Evaluating and enhancing the quality of provision in early childhood intervention: exploring some European perspectives

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Abstract
This paper reflects on research undertaken by eight European partners involved in a Leonardo da Vinci funded project over a two year period, focusing on early childhood intervention. As part of the project, the partners investigated quality issues in the field, based on their professional expertise and experiences as practitioners and academics across the different European countries involved. The quality of provision for children and their families was explored and evaluated in terms of accessibility and reach of the services; effectiveness and sustainability of any intervention undertaken; training of professional involved in delivery; and overall impact against success criteria. The paper provides some insights into the range of existing policies and practices in the different European countries whilst reflecting on the existence and development of a shared conceptual framework between individual partners. The benefits, both intended and unintended, of such international cooperation are discussed as are the challenges for such projects in developing a greater shared understanding.

Key-words
International, Early childhood intervention, Policy, Practice

1 Context
This paper reflects on research into the different policies and practices related to early childhood intervention as experienced by the eight European partners engaged in a funded Leonardo da Vinci funded project over a two year period. It investigates and explores the shared learning undertaken by the group members in order to facilitate greater understanding of the existing provision and the training needs of practitioners working in the field of early childhood intervention. Without achieving some common understanding of the nature of provision in each country, the group would have been unable to focus on or identify the specific training needs and to develop tools to support this need, which was the essence of the funded project.
The development of this understanding for members of the group was recognised as critical to us achieving the required and agreed formal outcomes and became increasingly critical. Whilst it appeared that we were all using the same or similar terms and language to describe or explain situations and experiences, it became increasingly obvious that the meaning behind the terms or the language used was not always commonly shared. For example, the concept of ‘early intervention’ had different meanings to different members of the group. To some, it meant recognising and diagnosing a young baby’s or child’s problems (often medical and often long-term) and providing the appropriate medical intervention. For others, including the UK members, it meant recognising ‘vulnerable’ children and their families at any point in the child’s development and providing support to address the focus of the vulnerability. This might of course be a long term medical condition but equally it might be social, economic or educational. Similarly, it might be a short-term situation such as maternal illness or unemployment which might cause a period of particular need for the child (and for the family) which in turn required help and support from a range of services. The latter interpretation could mean early intervention might be required at any point in a child/young person’s development, up to and including the age of compulsory schooling that is 16 or older for children with recognised special needs. Thus we realised we needed to spend some time developing a better, deeper and more common understanding of national/individual perspectives and practices before we could progress on other substantive foci. It is, therefore, this aspect of the group members’ learning as well as policies and practices in early childhood intervention across the countries involved in the project which forms the focus of this paper.

Communication between members of the group was critical to this end and thus the face to face meetings held throughout the life of the project and located in five of the different partner countries over the period contributed significantly to this. During these meetings individual partners undertook presentations both formally and informally to the group which developed both aspects of our understanding as this provided opportunities to question and explore each others’ conceptual frameworks and related terminology. In addition, meeting in different countries enabled members to visit practice in the host country and to observe and discuss practice and theories and policies which underpinned their approaches. It similarly enabled national experts in their field to join the group for focused discussions about national policy and related practice in early intervention. Through organising more formal conferences in two of the host countries, professionals, academics, practitioners, experts and sometimes parents formed part of the 100-200 strong audiences, enabling some first-hand and invaluable exploration by members with those delivering, receiving or formally writing about policy and practice in the host country.
Between these face-to-face meetings other forms of communications took place between the group, including electronic (both written and video conferencing). This enabled us to undertake and then share data collection and analysis undertaken on return to our own countries, completion and submission of common audits of current training and training needs and conducting questionnaires with group of professionals to inform wider practice within the group. Uploading resources onto the web based resource tool for professionals also enabled us to share websites and other resources available within our own countries to support professionals working with vulnerable families. Informal communication between members also developed rapidly as rapport between the group was established. Members requested from and shared with each other related information, interests and knowledge, outside the remit of the project and, for example, some visits to each other’s countries between partners were arranged in which colleagues with a common interest outside the group participated. Other academic and potential formal partnership links were developed and explored.

