Developing Early Childhood Intervention Services: Using Existing Resources and Applying New Concepts

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Background for presentation

- Book: *Early Childhood Intervention, Special Education and Inclusion: a Focus on Belarus*
  - includes guidelines for planning and establishing ECI systems in CEE/CIS
Presentation overview: ECI services are more intensive and individualised

- ECI is for children with developmental delays, malnutrition or disabilities who require more intensive and individualised services than children with typical development.
- CEE/CIS countries already have many of the specialists and resources required for ECI services.
- However, new concepts and methods are needed to provide fully child-centred, family focused and culturally appropriate ECI services.
- Flexible organisational structures, pre- and in-service training plus operational policies and procedures need to be put into place.
Key Findings:

- **Vulnerable children develop better in a family home when parents receive parent education and support**
- **Child and family services are far more humane and much more effective in helping each child achieve his/her potential**
- **Investments in ECI, special education, rehabilitation services and family therapy are less costly than institutionalising children**
Some core concepts and definitions

- Developmental delays and frequent causes
- Disabilities and classifications
- Holistic child development
- Integrated services
- Special education
- Defectology
- Inclusion
- Early Childhood Intervention (ECI)
Developmental delays

- A child is assessed to have “atypical behaviour” or does not meet expected developmental norms for actual or adjusted age in one or more of the following areas of development:
  - Perceptual
  - Fine or gross motor
  - Social/ emotional
  - Adaptive/self regulation
  - Language/ communication, or
  - Cognitive.

- A delay is measured by using validated developmental assessments. Delays may be mild, moderate or severe.
Causes of developmental delays

- Delays are caused by:
  - Poor birth outcomes
  - Inadequate stimulation and nurturing care from birth onward
  - Malnutrition
  - Chronic ill health and other organic problems
  - Psychological and familial situations or
  - Other environmental factors
Disabilities and classifications

- A child has a physical, health, sensory, psychological, intellectual or mental health condition or impairment that restricts functioning in one or more areas, such as:
  - Physical movement
  - Cognitive reasoning
  - Sensory functions
  - Self-care
  - Memory
  - Self-control
  - Learning or
  - Relating to others.

- Many national and international typologies (classifications) of disabilities exist that list impairments by type. We prefer a strengths-based approach.
Holistic child development

- ECI services focus on the child’s strengths rather than on his/her disabilities. Disabilities are only used for eligibility for ECI services.
- They seek to achieve holistic child development that refers to integrated and balanced child development in all essential areas of development.
- Both typically-developing children and those with developmental delays or disabilities require balanced support in all areas of development as well as health and nutrition in order to achieve their innate potential.
- It is not adequate to only treat the delay or disability! The whole child must be the focus of attention.
Integrated services

- To achieve balanced child development and good parenting skills, early childhood programmes must use **integrated approaches**, including services for:
  - Parent education and support
  - Early stimulation
  - Child development, care and education
  - Preventive and basic health care
  - Nutrition education and supplementation
  - Home and community sanitation
  - In case of special family needs, juridical protection, protective services or family therapy may be needed
Special education services

- Special education includes educational, therapeutic and social services provided by pre-primary, primary and secondary schools for children with developmental delays and disabilities, usually from 2.5 or 3 years to 18/21 years of age.
- Eligibility for special education often relies on national, regional or international classifications of child disabilities, rather than abilities.
- Most classifications do not include: 1) learning opportunities from the removal of barriers or 2) achievements that can result from giving each child positive support for attaining his or her potential.
- Early childhood intervention services are very different from classifications that focus on disability rather than ability.
Segregating vs. inclusive perspective

**Concept of difference:**
A characteristic of individuals

- **society striving for normality**
  - **objective:** correction
  - **organization:** specialized institutions

**Defectological model**

- **Concept of difference:**
  A characteristic of society

- **society celebrating diversity**
  - **objective:** participation
  - **organization:** Inclusive service provision

**Social model**
Mechanisms of segregation

- Diagnostic system linked to special educational system
- Expert committees with heavy influence on educational decisions and referrals
- Though there is a legal right for parents to decide on educational services, their appeal possibilities are limited
- Limited or no special support provisions in mainstream preschool and schools
- Right for preschool and school to refuse child with disabilities or SEN
- Frequent reference to ‘general public’ given as the reason not to accept children with SEN
- Achievement oriented preschool, academic preparation rather than play and peer cultural socialization
Concept of inclusion

*Inclusion for children with disabilities means*
  - placement in a community program the child might attend if he or she had no special needs (after Klein & Gilkerson, 2000)

*Civil rights and citizenship*
  - equal access to social and learning environments

*Facilitate learning and development*
  - developmentally appropriate practice
  - within least restrictive environment

*Participation and social integration*
  - opportunity to become a fully contributing group member
Preschool inclusion

- **A social project** aiming at social participation
- **Not a treatment regime** or special educational technique
- If carefully planned and practiced it will
  - contribute to learning and development
  - promote social participation
  - create recognition in the social environment
- **Access is a key issue, i.e. removal of**
  - physical
  - symbolical
  - socio-communicative barriers to participation
From defectology to social inclusion

- **Systemic change**
  - Given: constitutional and normative rights
  - Agency: a matter of social behaviour
  - Structure: a matter of goals, organization and role-relations

- **Contextual change: socio-cultural ecology**
  - From the ‘clinical child’ to child in life-world
  - Professional treatment/support part of, not versus, participation objectives
  - Collaboration with, not prescriptions to, child and family
Early Childhood Intervention

- ECI programmes provide a system of early childhood services and support for:
  - Vulnerable children 0 to 3/5 years, at high risk for developmental delays or assessed to have developmental delays or disabilities (atypical development), and
  - Their parents and families.

