



Department of Education and
Early Childhood Development



DEECD Early Childhood Intervention Reform Project

Literature review

Every
child,
every
opportunity




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1. Introduction

This paper was commissioned by the Office for Children and Early Childhood Development, Department of Education and Early Childhood Development, as part of its Early Childhood Intervention Reform Project. This is a timely review given the current intense political interest in the period of early childhood and early intervention internationally and in Australia. Australia's political interest in these matters is evident in the package of reforms proposed by the Commonwealth government and in the development of Victoria's Blueprint for Early Childhood Development and School Reform.

The paper was intended to inform the first phase of the Reform Project, which involved consultations with the early childhood development sector (conducted by the consultancy firm KPMG), and the preparation by KPMG of an 'options for reform' paper. The timelines for this phase of the Project were tight, and did not allow scope for a systematic search of the relevant literature, or for a detailed comparison of different intervention strategies. Instead, the writing team drew extensively on existing authoritative summaries of the research literature and practice issues, both international and local, supplemented by literature searches on particular topics.

The body of the paper is divided into three main sections. The next section, Section 2, places the review within the context of the broader field of early childhood, and focuses on two related questions: What do all children and families need if they are to develop, learn and flourish? What support do all families need to raise their children well?

Following the identification of these needs and supports, Section 3 examines the early childhood intervention literature in order to identify the additional elements or supports which are needed for children with disabilities or developmental delay and their families.

Section 4 discusses some possible directions and ideas for re-conceptualising early childhood intervention services in Victoria so that they can better support the additional needs of children with disabilities or developmental delay and their families within a universal, inclusive system of early childhood services. The implications of these for policy and practice are discussed.

2. Early childhood intervention in context

2.1 Definition and rationale

In this review, the following definition of early childhood intervention is used:

Early childhood intervention and family support is defined as the provision of support and resources to families of young children from members of informal and formal social network members that both directly and indirectly influence child, parent, and family functioning (Dunst, 2000, 2004).

More specifically, early childhood intervention involves parents or other primary carers and practitioners providing young children who have developmental disabilities with experiences and opportunities that promote the children's acquisition and use of competencies that enable them to participate meaningfully with others and with their environment (Dunst, 2007).

There are sound reasons behind the provision of early childhood intervention services and practices for children with a disability or developmental delay and their families. This rationale is based on four key pillars (Moore, 2005): ethical, developmental, economic and empirical. While each pillar is important and could act as a stand alone rationale, the arguments for providing early childhood intervention are much stronger if each pillar is acknowledged for its capacity to support strong foundations for policy, funding, service and practice provisions. Each of these pillars will be evident in this paper in both the general discussion and in the specific recommendations which will be made.

- **Ethical pillar.** The ethical pillar for early childhood intervention is concerned with societal and community obligations to meet and protect child and family rights to these services and practices. Larry Schweinhart, one of the chief researchers in the Perry Preschool Project early intervention longitudinal study, believes that the ethical pillar or rationale is important as the first principle:

Every child needs a good early childhood education. That's an ethical principal that transcends what the data say (Schweinhart, 2004).

Rights for all children and families can be enshrined in different conventions, legislation and regulations, but they require commitment to action if they are to be of any transformative use.

- **Developmental pillar.** The developmental pillar for early childhood intervention is based on the research evidence concerned with how young children develop, including early brain development and its vulnerability to neglect and young children's receptivity to learning (Lally, 2000; McCain and Mustard, 1999; Schonkoff and Phillips, 2000). Developmentally, the research confirms that early interventions are more effective than later efforts. For families, the earlier the interventions begin, the easier it will be for them to adapt to the challenges they face when their children are identified with a disability or developmental delay.

- **Economic pillar.** Economically, the research is convincing from several major longitudinal studies in the USA (Perry Preschool project; Chicago, Child and Parent Centers' project and the Abecedarian Project) and in the UK (EPPE study). These studies confirm that investments made in the early years of life, and especially in high quality early childhood services, are cost effective as they save the need for more costly expenditure on remediation or other interventions later in the child's life course (Heckman, 2000; Perez-Johnson and Maynard, 2007; Schonkoff and Phillips, 2000; Schweinhart, 2004). The positive outcomes from the early interventions provided in these projects are broad and affect both the individual and their communities. While none of the listed projects have focused entirely on early intervention for children with disabilities or developmental delay and their families, it seems reasonable to argue that the same economic principles would apply (Barnett, 2000; Moore, 2005). Indeed, the empirical pillar supports this claim.
- **Empirical pillar.** The empirical pillar supports the importance and benefits of early childhood early intervention for children with a disability or developmental delay through the research evidence in early intervention. In summary, this evidence indicates that evidence based best practices in early childhood interventions have short and long term positive effects on children and family functioning and adaptation (Reynolds, 2000; Shonkoff and Phillips, 2000).

2.2 Early childhood intervention in context

In order to place the review within the contexts of the broader field of early childhood, two related questions provide the focus for discussion in this section of the paper:

1. What do all children and families need if they are to develop, learn and flourish?
2. What support do all families need to raise their children well?

There are several reasons why it is important to identify the needs and supports common to all children and families as the first stage in this review and directions paper:

- Current and future approaches in mainstream and early childhood intervention concerned with policies, funding, service and practice provision need to be based on these identified outcomes and needs if they are to meet expectations.
- The early childhood intervention literature stresses the notion that all children and all families have universal needs in common with children with developmental disabilities and their families. Communities benefit when they are able to support the needs of all children and their families. Meeting these shared needs should be a focus for policies, funding and planning in early childhood services (Moore, 2008; Noah's Ark, 2006).
- Identifying the common or shared needs of all children and families helps to bring in to relief the additional needs of children with a disability or developmental delay and their families.

2.3 What all children need

What do all children need if they are to develop, learn and flourish? A synthesis of recent attempts to identify the key experiences that children need to promote their general development (Brazelton and Greenspan, 2000; Gerhardt, 2004; Greenspan and Lewis, 1999; Guralnick, 1997, 1998; Hallowell, 2003; Lally, 2000, 2007; Marty, Readdick and Walters, 2005; Ramey and Ramey, 1992, 1999; Shonkoff and Phillips, 2000; Richter, 2004; Siegel, 2001) suggests that we can best promote children's development by providing them with

- close and ongoing caring relationships with parents or caregivers
- adults who recognise and are responsive to the particular child's needs, feelings and interests
- adults who are able to help children understand and regulate their emotions
- adults who are able to help children understand their own mental states and those of others
- adults who are able to help children negotiate temporary breakdowns and ruptures in relationships
- protection from harms that children fear and from threats of which they may be unaware
- clear behavioural limits and expectations that are consistently and benignly maintained
- opportunities and support for children to learn new skills and capabilities that are within their reach
- opportunities for children to develop social skills through regular contact with a range of adults and other children
- opportunities and support for children to learn how to resolve conflict with others cooperatively
- stable and supportive communities that are accepting of a different families and cultures.

Other more basic needs include

- healthy physical environments, including clean air and water, and protection from environmental toxins
- safe physical environments that provide adequate opportunities for play and exercise
- adequate nutrition, particularly during pregnancy and infancy
- housing that is stable, healthy and uncrowded.

There is a plethora of national, local and international reports, policy documents, papers and early childhood projects that draw upon the above findings from the developmental literature in identifying the conditions and experiences that every child and family need if they are to flourish and enjoy a good life (for example, Bach, 2002;

Best Start Victoria; COAG's National Reform Agenda, 2007; Elliott, 2006; OECD, 2006; Sure Start, UK; The Virtual Village, SA Report, 2005; Victorian Children's Council, *Joining the Dots*, 2004). While some of these projects or reports focus on particular aspects of needs or on the needs of particular groups of children or families, there are common themes to be found in the identification of the complexities, strengths, diversity, needs and vulnerabilities of children and families. These reports also identify a lack of universal, coherent planning and development to meet this diversity of life chances.

Common themes addressed in current policy documents and reports include the following:

- Secure attachments and supportive, nurturing relationships with significant others (Moore, 2007; COAG, 2006).
- Appropriate housing in safe, connected, child and family friendly neighbourhoods and communities (Bach, 2002; Best Start, Victoria; *Joining the Dots*, 2004).
- Diet, nutritional, exercise and recreation regimes supporting child and adult good mental and physical health and wellbeing (Best Start, Victoria; Moore, 2007).
- Access to affordable public transport systems and other public resources such as libraries (Bach, 2002; The ACT Children's Plan, 2004).
- The best start to life through access to coordinated and universal high quality services (COAG, 2006; DHS, 2004; *Joining the Dots*, 2004).
- Access to affordable, inclusive, flexible, high quality education (life long, adult, early childhood and beyond), care and health services (Elliott, 2006; Moore, 2007; OECD 2, 2006).
- All dimensions of children and families' wellbeing acknowledged and supported (Noah's Ark, 2006).
- Respect for the significant role and capacity of parents and families in supporting children's overall development and learning with support systems for parents and families to help them meet these responsibilities (*Joining the Dots*, 2004; *The Virtual Village*, 2005).
- Acknowledgement of cultural, linguistic and social diversity (Moore, 2007; Noah's Ark, 2003; Siraj-Blatchford and Clarke, 2000).
- Positive family learning environments (COAG, 2006; *Joining the Dots*, 2004).
- Government investment in the early years of life (Heckman, 2004; *New Directions for EC Education*, 2007; OECD 2, 2006).
- Early identification and treatment for developmental and health problems (COAG, 2006; Moore, 2005; *The Virtual Village*, 2005).
- Effective child protection policies and practices (*The Virtual Village*, 2005)
- The wider community to share in supporting the raising of children (*Joining the Dots*, 2004).
- Partnerships and co-ordination between different children's services and families (DHS, 2004; OECD, 2006).

- A strong sense of belonging and active participation in each community of practice (home, childcare, preschool, school) (Noah's Ark, 2003).
- Practitioners educated and trained in child, family and community-centred practices (Joining the Dots, 2004; Moore, 2007; Noah's Ark, 2003; The Virtual Village, 2005).

Reading these reports and papers, the specific needs of all children and families can be deduced from the recommendations and anticipated outcomes if these recommendations are adopted and the consequences if appropriate action is not taken. The following citations from a range of Australian documents or projects highlight the broad picture on shared or universal outcomes for all children and their families and how these can be supported.

Best Start supports communities, parents and service providers to improve universal early years services so they are responsive to local needs. It has a strong emphasis on prevention and early intervention. These improvements are expected to result in:

- better access to child and family support, health services and early education
- improvements in parents' capacity, confidence and enjoyment of family life
- communities that are more child and family friendly. (www.beststart.vic.gov.au)

All Victorian children and their families will have the opportunity to optimize their health, development and wellbeing during the period of a child's life from birth to school age (Department of Human Services, Future Directions for the Victorian Maternal and Child Health Service, 2004, p. vi).

Children flourish when responsibility for their education, health and wellbeing is shared by parents, families, and the wider community (Joining the Dots, 2004, p. 14).

As the first and most enduring educators of their children, parents play a crucial role in child development. The evidence demonstrates that families play a vitally important role in the creation of human capital. Improving health and development outcomes in early childhood requires support for parents to create stimulating and responsive family environments to ensure that each child develops the skills needed for life and learning (COAG, 2006).

The integrated system must work with families in such a way as to build on their resources and strengths, and to provide services in a timely, accessible manner (The Virtual Village Report, SA, 2005, p. 94).

These different statements are focused on the outcomes that can be expected for all children and families through the provision of a wide range of services, treatments or interventions. A focus on outcomes (rather than on inputs leading to outputs) helps to ensure that:

- system or service goals and purposes are clearly defined as shared expectations or intentions,
- all aspects of service delivery or interventions are acknowledged,
- the identified outcomes can inform funding, policies, practice and relationship decisions,
- families receive coherent and consistent information from and across services, and
- accountability measures or processes are easier to establish.

Outcome statements are central to current policy developments in Australia and in the States and Territories. The Victorian Government has developed an Outcomes Framework comprising 35 key aspects of children's development, and has begun to provide regular reports based on this framework (Victorian Department of Human Services, 2006). The DHS Statewide Outcomes for Children Branch is developing a comprehensive, across government, monitoring system – the Victorian Child and Adolescent Monitoring System (VCAMS) – to build on this reporting framework. The Victorian government's Blueprint draft discussion document, for example, identified that through a lifecycle approach to early childhood and school education, the intended outcomes for seamless learning and development for all children included:

- Improved educational, health and wellbeing outcomes for all children in Victoria
- An accessible, high quality and coherent universal service system for early childhood education, with targeted support for those that need it
- Enhanced public confidence in a world class school education system and high quality early childhood services and programs for all
- Reduced effects of disadvantage on children and young people's learning and development.

The next section of this paper examines the early childhood intervention literature to identify the additional needs of children with a disability or developmental delay and their families. Australian and international literature is featured in this discussion.

3. Children with disabilities and delays

The Australian and international early childhood intervention literature provides clear evidence of the additional needs and supports required by children with disabilities and developmental delays and their families if they are to flourish and enjoy good lives within inclusive communities. These children and families have rights and share needs in common with all children and families; however, unless there is acknowledgement both of their rights and their additional needs, they will face exclusion and limitations in reaching their potentials and overall wellbeing (Bach, 2002; Guralnick, 2005; Kemp and Hayes, 2005; Wachs, 2000). While high quality early childhood programs can support the needs of all children, they are not sufficient on their own as a means for ensuring authentic inclusion of children with disabilities or developmental delay and their families (Brown et al, 1999; Grace et al, 2008; Noah's Ark, 2006).

Before considering how children's additional needs can be met, the question of their rights is explored.

3.1 Children's rights

Since Australia and most other nations ratified the United Nations' Convention on the Rights of the Child (1989), there has been increasing interest in using a rights-based approach to underpin or conceptualise early childhood theory and research (Davis, et al 2007; Edwards et al 1998; Rinaldi, 2006; Siraj-Blatchford and Clarke, 2000; Woodhead, 2005). Children's rights as enshrined in the UN Convention are formally agreed standards which could be viewed as ethical imperatives for signatory countries (Alderson, 2000). The 54 Articles of the Convention encompass four comprehensive areas of rights or needs for all children:

- prevention (mostly health matters)
- protection (against exploitation and neglect)
- provision (includes access to children's services, clean water and shelter)
- participation (a voice for children and their right to be heard).

Dahlberg and Moss (2005) argue that, at best, documents such as the UN Convention provide for minimal conditions and are removed from the particular social, cultural, political and economic contexts of children and families' every day lives. They recommend that rights should be used as a tool and not as an icon – that is, as a way for making child and family rights visible and legitimate through advocacy and action. Similarly, Bach (2002, p. 8) contends that a rights-based approach is insufficient to achieve 'valued recognition' and that action through solidarity must follow from any rights' declarations if all children and families are to achieve social inclusion and valued recognition.