The wide range of effective and authentic communication enabled the group to function beyond face to face meetings, developing a common purpose and understanding of our shared commitment to early childhood intervention. (Robertson, 2010 forthcoming; Robertson et al, 2009; Lave and Wenger, 1998; Wenger et al, 2002; Smith 2003,2009).

2 Methodology

The group explored the nature of early childhood intervention in each country, both policy and practice. It explored the training programmes both academic and professional afforded to practitioners working in the field of early childhood intervention in each country or region/district, as appropriate, and the related identified training needs of practitioners in the field. The methodology undertaken to explore these issues was participatory with group members reflecting on practice through group presentations, informal and formal papers, a common audit of current national/regional provision and formal conference presentations. First hand experiences of provision for children and families in terms of provision was further enhanced by visits to early intervention provision in the countries where the meeting of the group were held. Similarly, experts from the country where the group’s face to face meetings were held, joined the group for discussion, undertaking presentations about policy and practice. Conferences held in two of the partner countries and attended by practitioners, experts, academics and students in the field further contributed to the growth of a common understanding, providing challenge of or support for existing practices and policies.

Data was collected from written evidence in the form of:

- Written reports to a common focus, presented by members
• Conference papers with a given conference theme, written by individual group members
• Collaborative input in to an audit of provision across all partners with a standard proforma
• Informal notes taken at meetings
• Notes of meetings taken by the project leader
• Informal discussion between group members

2.1 Ethical issues

Members of the group were consulted about and agreed to the use of their written and oral conference presentations and papers being used as data in an academic paper. Whilst anonymity has been preserved and respected within the body of the text, all written contributions of the individuals involved have been acknowledged as appropriate in the references provided for this paper. The contributions of the group as a whole are also jointly acknowledged in enabling the creation of this paper and without whom this paper would not have been possible.

3 A discussion of findings

Thus, through sharing and discussing academic and other acknowledged definitions of early intervention (Carpenter, 1997; Guralnick, 2008a & 2008b; Guralnick & Albertini, 2006; Pretis, 2006), we began to clarify our own and others' thinking. Alisauskiene (2009) offers a definition of early childhood intervention that takes into consideration 'rights' 'support' and 'empowerment'.

‘Early intervention relates to the right of very young children and their families to receive the support they might need – and usually this is multi-professional support. (Early Childhood intervention) ECI aims to support and empower the child, the family and the services involved.’

Guralnick and Albertini (2006) suggest, that it is a realistic expectation that early intervention programmes can prevent risk factors from exerting negative influences on children's development and even for children with intellectual disabilities, early intervention can not only minimize intellectual delay but other secondary complications as well. However, throughout Europe there is a diversity of provision. Pretis (2006) considers there to be a need for generating a common set of principles and corresponding practices. In his view, it does not appear to be a problem to agree on the principles associated with Early Childhood Intervention. These, for example, would include inclusion, child and family-centred activities and empowerment. However, he considers that it is the policies and practices that are highly fragmented. Guralnick, however,
considers much still needs to be done to implement accepted principles, including evidence-based practices in early intervention.

Pretis (Ibid) suggests that specific issues in early intervention are continually coming under closer scrutiny across Europe. These issues would include quality assurance, evaluation, professional training and efficiency and management. Whilst it is neither desirable nor achievable to work towards complete uniformity and standards in practices across Europe, Pretis suggests that comparability should be possible, especially in relation to the major professional training challenges.

Although it may be difficult to identify one single professional intervention model as most appropriate or valid, according to Pretis, as the work becomes increasingly complex it is important to try to establish a common philosophy and common standards across the different professional disciplines.

