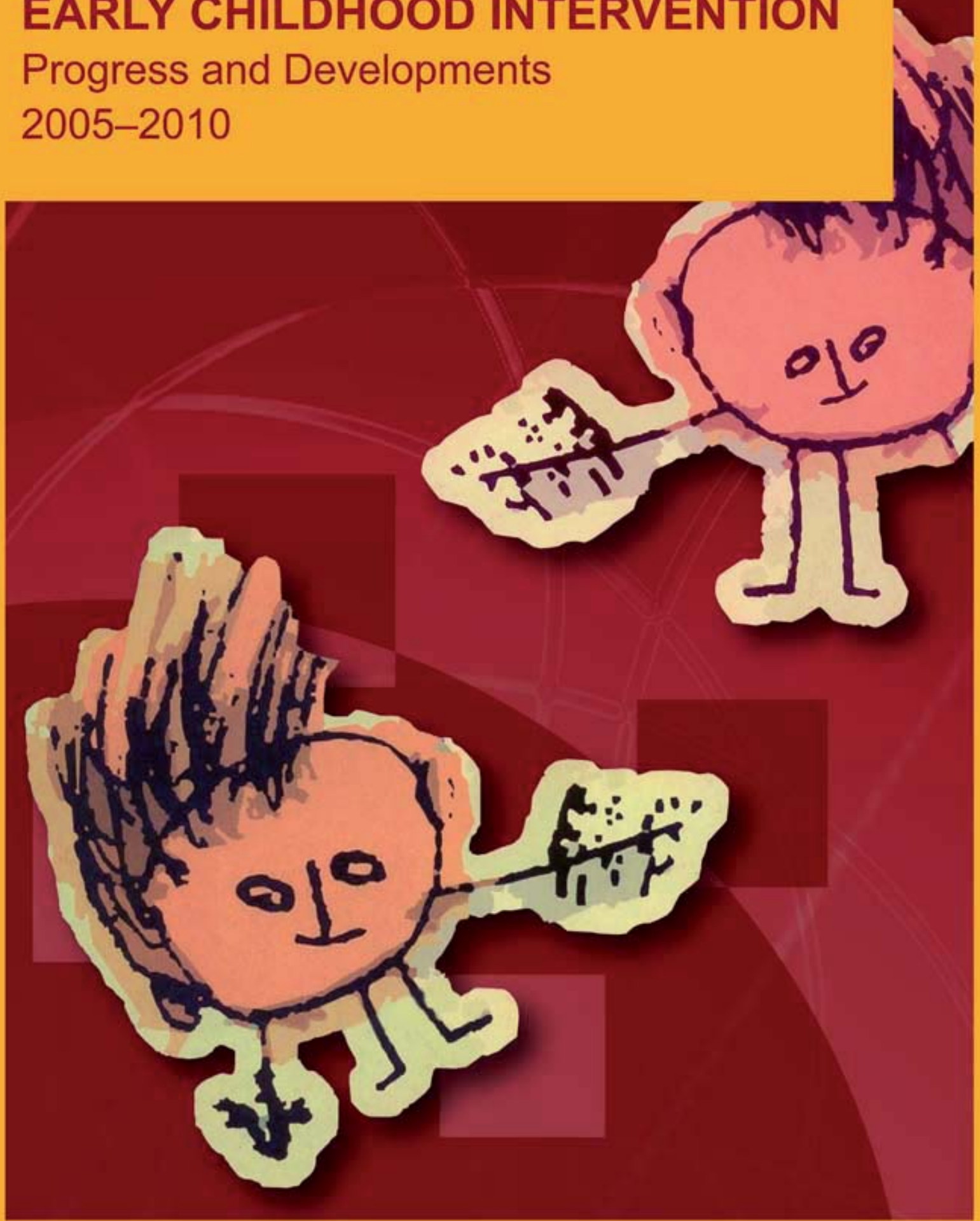
EARLY CHILDHOOD INTERVENTION

Progress and Developments
2005–2010



EARLY CHILDHOOD INTERVENTION – PROGRESS AND DEVELOPMENTS 2005–2010

European Agency for Development in Special Needs Education

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PREFACE

This report presents an overview of the progress and main changes that are evident at the European level since 2005 in the area of Early Childhood Intervention (ECI). These developments are general and are also in relation to five key elements – availability, proximity, affordability, interdisciplinary working and diversity – identified as essential factors within the model of ECI proposed in the Agency study of 2005.

Agency member countries initiated the current project work as an update to the analysis in the area of ECI conducted by the Agency in 2003–2004.