Philips (2001, p. 59) notes that there is debate in the early intervention literature about whether the term 'rights' is emphasised rather than the term 'needs'. She believes it is more important to focus on the intent of the UN Convention's principle that, 'all children have the right to participate *fully in and to benefit from* educational experiences and play a full part in society.' The World Health Organization's revised

explication of disability (WHO, 2001) is in accordance with the UN Convention's notion that participation is a critical need or right for all children. The WHO has redefined disability from a medically-based, personal characteristic and context-free understanding to incorporate the contexts which surround the child or adult with a disability – political, social, cultural, historic or economic contexts (Cuskelly and Hayes, 2004; Gascoigne, 2006). The revised WHO document includes the following definitions:

- Impairments – problems in bodily function
- Activity limitations – difficulties faced by an individual in carrying out activities such as daily self-care or learning
- Participation limitations – difficulties individuals experience in participating fully in their community and in interpersonal relationships.

Cuskelly and Hayes, (2004, p.31) argue, that children with a disability can only become fully participating members of their communities when society develops measures 'to reduce the handicapping effects of impairment and disabilities.' Reducing these handicapping barriers is central to becoming an inclusive society, community or service. Communities benefit when every member's dignity is valued and every member is able to participate meaningfully (Bach, 2002).

How, then, can we reduce the handicapping effects of impairment and disability? To understand this, we need to begin by considering the challenges faced by families of children with developmental disabilities and delays.

3.2 Families of children with disabilities

There is a considerable body of research that has addressed the experiences and development of families of children with developmental disabilities. A recent summary of this evidence (Bailey, 2007) draws the following conclusions:

- General knowledge about how families function and develop over time is applicable to families of children with disabilities. That is, in order to understand what happens when families face extraordinary challenges, such as those inherent in raising a child with a disability, it is helpful to know about typical family development and adaptation.
- The family environment influences the development and behaviour of children with intellectual and developmental disabilities. A large body of research has shown that both direct variables, such as responsiveness within the parent-child interaction or the valence of maternal expressed emotion, and indirect variables, such as family climate or financial resources, play important roles in children's development and behaviour.
- The experience of having a child with an intellectual or developmental disability almost inevitably has a significant impact on the family. However, families vary widely in the ways they respond to disability and different family members may respond differently.

- Factors that can influence adaptation to disability vary from family to family. However, two child variables are consistently shown to be associated with family adaptation across numerous studies, disability types, and forms of family adaptation — child behavior problems and child health. Most studies show that positive family adaptation is much more difficult to achieve when children exhibit a high rate of behavior problems and are in poor health.
- The nature and quality of social support available to families and family members has been repeatedly demonstrated as critical to positive adaptation. Social support comes from a variety of sources both proximate (e.g., spouse, in-laws, parents) and distal (e.g., friends, religious institutions, parent support groups, community services) to the family. Positive family adaptation, as measured by a wide range of variables, is more likely to occur for individuals or families that have strong informal support systems.
- Although there is some evidence that informal supports can be more important predictors of family wellbeing, formal interventions and professional services are also beneficial.
- Families exist in cultural and socio-political contexts that influence their beliefs, perceptions, and practices. A wide range of sociocultural studies, using varied theories and methods, have shown that cultural and socio-political contexts shape families' coproduction of meanings and practices related to intellectual disability; families' experiences, responses, accommodations and adaptations to disability, and how their understandings and experiences are shaped within larger social institutions and inequities, such as poverty and minority status.

One of the factors noted above is that having a child with an intellectual or developmental disability almost inevitably has a significant impact on the family. In the first instance, this impact is primarily emotional. The feelings that parents commonly experience are well documented (eg. Barnett, Clements, Kaplan-Estrin and Fialka, 2003). Initial reactions often include feeling devastated, overwhelmed, and traumatised by the news; being in a state of shock, denial, numbness and disbelief; experiencing a sense of loss for the 'hoped-for child'; and having grief reactions similar to those experienced by individuals who lose someone through death. Parents may also have feelings of guilt, responsibility, and shame; be angry at the medical staff and professionals involved with the child; or have decreased self-esteem and self-efficacy as their sense of themselves as effective providers and protectors are severely challenged. Marital and other family relationships can become severely strained, especially if family routines are disrupted and new routines are proving hard to establish.

While some (eg. Bruce and Schultz, 2001) have emphasised the traumatic nature of this experience, recent evidence (eg. Blacher and Hatton, 2007; Flaherty and Glidden, 2000; Hastings and Taunt, 2002) suggests that not all parents of children with disabilities are traumatised, and in time many succeed in adjusting well to the challenges of rearing a child with disabilities. Indeed, there is also evidence that some families do more than adjust or adapt to the challenges, but ultimately transcend

them, emerging stronger for the experiences (Bayat, 2007; Blacher and Hatton, 2007; King, Zwaigenbaum, King, Baxter, Rosenbaum and Bates, 2006; Linley and Joseph, 2005; Schwartz, 2003). For early childhood intervention staff, this highlights the importance of responding to the parents' initial distress and confusion in ways that acknowledges (but does not amplify) the feelings, while also keeping a focus on positive hopes, perceptions and experiences (Gallagher, Fialka, Rhodes and Arceneaux, 2002; Hastings and Taunt, 2002; Muir et al, 2008).

Despite the evidence of positive adaptations, families of children with developmental disabilities are at greater risk of a number of social and psychological stresses. These include mental and physical health problems (Edwards, Higgins, Gray, Zmijewski and Kingston, 2008; Murphy and Christian, 2007; Sloper and Beresford, 2006), marital problems and divorce (Glenn, 2007), poor housing (Joseph Rowntree Foundation, 2008), and increased expenses coupled with reduced income (because of constraints upon both partners working) (Edwards, Higgins, Gray, Zmijewski and Kingston, 2008; Sloper and Beresford, 2006).

The Department of Families, Housing, Community Services and Indigenous Affairs (2007) and the Australian Bureau of Statistics (2008) have summarised the data regarding the population of children with disability and their carers in Australia:

- In 2003, almost 320,000 children aged 0–14 years had a disability. Almost all of these children lived in family households, as opposed to institutions. Around 4% of all children aged 0–14 years had a profound/severe disability. These children needed assistance all or most of the time with self-care, communication or mobility.
- Children may have more than one type of disability. In 2003, the most common types of disability among children were intellectual disabilities (59% of children with a profound/severe disability) and sensory/speech disabilities (53%).
- In 2003, there were around 285,000 Australian families (13% of the total) with children aged 0–14 years, 7% having a child with a profound/severe disability.
- In 2003, of all families with at least one child with a disability, 69% were couple families and 31% were one-parent families. One-parent families that have a child with a disability may be at increased risk of disadvantage.
- In 2003 there were approximately 57,800 primary carers of children with disability (12% of all carers), including approximately 54,600 who were the primary carers of children with severe or profound core activity limitations.
- The majority of primary carers of children with severe or profound core activity limitations were mothers (91%)
- In 2003, the majority (62%) of primary carers of children with severe or profound core activity limitations were not in the labour force (compared with 37% of all mothers of children of the same age). Of those who were, 27% were employed part time and only 11% full time. These carers were less likely to be employed full-time when the child they cared for was 0–4 years (2%), compared to when the child was aged 10–14 years (11%).

- Reflecting in part the differences in employment by parents, the incomes of families with a child with a disability were generally lower than were incomes of families without a child with a disability. Families with a child with a disability may be affected not only by reduced income but also by the increased costs associated with the child, such as health care, special diets and equipment needed for their care.
- Families with a child with a disability were more likely to be living in areas of greater socioeconomic disadvantage and were more likely to be renting than either owning or paying off their own home.
- Most primary carers of a child with a severe or profound core activity limitation reported that their relationship with the child was either unaffected (44%) or was closer (37%) as a result of their caring role.
- However, around 36% of carers reported that their relationship with their spouse was strained, that they were losing touch or lacked time together alone. One-quarter (25%) reported that they had lost, or were losing, touch with friends, and around 39% reported that they had less time to spend with other family members.
- Respite care services provide alternative care arrangements for children with a disability so that parents can take a short-term break from their caring role. Over half (55%) of primary carers of young children with disabilities had never accessed respite care and felt they did not need it. However, about two-fifths (38%) felt they needed more respite care than they received, and a further 16% had never received respite care, but felt they needed it.

An Australian survey of the nature and impact of caring for family members with a disability (Edwards, Higgins, Gray, Zmijewski and Kingston, 2008) found that there were significant emotional costs for all family members—the primary carer, the person with a disability and other family members—associated with caring. Carers raising children (both children who have a disability and those who do not) were at particular risk of worse mental health outcomes. Carers and their families experience higher rates of both physical and mental health problems. Although most carers had supportive people around them, there was a substantial minority of carers (one in five) who had no assistance from other people in caring for the person or people with a disability. For the majority of carers who did have support, the support provided was not without some issues attached.

A similar picture emerges from studies overseas (Murphy and Christian, 2007; Sloper and Beresford, 2006). Sloper and Beresford (2006) summarised the current circumstances of UK families with disabled children in the following terms:

- The profile of disabled children in the United Kingdom is changing. More disabled children and young people live in the UK than ever before, and the number of children with the most severe or complex needs—such as those with autistic spectrum conditions or with complex health and nursing needs—is also increasing.
- The needs of families with a disabled child, which involve input from professionals working in many different agencies, are often unmet.

- Around 55% of families of disabled children live in poverty; they have been described as ‘the poorest of the poor’. It is within these constrained financial circumstances that families have to meet costs associated with bringing up a disabled child, which are estimated to be three times those of bringing up a non-disabled child.
- Unlike in other families, paid work is not the potential solution. The child’s care needs, multiple appointments with healthcare professionals, and lack of child care affect parents’ ability to work. Mothers with disabled children are much less likely to have paid employment than other mothers.
- Parents with disabled children have higher levels of stress and lower levels of wellbeing than parents with non-disabled children. Factors influencing levels of stress include the child’s sleep and behaviour problems, families’ material resources, parents’ employment situation, social support, unmet service needs, and parents’ coping strategies
- Some interventions have improved children’s sleep and behaviour problems and parental stress. However, many parents report that they want but do not receive help in these areas.
- Living in suitable housing and having appropriate equipment to assist with activities of daily living are also key factors promoting families’ wellbeing. Yet most families report problems with their housing and unmet needs for equipment.
- Disabled children and their families often lack suitable local leisure facilities and accessible transport, and they often face hostile attitudes of staff and members of the public. These factors prevent them from taking part in activities as a whole family.
- Parents frequently report the need for a break from caring. Such a break can provide time for themselves and their partners, and time to spend with their other children. Services that provide short term breaks can reduce mothers’ stress, but many families have problems obtaining appropriate services. Children for whom provision is most inadequate include those with complex health needs or with challenging behaviour or autistic spectrum disorders and children from minority ethnic families.

It is clear from this evidence that families of children with developmental disabilities are faced with many challenges that place them at risk of poor outcomes for themselves and their children. However, many such families are able to meet these challenges and even transcend them, drawing on their own personal resources, the support of family and friends, and the help of specialist services. The sections that follow explore family experiences of professional help, and what additional supports these services can provide.

3.3 Family experiences of professional services

As noted earlier, although there is some evidence that informal supports can be more important predictors of family wellbeing, formal interventions and professional services also have an important role to play. Appropriate training, support, and help giving practices can improve maternal styles of interacting with their children to enhance language and cognitive development, decrease depressive symptoms and other forms of psychological distress, and improve self-efficacy beliefs and other important family outcomes (Bailey, 2007).

Features that are important for effective early childhood intervention services include the nature of the relationship between the professionals and parents, the degree of control that parents have over the form of service they receive, the extent to which parents are actively and meaningfully engaged in the program activities (regardless of the setting), and the ease with which parents are able to integrate strategies into daily family routines (Moore, 2005). How programs are delivered is as important as what is delivered. Thus, the use of family-centered helpgiving is associated with more positive and less negative parent, family, and child behavior and functioning (Dunst, Trivette and Hamby, 2007).

However, all attempts by human services providers to help those in need run the risk of doing harm, and early childhood intervention services are no exception to this. For instance, one of the findings from a recent NSW study of resilience in families that have a young child with disabilities (Muir, Tudball and Robinson, 2008) was that how they were treated at the time of their child's initial diagnosis can have a long term impact. What doctors or other practitioners say at this time or at any other key transition point such as entering into an early intervention service for the first time can have a lasting effect on family expectations, confidence and overall sense of control. As one mother, who the researchers identified as having fewer resilience resources to draw on, expressed it, 'You have meetings, but other than that, you don't really have that much control at all' (Muir, Tudball and Robinson, 2008, p. 59).

Professional services can also add to family stress by making too many demands upon their time. When providers are not sensitive to the realities of daily family life, they increase the stress levels of parents and the likelihood that they will carry through the program concerned or make use of services in general. In practice, the evidence suggests that services do not always consider these factors, and instead recommend intervention strategies that are not easily integrated into family life (Moore and Larkin, 2006).

The importance of everyday experiences and routines is highlighted in the work of Bernheimer and Weisner (2007) who focus on the way families accommodate and adjust to having a child with a disability. Accommodation involves making (or not making) changes to the family's daily routine of activities due, at least in part, to their child with disabilities. This research has shown that accommodations are usually adaptations to everyday routines, not responses to stress; are responsive to how children impact on the parents' daily routines, not to children's test scores; are related to the parents' differing goals and values; do not fit a single script or model for what is good or bad parenting; and predict family sustainability of daily routines, rather than child outcomes. Accommodations can and do change, and one of the major roles that early interventionists can play is to ask parents about everyday life with a child with disabilities, and help them plan and implement interventions that will better support the family's daily routine. As Bernheimer and Weisner (2007) point out, no intervention will have an impact if it cannot find a slot in the daily routines of an organisation, family, or individual.

Services can also be hard to access. The experiences of Australian families who have children with a disability or developmental delay vary also according to where they live—remote, rural, inner city or outer suburbs—each context presenting different challenges and sometimes benefits such as access to a wider range of support services (Noah's Ark, 2006; Tannous and Katz, 2008). A Victorian study into the rates of early intervention services in very preterm children with developmental disabilities has found that children of 'higher social risk were less likely to receive EI services' (Roberts et al 2007, p.1). The findings in this study indicate that the most vulnerable children are underserved. The researchers argue that a more broad developmental screening program is necessary as part of a program of preventative services.

Parents also have difficulties when services are poorly coordinated. Parents of children with disabilities often have to deal with a significant number of health, medical and early intervention specialists or practitioners on a regular basis, and may also have regular dealings with non-disability services such as child protection units, Centrelink or Indigenous services (Muir et al, 2008). Some families experience problems from a lack of communication between such services, and conflicting advice, and a constant threat that current services may be withdrawn (Glenn, 2007). These factors can lead to added stress, in an already difficult situation. Where professional support works well, it co-ordinates the range of services that parents' deal with, and is an important source of emotional and practical assistance (Glenn, 2007).

From this brief summary of parents' experiences of professional services, it is apparent that, while professional help can be very helpful to families, it can also create problems for them when it is delivered in ways that make parents feel disempowered, when services do not consider the demands they are making on families, and when services are hard to access or poorly coordinated.

The next section explores what specific forms of services families of children with disabilities need.

3.4 Additional needs and supports for children with a disability or developmental delay and their families

The following discussion is a brief overview of these additional needs of families of young children with disabilities, and the commensurate supports that have been identified in many studies.