3.1 Conditions necessary for high quality

Alisauskiene (2009) suggests that the purpose of early childhood intervention is to support and enhance the child’s personal development, strengthen the family’s own competences and promote the social inclusion of the family and the child. In parts of Europe over the last twenty years, there has been a shift of focus from intervention, mainly being focused on the child, to a broader approach where the focus is placed on the child in the family within a community context.

This would appear to concur with the increasingly current movement away from the medical model of disability where the child is seen in isolation and as having a problem that needs to be ‘treated’ to that of the social model of disability where the child is seen within the context of their family and community with having needs that should be met.

The ecological-systemic approach advocated by Alisauskiene (2009) provides a systemic way of analysing, understanding and supporting the young child and their family. Importantly, family members are partners in this process of intervention. The European Agency for Development in Special Needs Education conducted an analysis between 2003 – 2005 to examine the nature of Early Childhood Intervention in Europe. In their view, the elements that were required in order to deliver high quality Early Childhood Intervention services were:

- Availability – Early childhood intervention should reach all children and families in need.
- Proximity – The early childhood intervention services should be as geographically close as possible to the families needing the services.
Affordability – Cost-free services and provision should be made available to all families regardless of their socio-economic background.

Interdisciplinary working – early childhood intervention involves professionals from various disciplines and backgrounds working together with families to develop a team work approach.

Diversity – In order to ensure that health, education and social sectors share responsibilities, there needs to be adequate co-ordination of the sectors and adequate co-ordination of the provision.

3.2 Policy issues in early childhood intervention

The policy regarding Early Childhood Intervention varies between countries although for the majority it appears to be funded largely or in part by the state, Gine, Balcells and Mas (2009) consider that this is because in many countries it has been recognised that early intervention has a positive and lasting impact on children and families. However, co-ordination of funding appears to be one of the biggest challenges. For example, in Hungary, according to Czeizel (2009) early childhood intervention is financed through a variety of agencies including the Ministry of Education, health care services, social security, local municipalities and charitable donations. She highlights that there is little co-operation between the funding bodies which makes it difficult to plan strategically and to develop the services further, particularly for those responsible for delivering services on the ground.

In the UK this issue began to be addressed following the imperatives of the New Labour Government under the then Prime Minister, Tony Blair. That particular government pledged through its ‘Every Child Matters: Change for Children’ agenda (DfES, 2004) and underpinned by the ‘Children Act’ (2004) that all those engaged in the care and education of children in Britain would work together across professional boundaries to meet client’s needs (Robertson and Cox, in McConachie et al, 2008). Since 2004 until the present change to a new government in the United Kingdom in May 2010, all early intervention services for children have been funded centrally and co-ordinated by one government department, the Department for Children, Schools and Families (DCSF). This meant that during this six year period, services for children and families became increasingly integrated, offering a service based on the principle of the ‘team around the child’.

To quote the Chief Nursing Officer in ‘Every Child Matters Change for Children in Health Services’ (Department of Health, 2004, p 4):

‘A key theme that emerges .... is the need to follow the child. For too long professional roles and organisational boundaries have dictated where services are provided rather
than where vulnerable children and young people are. ... This means being as close to home as possible, in schools communities, in surgeries ...children’s centres, youth justice services, and prisons’.

The focus of this child centred policy and related inter-professional practices was an ‘emphasis on strengthening early intervention by enabling children to receive help at the first onset of problems’ (Ibid, p48).

However, post election in May 2010, the new government disaggregated the Department for Children, Schools and Families, immediately returning to a Department of Education with health and social services now located elsewhere. Whilst at this early stage in the roll out of the new coalition government’s policy, it is difficult to predict the future of the existing practice of greater integration of health, education and social services, the United Kingdom may well be looking at a future change of direction and currently this journey is uncertain in nature and direction.