In total 26 countries – Austria, Belgium (French speaking community), Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom (England and Northern Ireland) – were involved in the project activities with 35 national experts being nominated for the project. Experts' contact details are available at the end of this report.

Their input, alongside those of Agency Representative Board members and National Co-ordinators, are greatly appreciated. All of their contributions have ensured the success of the Agency project.

This summary report presents the main findings from the project. It is based on information from country reports submitted by all participating countries. The country reports along with associated materials in the area of ECI are available on the dedicated Agency website for the project: http://www.european-agency.org/agency-projects/early-childhood-intervention

Cor J. W. Meijer

Director

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INTRODUCTION

This report presents a summary of the progress and main changes that have been made in the participating countries since 2005 in the area of Early Childhood Intervention (ECI), on the basis of the information provided in country reports.

The project was initiated by Agency member countries as an update of an analysis in the area of ECI, conducted by the Agency in 2003–2004. A summary report published in 2005 can be found at: http://www.european-agency.org/publications/ereports/

The first Agency project analysis highlighted the importance of ECI at both policy and professional levels and proposed a model of ECI in which health, education and social sectors are directly involved. This model of ECI focuses on developmental processes and on the impact of social interaction upon child development generally and on individual children specifically. This highlights the shift from a type of intervention mainly focused on the child to an extended approach involving the child, their family and the environment. It corresponds to a wider evolution of ideas in the disability field, namely a move from a 'medical' to a 'social' model.

In line with this emerging model, the following operational definition of Early Childhood Intervention (ECI) was proposed and agreed upon by the group of experts working within the framework of the first Agency analysis:

ECI is a composite of services/provision for very young children and their families, provided at their request at a certain time in a child's life, covering any action undertaken when a child needs special support to:

- *Ensure and enhance her/his personal development;*
- *Strengthen the family's own competences, and*
- *Promote the social inclusion of the family and the child.*

Within the first project analysis different elements relevant to this model of ECI were identified that require effective implementation. These elements are:

Availability: a shared aim of ECI is to reach all children and families in need of support as early as possible. This is a general priority in all

countries in order to compensate for regional differences with respect to the availability of resources and in order to guarantee that children and families applying for support can benefit from the same quality of services.

Proximity: this element firstly relates to ensuring that support services reach all members of the target population. Support is made available as close as possible to families, both at local and community levels. Secondly, proximity also relates to the idea of providing family-focused services. A clear understanding of and respect for the family's needs is at the centre of any action.

Affordability: services are offered free of charge or at minimal cost to families. Services are provided through public funds from health, social or education authorities, or by non-government organisations including non-profit making associations. These provisions can be made as separate services or in a complementary manner.

Interdisciplinary working: professionals in charge of direct support to young children and their families belong to different disciplines (professions) and consequently have diverse backgrounds according to the service they are related to. Interdisciplinary work facilitates the exchange of information among team members.

Diversity of services**:** this feature is closely connected to the diversity of disciplines involved in ECI. The involvement of three services – health, social services and education – is a common characteristic in various countries, but at the same time it also constitutes one of the main differences.

On the basis of these five elements, the experts in the first Agency project agreed upon a non-exhaustive list of recommendations for their successful implementation.

The objective of the present project update is to build upon the main outcomes and recommendations of the first Agency analysis. The current project aims to provide an overview regarding the progress and main changes that have been made in the participating countries since 2004 in relation to the above-mentioned five key elements.

Additional countries became involved in the project update in 2009–2010; the participating countries were: Austria, Belgium (French speaking community), Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia,

Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom (England and Northern Ireland).

For the purpose of the update, in order to collect information on ECI services and provision at national level, a document was prepared in co-operation with the participating experts. The aim of the first part of the document was to collect information about national ECI services and provision addressed to children from 0 to 6 years old. This part of the document corresponds to the 'life-line', presenting the general pathway followed by a child requiring early intervention from birth until 5/6 years old, completed by the participants of the first Agency project on ECI.

The second part of the document posed questions related to existing policy measures and their implementation, as well as existing practice in relation to the five key elements identified in the area of ECI.

This report presents a summary of the information collected by the project experts through their country reports. The country reports are available on the dedicated Agency website for the project: http://www.european-agency.org/agency-projects/early-childhood-intervention

Section I of this report summarises the progress and main changes that have been made in the participating countries in the area of ECI and in particular in relation to the five key elements – availability, proximity, affordability, interdisciplinary working and diversity – identified in the area of ECI.

Section II presents main findings and conclusions that reflect the main outcomes of the country reports and the project meeting discussions, as well as a number of proposals and recommendations addressed to policy makers and professionals.