Emotional support and counselling. All parents of children with disabilities need personal and emotional support, particularly at times of stress (such as diagnosis). Some parents may be able to get the support they need from their personal support networks, but many will benefit from to emotional support that caring professionals can provide. In addition, some parents require access to affordable (free, low cost or means tested) initial and ongoing counselling to help them cope with a range of feelings or emotions including grief, guilt, loss, anger, helplessness or depression, all of which may occur in the context of love and concern for their child. Counselling needs to be made available as soon as possible after a child's disability or delay is identified or when a professional such as general practitioner is aware that there is a serious developmental concern about the child. Transition times for parents and children, such as at the time of initial diagnosis, or when a child starts attending an early childhood service, have been identified as times where counselling support could help ameliorate families' feelings of increased vulnerability (Grace et al., 2008; Muir et al., 2008; Orsmond, 2005).

Social support. There is strong evidence that the nature and extent of families' personal social networks are linked with a wide range of outcomes for parents and children (Armstrong, Birnie-Lefcovitch and Ungar, 2005; Cooper, Arber, Fee and Ginn, 1999; Crnic and Stormshak, 1997; Thompson and Ontai, 2000). Social support is just as important for families of children with disabilities as it is for other families (Barakat and Linney, 1992; Bailey, 2007; Bromley, Hare, Davison and Emerson, 2004; Dunst, Trivette and Jodry, 1997; Glenn, 2007; Khine, 2003). There is also good evidence that contact with other parents of children with disabilities can be a valuable source of support for families (Kerr and McIntosh, 2000; Singer, Marquis, Powers, Blanchard, Divenere, Santelli, Ainbinder and Sharp, 1999; Turnbull and Turnbull, 2000). This contact can take many forms, from opportunities to meet informally as well as more formally organised parent-to-parent programs (Law, King, Stewart and King, 2001; Santelli, Poyadue and Young, 2001; Turnbull and Turnbull, 2000). A local example is the MyTime program, a peer support program for parents of children with a disability or chronic medical condition, developed by the Parenting Research Centre. and in supported with a national network of agencies and facilitators.

Information. Families need access to information concerned with their child's diagnosis, assessment, treatment, interventions and other matters such as genetics or available resources. The timing (immediate and ongoing), level of complexity, type (written or verbal) and amount will depend on each family's particular contexts

and changing circumstances. Research with families has shown that many families feel frustrated or confused by either a lack of coherent information or by information overload (Bailey and Powell, 2005; Guralnick, 2005; Moore, 2008; Moore and Larkin, 2006; Muir et al. 2008; Shonkoff et al. 2000). Information may need to be available in a language other than English or translated verbally if that is not possible. Information may also be required for siblings and extended family members such as grandparents (Carpenter and Russell, 2005; Siraj-Blatchford and Clarke, 2000).

Strength-building and empowerment. Parents of children with developmental disabilities want and need to (re)gain control over their lives, and to develop their capacity to meet the children's needs. To help them do this, practitioners need to use strength-building and family-centred practices (Pilkington and Malinowski, 2002; Saleebey, 2006; Turnbull, Turbiville and Turnbull, 2000). Training programs, such as those developed at St. Luke's in Bendigo (McCashen, 2004), are now available. In building parental capacity, the aim is to strengthen parents' confidence and competence in providing their children with learning experiences and opportunities known to be effective in promoting children's development (Dunst, 2007). Building such parental skills is most effectively done by involving parents in informed decision-making and in taking action to obtain whatever resources or goals they have chosen (Dunst, Trivette and Hamby, 2007).

Additional demands and resources. There needs to be practical recognition for the additional daily demands made on families when a child has a disability or developmental delay. Research has identified that these families have additional demands placed on their time, stress levels, energy, finances and relationships with partners as they attempt to provide the best interventions for their children as well as meeting the needs of siblings, other family members, work commitments and their personal needs (Guralnick, 2005; McWilliam, 2005; Muir et al. 2008; Orsmond, 2005; Tannous and Katz, 2008). As noted earlier, research has also identified that these families face additional difficulties in establishing and maintaining family routines which are recognised as one of the foundations for stable, happy, meaningful and productive family life (Keilty and Galvin, 2006; Gallimore et al. 1989). Practical supports might include:

- Time — access to affordable (fully funded, low cost or means tested) family or parent time out or family relief services; services or consultations for their child available at one, central location; flexible work arrangements
- Stress and energy levels — access to affordable (free, low cost or means tested) stress management programs, exercise programs or nutritional and dietary advice at a local community health service, integrated child and family hub or a local hospital
- Financial — basic financial support such as carer payments indexed annually and additional funding through subsidies or tax relief to enable access to a range of services that can support their capacities as parents and to ensure that every child with a disability or developmental delay can access appropriate services and resources

- Partner relationships — ongoing access to locally provided, affordable partnership guidance counselling services
- Family routines — support from trained family-centred early intervention consultants could help all family members in making appropriate accommodations to ensure that family appropriate routines are established and sustained (Keilty and Galvin, 2006; McWilliam, 2005).

Key worker model of support. An issue repeatedly highlighted in the literature is the need for effective care coordination for families of children with disabilities (Drennan, Wagner and Rosenbaum, 2005; Sloper, 1999). The more health or development problems a child has, the more services they receive and the more service locations they have to access. Parents report that in this circumstance services are less family-centred, and essential information and services are hard to obtain (Greco, Sloper, Webb and Beecham, 2007). Numerous research studies have found that parents want a single point of contact with services and an effective, trusted person to support them to get what they need. The key worker model is one way in which this need can be addressed (Care Coordination Network UK, 2004; Drennan, Wagner and Rosenbaum, 2005; Greco, Sloper and Barton, 2004; Mukherjee, Beresford and Sloper, 1999). This is a method of service delivery involving a person who works in a guide role with families. This person acts as a single point of contact for a family, helping the family to coordinate their care, not only within the healthcare system, but also across systems (education, social services, financial resources, recreation, transportation, etc). The main concept of the key worker's role is to empower parents by providing them with support, resources and information tailored to meet their individual needs. There is good evidence that parents of children with disabilities prefer working with a key service provider to working with different team members or services (Sloper, 1999) and that provision of a key worker is associated with a number of positive benefits for the family and their children (Liabo, Newman, Stephens and Lowe, 2001).

Child-Family Consultant-Advocate. Families can access an inclusion support person (ISF or PSFO in Victoria) when their child gains a place in an early childhood service. There is evidence, however, that not all children in Australia with a disability or developmental delay will gain access to an early childhood service (Mohay and Reid, 2005; Muir et al 2008). In addition, the inclusion support role is focused on supporting service or practitioner capacities to provide appropriate early intervention practices rather than on direct support with the family. Until all children have this access, and indeed even when this is achieved, there seems to be a need for consultancy support to be provided directly with and much earlier for the family, such as immediately after diagnosis or when serious concerns are raised about the child's development. The consultant-advocate could provide the family with practical ongoing support such as making arrangements for counselling, or acting as the liaison person between services and the family when the child is making a transition between home and an early childhood service. This highly skilled professional work has been given different nomenclature including, case worker, inclusion facilitator, key worker, or early intervention consultant. The consultant and family need to form a relationship over time that is based on shared concerns for the best possible outcomes for the child

and family. These consultants require initial and on going professional education and training in family and child centred practices and advocacy (Brennan et al 2003; Davis and Luscombe, 2005; Noah's Ark, 2006).

Timely diagnosis, assessment, monitoring and feedback. Children with a disability or developmental delay need ongoing comprehensive, authentic, contextualised, assessment and monitoring processes and feedback for their families which is not always driven by the need to gain access to a particular service or type of funding. Families have reported being frustrated by the need to have their child assessed repeatedly in order to show that the child has a disability as part of eligibility for funding or to access a service. In addition, it can take up to a year for some families to obtain agreement from professionals that their child is eligible for funding and to gain access to an early intervention service (Gavidia-Payne, McKay and Hammond, 2006; Grace et al; 2008; Muir et al; 2008). Key features or principles of best practice in early intervention assessment processes have been identified by Bagnato (2007), Guralnick (2005), Hanft and Pilkington (2000), Meisels and Atkins-Burnet (2000), Moore (2005), Shonkoff et al 2000; and Williamson, Cullen and Lepper (2006).

Access to early childhood and early childhood intervention services. Children with disabilities and their families need access to local and affordable early childhood intervention programs within a universal early childhood service system and/or specialised response provisions. These services need to be based on core values and principles concerned with evidence based best practice pedagogy as identified in the early childhood generalist and early intervention research (Brennan et al 2003; Bruder, 2001; Coleman et al 2006; Cullen, 2004; Dunst and Bruder, 2002; Edwards et al 1998; Fleeer et al 2006; Forster, 2007; Noah's Ark, 2006; Siraj-Blatchford, 2004; Shonkoff et al, 2000).

Tiered early intervening strategies. Specialist services such as ECIS are usually funded on the basis of eligibility criteria and are precluded from providing any support until the criteria are met. This is contrary to the fundamental premise of early intervention – that it is better to provide support as early as possible rather than waiting until the problems are entrenched and more difficult to remediate. To overcome this anomaly, new strategies for addressing emerging problems are being developed. These involve the use of a tiered set of 'early intervening' strategies of increasing intensity that are designed to respond strategically to the child's learning or developmental needs and to prevent the problem worsening. There is an emerging body of empirical evidence that this is an effective method for identifying children at risk for learning difficulties and for providing specialised interventions, either to ameliorate or to prevent the occurrence of learning disabilities (Coleman, Buisse and Neitzel, 2006). Proven models of tiered early intervening strategies have been developed for teaching preschoolers with special needs in mainstream early childhood classrooms (Sandall and Schwartz, 2002), promoting early literacy development (Gettinger and Stoiber, 2007) and supporting social competencies and preventing challenging behaviour (Fox, Dunlap, Hemmeter, Joseph and Strain, 2003; Hemmeter, Ostrosky and Fox, 2006).

Inclusion. Inclusion is the active participation of children with and without additional needs in the same early childhood programs and community settings (Noah's Ark, 2006). Inclusion is not just children with exceptional needs attending mainstream programs, but involves such children being meaningfully engaged in and participating in program activities.

Four different forms of inclusion have been identified by Guralnick (2001):

- Full inclusion: Typically developing children and children with additional needs participate fully in a program or service that caters for all children.
- The cluster model: A group of children with additional needs participate together in a program that operates alongside a mainstream program.
- Reverse inclusion: A few typically developing children participate in a program that caters largely for children with additional needs.
- Social inclusion: Children with additional needs are catered for in special settings and come together with typically developing children at times for social experiences.

Others use the term social inclusion in a much wider sense, and see it as both a right and a need for all children with a disability or developmental delay and their families. Social inclusion in this wider sense is identified as a necessary component of being able to participate meaningfully in community life and is essential for child and family wellbeing (Fegan and Bowes, 2004). Parents have consistently identified barriers to social inclusion for themselves and their children in the research (Bach, 2002; Brown et al 2001; Muir et al 2008; Noah's Ark, 2003). Some of the barriers for parent's social inclusion relate to matters mentioned already in this paper, such as the intense and additional time and energy demands placed on parents when a child has a disability or developmental delay which can make it difficult for them to participate in social events that occur in a community. Children with a disability or developmental delay also face barriers to social inclusion including other children's uncertainty or fear of them because of differences, or because of some limitation to their capacity to engage with other children in play such as being 'velcroed' onto an integration aide (Cullen, 2004, p. 74). Research with families has identified that 'having a friend for their child' is a common aspiration for parents (Batchelor and Taylor, 2005).

While, social inclusion can be supported through child and family participation in a quality early childhood service or centre, it is important to ensure that it does not get overlooked in the focus that might be given to other aspects of early intervention such as working on children's skill development or supporting parents to use family routines and events as potential sites for their children's learning and development. Batchelor and Taylor (2005, p. 11) identify six specific types of strategies from early intervention research for supporting social inclusion for children with a disability or developmental delay:

1. Child specific social interventions aimed at the child with a disability-prompting, reinforcing peer interactions when they occur (has been shown to be counter productive in some studies — Odom et al 1999)
2. Affective interventions-group focused strategies to foster positive attitudes to difference
3. Friendship activity interventions-adapting regular songs, language games, poems, group games to include opportunities for social interactions between all children
4. Incidental teaching of social skills through staff modeling appropriate social skills such as how to ask to join a group of children who are playing
5. Social integration activity interventions or environmental arrangements which involves pairing a child with highly competent social skills with the child whose skills are less developed as well as adult support or modeling
6. Peer-mediated interventions-training peers with the social skills to be inclusive in their play.

Batchelor and Taylor's (2005) research in an Australian kindergarten found that planned social inclusion that focused on peer mediation and naturally included in daily routines has the potential to improve social inclusion of children with disabilities.

Parents' social inclusion can be supported through the combined efforts of professionals or practitioners and the services they represent. There are parent focused interventions such as parent to parent groups, parent education programs or programs developed for special groups of parents such as adolescent parents, sole parents, parents from a particular ethnic group, or vulnerable parents (Tannous and Katz, 2008). While all of these programs or interventions can be helpful for improving parenting skills and overall wellbeing and confidence, there may need to be more targeted interventions focused on social inclusion in a community. These social inclusion strategies can be offered in parallel with or after a parent program is completed or included as part of every parent program objectives where possible. Noah's Ark (2003, p.16), *A Framework that Addresses the Social Dimensions of Disability*, identifies several programs which target social inclusion for families. (See also the SA Government's website for further discussion on social inclusion — www.socialinclusion.sa.gov.au/files/RR_SIIPFeb5Indicators.pdf).

While the concept of inclusion is embedded in early childhood intervention and general early childhood education, care and wellbeing literature and discourse, it is not an unproblematic concept or a term that should become entrenched without debate. There is some concern that a focus on inclusion could mean that additional needs are overlooked or ignored. Statements by practitioners such as 'we treat everyone the same in this service' could mean that some children are marginalised because the program does not respond to individual differences and the need for differentiated responses or resources. The other issue with using the term 'inclusion' is that it may suggest that some groups or individuals are positioned negatively, or need 'value adding' or 'normalising' in some pre-determined way order to become fully participating members of a group or the community (Dahlberg and Moss, 2005).

When the rights of all people are recognised and responded to appropriately and the handicapping effects of additional needs are eliminated or reduced, then it could be argued that the term ‘inclusion’ has become a redundant idea. Perhaps the concept of inclusion is helpful at this stage in the development of a universal systems’ approach in early childhood education, care and wellbeing, but remaining alert to and continuing to discuss its problematic nature is important.

This overview of the additional needs of families of young children with disabilities has shown that families have five key support needs:

- emotional support from family, friends, and professionals
- information about their children’s disability and about relevant services
- strength-building and empowerment strategies to help parents develop the capacity to meet the children’s needs
- practical support to help families meet the additional demands and resources associated with having a child with a disability
- timely diagnosis, assessment, monitoring and feedback.

In addition, this overview has indicated some of the ways in which early childhood interventions services can respond to these needs. These include:

- key worker model of support to simplify access to services
- ready access to early childhood and early childhood intervention services
- use of tiered early intervening strategies
- provision of inclusion support.

In the light of the above list of additional needs of children with developmental disabilities and their families, the next question is what interventions / supports are needed to address these issues? Before this question can be answered, we need to be clear what outcomes are being sought.