Within the time frame of this project, according to Robertson (2009) the radical reform of public services in 2004 which brought together all services for children, including health, social care and education had begun to have a positive impact on services for children and families, particularly the most vulnerable families. This policy was based on the premise that children and families do not distinguish their needs based on which agencies run their services. Robertson considered that The ‘Every Child Matters’ (DfES, 2004) government policy paper suggested there needed to be a whole system reform of the delivery of children’s services. The services needed to be built around the child and the family and a shared sense of responsibility across agencies needed to be developed. There needed to be changes in the culture and practice of the workforce and integrated universal services of early years, health and education became a priority. The change involved several layers of reform, taking a top-down strategic approach, namely:

- Interagency governance of services
- Integrated strategy between services
- Integrated processes between services
- Integrated front-line delivery of services
- A clear focus on better outcomes for children and young people

A national framework for change was developed which put clearly defined outcomes at the heart of the process and gave attention to the following: policies and products, improvement cycles, how change could be supported, communication, inspection criteria, targets and indicators and outcomes and aims. Fundamentally this was a top down radical approach to improving services for all children including those requiring early intervention. This radical reform of services was later embedded in law in 2004 with passing of the ‘The Children Act’. 
Clearly this strategic approach has not been without challenges and has not been easy to implement in practice. Some of the challenges have been:

- Maintaining effective communication with all parties
- Developing a clear understanding of roles and responsibilities between professionals and families
- Maintaining a high level of professional specialism
- Developing trust
- Empowering parents and families.

The benefits do seem none the less to have been significant, if still embryonic, outweighing the impact of challenges. Inter-professional communication and related action has progressed to levels hitherto unknown in the United Kingdom. The professional journey has been significant and ground breaking, reflecting many of the benefits echoed in Kemmis (in press).

However, in the light of changes in political leadership in the United Kingdom the positive journey that had begun is now less clear in its future direction of travel. In the context of this reflective paper, however, this current existing uncertainty at the time of writing for the author, in itself provides an excellent example of the power of government over policy changes in this field which then may impact directly on the services involved in early intervention and the professionals delivering them.

3.3 Models of evaluating quality

It is interesting to note that the European Agency for Development in Special Needs Education (2004) in their recommendations for delivering high quality early childhood intervention services considered that co-ordination between sectors and government departments was a crucial necessity. As society has increasingly recognised the benefits of early intervention services, Gine, Balcels and Mas (2009) note, that a consequences of this is often a government desire to regulate and control, ‘particularly in countries with an important financial investment from the public sector’ (p1). Based on their research, they advocate a model of quality enhancement which embraces both accountability and improvement and ‘combines direct participation of professionals through self-evaluation and external evaluation’ (p2). They advocate that the voice of all stakeholders should be incorporated with both professionals and families having a central role in the process. Dimensions and indicators have been developed with a view to the possibility of them being able to be measured. They include:

- Consideration of the family rather than the child as the main focus of attention and the recognition of the relationships between family members and between family members and the professionals involved.
• Adoption of an ecological systemic perspective
• Consideration of the family from a developmental perspective focusing on strengths, thus leading to empowerment
• Sensitivity to the different values of families, learning to work with ‘different’ families from a wide range of cultural backgrounds and from a range of family structures.
• A commitment to a competence-based approach whereby the focus is building upon the family’s strengths and their ambitions and hopes for the future.
• The promotion of an inclusive environment for the child and the family whereby they will have opportunities to be to be part of formal and informal social networks as sources of support as well as enhancing their quality of life.
• The promotion of positive perceptions in families in relation to the role and impact of early intervention and their child’s potential.
• The promotion of children’s development in different areas, in particular their social competence.
• The building of a relationship between professionals and families based on confidence, appraisal and respect.
• The ability to work collaboratively as a team assuming a cross-disciplinary perspective.

Gine et al suggest there may be other criteria, but ‘it is the will to change, innovate and improve through critical collective reflection’ (p7) involving the child, the family and the professionals involved that is most important.