The Annex presents an overview of relevant ECI legislation and policies in the participating countries.

1. SUMMARY OF COUNTRY INFORMATION

The purpose of this section is to provide an overview regarding the progress and main changes that have been made at European level since 2005 in the area of ECI in general and in relation to the five key elements – availability, proximity, affordability, interdisciplinary working and diversity – relevant to the model of ECI proposed in the Agency study of 2005.

The definition and relevant recommendations of each of the five key elements agreed in 2005 are followed by progress and main changes described on the basis of the information provided by the country reports for this update work.

Country examples used in this section are also based on the information provided in the country reports. More detailed information about the types and prevalence of services provided in each country, as well as about the specific country examples referred to in the country reports can be found in the dedicated Agency web area for the project: http://www.european-agency.org/agency-projects/early-childhood-intervention

In the following sections, information on different aspects of progress and main changes are presented.

1.1 Progress and main changes relating to availability

A shared aim of ECI is to reach all children and families in need of support as early as possible. Three types of recommendations were suggested in 2005 in order to ensure this feature:

a) Policy measures at local, regional and national levels in order to guarantee ECI as a right for children and families in need.

b) Availability of extensive, clear and precise information as soon as required, offered at local, regional and national levels, addressed to families and professionals.

c) Clear definition of target groups, in order for policy makers to decide, in co-operation with professionals, on ECI eligibility criteria.

1.1.1 Development of policy measures

Policy measures, reforms and arrangements at local, regional and national level to support the development of ECI services for children

up to 5/6 years old and their families have been developed or are in the process of being developed since 2005, when information was last collected by the Agency project across Europe. (The Annex presents an overview of relevant ECI legislation and policies in the participating countries.)

Despite the differences related to the national context in accordance with the country reports, all policy initiatives implicitly or explicitly guarantee ECI as a right for children and families in need. They are integral to much broader policy initiatives for the benefit of children and their families.

Across Europe, policy initiatives, measures and practice within the three sectors – health, social and educational – continue to be directly or indirectly involved in the ECI process. Consequently, the responsibility for ECI policy development is shared across the three ministries concerned – Ministry of Health, Ministry of Social Welfare and Ministry of Education (or their equivalents in the different countries). Which one of the three sectors, at different phases of the ECI process, is fully or partly responsible for providing support and service to children in need and their families, depends on many factors. These factors include the current needs of the child and the family, the age of the child, the availability of the required support, as well as different statutory arrangements for the provision of early childhood services through the ministries in the various countries participating in this project.

Co-operation and co-ordination of policies and practice across the three sectors involved and of the different levels of decision-making (local, regional, national) is considered by all countries to be of great importance for the success and efficiency of the ECI process. Many policy initiatives, aimed at achieving better co-ordinated service delivery for families and children are being taken at national, regional and local level. (Information about co-ordination of sectors and services involved is available in sections 1.5 and 2.2.5.)

1.1.2 Availability of information addressed to families and professionals

According to the country reports, information about ECI services and provision is provided to families through their engagement with health, social or education services, information campaigns, service

providers' websites, flyers and posters, the organisation of workshops and conferences, etc.

Regarding the extent to which families have access to wide, clear and precise information, project experts suggest that in today's society there is often a large amount of information from all service sectors. It is clearly stated in the Swedish report that the problem for parents is often not the availability of information, but the possibility to find the specific information that is relevant and useful depending on the needs of the child and the family. In particular, according to the Swedish report, access to the necessary information is still a challenge for families in poverty, with an immigrant background or living in isolated regions.

In relation to the provision of pre-natal support for families, according to the country reports, all countries offer pre-natal support and guidance for families. Maternity health services are offered to all expectant parents. Among these services are regular physical examinations for mothers during pregnancy, as well as the provision of information and preparation for childbirth.

Finally, according to the country reports, in all participating countries the health care services take into account the importance of the child's first year in detecting delays and difficulties. There is a strong emphasis on regular medical surveillance and immunisation during the first year of a child's life. A range of physical and developmental checks are undertaken, as well as vaccination.

1.1.3 Definition of target groups

The country reports indicate that the tendency across Europe is that ECI supports the needs of children at risk. Children with special needs and their families are assessed and supported by services from the local area in which the family lives. Eligibility criteria related to particular types of disability or conditions are determined at national, federal/regional or local level.

In the Netherlands, the policies – health, social and educational – contain clear criteria for identifying and classifying children in need. However, there are exceptions. These tend to relate to the more complex cases. For example, when several problems are present within a family (e.g. difficult social environment, parental special needs, language problems, psychological difficulties, abusive relationships), it can be difficult to assess primary and secondary

causes for developmental issues, as child-bound factors and environmental factors are difficult to separate.