3.5 Outcomes in early childhood intervention services

For early childhood intervention services to be effective, it is essential that there is agreement about what they are trying to achieve, what the desired outcomes are. However, shifts in early intervention philosophy and practice have been accompanied by changes in how we conceptualise what outcomes we are seeking for children and families (Moore, 1996, 2006b; Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, Spiker and Wagner, 1998). The result is that there may no longer be a clear consensus in the early childhood intervention field as to what the desired outcomes are (Bailey, Aytch, Odom, Symons and Wolery, 1999; Harbin, Rous and McLean, 2005).

To address this uncertainty, efforts have been made to clarify what outcomes early childhood intervention services should be seeking, both in Australia (Early Childhood Intervention Australia—Victorian Chapter, 2005) and overseas (Dunst, 2000, 2004, 2007; Early Childhood Outcomes Centre, 2005; Parrish and Phillips, 2003).

Dunst (2007) argues that aims of early childhood intervention are two-fold:

- to strengthen children's self-initiated and self-directed learning and development so as to promote their acquisition of functional behavioural competencies, and
- to strengthen parents' confidence and competence in providing their children with the experiences and opportunities that will promote their children's learning and development.

Thus, early childhood intervention and family support practices are deemed effective only to the extent that children, parents, families and other caregivers become more capable and competent (Dunst, 2004). These include, but are not limited to, improved child development and interactive competence, parent well-being, parenting competence and confidence, and family quality of life. This is a parent-mediated, evidence-based approach: the role of early childhood intervention practitioners is to support and strengthen parent capacity to provide their children with the kinds of experiences and opportunities known to be most likely to support and strengthen child capacity *without* the need for ongoing professional intervention and guidance (Dunst, 2004, 2007).

In the US, the Federal government has funded the Early Childhood Outcomes Centre to promote the development and implementation of child and family outcome measures for infants, toddlers, and preschoolers with disabilities. The Early Childhood Outcomes Centre (2005) defines the long-term goals of early childhood intervention and early childhood special education in the following terms:

'For children, the ultimate goal of this support is to enable young children to be active and successful participants during the early childhood years and in the future in a variety of settings – in their homes with their families, in child care, preschool or school programs, and in the community. For families, the ultimate goal is to enable families to provide care for their child and have the resources they need to participate in their own desired family and community activities.'

Three key child outcomes and five key family outcomes have been identified (Bailey, Bruder, Hebbeler, Carta, Defosset, Greenwood, Kahn, Mallik, Markowitz, Spiker, Walker and Barton, 2006; Early Childhood Outcomes Center, 2005). The child outcomes are:

- Children have positive social relationships.
- Children acquire and use knowledge and skills.
- Children take appropriate action to meet their needs.

The five family outcomes are:

- Families understand their children's strengths, abilities and special needs.
- Families know their rights and advocate effectively for their children.
- Families help their children develop and learn.
- Families have support systems.
- Families are able to gain access to desired services, programs, and activities in their community.

In Australia, Early Childhood Intervention Australia (Victorian Chapter)(2005) has developed a set of outcome statements to guide the work of early childhood intervention service providers. These included outcomes for children, families and communities, and distinguished between outcomes that related to gaining functional skills and competencies, and those that related to learning how to participate meaningfully in home and community activities.

	Functioning	Participating
Children	<p>Children will gain functional, developmental and coping skills that are appropriate to their ability and circumstances.</p> <p>Children will show confidence and enjoyment in their everyday life</p>	<p>Children will participate meaningfully in home and local community activities to the extent of their ability.</p> <p>Children will experience and enjoy family life and community activities that are preferred by the family.</p>
Families	<p>Families will be able to nurture and support their child according to their values and preferences.</p> <p>Families will be able to identify and address the needs of their child(ren) and family.</p> <p>Families will be able to advocate for themselves and their family, to the degree they choose.</p>	<p>Families will participate in social and community activities to the degree they choose.</p> <p>Families will feel supported by personal networks and local communities</p>
Communities	<p>Communities will have a range of service options and facilities to respond to emerging needs of families in supportive ways.</p> <p>Communities will know how to, and be able to respond to the needs of all individuals and families.</p>	<p>Communities will value all members.</p> <p>Communities will be inclusive, providing for diversity, access and quality services for all families.</p>

3.6 What strategies are known to be effective in achieving these outcomes?

There is a growing recognition of the importance of using intervention strategies that are based on evidence and on program logic models (Buysse and Wesley, 2006, Moore 2007). Buysse and Wesley (2006) define evidence-based practice as ‘a decision-making process that integrates the best available research evidence with family and professional wisdom and values’—in other words, it is not solely reliant upon research evidence, but is a balance of scientific proof, professional and family experience, and core values and beliefs.

Effective strategies have two aspects: what is delivered and how it is delivered. For services to be fully effective, both aspects have to be involved: *how* programs are delivered is as important as *what* is delivered (Moore, 2005). This distinction between process and structural properties is used in discussions of quality in early childhood education and care services (Farquhar, 2005; Phillipsen et al 1997; Podmore, 2004; Woodhead, 1998). The process or interpersonal aspects of service delivery are concerned with participation, relationships and interactions and the ways in which all children and families experience their every day participation in the contexts of family, community or early childhood services. The structural aspects of service delivery are those matters which are derived from or are to be found in organisational and systemic structures.

Effective practices in early childhood services

In the general early childhood field, research evidence regarding effective services have been synthesised by Brooks-Gunn, Fuligni and Berlin (2003), Centre for Community Child Health (2006), Groark, Mehaffie, McCall and Greenberg (2006) and Waldfogel (2006), among others. Key features of effective community-based services have been identified by the Centre for Community Child Health (2006) – these include ten process or interpersonal properties and eleven structural properties. The Centre for Community Child Health (2007) has identified ten **key interpersonal features** of effective early childhood and family support services. Such services

- are based upon the needs and priorities of families and communities,
- are individualised and responsive to particular family needs and circumstances,
- start where families are at developmentally,
- recognise that relationships are just as important for achieving success as program structure and curriculum,
- seek to empower families and communities,
- build on existing strengths of families and communities, strengthening their existing competencies,
- seek to build partnerships with parents and communities,
- are sensitive and responsive to family and community cultural, ethnic, and socio-economic diversity,

- see families in the context of the community and the wider society, and seek to strengthen community links and utilise community resources to meet their needs, and
- provide high quality services.

In early childhood services, the importance of process or interpersonal aspects of service delivery are highlighted in key curriculum documents such as New Zealand's early childhood curriculum document, *Te Whariki He Whaariki Matauranga: Early Childhood Curriculum* (1996) and the NSW early childhood curriculum framework, *The Practice of Relationships* (2002). The concept of relationships as 'pedagogy' (Malaguzzi, 1993; Rinaldi, 2006) shifts the notion of relationships in early childhood from a 'warm backdrop' surrounding the main events that occur in an early childhood program, to being central to all of its activities and experiences.

Process matters can be difficult to mandate, assess or evaluate as they may be taken for granted or unexamined practices which are highly dependent on the contexts where they are enacted. Finding ways to understand how children and families experience each day in a children's service has generally not been given sufficient attention as a research question in early childhood services. Process matters also depend on whose perspective on quality is being assessed – child, parent, practitioners or management (Farquhar, 2005; Fler and Kennedy, 2006, Dahlberg et al., 1999).

In the early childhood intervention field, there have been some studies of how children and families experience services (eg. Moore and Larkin, 2006). There are also many questionnaires and tools that have been developed to measure different aspects of service delivery (Dempsey and Keen, 2008), including measures of family-centred practice (from both service deliverer and service recipient perspectives), help-giving practices, enablement and empowerment practices, and partnership practices. However, it is unclear how widely or regularly these process measures are used.

In addition to these key interpersonal features, there are a number of **key structural features** of effective early childhood services. Structural aspects of service delivery are generally more readily mandated, assessed or evaluated through systems such as regulations. For early childhood services, the core structural properties that have been identified include group size (number of children in a class), staff-child ratio, and caregiver qualifications (years of education, child-related training, and years of experience) (Buysse, Wesley and Keyes, 1998; CCCH, 2006; Cleveland, Corter, Pelletier, Colley, Bertrand and Jamieson, 2006; Early Childhood Learning Knowledge Centre, 2006; Phillipson et al 1997; Podmore, 2004). Smaller group sizes and favourable staff-child ratios allow each child to receive individual attention and foster strong relationships with caregivers (Early Childhood Learning Knowledge Centre, 2006; Graves, 2006; Melhuish, 2003; Work and Family Policy Roundtable, 2006).

Since the curriculum is only as good as the people who deliver it (Duffy, 2006), having well-trained staff and ongoing staff development and support is essential (Bennett, 2007; Best Start Expert Panel on Early Learning, 2006; Duffy, 2006; Early

Childhood Learning Knowledge Centre, 2006; Elliott, 2006; Melhuish, 2003; OECD, 2001; Saracho and Spodek, 2007; Work and Family Policy Roundtable, 2006). Specialised training contributes to quality interactions and rich child-centred contexts (Elliott, 2006). Children make better progress when early childhood practitioners are professionally qualified and possess sound, sensitive pedagogic approaches and knowledge. In the case of early childhood teachers, the more highly qualified they are, the more progress children make subsequently (Montie, Xiang and Schweinhart, 2006, 2007).

Another key structural feature is staff continuity (David, 2003), which is particularly important for very young children (Elliott, 2006). Young children need stability in their relationships with caregivers and teachers, so staff rosters should be arranged with this in mind. In addition, to reduce staff turnover, staff need fair working conditions and remuneration rates that are sufficiently generous to recruit and retain a qualified and committed workforce (Work and Family Policy Roundtable, 2006).

It should be noted that all of these structural features are necessary but not sufficient conditions for high quality services – they should be understood as means to an end (the end being the delivery of services according to the key principles above). As Pianta (2007) notes, it is the teacher's implementation of a curriculum, through both social and instructional interactions with children, that produces effects on student learning. Structural indicators, such as the curriculum being used, teacher credentials, and other program factors, are only proxies for the instructional and social interactions children have with teachers in classrooms. Thus, it is not teacher qualifications per se that affect outcomes but the ability of the staff member to create a better care and learning environment that makes the difference (Sammons, Sylva, Melhuish, Siraj-Blatchford, Taggart and Elliot, 2003).

As identified by the Centre for Community Child Health (2007), other structural properties of effective services are that they

- adopt an ecological approach that addresses the multiple influences on child and family functioning,
- are part of a comprehensive integrated service system that is able to address all the factors known to put children and families at risk,
- have a clearly defined purpose and goals that are broadly agreed upon by all stakeholders,
- are based on clear theoretical frameworks that show how the services that are delivered achieve the desired,
- base services on proven methods of intervention,
- focus on outcomes rather than services,
- are structured and packaged so as to be transferable and translatable to other settings,
- are staffed by people who are trained and supported to provide high quality, responsive services,

- maintain positive organisational climates,
- encourage shared learning and help staff to become reflective practitioners, and
- regularly evaluate and monitor their services to maintain quality and to guide improvement.

Effective practices in early childhood intervention practices

All of the above process and structural properties of effective services apply to early childhood interventions services. In addition, there are a range of effective strategies and practices that have been developed.

Shonkoff and Phillips (2000) have argued that there has now accumulated ‘sufficient knowledge to build an intellectually rigorous, common theory of change for the field’ (p. 340). Similarly, Odom and Wolery (2003) argue that there now exists as a strong, evidence-based set of practices that service providers and caregivers use to promote the development and well-being of infants and young children with disabilities and their families. Features of effective early childhood intervention services have been identified by Moore (2005), and established and emerging trends in early childhood intervention services have been summarised by Moore (2008). Law (2000) outlines a process whereby direct service providers can identify and introduce evidence-based practices, while McClusky and Cusick (2002) describe strategies that program managers can use to introduce evidence-based practices in work settings.

Many effective early childhood intervention strategies have been developed. Moore (2007) gives the following selection of strategies, divided between the what and the how of service delivery.

Effective early childhood intervention strategies

	What is delivered	How it is delivered
Child	<ul style="list-style-type: none"> • Assessment of child functioning and identification of child needs • Direct therapy and teaching • Inclusion in mainstream early learning and development programs • Natural learning opportunities 	<ul style="list-style-type: none"> • Responsive engagement and care practices • Child-centred practice
Family	<ul style="list-style-type: none"> • Emotional support to parents • Information about child's health and development • Information about and access to relevant resources • Access to parent-to-parent support • Skills and empowerment • Quality of life 	<ul style="list-style-type: none"> • Responsive engagement and partnership • Family-centred practice • Strength-building
Community	<ul style="list-style-type: none"> • Access to community facilities and services • Child and family-friendly urban environment 	<ul style="list-style-type: none"> • Community engagement and partnership • Community strength-building
Service System	<ul style="list-style-type: none"> • Integrated services and key worker models • Tiered system of services based on universal system 	<ul style="list-style-type: none"> • Interagency collaborative practices • Transdisciplinary teamwork • Leadership style • Consultation and coaching

A number of specific evidence-based strategies that have been identified. Many of these apply to children with a range of disabilities, while some are specific to particular disabilities. A disability-specific analysis of evidence-based strategies is beyond the scope of this literature review, so only the following general strategies are listed on the following page.

- **Response-contingent child learning** (Dunst, 2007). Response-contingent child learning refers to environmental arrangements by which a child's production of behaviour produces or elicits a reinforcing or interesting consequence that increases the rate, frequency, or strength of behavioural responding. Research shows that children with disabilities are capable of response-contingent learning and that these kinds of learning opportunities constitute a useful early intervention practices for these children. In almost every study of children with disabilities, rates of behaviour responding increased, sometimes three- or fourfold, once the children were reinforced for their efforts. There are, however, important differences in the way that children with disabilities learn. Whereas infants without disability typically demonstrate response-contingent learning in a few minutes, children with disabilities may take considerably longer. The more profoundly delayed child is, the longer it takes the child to learn the relationship between his or her behaviour and its consequences.

- **Parent responsiveness to child behaviour** (Dunst, 2007; Landry, Smith and Swank, 2006; McCollum and Hemmeter, 1996; Mahoney, Boyce, Fewell, Spiker and Wheeden, 1998; Mahoney and MacDonald, 2007; Mahoney and Perales, 2003, 2005; Mahoney, Perales, Wiggers and Herman, 2006; Trivette, 2003; Warren and Brady, 2007). Parents' sensitivity and responsiveness to their infant or toddler's behaviour during parent-child interactions is a potent determinant of child development. Encouraging and supporting parents' use of responsive interactional styles with children with disabilities has been an important early intervention practice for many years. Parent responsiveness includes parental response quality, timing, appropriateness, affect, and comforting.

There is evidence that the degree of parental sensitivity, responsiveness and emotional availability are predictive of outcomes in children with intellectual and developmental disabilities (Biringen, Fidler, Barrett and Kubicek, 2005; Koren-Karie, Oppenheim, Dolev, Sher and Etzion-Carasso, 2002; Venuti, Falco, Giusti and Bornstein, 2008; Warren and Brady, 2007). The effectiveness of the parents behaviour is maximised when the parent is attuned to the child's signals and intent to communicate, when the parent promptly and appropriately responds to the child's behaviour, and when parent-child in interactions are synchronous and mutually reinforcing. In studies of children with disabilities, parents' responsiveness to the child's behaviour shows very much the same kind of relationship with the outcomes found in studies of children without disabilities (Dunst, 2007).

