

## ECIA(VC) Consultative Forum

### ***Moving Towards Outcomes in Early Childhood Intervention – How do We Do This?***

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#### **EVOLUTION OF EARLY CHILDHOOD INTERVENTION PRACTICE**

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#### **Evolution of early childhood intervention practice**

In its relatively short history, the field of early childhood intervention has evolved rapidly, and a number of well-documented trends have become evident. In response to social change and service developments, the field has continued to evolve and a number of emerging trends can also be identified. This paper documents these two types of evolutionary trends in service delivery.

#### **Well-established trends**

- ***From professionally-directed to family-centred practice*** (Blue-Banning, Summers, Frankland, Nelson and Beegle, 2004; Dunst, 1997; Moore, 1996; 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.
- ***From a child-focused to a family-focused approach*** (Bernheimer, Gallimore and Weisner, 1990; Buysse and Wesley, 1993; Moore, 1996; Stayton and Bruder, 1999). The initial form in which early intervention was conceived was child-focussed: services primarily took the form of specialist interventionists worked directly with the child. Research indicated that this approach did not produce lasting change and experience suggested the parents' needs for support and information were being neglected. Programs were developed to address these gaps, becoming more parent-focussed. Subsequently, the needs of the family as a whole came to be considered as well. This included recognition of the needs of other family members, such as siblings and grandparents, as well as consideration of the overall circumstances of the family (including employment, housing, transport, and health) and of the family's 'ecocultural niche' (Bernheimer, Gallimore and Weisner, 1990; Gallimore, Bernheimer and Weisner, 1999; Gallimore, Weisner, Bernheimer, Guthrie and Nihira, 1993).

- ***From an isolationist model of family functioning to a systemic ecological model*** (Bronfenbrenner, 1979, 1995; Bronfenbrenner and Morris, 1998; Erickson and Kurz-Riemer, 1999). The implicit assumption underlying early efforts to support families of young children with disabilities was that families functioned more or less independently of the wider social context. There is now a much greater understanding of the way that family functioning is dependent upon the immediate community and wider social environments and of the consequent need to provide services that take these wider factors into account (Guralnick, 2005).
- ***From simple linear causal models to complex transactional models*** (Moore, 1996). This progressive broadening of early intervention goals went hand in hand with a reconceptualisation of how early childhood intervention achieved its effects. The early programs were based on an underlying assumption that direct child-focussed therapeutic and educational programs were all that was needed to create long-lasting changes in children. The failure of such programs to achieve permanent change soon led to the development of theories (Sameroff and Chandler, 1975; Sameroff and Fiese, 2000) and practices (Bromwich, 1978, 1997) based on a transactional model of change and development in which development was seen as the result of a dynamic reciprocal interaction between the child's biological and intrapersonal characteristics on the one hand, and family and community factors on the other.
- ***From multidisciplinary to interdisciplinary teamwork*** (Briggs, 1997; McWilliam, 2000; Rapport, McWilliam, and Smith, 2004). When early childhood intervention programs were first established, services to children were often delivered in a multidisciplinary fashion, with different specialists working with the child independently of one another. The conflicts this sometimes created for families prompted a shift to interdisciplinary practice, in which specialists coordinated their efforts to a much greater extent but still continued to be directly involved with the child and family.
- ***From segregated centre-based services to inclusive community-based services*** (Dunst, 2001; Guralnick, 2001; Pilkington and Malinowski, 2002; Stayton and Bruder, 1999). There has been a growing recognition, backed by research evidence, of the importance for children with disabilities of being able to mix with children without disabilities in mainstream early childhood and community settings. The location in which early childhood intervention services are provided has diversified accordingly, and increasingly occurs in settings with children without disabilities. The early childhood interventionist's role has broadened to include provision of support to mainstream settings.

### Emerging trends

- ***From a clinical approach to a natural learning environments approach*** (Bruder and Dunst, 1999; Childress, 2004; Hanft and Pilkington, 2000). 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.

- ***From a direct service delivery model to indirect and consultative forms of service delivery*** (Hanft, Rush and Shelden, 2004; Stayton and Bruder, 1999). The primary role of early interventionists originally centered around provision of direct services to young children with disabilities and their families. The trend toward more inclusive, coordinated, comprehensive, family-centered services within community settings has required a reconceptualisation of the early interventionist from direct service provider to indirect service provider, with a flexibility to assume multiple roles. These include skills in consultation (Buysse and Wesley, 2005) and coaching (Hanft, Rush and Shelden, 2004).
- ***From fragmented services to seamless service integration*** (Harbin, McWilliam and Gallagher, 2000; Pilkington and Malinowski, 2002; Rosin and Hecht, 1997). It is becoming increasingly apparent that early childhood intervention services cannot meet all of the needs of the families they serve, particularly families with complex needs. To ensure that the needs of these families are met, early childhood intervention services need to become part of wider networks of services that work together to provide holistic integrated services to families.
- ***From interdisciplinary to transdisciplinary teamwork*** (Drennan, Wagner and Rosenbaum, 2005; Harbin, McWilliam and Gallagher, 2000; Martin, 2004; Moore, 2004; Pilkington and Malinowski, 2002; Stayton and Bruder, 1999). In transdisciplinary teamwork, several professionals provide an integrated service to the child and family, with one professional acting as the key worker. The rationale for adopting this approach is two-fold. First, there is good evidence that parents prefer and do better with a single case worker (Bruder, 2002; Sloper, 1999). Second, because of increases in parent numbers, services are no longer able to provide full interdisciplinary services to all eligible families.
- ***From a service-based to an outcomes-based approach*** (Bailey, McWilliam, Darkes, Hebbeler, Simeonsson, Spiker and Wagner, 1998; Dunst and Bruder, 2002; Harbin, Rous and McLean, 2005). Like many forms of human service delivery, the early childhood intervention sector has tended to view its established forms of service as important in their own right, rather than as means to an end. Increasingly, there is a recognition of the importance of basing services on agreed outcomes (starting with the end in mind) and selecting the form of service delivery best able to achieve these outcomes.
- ***From a tradition-based approach to an evidence-based approach to service delivery*** (Hemmeter, Joseph, Smith and Sandall, 2001; Law, 2000; Odom and Wolery, 2003; Noyes-Grosser, Holland, Lyons, Holland, Romanczyk and Gillis, 2005). As in other human service sectors, the early childhood intervention field has tended to persevere with established forms of service delivery that have good face validity but have not necessarily been proven to be effective. There is now enough accumulated evidence to suggest which forms of service delivery are most effective, and there is an increasing recognition that these are to be preferred.

- ***From a deficit-based to a strength-based approach*** (Pilkington and Malinowski, 2002; Saleebey, 2006; Turnbull, Turbiville and Turnbull (2000). Early intervention has followed the natural evolutionary path, evident in other areas of human services, from an initial focus on treating deficits, succeeded by an emphasis on remediating, and culminating in an increasing emphasis on promoting strengths. In early intervention, this has resulted in a general emphasis on empowerment and efforts to acknowledge and build on the existing strengths both of children (Zeitlin and Williamson, 1994) and of families (Scott and O'Neill, 1998).
- ***From a professional skill-based approach to a relationship-based approach*** (Davis, Day and Bidmead, 2002; Dunst and Trivette, 1996; Moore and Moore, 2003; Pilkington and Malinowski, 2002). Important as specialist knowledge and skills are, there is a growing recognition of the equal importance of relationship skills in working effectively with families (as well as with other professionals).

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