Complementary to the work undertaken by Gine, Balcells and Mas (2009), Pretis (2009) has similarly developed a quality management process which was implemented at an early intervention centre in Budapest in 2006. Through this specific case study, he outlines the process which involved several stages and which as a model could be replicated in other settings. The first stage was the appointment of an external expert who was invited to join the centre with a view to supporting the quality management process. At the first meeting the team of the centre were informed about the basic approaches in quality in the field of early childhood intervention. The next stage in the process was to establish a steering team with a special focus on the participation of parents, examining all aspect of quality of the provision. Leading on from this, the steering team discussed their findings with the external expert who then provided feedback from his professional point of view. An important factor was for the parents of children at the centre to be involved at every stage of the process.

The theoretical framework within which this takes place, according to Pretis, is termed the ‘pyramid of quality and external quality indicators’. This pyramid begins by looking at activities and processes; moves on to operational fields which are located within the organisation’s mission for its clients; and finally examines these in the organisation’s wider vision for society.
The role of the external expert in this process is deemed by Pretis as critical in facilitating the process by enhancing the level of reflection and self-evaluation of the participants thus, as with Gine et al’s (2009) model, both external evaluation and internal self reflection appear critical to operating a successful quality process.

Pretis (2009) highlights the eventual outcomes for an Early Childhood Intervention Centre in Budapest as follows:

- The creation of a quality handbook.
- The initiation of a concrete ‘change process’.
- The development of a conceptual framework for a quality management system that could be used by other early intervention centres in Hungary or elsewhere.
- The commencement of involvement of the centre with a lifelong learning project, thus impacting on quality beyond the quality process itself.

Pretis emphasises the importance of listening to parents and that any step that professionals might take in this very complex field has to reflect the parents’ point of view. He also considers that quality management is a process which has to be ‘lived’ by the management and the team which is informed by research and is undertaken in dialogue with the relevant financial bodies. As testament to this, one of the parents at the centre, presented with him at the ‘Early Intervention Conference’ (2009, Budapest) and spoke of her engagement in the process, the benefits of the process but also of the real and tangible outcomes for children and parents which had resulted.

The process appeared to demonstrate that culture change had occurred and that parents were now being empowered to support and meet the needs of their children much more actively rather than allowing the professionals to have full autocratic control. This case study again demonstrated some of the significant differences which exist between different European countries and between the medical and social models of support which co-exist across Europe.

3.4 Training issues in early childhood intervention

From the data gathered from the conferences, audits and papers and supported by literature, it would appear that if quality in early childhood intervention is to be enhanced, then training of professionals working in this field needs to be examined. The research undertaken by members of the group through this project, provides evidence that the quality and type of training varies between European countries as do the models of early childhood intervention employed, as discussed above.

In Hungary for example, Czeizel (2009) considers that professionals working in early childhood intervention are not sufficiently trained and training at post graduate level is
Gine et al (2009) undertook an analysis using the EBIFF curriculum (http://www.eqm-pd.com/ebiff/projekt/index.php) as a criterion by which to measure the nature and type of training that currently exists. The broad categories of the curriculum include:

- Recognition and detection
- Joining the family
- Team work
- Individual intervention methods
- Functional competences
- Personal competencies
- Practice placements

Training would appear to be organised in three different modalities:

1) At first degree level, early childhood intervention training is integrated into a variety of professional courses. Some of these include teacher training, early years professional courses, social work, nursing, educational psychology, clinical psychology, therapeutic pedagogy and speech therapy.

2) At Masters level there appears to be at least two possible models which could address aspects of early childhood intervention. Currently there are several examples in the data which demonstrate that these aspects are being addressed and integrated in some Master of Arts programmes. An example would be the Master of Arts in Special and Inclusive Education (delivered by the University of Worcester, United Kingdom) where early childhood intervention is embedded within several modules but is not taught as a discrete component. Data indicates that currently there is very limited named Masters level provision which provides a discrete early childhood intervention route.