- **Everyday natural learning opportunities** (Bruder and Dunst, 1999, 2007; 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. These everyday activities invite or inhibit child learning, depending on the characteristics of the setting and the behaviour of the people in the settings. Everyday activities are natural learning environments in which contextually meaningful and functional behaviour is learned, further increasing children's participation in family and community life.

Infants and toddlers with disabilities on average tend to participate in somewhat fewer everyday activities compared with their typically developing peers. These differences are due less to their disabilities and more to their parents' beliefs about the value of everyday learning opportunities. Research shows that learning opportunities that either provided a context for interest expression or had interest-evoking features were associated with increased positive and increased negative child functioning. Moreover, the benefits were greatest in situations in which interest-based learning occurred in the context of everyday activities, in which the pattern of relationships between the characteristics of the activities and benefits to the child with very much the same for children with and without disabilities (Dunst, 2007).

- **Capacity-building help-giving practices** (Dunst, 2007). Practitioner help-giving practices can potentially influence parents competence in performing parenting tasks, their confidence in carrying out parenting responsibilities, and their enjoyment in interacting with their children. Research syntheses have focused on three different kinds of family-centred help-giving practices: relational help giving, participatory help giving, and parent-practitioner collaboration. Relational help giving involves practices typically associated with good clinical practice (active and reflective listening, empathy and compassion etc).

Participatory help giving involves practices that promote parent decision-making and action based on choices necessary to obtain desired resources or goals. Parent-practitioner collaboration involves practices in which partners work together to plan courses of action and to decide what will be the foci of intervention. In terms of promoting parenting competence, confidence or enjoyment, the evidence shows that collaboration has no discernible direct or indirect effects, relational help giving has small direct effects and somewhat larger indirect effects, and participatory help giving has both large direct and indirect effects. These findings were much the same for parents of children with or without disabilities (Dunst, 2007).

- **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.

Based on a synthesis of the best statements of family-centred principles and practice (Moore and Larkin, 2005), the core principles, practices and skills are as follows:

Principles

- Services recognise that all families are unique, and provide support in ways that are respectful and non-judgmental of particular family styles, values and abilities.
- Services are sensitive and responsive to family cultural, ethnic, and socio-economic diversity.
- Services recognise that parents know their children best and want the best for them.
- Services accept that parents have the ultimate responsibility for the care of their children and for all decisions about the child.
- Services understand that children's needs are best met when families are supported in making informed decisions about the child and family, and in developing competencies to meet their needs.
- Services recognise that children, families and service providers themselves all benefit most when services are based on true collaborative partnerships between families and professionals.
- The way in which services are delivered is as important as what is delivered.
- Children's needs are most likely to be met when the needs of all family members and of the family as a whole are also met.

Practices

- Families and family members are treated with dignity and respect at all times.
- Services are based on the needs and priorities of families.
- Service providers seek to engage parents in collaborative partnerships based on mutual trust and respect.
- Service providers acknowledge and respect the family's expert knowledge of the child and the family circumstances as complementing their own professional expertise.
- Service providers take account of the needs of all individual family members as well as the needs of the family as a whole.
- The information that families need to make informed choices is shared in a complete and unbiased manner.
- Service providers offer families choices about the goals and nature of the services, and support and respect the choices that families make.
- Services are provided in a flexible fashion according to the evolving needs and circumstances of particular families.
- Family needs are met through a broad range of informal, community, and formal supports and resources, rather than through formal resources alone.
- Where possible, families are helped to find ways of meeting their own needs using the existing strengths and competencies of the family and family members.

- Families are helped to develop new strengths and competencies to meet the needs of their children and the family as a whole.
- Families are helped to identify and mobilise sources of support in their family and social networks and local communities.
- Service providers help families establish and maintain strong social support networks according to need.
- Services form strong links with other mainstream and specialist child and family services to ensure that all family needs are addressed in an integrated fashion.

Skills

- Service providers need well-developed listening and communication skills
- Service providers need skills to establish and maintain good collaborative relationships with families.
- Service providers need skills in helping parents determine their priorities and clarify their goals.
- Service providers need skills in recognising, acknowledging and helping families build upon their strengths and competencies.
- Service providers need skills in identifying and mobilising social support networks and community resources.
- Service providers need skills in establishing and maintaining good collaborative relationships with other mainstream and specialist child and family services.

The evidence for the effectiveness of family-centred practice has been summarised by Dempsey and Keen (2008), Dunst, Trivette and Hamby (2007), Moore and Larkin (2006) and Rosenbaum, King, Law, King and Evans (1998).

- **Relationships between parents and professionals.** The relationship between parents and professionals is the key to effective practice (Berlin, O’Neal and Brooks-Gunn, 1998; Davis, Day and Bidmead, 2002). On the basis of a detailed analysis of what makes early childhood interventions work, Berlin, O’Neal and Brooks-Gunn (1998) conclude that

‘... the most critical dimension of early interventions is the relationship between the program and the participants. The benefits of program services will not be fully realised unless the participant is genuinely engaged’ (p. 12)

Research into the efficacy of early childhood intervention has rarely included the nature of the relationship between parents and professionals as a contributing variable. However, there strong theoretical grounds and much indirect evidence to suggest that the *manner* in which services are delivered is as important as *what is* delivered. How services are delivered is a function of the kind of relationship that services build with parents, and the qualities of the service provider. Davis, Day and Bidmead (2002) suggest that the key qualities are respect, genuineness, humility, empathy, personal integrity, and quiet enthusiasm.

- **Use of natural learning environments** (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. Thus, Hanft and Pilkington (2000) argue thus:

‘No infant or toddler needs physical, occupational, or speech therapy twice per week in order to grow and develop. What young children need is exposure to communication, mobility, play, gradual independence in activities of daily living, and nurturing interaction with family members, everyday, in their usual places and situations. Therapists, using their therapeutic expertise as the means to this end, can help young children and family members achieve their desired outcomes.’ (pp. 11–12)

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.

3.7 Service frameworks

One of the key features of effective programs is that they are based on clear, scientifically-validated theoretical frameworks and methodologies which articulate how the services that are delivered achieve the desired outcomes (Moore, 2005; Shonkoff and Phillips, 2000). Thus, the Committee on Integrating the Science of Early Childhood Development (Shonkoff and Phillips, 2000) argues that

‘All successful interventions are guided by a theoretical model that specifies the relation between their stated goals and the strategies employed to achieve them. ... Sometimes these frameworks are articulated explicitly; other times, they are implicit but not clearly formulated.’ (p. 340).

In addition to the evidence-based strategies above, there are general service frameworks, such as the integrated ECI framework developed by Dunst (2000, 2004) and the Developmental Systems Model described by Guralnick (1998, 2005).

Perhaps the most fully articulated overall model of this kind in the early childhood intervention field is the developmental systems approach proposed by Guralnick (1997, 1998, 2005). In this model, children’s developmental outcomes are seen as a product of their immediate experiences in the family which in turn are shaped by family characteristics and potential stressors on the family. The immediate experiences in the family comprise three sets of parent-child transactions which are known to shape children’s development:

- **the quality of parent-child interactions** — the desirable qualities being ‘responding contingently, establishing reciprocity, providing warm and nonintrusive interactions, appropriately structuring and scaffolding the environment, being discourse-based, and ensuring developmentally sensitive patterns of caregiver-child interactions’ (Guralnick, 1998, pp. 323–4)

- **experiences with the physical and social environment as orchestrated by the family, primarily the parents** — major dimensions include ‘the variety and developmental appropriateness of toys and materials provided, the general stimulation level of the environment, and the frequency and nature of the contacts with other adults and children that occur through parent-based friendship and family networks or alternative care arrangements’ (ibid. p. 324)
- **ensuring the general health of and establishing a safe environment for the child** — ‘eg., obtaining immunization, providing adequate nutrition, protecting child from violence’ (ibid. p. 324)

These patterns of family interaction are themselves the product of various family characteristics, including

- **personal characteristics of the parents** — such as parental attitudes and beliefs, maternal mental health status, and coping styles
- **family characteristics not related to the child’s disability status** — such as existing supports and resources, quality of the marital relationship, financial resources, and the child’s temperament

Another major set of influences on family interaction patterns are potential stressors specifically affecting families of children with developmental disabilities. Guralnick identifies four such stressors:

- **the need for information** about their children’s health and development
- **the interpersonal and family distress** that can result from having a child with a disability
- **additional resource needs** resulting from having a child with a disability
- **threats to the parents’ confidence** in their ability to meet their child’s needs

Guralnick concludes that ECI services should be seeking to address these four potential sources of stress. He identifies three program components that should feature in all ECI programs:

- **resource support**, including awareness of and access to co-ordinated services, as well as supplemental supports (financial assistance, respite care etc.)
- **social supports**, including parent-to-parent groups, family counseling, and mobilising family and community networks.
- **information and services**, including formal intervention programs (home or centre based), individual therapies and educational programs, and personal support and guidance.

The developmental systems model provides an approach to inclusion and early intervention which acknowledges both the structural and process components required for a state-wide system of services (Guralnick 2005). This model focuses on the immediate processes within family contexts, by drawing the parent’s and practitioner’s attention to the influence of parent or family relationships, interactions, characteristics and stressors on the child’s development and learning (Guralnick, 2005; Moore, 2005; Muir et al 2008).

The Developmental Systems Model is informed by Bronfenbrenner's (1979, 1995) ecological systems theory. This theory has been developed further by theorists as research improves the knowledge base concerned with family functioning, social support networks, and the social and cultural aspects of learning and development (Bowes and Hayes, 2004; Guralnick, 2005; Rogoff, 2003). A systems approach to early childhood intervention recognises the complex, interweaving and connectedness across and within the different contexts where families, children, professionals and practitioners participate either directly or indirectly (Bowes and Hayes, 2004; Guralnick, 2001; 2005; Moore, 2008; Noah's Ark, 2003).

It also recognizes that the most salient features of the social environment for families are not the formal early childhood and early childhood intervention services, but the personal support networks and community environments in which families live. Ensuring that families have positive social support networks should be seen as one of the key tasks of professional services. In the case of families of young children with developmental disabilities, this can take the form of parent-to-parent programs (Santelli, Poyadue and Young, 2001), such as the Commonwealth Department of Family and Community Services and Indigenous Affairs *MyTime* program, that provide parents with opportunities to meet and build links with other parents of children with developmental disabilities.

Ecological systems theory also informs one of the key features of family-centred practice – that families should be helped to utilise family- and community-based resources in preference to scarce professional resources.

Eco-cultural systems acknowledge that children are active agents or participants in different communities or contexts within the system including home or an early childhood service. Children are intense observers of the everyday patterns and types of interactions and events which occur within their family or community contexts (Fleer et al 2006; Rogoff, 2003; Rogoff et al 2003). As children actively participate in these interactions and events, with the support of more experienced people (e.g. parents or siblings), they learn the socially and culturally sanctioned values and practices of their family or community (Anning and Edwards, 2006; Rogoff, 2003; Rogoff et al 2003; Woodhead, 2005). Children are not merely influenced by their environments and participation in interactions or events with others, they also influence other people's behaviours and responses to them (Rogoff, 2003; Rogoff et al 2003; OECD, 2006). Rix, Paige-Smith and Jones' (2008) study of parental perspectives on the early years learning of their children with Down syndrome provides evidence of how these children, like all children, actively influenced their parent's response to them. The children's refusal or resistance to participate in parent-planned intervention experiences and their obvious enjoyment of activities where they could exercise personal control over the play, gave the parents clues as to what types of intervention experiences might be most appropriate to engage their child's sustained interest. The parent's comments about their child's inquisitiveness, strong will, determination, strong mind, or stubbornness, were not made in a negative sense, rather they reflected an understanding that these dispositions and agencies could be harnessed for improving their child's motivation for learning (Dunst, 2007).

3.8 What knowledge and skills do early childhood interventionists need to deliver effective services?

As noted earlier, one of the key features of effective early childhood intervention services is that they are staffed by people who are trained and supported to provide high quality, responsive services. Those who work in early childhood intervention services come from a variety of disciplines, and have all been trained in their discipline-specific knowledge and skills. The extent to which their initial training equips them to work with young children with developmental disabilities and their families varies, although it is clear that no specialist discipline trains practitioners in all the skills they need to work effectively in early childhood intervention services.

In a review of the training needs of those who work with young children and their families, the Centre for Community Child Health (2003) identified a core set of knowledge and skills that all such workers need. In a subsequent review of the training needs of early childhood intervention practitioners, the Centre for Community Child Health (2007) identified the following core knowledge and skills needed by those working with young children with developmental disabilities and their families:

Core knowledge and skills in early childhood intervention

Key elements of effective relationship-building	Specific knowledge and skill areas
Technical knowledge and skills	<ul style="list-style-type: none"> • Knowledge of early childhood development • Skills in identifying and assessing young children with developmental disabilities • Skills in working with young children with developmental disabilities • Cultural competency skills • Inclusion support skills • Skills in using natural learning opportunities • Skills in outcomes-based service delivery and evaluation
Attitudes and help-giving skills and practices	<ul style="list-style-type: none"> • Helping / counselling skills • Consultancy and coaching skills • Teamwork and collaboration skills
Empowerment skills and practices	<ul style="list-style-type: none"> • Family-centred practice skills

All early childhood intervention practitioners will have some of these skills by virtue of their original specialist training, but none will have all the skills. At present, there is no systemic induction or on-going training program to ensure that early childhood intervention practitioners gain all the skills they need to be fully effective.

For instance, training in the key interpersonal skills needed—relationship skills, family-centred practice, and strength-based capacity-building skills—is available through courses run by peak bodies and training institutions, but only a minority of early childhood intervention practitioners have been trained in these skills. Yet we know that to implement a complex relationship-based approach such as family-centred approach requires training in the ethics and practices of this approach and value a commitment to its philosophy (Bruder, 2000; Grace et al; 2008; Mohay and Reid, 2006; Moore, 2001). The principles and the concept of family centred practice, like most theoretical frameworks in early childhood, can be seen as problematic (Baird and Peterson, 1997; Dunst et al 2007; Mahoney and Wheeden, 1997; Woodhead, 2005), and it can take many years of experience and support to know how to resolve the challenges that arise. Inevitably, there tends to be a gap between the rhetoric of family-centred practice and the reality of service delivery (Bruder, 2000; Moore and Larkin, 2006). For example, parents particularly value respectful and supportive care from practitioners, and being treated as equals, but the evidence suggests that, although practitioners generally do provide services that are respectful and supportive, they are less consistent in treating parents as equals and involving them in all decisions (Moore and Larkin, 2006). Parents also want practitioners to use empowerment approaches that build on family strengths. In practice, the evidence suggests that practitioners tend to see themselves as the major agents of change, rather than as supporters whose primary responsibilities include helping parents develop the skills to become the major change agents (Moore and Larkin, 2006).