In Luxembourg, within the law focusing upon ‘help for children and families’, clear criteria are being defined. Furthermore, the formal collaboration procedures established between families, non-governmental organisations (NGOs), intervention project co-ordinators and service providers, should ensure that children and families have access to adequate support services.

Looking across the country reports, there still seems to be a challenge in relation to clearly specifying the criteria for eligibility for services and guaranteeing access for families to adequate resources and support. Sometimes a lack of qualified staff, as well as a lack of knowledge and a clear definition of needs, result in great variation in the provision of day-care and support between different regions within the same country.

In Austria, for example, the criteria for identifying when a child is disabled or at risk could be quite different among the regions of the country.

In Poland, children are offered support only in relation to their primary medical diagnosis and not necessarily in response to their special developmental or educational needs.

In Slovenia, the target groups are not clearly defined and the support offered to the families is perceived as being inadequate.

In Portugal, the ECI target group is children between 0 to 6 years old with disabilities that limit their participation in age typical activities and their social context, or at risk of severe developmental delay.

In Ireland, the Disability Act 2005 provides for the identification of needs relating to disability for children under five years of age and provides services to address those needs within the resources available. The Education for Persons with Special Educational Needs Act 2004, which is still not fully operational, provides for this identification and provision for school-age children.

In Greece, there are many institutions, private centres of special therapy and associations of parents and special educationalists (NGOs) that develop and apply programmes for early intervention either on their own initiative or in collaboration with the Ministry of Health and Education. They all focus on children with disabilities from

0 to 7 years. These programmes are offered at home and focus on: a) the earliest possible assessment of the disability and b) the support and guidance of parents.

Mechanisms to identify and reach young children with disabilities or at high risk are in place, but vary across Europe. Some can be considered better developed than others.

In the United Kingdom (England), for example, a full national screening programme is in operation and working protocols and practices operate across many other services to try to ensure that children and families requiring ECI services are identified early and referred on quickly for further investigation. Children are sometimes identified in the first days of life by the maternity, hospital or clinic services in their local area. Health Visitors, who have a particular, community-based role in monitoring the health and development of children in the first two years of life, often refer children for assessment, following discussion with the parents. The older a child is, the more likely it is that a first referral to ECI services will be made by 'mainstream' staff working in early years and childcare settings.

In Iceland, hospitals and health care centres refer to the State Diagnostic and Counselling Centre, Centre for the blind, or Centre for deaf and hearing impaired, for closer examination if they suspect a serious developmental disorder. The State Diagnostic and Counselling Centre informs the Regional Board for Affairs of the Handicapped about the family. Pre-schools, in co-operation with the parents and with their consent, refer to the local Pedagogical Psychological Advice Centre if they suspect a developmental disorder in pre-school. The local Pedagogical Psychological Advice Centre refers to the State Diagnostic and Counselling Centre or the Child and Adolescent Psychiatric Unit. A national screening programme is conducted for all children at 2.5 years and again at 4 years old at the local health care centres.

In Malta, the Child Development and Assessment Unit (CDAU) offers multidisciplinary and medical assessment and therapy to all children referred from birth to 6 years of age. Referrals to this unit come from baby clinics, family doctors or speech therapists who are usually the first therapists to work with children as young as 2 years old if there is a delay in speech acquisition. CDAU is linked to education through early childhood educators who are provided by the Directorate for educational services (DES). These teachers will visit all families who

have been referred to the unit and work with children and parents to ensure acquisition of basic skills in the first years before entry into formal education.

In some countries priority for access to ECI services is given to families and children at high risk. In Latvia, for example, priority is given to families and children at higher risk (special needs, social risk or low income, etc.). Some of these risk groups are defined by the state, but some priority groups are set by local governments depending on their specific circumstances and local priorities.

In Germany (Bavaria), a National Centre for Early Aid (Nationales Zentrum Frühe Hilfen) was established in 2007 with the aim of developing a system to detect children at risk as early as possible. The centre will support families, strengthen networking between different medical, educational and social institutions in early years and support research in ECI.

In Greece, the programme Amimoni developed by the Panhellenic Association of Parents addresses children with visual disabilities, whereas the programme Polichni is for children from 0–7 years with multiple disabilities. The duration of the programme depends on the individual needs of the child and the child's abilities. Parents are expected to actively participate so as to apply the methodology and to ensure its effectiveness.

