Katholische Hochschule NW, Aachen (University of Applied Sciences)</p>	<p><b>Drug addicted mothers and their babies in early intervention</b> The first months of life provide multiple opportunities but are also very vulnerable to disadvantageous interactional patterns with the baby's primary caregiver. If the first phase of the relationship is severely disturbed – which is likely in drug addiction – the risk of an unfavourable psychosocial development including severe mental problems as well as drug addiction in the child will rise rapidly. In Germany we have 40-50 000 children of illegal drug abusing parents. Until now there has been only minimal support for the mother both antenatally and during the first months after</p>

		<p>birth. In a controlled study, we researched 30 drug addicted mother–child dyads and 30 control dyads regarding these aspects. We investigated the questions:</p> <ol style="list-style-type: none"> <li>1. How does the baby cope with his developmental tasks?</li> <li>2. How do mother and child succeed in matching their interaction?</li> <li>3. Are there typical interactional patterns in drug addicted mother–baby dyads?</li> <li>4. What attitudes did the mothers show towards their child?</li> </ol> <p>The methods used included: video-based interactional analysis; the Working Model of the Child Interview (Zeanah); various paper–pencil tests; and statistical analysis.</p> <p>In this chapter, we report the outcomes of the investigation, draw conclusions for Early Childhood Intervention strategies, and make practical suggestions for how to move forward.</p>
8	<p><b>Maria Tzouriadou</b> Associate Professor,</p> <p><b>Melanthia Kontopoulou-Kokkinaki</b>, PhD,</p> <p><b>Maria Psoinos</b></p> <p>All from Aristotle University of Thessaloniki, School of Preschool Education Sciences, Department of Psychology and Special Education</p>	<p><b>A holistic early intervention programme: the case of two pre-schoolers</b></p> <p>In order to achieve the goals of early intervention a systematic transdisciplinary approach is needed. However, transdisciplinarity is often confounded with multidisciplinary. For children from ethnic minorities, for example, difficulties are frequently attributed to language problems due to low socio-cultural background and/or language barriers. Yet, for children who are native speakers and come from a high socio-cultural context, the assessment process focuses more on cognitive causes. Such an approach however influences parents' and teachers' attitudes and so ultimately early intervention proves inappropriate.</p> <p>This research study aimed to develop a child-centered, holistic training programme, based on transdisciplinary assessment. The study sample consisted of two six-year-old children, at risk of severe learning difficulties, who attended an inclusive setting at the University's Children's Centre. The chosen children had equivalent low cognitive abilities and language disorders. They came from different socio-cultural backgrounds: the first was from a minority culture, and a non-native speaker of Greek, from low socio-cultural context and the second one was a native speaker from high socio-cultural context. The specialized curriculum was developed on the basis of transdisciplinary evaluation and on dynamic and portfolio assessment. The on-going implementation of the specialized curriculum is constantly differentiated because of the individual socio-cultural factors.</p>
9	<p><b>Armin Sohns</b> Fachhochschule Nordausen, Germany</p> <p><b>Prof. Dr. Kraus de Camargo</b> Associate Professor in the Department of</p>	<p><b>Political systems and early childhood intervention</b></p> <p>This chapter examines the structural and policy changes which created and supported the amalgamation of two early intervention disciplines – medical and pedagogical – in relation to the changing political climate. It charts the changing focus of early childhood intervention and the effect this has on children and families both in their home and community environments. Finally, it describes the ways in which the pendulum-swing of</p>

	Paediatrics at McMaster University	policy can continue to influence services to positive and negative ends.
<b>PART 3: PRINCIPLES OF WORKING</b>		
10	<b>Juergen Kuehl</b> Pediatrician, Prof. Dr. med.	<b>Therapy or special education – which is which?: An infant/toddler perspective</b> The title is based on practical knowledge about child development. The basic rules of development are considered to be the same for children with and without impairments. Child autonomy and the inclusion of his environment are of central importance in early intervention. As child development is very complex, therapeutic intervention has to be embedded in a multi-professional assessment as requirement for therapeutic and educational cooperation to guarantee participation in the sense of ICF.
11	<b>Efthalia Kaderoglou</b> Special Educator - Early Intervention Advisor Vice Chair of Hellenic Union of Special Educators - H.U.S.E. Scientific advisor for <a href="http://www.specialeducation.gr">www.specialeducation.gr</a>	<b>Building bridges: the relationship in focus in early childhood intervention</b> In this chapter, the author explores the reconfiguration of the professional role from ‘expert’ to ‘facilitator’ through establishing a family support network – a ‘circle of friends’ – in which the parents were the experts, while the professional became a uniting element.  If professionals can communicate well with parents, they can build a trusting and caring relationship with them. Their children’s development can be fostered through facilitating high quality parent–child interactions and family-orchestrated child experiences in the context of their immediate environment (Guralnick, 2001). The family support network model demonstrates the mobilising nature of nurturing, genuine and empathic relationships in an early childhood intervention context.  This chapter suggests that there might be a hidden curriculum for new practitioners in the field of early childhood intervention. Providing empathic understanding, conveying unconditional positive regard, presenting authenticity, and cultivating trust are personal qualities vital to the role of an early intervention provider.
12	<b>Jacques Schloesser</b> Secretary of the European Association on Early Childhood Intervention – Eurllyaid, Director of SIPO Early Intervention service  <b>Marijke Kaffka</b>	<b>Transdisciplinarity: a key to a holistic intervention approach</b> While early childhood intervention has evolved from a mono- or multidisciplinary approach to interdisciplinary ways of professional collaboration, the authors share the conviction, based on years of day-to-day experience, that professional training of “early interventionists”, important as it might be, is not the main issue in the actual intervention process. Building strong and trusting relationships with children and their families, and helping them to find their own personal ways of dealing with their own personal situation, is the core business of early childhood intervention as we understand it. Transdisciplinary cooperation amongst professionals and with families, as outlined in the following pages, appears to be an efficient way of implementing a holistic, child-centred and family-oriented early childhood intervention model.