3.9 Summary

Acknowledging the everyday experiences of families who have a child with a disability or developmental delay and meeting the complex additional needs of these families is challenging and requires a commitment by society and by all levels of government, communities, agencies, services, professionals and individuals. A good beginning for this commitment is to understand that while all children and their families share common aspirations about what they need in order to flourish and to feel a sense of belonging in their communities, there are additional needs and supports to be considered for children with a disability or developmental delay and their families.

In the final section of this paper, a series of ideas will be canvassed as possibilities for transforming early intervention services in Victoria through focusing on the common aspirations and needs of all children and families while maintaining a commitment to meet the additional needs of children with a disability or developmental delay and their families. A universal systems approach for children's services is the focus for this discussion and the recommendations which are made for consideration by Government and the ECIS review.

4. Reconceptualising early childhood intervention services

4.1 Towards a unified system

The previous sections of this review presented an overview of the education, care and wellbeing needs of all children and families and the additional needs for children with disabilities or developmental delay and their families if they are to achieve positive developmental outcomes and genuine inclusion in their communities. Much has been written in Australia and internationally confirming the importance of these matters by researchers and in numerous reports, directions' papers, policy briefs and other documents prepared for or by governments, agencies and service providers (Bach, 2002; COAG, 2007; Gascoigne, 2006; Guralnick, 2005; Joining the Dots, 2004; Noah's Ark, 2003, 2006; Shonkoff and Meisels, 2000).

Connecting evidence-based best practice in early childhood education, care and health services with evidence-based best practice in early childhood intervention remains an elusive goal and ongoing challenge in Australia and Victoria. While there are examples of this type of connecting, a systems-wide universal approach has not yet been achieved despite the rhetoric and compelling evidence arguing for the overall benefits for individuals and communities and as a right for all children and their families (Noah's Ark, 2003, 2006).

In Victoria, there are many parents of children who have additional needs who would like them to gain access to early childhood services such as child care or preschool, but they find structural and process barriers to this access. It is unethical and economically inefficient to have these children and families excluded from services, or gaining limited, conditional access, or gaining access only in the year prior to the child's school entry. Ensuring that all children and families can gain access to high quality children's services is an important issue which challenges countries globally. In countries such as the United Kingdom, the solution to these ethical, economic and empirical issues is believed to be found in a commitment to an approach focused on the child and family, and where every child and family can access the full range of high quality services from birth to school age and beyond (Every Child Matters, www.everychildmatters.gov.uk).

In Victoria, this continuum of access options for children birth to eight years could include the Maternal and Child Health Nurse service, playgroup, childcare, family day care, preschool, primary school and out-of-school hours care. While the majority of children's education, care and health needs can be met within high quality mainstream services, those children with additional needs should be able to access additional services or interventions within the mainstream services (via secondary and tertiary tiers or levels of support), through participation in locally-based, specialist intervention services, or through home-based interventions with the support of consultants or key workers.

Early childhood services and early childhood intervention services in Victoria could be deemed to be at a crossroad—a time when significant reforms are being planned or undertaken at national and state levels which will have an impact on future and current service provision and practices. The question is whether these reforms will

result in the transformations that are needed to ensure meaningful participation for children with developmental delays within a universal systems approach? The recommendations outlined in the final part of this review identify how the reforms could support such a transformation.

Central to the philosophy underpinning the benefits of a universal systems approach is the recognition that the particular histories, cultures and practices associated with different sectors and service types (including the staff who work in these sectors or services) can act as barriers to reforms or transformations in early childhood education, care and health provision. Focusing on the needs of every child and family shifts the balance of the discussion from being focused entirely on the particulars of each sector (eg. public and private) and service (eg. childcare and preschool; mainstream and specialist) to a more holistic and universal understanding of what needs to be provided for all children and families, wherever the context or whatever the choices a family makes. The features of evidence-based best practice discussed in Sections 2 and 3 of this review are elements that need to be provided within the context of all children's services (Gascoigne, 2006; 2008; Noah's Ark, 2006).

A universal approach to services for all young children and their families has been identified as an effective way to ensure genuine participation, amelioration of disadvantage and improved developmental, learning and health outcomes for all children (Centre for Community Child Health, 2006; Gascoigne, 2006; Moore, 2001; Perez-Johnson and Maynard, 2007; Siraj-Blatchford, Taggart, Sylva, Sammons and Melhuish, 2008). A universal systems approach will help to ensure:

- continuity of investment in all children and families
- commitment to all children and families
- whole of children's services sector reform
- the breaking down of service, professional or practitioner and research 'silos'
- equity in service provision and access to services
- better response to families who have increasingly complex needs
- earlier identification and recognition of children and families' additional needs and prevention, treatment or intervention strategies developed in response
- most interventions are offered in a less stigmatising environment
- trans-disciplinary staff teams are available to support all children and families
- reduction of social isolation experienced by some families and children.

4.2 The features of a universal approach

A universal systems approach to education, care and health services for all children and families does not mean a 'one size fits all' model. There will be shared principles, goals and desired outcomes from adopting a universal approach, but communities and services need to be able to respond to their unique contexts and particular child and family circumstances. Universal high quality early childhood services are 'ready' for all children and their families (Brennan et al 2003; CCCH Policy Brief 10, 2008; Noah's Ark 2003, 2006). Key features of such a system have been identified as:

- High quality expected and provided in every service
- A connected, integrated or joined up system of all the services that children and families might need to access for their education, care and health needs
- Accessible and affordable for every child and family
- The service and not the child or family make adaptations as part of an inclusive philosophy, program and environment
- Every child and family experience a strong sense of being drawn into and welcome in the service
- All children's education, care and wellbeing needs met in the mainstream services, with additional secondary or tertiary services when deemed necessary, provided within the mainstream service where possible
- More comprehensive service delivery and more timely access to services
- Trans-disciplinary approach with different professionals learning from and with each other with ongoing opportunities for the transfer of knowledge, skills and practices
- Respect and acknowledgement of cultural and linguistic diversity.

Moss and Petrie (2002, p. 154), explain one important rationale behind a universal, connected approach to services for children and families:

Since children and parents do not experience childhood as being broken down into phases, with distinct organisational cut off points, provisions for childhood, also, should be as integrated as possible across childhood.

Similarly, Dunst (2004) argues that an integrated framework for early childhood intervention is best conceptualised as incorporating formal and informal experiences and opportunities where families have their social and community networks. A universal systems approach is based on the idea of childhood experienced in a holistic way within the every day contexts of family and community life as well as the experiences of more formal experiences such as participating in a child care service.

The challenges of attempting to transform a system with distinct organisational differences, inconsistencies in quality and outcomes, and often kept apart by professional silos and the different status of these professionals, into a connected, universal systems approach, should not be underestimated. For families with children who have a disability or developmental delay, these organisational differences may be even more evident if they are using multiple services for their children's education, care and health needs as Section 3 indicated.

4.3 Features of effective integrated services and service systems

Many governments and jurisdictions have looked at ways of integrating services more effectively. These include initiatives in

- the United Kingdom (Anning, 2005; French, 2007; Hawker, 2006; Percy-Smith, 2005; Siraj-Blatchford, 2007; Tunstill, Aldgate and Hughes, 2006; Worsley (2007),
- the United States (Halfon, Uyeda, Inkelas and Rice, 2004; Lepler, Uyeda and Halfon, 2006; Waddell, Shannon and Durr, 2001),
- Canada (Corter, Bertrand, Pelletier, Griffin, McKay, Patel and Ioannone, 2006), and
- Australia (Fine, Pancharatnam and Thomson, 2005; State Services Authority, 2007; Valentine, Katz and Griffiths, 2007).

A recent review of these initiatives (Centre for Community Child Health, 2008) found that there was much more evidence on the process of integrating services than on the outcomes of such arrangements. These process studies have produced consistent findings on the conditions that promote or hinder multi-agency collaboration. For instance, in Victoria, the State Services Authority (2007) had provided an overview of current approaches to joined up government in Victoria. This report focused on a number of case studies, and did not evaluate the outcomes of individual joined up projects, but did identify the key enablers which support the successful delivery of joined up projects.

Principles underpinning a universal systems approach to services and practices

As in any system, model or approach, the universal systems approach to service provision and the practices within those services is based on commitments to core principles including:

- meaningful participation or engagement
- respect and response to diversity and difference
- valuing community connectedness
- ethical practices
- acceptance of every child and family
- importance of having a sense of belonging
- democratic governance
- valuing of partnerships and alliances within and beyond the service
- relationships focused
- commitment to on going quality improvement through evidence based practices
- practitioners are valued and have employment conditions which support job pride and satisfaction, retention, ongoing professional learning and career progression.

Features of universal, high quality services

Literature from both the early childhood intervention and generalist early childhood research has identified key features of universal, high quality services for children and families (CCCH, 2006; ECA, 2004; Fler and Kennedy, 2006; Podmore, 2004; Noah's Ark, 2003; Siraj-Blatchford et al 2008; Sylva et al 2004).

- A significant proportion of tertiary qualified staff in every service who can provide management and or pedagogical leadership
- Support for all staff to undertake further study or to upgrade qualifications
- Support for rigorous professional and trans-professional learning and development
- Child-staff ratios in accordance with world's best standards and research evidence
- Group size in accordance with world's best standards and research evidence
- Additional staff appointment/s (depending on service size) dedicated to inclusion support for children and families and to work with staff
- An early learning framework based on a coherent account of evidence based best practice which can respond to child, family and community contexts
- Environments and resources to support every child's holistic development, learning and wellbeing
- Pedagogy, environments and resources which reflect and respond to the cultural, linguistic and social contexts of the community
- All children have opportunities to play and to work with others (adults and peers) in sustained engagement in meaningful learning experiences
- Strong professional alliances or networks with other community services or agencies.

A universal service systems approach can be provided in a range of connected or joined-up service types. While there can be a range of service types, in a universal systems approach there are commitments, incentives and supports for connecting with or joining up services so that the system is more coherent and there is more consistency in overall service provision. The range of service types to be found in a universal system approach could include

- Integrated Child and Family Service
- Hubs — a range of services in close proximity and/or combined with integrated services in the one location
- Stand alone services (MCHN, child care, preschool or specialist EI services)
- Family day care
- Co-located and integrated with schools (Childcare, Early Learning Centres or preschool, OSHC).

Each hub or integrated service may share some common provisions such as MCHN, childcare and preschool. Additional services should be determined according to community contexts, and may include:

- Early intervention specialists
- Parent or family support programs
- Speech therapy
- Adult education or job skill programs
- Adult literacy programs
- Psychology or counselling services
- Health services such as a midwifery, medical, dental, or dietary services
- Financial support services
- Bilingual services
- Family Day Care offices
- Consultation rooms for visiting professionals (psychologists, doctors, nurses)
- Rooms available for community groups to hire/use during and after working hours
- Outreach services
- Community Development and Community Liaison workers
- Neighbourhood Watch.

It is important to recognise that, while integrated services have the potential to provide a more comprehensive access to services for children and families, they are one service type in a universal systems approach. Integrated services may also need to connect or join up with other services in their community or region as it is not possible for every integrated service to have the full range of services to meet all children and families' needs. One of the identified additional needs of families who have children with a disability or developmental delay is that they are time stressed due to the number of regular appointments they have in order to support their child's needs. Muir et al's (2008) study of resilience in families of young children with disabilities found that some children in the study were receiving regular treatments or interventions from up to ten different professionals or services. Integrated services may be able to reduce the time stress for these families by having consultation rooms for visiting medical or health professionals for example as well as providing early intervention programs within the mainstream child care and preschool services.

However, as a recent review by the Centre for Community Child Health (2008) concluded, there is no single model that has become accepted as the best model for a children's centre. What models do exist are not well enough documented to be 'transportable', ie. applied in other sites. Most Australian examples of children's centres are newly established or still in the development stage.

Challenges for connected, integrated or joined-up services

The benefits of having a universal systems approach may be evident, however, the challenges to transforming from separate, fragmented services to connected or joined-up provision are considerable. The research suggests that some of the challenges include:

- Transdisciplinary provision — different training, beliefs, practices, and knowledge of the professions or practitioners can make it difficult to develop a trans-disciplinary team approach in and across service provision
- As a relatively new model of service and practice provision there are limited reference points for leadership, staff and management
- Establishment costs to support connections or integration
- Rethinking different professional cultures and images of the child and family (health, welfare, holistic, needy, strengths based, competent).

An early childhood teacher interviewed by Moss and Petrie (2004p.156) discussed the day to day challenges of working closely with other practitioners in an integrated program for the first time,

In the beginning it was not so easy to work together. We had the same words but they meant different things. We worked differently with parents....so it was difficult to share the children with others.

Building integrated services or developing connected services does not mean that trans-professional collaboration will happen as a matter of course. In every country, region or city where this type of connected service system has been established, considerable effort and leadership has been required to shift from siloed support to a shared vision and collaborative practices approach (Brennan et al 2003; Buysse and Wesley, 2005; CCCH, 2006; Moss and Petrie, 2004).

4.4 Current National and State reforms

The federal government and the combined Council of Australian Governments (COAG) are committed to a range of ambitious reforms in early childhood which are designed to support universal quality systems. In summary these reforms include:

- Funding for new, integrated Children's Services
- Development of new Quality National Standards and a revised Accreditation system
- Workforce reform agenda
- Development of national and Victorian Early Years Learning Frameworks
- Victoria's Transition to School project
- Development of the State Government's Blueprint Policy for Early Childhood Development and School Reform
- Targeted funding for inclusion or early intervention services for children with a disability or developmental delay and for vulnerable children.

The Victorian government's Blueprint draft discussion document identified that through a lifecycle approach to early childhood and school education, the intended outcomes for seamless learning and development included:

- Improved educational, health and wellbeing outcomes for all children in Victoria
- An accessible, high quality and coherent universal service system for early childhood education, with targeted support for those that need it
- Enhanced public confidence in a world class school education system and high quality early childhood services and programs for all
- Reduced effects of disadvantage on children and young people's learning and development.

The scope and intent of these significant reforms for the early childhood and early intervention sectors, provides some optimism that a fragmented, diverse and disconnected system could be transformed into a universal systems approach of high quality connected services for all children and families. In the discussion of issues for consideration that follows, there are links made to the current reform agenda as well as some additional ideas to help ensure that Victoria has a process in place to develop a universal systems approach which can provide improved support for the additional needs of children with a disability or developmental delay and their families-needs which were identified in Section 2 of this review.

4.5 Issues for consideration

The need for leadership

The kinds of changes foreshadowed in this paper will not eventuate without strong commitments on a number of fronts. At present, there is no pressure from the early childhood sector (or from the general public) to create a universal early childhood service system that supports the meaningful participation of all children and families, including children with a disability or developmental delay. Nor is there anyone with a mandate to promote such a system. In the circumstances, the State government will need to be proactive and promote the proposed reforms. Each of these reforms is a critical structural element which will impact on the process elements within a high quality universal systems approach to children's services (Bruder, 2005; Guralnick, 2005; Moore, 2005; Sylva et al, 2004.) An example of using the revised State Government regulations to support a universal systems approach to high quality in children's services would be to limit group sizes and improve the ratios of staff to children as part of the regulatory framework in Victoria. Both these structural aspects of quality have direct links with staff capacity to form close relationships with every child and family and to have the time for sustained engagement with children every day which are core features of high quality education and care (Siraj-Blatchford et al 2008; Sylva et al 2004).