The French country report gives information about a survey where it has been observed that a certain number of the most underprivileged families tend not to use the system and even seek to 'escape' a system that they see as stigmatising and guilt-inducing. There appears to be a paradox where the families that need the system the most use its services the least.

Taking into account the progress made and the challenges experienced, the project experts have highlighted that the definition of clear criteria for identification and service provision shared by professionals in the various sectors involved may constitute an effective basis for improving support and provision for children and families.

1.2 Progress and main changes relating to proximity

This aspect firstly relates to ensuring that the target population is reached and support is made available as close as possible to

families, both at local and community level. Secondly, proximity is also related to the idea of providing family focused services. Clear understanding and respect for the family's needs is at the centre of any action. Two types of recommendations were suggested in 2005 in order to guarantee these features:

a) Decentralisation of ECI services and provisions in order to facilitate better knowledge of the families' social environment and ensure the same quality of services despite geographical differences and avoid overlaps and irrelevant pathways.

b) Meeting the needs of families and children so that families are well informed, share with professionals an understanding of the meaning and the benefit of the intervention recommended and participate in the decision-making and implementation of the ECI plan.

1.2.1 Decentralisation of services

The organisation and structure of the ECI services varies across Europe and can be seen to be in line with the centralised or decentralised approaches to the administration system of different European countries. In some countries such as Austria, Belgium, Czech Republic, Denmark, Finland, Germany, Iceland, Netherlands, Norway, Spain, Sweden, Switzerland or United Kingdom (England), ECI services are to a large extent built upon a federal/regional and/or local decentralised model.

In other countries, such as Estonia, France, Greece, Hungary, Ireland, Latvia, Lithuania, Malta or United Kingdom (Northern Ireland), a combination of both centralised and decentralised systems is applied with a relevant distribution of responsibilities and tasks among the levels.

It appears from the country reports that despite the differences, the common tendency in Europe is that ECI services are located and delivered as near as possible to the child and the family. According to the Swedish report, the municipalities have favourable conditions for fulfilling these tasks since they are in close contact with both children and their parents and they are aware of the families' social environment.

The proximity of service provision is considered important, taking into account that modern societies are multicultural and children spend a lot of their time in day-care and pre-school facilities/settings.

Although the tendency in policy measures is to ensure equal access to ECI services for all citizens, in practice, according to the country reports, there are still differences between regions and between urban and rural areas. Within the same country, ECI services may be better developed and better co-ordinated in some areas than in others. Services are structured in different ways in different places, partly in response to local demographic factors. In big cities, there are more ECI services with more, better qualified staff, while in rural and isolated areas there are fewer services and a lack of qualified staff.

In Switzerland for example, there are differences in the ECI services between the Cantons and in Germany between the Bundesländer, due to the different financing procedures among other things. It is also important to mention that in Switzerland, in cities as well as in rural areas, there are ECI services that practise home-therapy as their core business and provide the same quality of provision to all citizens.

In Lithuania, the quality of services depends on geographical location; there is a lack of services in rural areas.

In Portugal, the 2009 law relating to ECI provides cover for the national territory and services are located and operate as near as possible to the child and the family. The quality of the service depends on several factors, namely the availability of specialised resources in some areas of the country and the expertise of the professionals involved.

In Cyprus, the ECI services (for diagnosis, assessment, specialised paediatric care and clinical genetics) and centres that provide intervention (therapies, care and education) are mainly located and better organised in the capital and the big cities.

In Greece, besides the central, mostly public, ECI services there are scientific centres, non-profit making or non-governmental organisations such as the diagnostic and therapeutic unit for children ‘Spyros Doxiadis’ based in Athens. Its members – doctors and educators – aim to contribute clinically and theoretically to the psychological and developmental well-being of the child and to provide the highest quality diagnostic and therapeutic services available to anyone who needs them, without social or financial exclusions.

Efforts have been made in some countries to avoid or compensate for unequal service provision. In Finland, for example, the system is organised to offer services as near home as possible. In rural areas distances may be considerable. Nevertheless, the national insurance system, which is governmental and is funded through tax revenues, compensates for travel and medical costs with no extra fees for families.

In the United Kingdom (England and Northern Ireland), the ECI project 'Sure Start' coverage is targeted at compensating for social disadvantage by concentrating on geographical areas considered to be highly socially disadvantaged.

Despite all the efforts that have been made, the project experts have stated that progress and improvements still need to be achieved to give genuine substance to early childhood public services and ensure the same quality of service provision nationwide, despite geographical differences.