13	<p><b>Dirk Mombaerts</b> Director of the early intervention service, The Kangoeroe, Belgium</p>	<p><b>The importance of partnership between parents and professionals</b> In this chapter, a clinical case history will show how additional disabilities could appear after discordance in parent–professionals relationships. A discussion follows about the appropriate stance of the professionals in this case so they can establish the correct balance between (1) support given to the child so that she/he can empower her/his parents and (2) support to be given to the parents in order they can adjust themselves to the child and provide a context in which transactions can contribute to a trustful and true parent–child relationship.</p>
14	<p><b>Herman de Mönnink</b>, Traumapsycholoog specialising in grief therapy</p> <p><b>Ed Nolens</b>, Clinical Social Worker in a medical centre, the Netherlands</p>	<p><b>Dealing with loss for professionals</b> This chapter considers the anatomy of loss and grief – care when cure is impossible; confrontation with the boundaries and limitations in life; feelings of powerlessness which have always existed; and the responses of professionals to these situations. The chapter reviews:</p> <ol style="list-style-type: none"> <li>1) Inadequate ways to handle loss and grieving – five patterns victimizing clients even further</li> <li>2) Different forms of loss within client systems – not only through death but in many other situations which give rise to genuine and true feelings of loss</li> <li>3) Complicated responses to loss.</li> </ol>
<b>PART 4: TRAINING IN EARLY CHILDHOOD INTERVENTION</b>		
15	<p><b>Karin Mosler</b> Early Childhood Intervention Specialist and Special Educator</p> <p><b>Anna Kirchschrager</b> Early Childhood Intervention Specialist and Teacher,</p> <p>Both at the Institute for Styrian Advanced Institute for Social- and Remedial Education Styria (Austria)</p>	<p><b>A university training course in early childhood intervention</b> Early Childhood Intervention (ECI) as a therapeutic special-educational task requires in particular knowledge of the various modes of action and their influence on the individual.</p> <p>The personality and competency in dealing with the respective people is incorporated with the transfer of theoretical know-how into concrete action. The awareness of the far-reaching consequences of intervention into dynamic living systems requires ecological-cybernetic thinking, sensitivity and a fundamental knowledge of the scientific subjects focusing on early intervention.</p> <p>This needs an additional further special-training for all specialists acting in the field of early childhood and concerned families. We will give an overview about our training-course and the experiences in more than 20 years working in this area.</p>

16	<p><b>Manfred Pretis</b> Clinical Psychologist, SINN (Social Innovation Network, Graz, Austria)</p>	<p><b>Developing a pan-European training curriculum in early childhood intervention</b> In Early Childhood Intervention (ECI), fostering the development of vulnerable young children and families is one of the most complex bio-psycho-social services. Based on previous definitions of requirements (ecological approach, teamwork, trans-disciplinary integration of knowledge, practice) a common European ground of ECI in terms of a training curriculum, which allows comparability and inter-changeability is presented (<a href="http://www.ebiff.org">www.ebiff.org</a>). Evidence based competences are the foundation for a 120 ECTS point curriculum: a) process-oriented (e.g. recognition, joining the family, intervention/evaluation); b) functional (e.g. management and academic); and c) person centred. Including an individual assessment of their own training portfolio, this syllabus facilitates a tailor made approach for postgraduate students and professionals in the field – within the diversity of the European professional landscape – towards a common ground in ECI. The European Qualification Framework (EQF) and the European Credit Transfer System (ECTS) serve as a universal framework. Emphasis is given to the training of personal competences (self-reflection, communication and supervision) and the practical transfer of knowledge and skills in terms of a learning outcome model. Future development will focus on the creation of a European Masters degree in ECI, integrating inter-university cooperation and usage of ICT.</p>
17	<p><b>Franz Peterander</b> Prof.Dr. Ludwig- Maximilians University</p>	<p><b>Conclusion: The future of early childhood intervention in Europe</b> Current discussion concerning the effectiveness of early childhood intervention looks at the topic from all angles. For many parents of children with developmental delays and disabilities, transdisciplinary early childhood intervention has been shown to be a very effective system of a preventive concept and early aid. Particularly, US empirical studies have not been able to point out the specific effects of the programmes due to a number of methodological problems. It has become clear that “transparency” is the key word when looking into the quality and effectiveness of early childhood intervention and parental cooperation; the factors and circumstances that influence success or failure of treatment must be made clear.</p>