The Children's Trust model

The Children's Trust model developed in England (Every Child Matters, 2004) is worth considering as a way of providing a structural platform for an integrated universal service system. Based on local government regions and existing networks, Children's Trusts have been established to plan and take responsibility for managing or allocating state and local funding and resources for a universal children's services' system approach. Unless Victoria develops some type of over-arching structure to support coordination and planning, it is likely that current fragmented, disconnected and uneven quality service provision will remain. The building of hubs or integrated children's services means that there will be some areas with examples of connected and integrated provision, but these examples do not mean that there is a universal systems approach to services and practices for all children and families in Victoria.

The UK Children's Trusts' model includes the following features:

- A Director or Commissioner of Children's Services
- Outcomes-led vision informed by the views of children and their families and budgets aligned with those desirable outcomes
- An unified inspection system for all children's services
- A commitment to meet the goals of the Government's radical agenda for reform of early childhood services which has a strong inclusion focus
- Integrated frontline delivery professionals working collaboratively to meet the needs of children and not constrained by organisational boundaries
- A focus on multi-agency service delivery including health services
- Multi-agencies share information, develop assessment frameworks, plan together on pooling or aligning of budgets and resources to meet outcomes and intervention strategies
- Inter-agency governance-setting clear frameworks for strategic planning, resource allocation, child protection, and accountability
- Long term goal is to have Children's Centres or Extended Schools at the heart of every community

(Every Child Matters — www.everychildmatters.gov.uk/aims/childrenstrusts/)

Victoria has some of the features of the UK Children's Trusts in place, including:

- Local governments coordinate and contribute funds directly or 'in kind' to some of the services provided for children and families (especially MCHN services, preschool and child care services)
- Local governments have Early Years Plans to set goals and to plan for current and future provisions for young children and their families
- Local governments have Child and Family Services' Coordinators and staff teams supporting these services
- Inspection of early childhood services is undertaken in local government regions by DEECD staff

- School education is administrated and managed at a regional level and at a local level through School Councils
- Schools have or are building children’s services on site or co-located and many have OSHC services
- Integrated or hub children’s services are operating or are being built in local government areas in Victoria
- Community health services operate in many local government regions
- The role out of the AEDI will provide a database of information which will help to provide information to support community or regional responses for prevention and early intervention.

Developing a Children’s Trust-type model would mean combining current services, supports and planning into a more coherent and whole-of-community responsive system. The Children’s Trust would require a governance board which could be comprised of representatives from Children’s services, schools, community associations, service clubs, local businesses, parents, and welfare organisations. Statutory authority would be required by the Children’s Trust so that it could change the structural and organisational barriers which sometimes prevent professionals from responding effectively to emerging and identified early intervention needs. Under the UK model, schools are included as partners in the Children’s Trusts. Adopting a similar approach in Victoria would help to support the integration of school education with early childhood education, care and wellbeing at the local or regional level.

Child-family consultant or key worker role

Funding to create a new type of ‘Child-Family Consultant’ role within a universal systems approach would be a worthwhile initiative to support meaningful inclusion of children with a disability or developmental delay and to help address the additional needs of these families identified in Section 3. A consultant needs to be appointed to support the child and family immediately after diagnosis or when a health, medical or early intervention professional confirms that there are serious concerns about a child’s development which are being assessed.

Under the current system, inclusion support professionals (eg. ISFs, PSFOs) work with children, families and services when a child with a disability or developmental delay has enrolled in a children’s service or preschool. This inclusion support is focused on building staff capacities to provide an inclusive program, rather than on direct early intervention strategies or support with children and their families. As previously mentioned, this is not a universal approach to inclusion as many children cannot gain access to mainstream services and when they do, it may be very part time or several years after the diagnosis. Relationships that can support inclusion take time to develop and under the current system, this type of sustained, continuous, and supportive relationship between the inclusion support worker and the child and family and service providers can be difficult to achieve, or indeed, not possible under current role specifications.

The recommended consultant role can help to redress the barriers and additional difficulties faced by families identified in Section 3 as well as providing support for the practitioners who are working with the child and family. Advocacy with and on behalf of the child and family is an essential responsibility for the consultant. Consultants could help children and families in the following practical ways:

- Having a Consultant can assist families who may have to cope with many different professionals who sometimes offer conflicting or confusing advice
- Consultants can help to prevent children and families ‘falling through the cracks’ because they don’t meet particular eligibility criteria for access to services or because the family is unaware of available services
- Consultants can help to ensure that children and families receive more consistent types of interventions or support from other professionals and that interventions are appropriate and provided at the right time
- Consultants can provide advice to practitioners about the appropriateness of the interventions being offered
- Consultants can liaise with and on behalf of the child and family with practitioners and professionals
- Consultants can help to ensure that practitioners receive referral information and adequate assessments and support for how to work in partnership with other professionals
- Consultants can help families to understand the different roles and responsibilities of all the professionals who work with their child and the limitations within each of these interventions.

England has funded the provision for this type of consultant role which they call the ‘Lead Professional’ or the ‘Key Worker’. The Lead Professional plays a central role in ensuring that all children with additional needs have child and family-centred support systems available through gaining access to a range of services. The Lead Professional is expected to undertake additional training or qualifications in order to be employed in this important and challenging role. The Lead Professional’s role is focused on:

- building trusting relationships with child and family over time,
- advocating for and with the child and family,
- providing information and support to empower the family to make informed choices for and with their child,
- using assessment outcomes to plan with the family a ‘solution focused package’ of support,
- identifying additional support services that could support the child and family and works to secure family agreement to use these services,
- acting as a liaison person between the child and family and both the mainstream and targeted services they access,

- ensuring that the child’s progress is documented and monitored, taking into account the social, cultural and life chances’ contexts for each child and family and their satisfaction with the services they receive,
- recommending further interventions if necessary after this contextualised assessment and monitoring, and
- continued support for the child and family until the initial lead professional believes a new lead professional affiliated with a service or school should take ‘over the baton’.

Workforce reform

Practitioners working in children’s services base their practices and decision-making on their values, beliefs and understandings concerned with their professional roles, children, families, community, teaching and learning. These values, beliefs and understandings are derived from life and professional experiences and usually reflect the history and philosophies of their particular early childhood specialisations. These understandings may become part of ‘taken for granted’ practices that are very important to the practitioner, but may not be understood well by outsiders such as parents or other professionals. Early intervention specialists also have values, beliefs and understandings which, depending on their initial education and training, may align with or could be quite different from the practices of their mainstream early childhood colleagues. Outsiders such as parents may struggle to understand these specialist practices and discourses. These differences have meant that professional groups sometimes work in what have been called ‘professional silos’ as they draw upon different research knowledge and experiences for their practice decisions.

One hallmark of a high quality universal systems approach to children’s services and practices is that practitioners with different discipline knowledge, skills and practices will work collaboratively with each other and in partnership with all children and families. A further structural matter for ensuring high quality in children’s services is that all staff have appropriate qualifications, education, training, access to ongoing professional learning and development and time for reflection and professional networking (Cullen, 2004; Klein and Gilkerson, 2000; Moore, 2008; Shonkoff & Phillips 2000).

The State government has included workforce reform as part of its overall strategies for improving quality in children’s services. In addition to those reforms, consideration should be given to further workforce reforms to ensure that all children’s needs are met, including the additional needs of children with disabilities or developmental delay and their families.

Workforce reforms will need to be reflected in changes to training courses and requirements. Such changes will need to be negotiated with relevant training institutes, universities, and registration and course accreditation authorities. Possible changes for consideration include the following:

- Ensure that all pre-service courses have specific units or studies in early intervention, monitoring, and family-centred practice as part of core content knowledge
- Review and reform Recognition for Prior Learning (RPL) and credit points as part of the process of developing flexible pathways for upgrading diploma qualified staff to a degree. There needs to be a balance in RPL mechanisms between rigor and recognition for non-traditional pathways to professional competence such as demonstrated high level skills in management, service coordination or inclusion support practitioner experience
- Support for the development of new qualifications in early intervention and inclusive practices which could be undertaken at 4th, 5th or 6th year/s of study- from Bachelor to Masters levels
- Support the continued development of flexibly delivered courses and pathways programs for staff needing to gain or upgrade qualifications while they are working
- Recommend that training institutes need to include trans-discipline studies in pre- and post-service courses where possible and appropriate (e.g. child health or family-community studies)
- Require pre-service courses to include one placement (practicum) in a community or family context or with a professional from another discipline but related field
- Establish a Registration system for all qualified early childhood practitioners which provides for provisional registration for all graduates as well as career progression based on the need for continuous professional learning and demonstrated competence.

Additional reforms as part of the Government's workforce reform and revised regulations could include:

- Significant improvement in the number of degree level staff required for all centre based children's services as part of a long term (e.g. over ten years) process of reform of the work force. For example, one degree trained staff member for every group in centre based services
- Support for the development of a culture in professional learning and development that has rigorous content and the opportunity to gain credit points towards further study
- Continue to provide financial support such as scholarships for practitioners disadvantaged by low income, remote or rural residence, immigrant or refugee status and to broaden the demographic profile of the children's services workforce
- Working with the Commonwealth government to find ways to link up-skilling and upgrading of qualifications for practitioners with the professional development funded under the Professional Support Coordination (PSC) Scheme.

Many practitioners working in the field of early childhood participate in numerous professional learning workshops, seminars, forums and conferences. Very few of these experiences are linked to more formal study or qualifications through the

granting of credit points for example. This seems economically and professionally inefficient. Developing a culture of professional learning recommended above, would help to address these inefficiencies by supporting the up-skilling of the children's service's workforce using existing professional learning opportunities.

Exemplars of best practice in inclusion and connected services

Ways of identifying, sustaining and disseminating best practice in early childhood intervention and inclusion within a universal systems approach need to be explored. A well-funded program such as New Zealand's *Early Childhood Education Centres of Innovation* model can support the identification, sustainability and dissemination processes of a wide range of services by:

- presenting 'living examples' for practitioners, professionals and services to reflect on and learn from,
- helping to generate 'local' data to improve the professional knowledge base for future policy and planning,
- helping to break down the false dichotomy or divide between research, theory and practice by supporting an action research type model,
- improving the collaboration between the 'traditional' research field (academics) and the field of practice,
- helping raise the status, professional knowledge and skills of staff as they have paid time release for their action research, and learn from and share their findings within and beyond the service, and
- supporting the dissemination of the innovation or best practice through publications, conferences, resource development or workshops.

Under the New Zealand model, funds are available to support a three year action research cycle which is initiated by a service and supported by 'traditional' researchers such university academics who joins the project by invitation to provide research expertise such as how to design an action research project or how to publish results in an academic journal. Maori language programs, Family Day Care Schemes and child care centres are some of the service types which have secured funding under this scheme (www.minedu.govt.nz). Increasing the Australian knowledge base in early childhood intervention has been identified as an important goal in order to base current and future practices on a more theoretically firm footing (Dempsey and Keen, 2008). Funding to support the type of action research model being undertaken in NZ and in the UK (Anning and Edwards, 2006) would be an effective way to improve the early childhood intervention knowledge base in Australia.

Another model that has proven to be effective in promoting integrated service delivery is Victoria's Primary Care Partnership (PCP) strategy. There have been several evaluations of this strategy (Australian Institute for Primary Care, 2003, 2005; KPMG, 2005) as well as other studies (eg. Walker, Bisset and Adam, 2007). The evaluation of PCP activities conducted by the Australian Institute for Primary Care (2005) found

that, in the first five years of its operation, the PCP Strategy had brought about significant integration within the primary health care system and this has resulted in improved coordination of services and more positive experiences for consumers with the health system. Research completed by KPMG (2005) looked at the impact of Service Coordination on five community health services and three local government providers. It found that when successfully implemented, service coordination delivers benefits to agencies, practitioners and consumers.

Supporting best practice pedagogy in early childhood education

The development of national and state Early Years Learning Frameworks (EYLF) and the Transition to School project being undertaken in Victoria are critical elements in helping to ensure that all those who educate and care for young children are guided by contemporary research and theories in combination with the practical wisdom and experience of the field. Meeting the education, care and wellbeing needs of all children and their families requires highly skilled practitioners and for some children with additional needs such as a disability or developmental delay, support from trans-professional skills and collaboration might be essential. All the practitioners who work with young children need to be educated and skilled in how to teach young children as individuals and as communities of learners (Anning, Cullen and Fleer, 2004; Fleer et al 2006; Siraj-Blatchford et al 2008; Sylva et al 2004).

Working collaboratively with families to support them as the prime educators is an essential element of early childhood education and care. This is an important professional undertaking and particularly when working with families who have children with a disability or developmental delay.

Dunst (2007) argues that the current focus on services for early childhood intervention in the USA has not delivered the expected outcomes for children and families. He contends that a 'set of practices' rather than service provision should be the focus for early intervention. He identifies four of the practices that he believes should be essential for family-mediated and evidence-based early childhood interventions (see Section 3.5).

If early childhood interventions are to be provided as frontline and embedded practices in mainstream services, then all staff need to have professional knowledge and skills in the types of practices identified by Dunst in order to provide the 'extent and nature of parenting supports' that will make a positive difference to children's developmental and learning outcomes.

Research has indicated that many early childhood practitioners feel unprepared for and lack the knowledge to be able to provide appropriate interventions within their regular play-based programs and routines (Bray and Cooper, 2007; Moore, 2001, 2008; Muir et al 2008; Noah's Ark, 2003). A universal systems approach means that every staff member must be professionally 'ready' and philosophically committed to teaching, learning and participatory relationships with all children.

Child care professionals in Victoria have had the benefit of participating in the Quality Improvement and Accreditation System (QIAS) which has provided them with opportunities and incentives to reflect on and renew their overall program or curriculum provision for children. Preschool teachers in Victoria have not had the same opportunities and the same incentives for pedagogical renewal. While individual teachers, special interest groups and some regional teaching networks have been engaged in renewal, this professional obligation has not been sector-wide.

Every practitioner needs to have understandings and skills in monitoring all children's development and learning so that early identification of potential or existing difficulties can be identified and responded to. Currently, this professional knowledge and related skills are not universally available to all children. Early intervention research evidence shows that earlier identification and appropriate responses will result in significant reductions in developmental gaps or differences (Perez-Johnson and Maynard, 2007). Early screening, monitoring (surveillance) and identification of risk are therefore ethical matters as well as an early education and intervention issues that need to be included in pre- and post-service courses.

Early intervention research reveals that children with a disability or developmental delay are not always supported to be included in play experiences and that play contexts may be overlooked as excellent sites for learning in both centre or home based interventions (Bray and Cooper, 2007; Dunst, 2000; Moore, 2001; Rix, Paige-Smith and Jones 2008). Play-based approaches to learning support the concept of natural environments identified in the early intervention literature (Dunst, 2007; Dunst and Bruder, 2002; Hanft and Pilkington, 2000).