1.2.2 Meeting the needs of families

According to the country reports, a main concern of ECI policy measures across Europe is to provide family-focused services with a clear understanding and respect for the fact that the family's needs are at the centre of any relevant action taken. Different policy initiatives, national, regional or local programmes and guidelines are in place to provide clear and adequate information to parents as early as possible and as soon as the need is identified, promoting partnership with the parents during the ECI process and involving them in the development and implementation of the ECI plan. In addition, a number of training courses are offered to parents of a child with disabilities or a child at risk.

In the United Kingdom (England), for example, Early Support, the national implementation programme encouraging the development of ECI services, actively promotes partnership working with families through regular 'team around the child (TAC)' meetings with families. These are designed to keep parents at the heart of discussion and decision-making about their child. The programme also encourages routine use of a standard format *Family Service Plan*, which is equivalent to an ECI Plan.

In Ireland, parents and families can be provided with training by ECI service providers in order to understand or manage their child's

specific disability or special educational need. A variety of training programmes are offered to parents in most services.

In Norway, an Individual Plan (IP) is developed and a responsible group is established. Parents are members of the responsible group. Each family is assigned a contact person who is responsible for all information and co-ordination of the interdisciplinary work around the child. The family receives guidance when needed.

In Estonia, the children and their families have key counsellors who assist them in preparing and implementing rehabilitation plans and individual development plans. Nearly half of all parents participate in making decisions regarding the early childhood intervention plan and implementing it. In order to ensure the availability of pedagogical and psychological counselling, the national European Social Fund programme *Developing an Educational Counselling System* has been implemented since 2008 with the aim of ensuring early childhood intervention in all regions, improving the counselling system and training service providers. The counselling centres established as a result of the programme will be used to improve collaboration in the fields of education, social affairs and health care for identifying the particular needs of children with special needs and their families and providing them with support. Parents have been educated at pre-school child care institutions regarding the following subjects: health and nutrition, children's behavioural problems, child psychology, child development, teaching children, security, safety, first aid, preparation for school, special needs, support services, adaptation to the kindergarten environment.

In Portugal, the 2009 law relating to ECI states that the ECI plan should guide individual families. Families must make a declaration of acceptance of the intervention.

In Germany (Bavaria), almost 50% of early intervention is in the home environment: this gives parents the opportunity to communicate easily with the experts and pose any questions they may have – in many cases the parents can also get all kinds of information when they participate in the child-focused sessions at the ECI centre.

In line with the country reports, different forms of free information – such as campaigns, media programmes, booklets, on-line, conferences, workshops, etc. – are addressed to parents. These are mainly offered by health, education and social services as well as by

voluntary organisations. Their role is to inform parents about the different ECI services, how they are organised, what families are entitled to and make sure that disabilities are no longer invisible or considered as taboo.

However, according to the country reports, even though the information is currently accessible across Europe, families may have to face the difficulty of finding the right contact person, assessing the choices available and making a decision about the best support for their child.

In order to overcome the challenge of 'too much information' and 'too many services and options' offered to parents – in addition to the fact that some parents have to co-ordinate the services themselves – different co-ordination schemes are implemented across Europe, aiming at compiling all the relevant information and services. Good examples include the Co-ordinating Service for Early Childhood Intervention in Cyprus 'Together from the Start' and the Early Support Programme in the United Kingdom (England).

The aim of the co-ordination schemes is to provide an ECI co-ordinator for children in need and their families. The ECI co-ordinator works in partnership with them, co-ordinates service provision and acts as a clear point of reference for the families.

In Luxembourg, the new law on school education and the law on 'Help for Children and Families', introduces service co-ordinators in charge of the horizontal and vertical co-ordination of services for and around the child and family. Under the law on 'Help for Children and Families', service co-ordination will be a job in itself (intervention project co-ordinators) requiring certain professional experience and training on the staff-level and organisation on the structural and process-level.

In Denmark, the legal requirements state the importance of involvement and consent of the parents. For example, the consent of the parents is required before the child is assessed in an educational-psychological advisory service.

1.3 Progress and main changes relating to affordability

ECI provision and services should reach all families and young children in need of support despite their different socio-economical backgrounds. The recommendation suggested in 2005 in order to

ensure this is that cost-free services and provision are made available for families. This implies that public funds should cover all costs related to ECI services that are provided through public services, non-government organisations, non-profit organisations, etc., fulfilling the required national quality standards.

1.3.1 Funding for ECI services

The policy measures and initiatives across Europe clearly state that ECI services and provision are addressed to all children and families in need, regardless of their socio-economic background.

According to the country reports, in all participating countries ECI services are publicly funded and normally families are not required to pay. In a few cases families have to make small contributions.

In Austria, for example, most provinces provide free ECI services, although in some provinces parents have to contribute with approximately €6–12 per service.