- The primary goal of ECI programmes is to support parents in helping their children use their competencies to achieve their full developmental potential and attain expected levels of development, to the extent possible.
The Case for ECI

- From 21% to 31% of young children in OECD countries are affected by developmental delays and disabilities.
- Non-OECD countries usually have higher rates.
- In non-OECD countries, it can no longer be sustained that ECI and special education programmes would serve only a small percentage of a nation’s children.
- To ensure all children reach their developmental potential, nations potentially could provide ECI and special education services to 30% - 35% of each birth cohort.
- For nations to meet human rights commitments and become productive and competitive in the world, they must establish ECD policies that include cost-effective ECI programmes.
ECI Programmes usually include:

- Mainly home visits and some centre-based services
- Parent education
- Balanced early stimulation and developmental services
- Physical, language, occupational and other therapies
- Special education and inclusive services
- Medical and nursing services
- Nutritional services
- Support services, including social work, case management, referrals and protective services, if required
ECI services

- Serve infants and children, from birth to 3, and up to 5
- Receive referrals from Neo-natal Intensive Care Units
- Identify children early through home outreach, and referrals from parents, polyclinics, and child care centres
- **Continuous referral and tracking systems are required**: identification, screening and/or assessment, individualised family service plans (IFSP), services, case management, referrals, tracking and follow-up
- Provide transition to inclusive/regular pre-schools and primary schools or, if necessary, special facilities
- Collaborate closely with polyclinics and rehabilitation hospitals for health/medical interventions, when needed
ECI personnel include:

- Early Interventionists
- Special Pedagogues/Special Educators
- Physical Therapists
- Language/Speech Therapists
- Audiologists
- Occupational Therapists and other therapists as needed
- Parent Educators
- Psychologists and Family Therapists
- Nurses
- Social Workers and Protective Services Personnel
- Evaluators
<table>
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<tr>
<th>ECI Approach</th>
<th>Traditional Approach</th>
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<tr>
<td>Participatory approach</td>
<td>Provider-recipient approach</td>
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<tr>
<td>Parents’ rights emphasised</td>
<td>Specialist’s opinion prevails</td>
</tr>
<tr>
<td>Parents in assessments</td>
<td>Specialists assess child alone</td>
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<tr>
<td>Parents help design IFSPs</td>
<td>Parents’ role set by specialist</td>
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<td>Culturally appropriate services</td>
<td>Centrally planned services</td>
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<tr>
<td>Focus on child &amp; family assets</td>
<td>Focus on deficit, delay &amp; risk</td>
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<tr>
<td>Maximise child’s competencies</td>
<td>Correct child’s deviances</td>
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<tr>
<td>IFSP established</td>
<td>Child record, set routines used</td>
</tr>
<tr>
<td>Medical/education integrated</td>
<td>Medical/education separated</td>
</tr>
<tr>
<td>Interdisciplinary assessments</td>
<td>Multi or single disciplines</td>
</tr>
<tr>
<td>Tracking &amp; shared database</td>
<td>Separate agency records</td>
</tr>
<tr>
<td>Home/community outreach</td>
<td>Parents must contact centre</td>
</tr>
<tr>
<td>Home visits mainly</td>
<td>Centre-based services only</td>
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### Continuum of early childhood services

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<th>Service intensity</th>
<th>Most intensive</th>
<th>Moderately intensive</th>
<th>Least intensive</th>
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<td>Types</td>
<td></td>
<td>ECI + parent education</td>
<td>ECI/ECD + parent educ</td>
<td>ECD + parent educ</td>
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<tr>
<td>Child status</td>
<td>Level of risk</td>
<td>High risk of delay</td>
<td>Moderate risk</td>
<td>Low or no risk</td>
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<tr>
<td></td>
<td>Degree of delay/disab.</td>
<td>Delayed or disabled</td>
<td>Mild delay or disability</td>
<td>No delay or disability</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>Moderate to severe</td>
<td>Mild, making gains</td>
<td>Normal nutrition</td>
<td></td>
</tr>
<tr>
<td>Health status</td>
<td>Severely or chronically ill</td>
<td>Improved, but at risk</td>
<td>Preventive &amp; basic care</td>
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</tr>
</tbody>
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## Continuum of early childhood services (continued)