3) At an informal level early childhood intervention training and continuing professional level does exist in the form of seminars, course, summer courses, and conferences, for example.

Thus, in the majority of European countries in this study, training in early childhood intervention is most commonly integrated into other related disciplines and courses. Gine et al (2009) make the following recommendations in order to deliver high quality training:

- There needs to be a specific early childhood intervention training programme, for example a Masters with its own identity and with its own academic award in which everyone working in the field of early childhood intervention can undertake
- At government level and local level there needs to be a requirement that training in early childhood intervention is compulsory for professionals working in this area.
- Experienced professionals are required to supervise and help deliver training
- There needs to be a stronger relationship of collaboration between universities and professionals working in the field.
It is important that a common set of values and principles are established between the professionals providing and families requiring support.

4 Implications and next steps

The members of the project considered that the best way to bring about changes in the quality of early childhood intervention services and provision for children and families would be to build upon the initiatives that are currently being implemented at universities and by non-governmental organisations. However, the group recognised that there are clear challenges ahead in bringing about greater consistency of quality in early childhood intervention across Europe. Guralnick (2008b) considers there are four major ones;

- Differences in culture because culture provides a framework for understanding the transmission of values and expectations
- Diversity of political systems which translates into differences of policy
- Resources availability to support early childhood intervention in different countries or even across communities
- Societal commitment to young children and in particular vulnerable young children and their families.

Whilst these challenges exist, acknowledgment of their existence provides a way forward. Throughout the life of this European project, these issues have been discussed at length, particularly in relation to the training of professionals within early childhood intervention. The online resource has been developed, as part of the agreed outcomes of the funded Leonardo da Vinci project, with flexibility in mind so that different perspectives and practices can be acknowledged whilst at the same time encouraging the development of proven good practice within the field. Providing a menu of wide ranging self-learning and support resources should in this way facilitate professionals to engage in their own personalised learning, which meets their identified and specific needs.

The issue of initial training, however, is more complex and varied as it currently exists and is delivered across the different countries. In several of the European countries the first degree programmes are designed as a purely academic programme with no facility for students to engage in practice based learning. In the United Kingdom, this is not the case and students invariably do have considerable and significant practical experience embedded into their first degree academic programmes, thus enmeshing theory and practice. Where traditionally this has not been the case in many universities in Europe, developing such a model will remain a challenge.

Postgraduate study for professionals in the field is similarly a complex issue. As part
of the work of this project, a Masters in Early Childhood Intervention, has been developed and is intended to be rolled out in 2011 in Germany, in a university where a Bachelor of Arts in Early childhood intervention already recruits successfully. A European Masters in this area taught across the different European countries was an aspiration of the project group. However, small scale market research in the United Kingdom indicates that current requirements for professionals require a much more integrated service approach with professionals failing to see the benefit or value of undertaking a discrete Masters in this field. It seems more likely that some of the individual modules developed by the project could be utilised as options within, for example, a Masters in Education, as run by the authors’ university. As yet, the market demand has not been identified and it may be some time before this happens. It may be that the political context in the United Kingdom has taken meeting the needs of vulnerable children and their families in a different direction to that undertaken by some of the other partner countries, reducing the need for this type of named award.

For some of the other partners, such an award would be valued but the economic situation and the salaries of the professionals who may want to undertake such an award would mitigate against them being able to do so. Unless significantly subsidised, in general, the appropriate workforce in Hungary or Bulgaria, for example, would not be able to participate financially. The on-line resource developed by the research group is, however, and ‘no cost’ to those who wish to use it and therefore accessible to all, and may be of greater relevance currently.

In terms of the project’s outcomes the group of partners achieved their intended outcomes as agreed within the formal Leonardo da Vinci contract but in addition the members of the group achieved much more as a shared and common understanding of the different national and regional contexts in which we each practised and worked in the field of early childhood intervention. This paper also reflects on these less tangible but nonetheless important outcomes which members of the group have achieved.

Bibliography


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