In Ireland, children under the age of five years are not charged for health examinations and treatment services provided by the Health Service Executive. Assessments conducted to identify needs due to a disability under the Disability Act 2005 are carried out disregarding the cost of or the capacity to provide any service identified in the assessment.

In Belgium (French speaking community), ECI services are allowed to ask families for a contribution of a maximum of €30 a month – although if the family is unable to pay, services must still be provided.

Public funding for ECI services and provision usually comes from the central government and/or the federal/regional funds and/or local funds. In most cases ECI funding is a combination of the above mentioned three levels of administration, health insurance schemes and fund raising by non-profit organisations. Decisions are usually taken at local level on how the funding is deployed and therefore how much is used for ECI services.

According to the country reports, the majority of ECI services are provided by public services (e.g. health services, social services, day-care and pre-school settings). In some areas, NGOs and voluntary organisations are contracted or commissioned by the local authorities and/or health, social or education services to provide some elements of an ECI service.

In addition, some NGOs and/or independent centres with an interest in particular conditions (e.g. Down's syndrome, deafness, speech, language and communication difficulties, autism) offer services, but they often operate as voluntary organisations (charities) and raise funds to enable some families to use their services free of charge.

In parallel to the public ECI services, as pointed out by the country reports, there are some private clinics, centres, practitioners, etc. Some families decide to use their services for different reasons, such as better expertise, better quality of service, better qualified staff and proximity to the place of residence, etc. In the private sector it is usually the parents who have to cover the costs and/or insurance schemes that contribute to the costs paid by the parents. In some cases, for example in the United Kingdom (England), local authorities occasionally provide funding to enable the family to use private services as the most cost effective way for them to provide a competent service. However, this is very unusual.

Finally, according to the country reports, there is a move in many countries to mainstream provision for children with SEN in both public and private early childhood settings. These are important settings where family support and interdisciplinary working will occur more in the future.

1.4 Progress and main changes relating to interdisciplinary working

Early childhood services and provision involve professionals from various disciplines and different backgrounds. Three types of recommendations were suggested in 2005 in order to ensure quality teamwork:

a) Co-operation with families as the main partners with professionals;

b) Team building approach in order to ensure work in an inter-disciplinary way before and whilst carrying out the agreed tasks;

c) Stability of team members in order to facilitate a team building process and quality results.

1.4.1 Co-operation with families

The country reports show that the tendency in current policy initiatives for ECI services and provision across Europe is to build on experience. The best way of creating cost effective, family focused

and responsive services that work for children and families is to co-operate with and involve parents at every level of planning and developing services for their children.

In France, this tendency is evident in the implementation of a new approach that makes professionals reconsider the important role played by parents and the fact that parents can supply professionals with vital information about their child.

According to the country reports, the issue of working with parents is more and more crucial in the implementation of ECI services across Europe.

In Estonia, the Ministry of Education and Research carried out the study 'Collaboration with Parents and Early Childhood Intervention in Pre-school Child Care Institutions' from 15 May 2009 to 15 June 2009 in collaboration with Tallinn University. According to the National Curriculum for Pre-school Child Care Institutions updated in 2008, kindergarten teachers assess children's development in collaboration with their families, conduct development interviews and, if necessary, prepare individual development plans for the children. Kindergartens provide assistance in the fields of special education and speech therapy. According to the study, 93% of parents are very satisfied with the monitoring of children's development at childcare institutions. The study indicated that nearly half of all the parents participate actively in the process of preparing and implementing their children's individual development plans.

In Germany (Bavaria), there is a long and strong tradition in the family-centred approach as an important part of the effectiveness of early childhood intervention. Parents are actively involved in all decisions concerning their child (information, parent training and counselling, taking part in the child-focused sessions, etc.).

In Greece, the legal framework encourages parents to participate in the construction and development of the Individual Teaching Programme from early childhood. Parents are also advised to collaborate with the Assessment Centre in making decisions about the child's placement in school.

In some cases in Hungary, especially within NGOs, regular meetings between professionals and families are organised and families are involved in the setting up and implementation of the Individual Service Plan.

In Portugal, families are involved in the ECI Individual Plan process. The quality of interaction with the families depends to a great extent on the professional's experience and expertise.

In the Czech Republic, it is generally acknowledged that discussion between professionals and families is part of the ECI process and provisions targeting child development and family support are discussed and tailored according to the needs of the child in close co-operation with the family.

Different policy initiatives, programmes and practice are promoted at country level aiming at developing joint parent/professional approaches as part of working in the ECI services.