<table>
<thead>
<tr>
<th>Service aspects</th>
<th>Most intensive</th>
<th>Moderately intensive</th>
<th>Least intensive</th>
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<tr>
<td>Assessment</td>
<td>Intensive, frequent</td>
<td>Regular, less frequent</td>
<td>Annual</td>
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<tr>
<td>Locations</td>
<td>Home visits &amp; centre</td>
<td>Centre, fewer visits</td>
<td>Centre only, Groups only</td>
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<tr>
<td>Frequency</td>
<td>Frequent, daily-weekly</td>
<td>Bi-weekly, monthly</td>
<td>Upon request only</td>
</tr>
<tr>
<td>Duration</td>
<td>Continuous</td>
<td>Depends on child status</td>
<td>Upon request only</td>
</tr>
<tr>
<td>Service providers</td>
<td>Specialists, Early Interventionists</td>
<td>Supervised home visitors</td>
<td>Supervised parent educators</td>
</tr>
</tbody>
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Observations about Belarus

- The official disability rate of 6.4% is slightly higher than the rate of 5% for OECD countries.
- **However, too few are identified from 0 to 3 years of age! Home outreach is needed!**
- Rate of low birth weight: 3.8% -- **ALL** need ECI services
- Less than 1% of children are malnourished
- Highly educated populace with many professionals
- In the past, children with disabilities or delays were often separated from their parents and were placed in institutions where they languished
- Many others were “social orphans”
- During the transition period, Belarus decided to develop a system of ECD and ECI services for parents of children with developmental delays and disabilities
Services & inter-agency agreements at all levels for special needs children

**Health Sector**
- ECI Centres in Polyclinics (29+)
- Child & Adolescent Psycho-Neurological Dispensaries (7)
- Medical Rehabilitation Centres (11)
- Infant Homes (6)
- Collaboration with Family Support Centres (156)

**Education Sector**
- Development Centres (142+)
- Separate pre-primary schools for special needs children
- Special & integrated groups in regular pre-primary schools
- Regular pre-primary schools for individual special needs children
“Triggers” for developing the ECI and Special Education System in Belarus

- High priority on quality of life of children and families
- Strong governmental and UNICEF support for child and family development
- Positive social values for preparing Belarusian professionals and good university programmes
- Interest in research, evidenced-based results
- Maintenance of health and educational services
- Emphasis on nutrition and health
- Promote creativity, learning toys, nature, sports, music
- Openness to change and revision of systems
- Devoted to child-centred, family-focused services
“Drivers” that maintain the system’s strength

- Sustainability of financing and quality improvement to date -- concern over potential impact of economic stress
- Legislation, formal inter-agency agreements and coordination
- Clear definition of roles, responsibilities and procedures
  Strong teamwork; decentralised participation in system
- Comply with international normative instruments
- Well-developed system of standards, guidelines and regulations for improving and coordinating systems
- Flexibility in trying out new approaches; innovation built into the system; in-service training system
- **Weakness**: lack of programme monitoring and evaluation
Lessons learned

- Develop and maintain strong policy support and legal basis for ECI system, uniting education and health systems.
- Revise the former defectological system, concepts and methodologies to create an ECI and Special Education System.
- Develop detailed operational policies and procedures.
- Criteria for eligibility should remain broad.
- Outreach services should be improved and expanded.
- An inter-agency early identification, tracking and follow-up system is essential.
- Ensure individualised (IFSPs) plans are developed in a participatory manner, with informed parental consent.
- Develop comprehensive centre- and home-based ECI services.
- Develop year-round ECI services.
- Develop linked parent education, counselling and support services.
Lessons learned - 2

- Ensure strong parent involvement in programme services.
- Develop Interdisciplinary Teams to achieve integrated services.
- Develop guidelines for managing learning resources.
- Provide transitions to inclusive pre-primary and primary schools.
- Develop new pre- and in-service training for ECI providers.
- Improve inter-agency coordination and Commission meetings.
- Progressively shift costs from high-cost infant homes and other orphanages to lower-cost ECI and Special Education System.
- Develop strategies for programme advocacy.
- Provide support for NGOs within the ECI and Special Education System.
- Design, implement a results-based programme evaluation system.
- Develop research studies on ECI and Special Education System.
Guidelines for establishing ECI Systems

● ECI services represent far more than a new organisational framework.

● They require profound changes in ways of thinking about:
  ● Children and how to maximise their potential;
  ● Parental rights and empowerment; and
  ● Professional competencies and roles in supporting parents and children.

● The Guidelines first present:
  ● Basic Principles
  ● The Range of Services
ECI Guidelines then present: main activities, guidance and comments

- Strategic planning
- Initial design activities
- Programme organisation and inter-institutional relationships
- Training activities
- Programme implementation
- Programme evaluation and monitoring
- Preparing a Plan of Action
Moving forward!

- Establish a group of national specialists committed to ECI
- Promote national policy and secure financial support from the education and health sectors
- Secure training and advisory services that will support planning, preparatory and initial phases for programme development
- Link with regional groups i.e., St. Petersburg Early Intervention Institute, OSI collaborative group, others
- Begin to build a CEE/CIS horizontal network of ECI programmes and link it to European and international ECI networks

**All CEE/CIS countries should collaborate in developing ECI systems!**