Natural environments are places, resources and events which are part of children's everyday experiences. Early intervention research has shown that these environments or contexts are potential sites for learning whether or not adults have planned for this to occur (David, Moir and Herbert, 1997; Dunst, 2007). In similar findings, socio-cultural research and theorising, has identified the cultural nature of development and the deeply contextualised and social nature of learning as children are actively engaged in family and community life (Anning and Edwards, 2006; Anning, Cullen and Fleer, 2004; Fleer et al, 2006; Rogoff et al 2003; Rogoff, 2003; Shonkoff and Phillips, 2000). Families and practitioners have socially and culturally-based expectations of children, and child development and learning. This is important knowledge for all those who work with children and families and therefore it needs to be embedded in all training and courses.

Working in a transdisciplinary way provides all children's service's staff with the opportunity to undertake shared reading and understanding of current play and pedagogy research within particular research paradigms such as socio-cultural or critical theories. Reflecting on this research as a community of learners or communities of practice (Wenger, 1998) can assist professionals to deepen their understandings of the pedagogical implications of the research (Wood, 2004). It is important that staff have the professional knowledge to articulate to others, including parents, the importance of relationships, play and participation in every day experiences for all children's development and learning.

In addition to previous recommendations concerned with workforce reform, and using ‘lighthouse’ examples, the Government is urged to use the consultation, development, trialing, implementation and on-going professional learning processes associated with the new Early Years Learning Framework (EYLF) and the Transition to School project, as a way to focus the sector’s attention on serious pedagogical renewal. Evidence-based best practice pedagogies are possibly the most effective and economically efficient early intervention strategy to support positive developmental outcomes and improved life chances for all children, and especially for children with additional needs (Guralnick, 1998; Heckman, 2006; Siraj-Blatchford, et al, 2008; Sylva et al 2004).

The State Government has already indicated that they understand the need for sector-wide involvement in the development and introduction of the EYLF. Focusing these processes around the concept of pedagogical renewal for the meaningful participation of all children and families would be a worthwhile whole of sector endeavour.

Specific incentives to support a serious pedagogical renewal movement might include:

- Support for regular regional forums or seminars with pedagogical renewal as the focus
- An annual conference showcasing pedagogical renewal projects using the EYLF
- Professional learning workshops or seminars on specific aspects of inclusive practice such as monitoring and observation strategies
- A service award for best practice in early childhood inclusion through pedagogy included in the annual DEECD awards’ presentation celebration
- Establish a trans-professional regionally based pedagogical leadership program for advanced professional learning and action research in early intervention
- Support for services interested in exploring innovations that have been identified in the research as supporting early intervention such a family grouping, family-centred practice or the use of every day experiences as sites for learning
- The establishment of a pedagogical leadership position in children’s services to provide overall support for program or curriculum renewal.

Connecting specialist early intervention into a universal systems approach

Shifting to a universal systems approach in Victoria is not something that can happen quickly – it will take time and the entire reform agenda to be fully enacted as well as further reforms such as those recommended in this review. Victoria has a range of specialist early intervention programs that serve children with a disability or developmental delay and their families. The sponsorship, governance, service and client focus, staffing and programs in these specialist services can be very different across this sector although all would share a commitment to improving the developmental outcomes of the children who participate in their programs. Some of these services have connections with mainstream children’s services or allied

health services. In a universal systems approach it is important that every early intervention specialist services is systemically or practically connected or joined up with mainstream services. Trans-disciplinary models can help to support these connections. There are sound reasons for recommending these connections:

- Staff working in specialist services have skills and understandings in early intervention which would be of benefit to regular early childhood practitioners if there were ongoing opportunities for professional sharing and networking
- Staff working in specialist services could benefit from the professional understandings and experiences of regular practitioners
- Resources and ideas could be shared more easily if there were systemic or interagency governance connections that helped to reduce organisational and professional barriers
- Children and families may access both specialist and mainstream services and connectedness would help to ensure continuity of philosophy, relationships and pedagogy
- Children and families' transition from specialist to mainstream services or school would be more easily supported if all services were connected
- Connectedness would help to support new and more flexible initiatives in early intervention.

Ways in which specialist services could be supported to help them connect or integrate more closely with mainstream services include:

- Adopting a Children's Trust type model would provide the coordination and inter-agency governance support for ensuring systemic connections between specialist and mainstream services
- Supporting inter-agency (mainstream and specialist services) combined professional learning and development workshops or seminars would support connectedness as part of a process of building professional relationships and respect for each other's work
- Recruiting specialist services' practitioners for the Consultant or Key worker role would help to connect all services as these consultants would work across the universal systems
- Show-case examples of specialist services which are already connected or integrated with mainstream services as evidence of the benefits, challenges and possibilities
- Supporting staff from different service types to have time release in order to 'shadow' or work alongside each other on a regular basis as a professional bridge building experience and to support learning from each other
- Identify and show case best practice trans-disciplinary models (Australia and Victoria focus).

While there are some interesting transdisciplinary models within specialist early intervention services in Australia (Davies, 2007; Davies, Harrison and Luscombe, 2005), extending transdisciplinary approaches to include mainstream services and across mainstream and specialist services and home-based interventions is also important for a universal systems approach. Transdisciplinary approaches are a further development of multi-disciplinary models where interventions for the child are provided by a range of different professions who may work independently from each other.

Improving information systems for families of children with developmental disabilities

Section 3 identified that one of the additional needs of families with a child with disability or developmental delay is their access to timely, regular, appropriate, consistent and coherent information. How this information is presented to families both verbally or in written form is a quality process matter. This information could include diagnostic details, medical treatments, test or assessment results, resources available, early intervention or mainstream early childhood service details, and home based intervention strategies. As Section 3 mentioned, this information needs to be culturally relevant and respectful of family diversity. Complicating this further, is the fact that information will be provided by a range of different practitioners or services including medical, health or therapist practitioners and services such as maternal and child health or an early intervention service.

In the circumstances, ways of ensuring the provision of relevant information to families need to be explored. These include:

- Review the formal and ‘typical’ written information material provided to families who have a child with a disability or developmental delay and develop a set of principles or an Information Code of Practice to guide the development and distribution of all such written information by funded agencies, services or government departments. Consistency in the use of early intervention terminology for example would be an important principle
- Ensure that every professional who may be in the position of informing families that their child has a disability or developmental delay has been educated and trained in the ethics of this critical period for families. A Code of Practice or using existing Codes of Ethics could provide the benchmarks for the types of informing practices that have a positive impact on families
- Provide ongoing trans-professional learning opportunities focused on the importance of and how to develop and share information with families.

Monitoring children's development

Linked to the recommendations concerned with improving the information systems for families with a child with disability or developmental delay is the need to improve the way in which information about the child is gained and used in mainstream early childhood services. In early childhood services, practitioners are expected to provide every family with ongoing information about their child's development, learning and wellbeing. This professional obligation requires skilled monitoring and assessment and the use of a broad range of strategies to document a 'rich' account of every child's strengths, interests and needs. Families and children should be actively engaged with or participating in this process (Fleer et al 2006; Rinaldi, 2006). For children with a disability or developmental delay, this monitoring and documenting should be undertaken in collaboration with families and all of the practitioners who work with the child and family (Cullen, 2004; Williamson, Cullen and Lepper, 2006).

Currently in Victoria, there is no clear evidence to indicate that there is consistent and best practice monitoring and documenting of every child's learning and development. The different expectations, qualifications, training, skills and experiences across the sector make it difficult to achieve consistent high quality practices in this aspect of program or curriculum provision. In a universal systems approach to quality services and practices, every practitioner with responsibility for groups of children should have the professional knowledge and skills to monitor, assess and document children's learning and development in accordance with evidence based best practices (See also Section 3 for a list of best practice assessment principles).

Early childhood practitioners need to be confident in using their ongoing monitoring and assessment practices to help identify whether a child with a disability or developmental delay needs a further level or tier of support or intervention. For example, a practitioner whose monitoring and assessment practices within an evidence-based best practice program might show that a child with cerebral palsy is finding it difficult to have meaningful participation in certain play-based experiences. Her response would be to seek support to overcome the handicapping barriers to this child's participation. The support, recommended in collaboration with the family and an early intervention consultant or pedagogical leader, could include a range or combination of interventions such as environmental modifications or specific social inclusion strategies. Further monitoring and assessment would identify if these interventions had worked or whether another level or tier of support was indicated to support the child's participation in play experiences (Coleman, Buysse and Neitzel, 2006).

Evidence-based best practice monitoring and assessment strategies are also important for identifying potential developmental or learning problems. Research confirms that the earlier these matters are identified and appropriate responses are made, the more effective the outcomes for children (Perez-Johnson and Maynard, 2007).

The monitoring, assessment and documenting practices in children's services are part of frontline early intervention support for families who have a child with a disability or developmental delay. Specific strategies for the implementation of this recommendation include:

- Ensuring that the EYLF has a strong focus on evidence based best practices in monitoring, assessment and documentation of every child's learning and development including how to share this information with families in socially and culturally sensitive ways.
- Ensuring that the proposed Transition Statements and Plans, reflect evidence based best practice requirements for meaningful monitoring and assessment for all children and that they are relevant for their families.
- Use the introduction of the EYLF and the Transition project as a time to focus on the importance of monitoring and assessment as a frontline intervention strategy for the early identification of potential developmental or learning problems.
- Provide pre and post service education and training for early childhood practitioners in the process of using a recognition and response type of model for early intervention.
- Fund the appointment of an early intervention support person to assist practitioners with monitoring and assessment. For example, a large child care services would have one such appointment and smaller or stand alone services would share this appointment.

Embedding secondary or tiered early intervention support systems into mainstream practices

Research reviewed by the Centre for Community Child Health (2006) suggests that, to achieve better outcomes for young children and families, we need (a) to shift from treatment and targeted services to a universal prevention approach, (b) to develop an integrated tiered system of universal, targeted and specialist services, and (c) to develop better ways of engaging and retaining the most vulnerable families.

To achieve the second of these goals, the capacity of universal services to cater for the needs of a broad range of children and families will have to be strengthened. This will involve several strategies, including training of primary care workers (Sayal, 2006), increased support from specialist services (NHS Health Advisory Service, 1995), and the use of inclusive practices and strategies (such as the natural learning opportunities approach used with young children who have developmental disabilities)(Dunst, Hamby, Trivette, Raab and Bruder, 2000; Hanft and Pilkington, 2000; Noonan and McCormick, 2005). However, the main strategy needed is to create a more integrated system of universal, targeted and treatment services, and to deploy the expertise of specialists more broadly.

In the existing system, early childhood intervention 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. In an integrated system, specialist services would have outreach bases

co-located with universal services, would provide consultant support for children who have emerging problems, and would work collaboratively with universal service providers (Centre for Community Child Health, 2006; Gascoigne, 2006, 2008; Foley and Hochman, 2006).

For specialist services such as early childhood intervention services, becoming part of such an integrated service system would involve some expansion of the role of specialist early childhood intervention practitioners and the development of some new skills, such as skills in consultation (Buysse and Wesley, 2005) and coaching (Hanft, Rush and Shelden, 2004). However, it would retain their core roles and build upon existing skills and strengths.

Summary of issues

The issues discussed in this review are premised on the notion that transforming early intervention services and practices in Victoria cannot be undertaken unless there is a commensurate transformation of mainstream services and practices. The universal systems approach with its focus on desirable outcomes for all children and their families to be met through connected, joined up or integrated services and practices seems to be the best way forward. In summary, there are several key aspects of the transformation recommendations

- A universal systems approach requires a new overarching structural authority or body to ensure improved capacity for interagency governance to support integration or connectedness between a wide range of services or supports (including schools) for children and families in every community or region.
- A universal systems approach requires a highly competent workforce who can work trans-professionally and in genuine partnerships with families and communities. To achieve this type of workforce will require a radical workforce reform agenda
- A universal systems approach to early intervention and early education, care and wellbeing requires that those who work with children and families are confident and competent in evidence based best practices. To achieve the desirable outcomes through this type of pedagogy will require serious attention to sector wide pedagogical renewal
- A universal systems approach to early intervention recognises the additional needs of children with a disability or developmental delay and their families. To provide the appropriate responses to these needs, in addition to the above reforms, will require special initiatives such as appointing a counsellor or lead professional to support every family, establishing guides for developing information or funding social inclusion projects in communities.

5. Conclusion

This review has examined the literature to identify the rights and needs of all children and families and the additional needs of children with a disability or developmental delay and their families. The review aimed to draw together the concepts and ideas from both sets of literature in order to support the arguments on the benefits for all children and families when services make a commitment to meaningful participation for everyone through their philosophy and practices. All children's early learning and development takes place through their participation with others in every day events and experiences within the contexts of home, community or a children's service. All children learn through their intense interest in observing what other people do and say and how they respond to each other and the things around them. As a parent of Alice a child with Down syndrome told researchers Rix, Paige-Smith and Jones (2008, p. 71),

I think all the other things, all the groups and things we've been to have been very important, but I think in terms of lots of things that Alice has learned to do, it's been part of busy household and seeing what everybody else is doing and wanting to do the same.

Pedagogies or early intervention practices will become inclusive when they recognise the potential for learning in every day events that occur naturally in any context or environment and also how to use all children's strengths and interests as the starting points for teaching and learning through a play-based approach. While some children will need additional resources or special interventions, the aim should be for these additional supports to be introduced or used only when on going monitoring and assessment suggests that another tier or level of support is required.

This review has also argued that a universal systems approach is the best way forward for ensuring that all children and their families have access to the services they need for best outcomes in education, care and health. In a universal systems approach, early intervention for children with a disability or developmental delay is available from birth in mainstream services through evidence based practices and pedagogy and with the support of child and family consultants or key workers or other early intervention professionals. Specialist early intervention programs need to be included in the universal system with the same commitment to child and family centred practices through play based learning and using every day events and routines as potential sites or contexts for learning. Specialist programs need to be connected to or joined up with mainstream services for children and families. The programs they offer could take place in integrated or hub services, stand alone sites and as part of home-based early childhood interventions.

Over time, it is likely that if Victoria can develop the type of universal systems approach discussed in this review, that there will be changes or adaptations to the current early intervention specialist provisions. A universal systems approach recognises that transformation of an entire sector in order to provide more holistic, connected services requires multi actions and reforms at every level -top-down, whole of system and from the field up (Noah's Ark, 2003; Siraj-Blatchford, Taggart, Sylva, Sammons and Melhuish, 2008).

Finally, this review has discussed a series of issues for the consideration of Government and the ECIS Review. Some of the issues are concerned with ensuring that current reforms are bold enough to transform fragmented, disconnected and diverse services into a universal, high quality systems approach. Other issues are additional to, but would support the current reform agenda.

6. Relevant websites

Websites

Best Start, Victoria

www.beststart.vic.gov.au

Centre for Community Child Health

www.rch.org.au/ccch

Early Childhood Australia

www.earlychildhoodaustralia.org.au

Early Childhood Intervention Australia (Victorian Chapter)

www.eciavic.org.au

Every Child Matters, UK

www.everychildmatters.gov.uk

Early Support UK

www.earlysupport.org.uk

Integrated Care Network

www.integratedcarenetwork.gov.au

Parenting Research Centre

www.parentingrc.org.au

New Zealand

www.minedu.govt.nz

South Australia's Children's centres

<http://www.childrenscentres.sa.gov.au/>

Sure Start and EPPE projects

<http://www.surestart.gov.uk>

Toronto First Duty

www.toronto.ca/firstduty/

UNESCO (2000) Education for All

www.unesco.org/education/efa

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