In the United Kingdom (England), for example, different national programmes such as Early Support, the National Service Framework for Children, Young People and Maternity Services and Aiming High for Disabled Children, all promote partnership working with parents via a system of regular meetings, joint writing of Family Service Plans, shared information, shared training and, where appropriate, regular support from a lead professional or key worker.

In the United Kingdom (Northern Ireland), the Sure Start projects co-operate closely with families, service users and advocates to ensure that services reflect family involvement and participation in the design and delivery of individual components. Parents are also represented in the management committees and mechanisms are in place to guarantee their regular evaluation of services.

In Ireland, recent legislation promotes close collaboration with children and their families in the development of planning and services. This is becoming more evident in the provision of services across both the education and health sectors.

In France, the Maternal and Child Welfare Services and Young Children's Medical and Social Centres have developed joint parent/child approaches as part of the ECI process.

In Denmark and Sweden, families are involved in the setting up and implementation of the Individual Plan. All provision has a holistic approach to the child and the family and close co-operation between professionals and the family is a priority. The families are involved in suggestions for action and intervention and they are offered guidance and counselling.

These programmes include regular meetings between professionals and families, participation of parents in the treatment of children, involvement of parents in assessment procedures, the decision-making, setting up and implementation of the Individual plan, etc.

Despite these developments and improvements in the co-operation between professionals and families, the project experts have highlighted that more work is still required in order to actively involve parents in the ECI process. Allocation of more funds and provision of more time for this work are needed.

1.4.2 Team building and stability of team members

In ECI services and provision different sectors are involved and professionals from various disciplines and different backgrounds are engaged. Different policy initiatives relevant to the different sectors involved are implemented with a common goal: to provide quality ECI provision to children and families.

According to the country reports, current ECI policy measures and initiatives across Europe acknowledge the need to promote interdisciplinary working and team building across and within sectors, as a means of guaranteeing quality in ECI provision. This approach requires that stable multi-agency groups around children and families meet regularly. The aim is to encourage professionals to organise themselves around children and families in new and flexible ways.

In the Interdisciplinary ECI centres in Germany (Bavaria), professionals from different disciplines have been working together for many years, sharing common goals. Interdisciplinary working is part of the training curricula. Every week interdisciplinary team meetings take place discussing individual cases, concepts of ECI and exchanging information on important ECI topics. In recognition of the importance of an interdisciplinary team approach for the quality of intervention, an adequate budget for team meetings is also available.

In Portugal, ECI teams are made up of professionals from the health, social security and education sectors. ECI teams tend to develop an interdisciplinary approach. Not all ECI teams are at the same level of development regarding organisational aspects or quality of their practices.

In the Netherlands, the education and social sector co-operate in early identification and the care advisory teams at schools also to

identify children at risk. These initiatives promote interdisciplinary working in practice.

In practice, according to the country reports, interdisciplinary working and team building is easier and takes place more often within a service than across services. As stated in the country report from the Netherlands, interdisciplinary working tends to occur more frequently when team members share a physical location (e.g. hospital, multi-care centre) than when they are working at different locations and sectors. In line with the report from Cyprus, it is often the case that regular meetings are organised between the professionals working in the same service, aiming at the co-ordination of action taken and discussion on difficult cases and supervision. These meetings can be either well established or organised on the initiative of team members.

Within the same country, interdisciplinary working and team building may be organised in more than one way. For example, in the United Kingdom (England), in some places, Portage services are co-located with health practitioners and therapists in local child development centres. In other places they are not. Professionals are expected to develop their interdisciplinary practice wherever they are based, but working together in a centre that specialises in the delivery of ECI services can encourage the development of more stable interdisciplinary teams.

Currently in France, one of the main challenges is implementing a multidisciplinary and integrated approach to the child's needs, which takes into account diverse points of view. Sometimes there are different theoretical approaches among professionals. An inter-disciplinary approach involves exchanging viewpoints and respective approaches that lead to a diversified, shared development process. This gradually makes professionals become aware of different models and transforms their frameworks and methods of involvement. A genuine trans-disciplinary and cross-disciplinary approach can be open to new ideas and methods and enriches the actions taken by the professionals, in favour of children.

The allocation of sufficient budgets in order to support inter-disciplinary team meetings varies across the countries and between areas within the same country. The likelihood of having funding available for team meetings is greater in larger services. According to all, or some of the country reports, most interdisciplinary team work is

conducted on the professional's own time and they admit that as long as funding is allocated per sector, the work of interdisciplinary teams is likely to remain limited.

In Germany (Bavaria), for instance, the ECI centres have a special budget covering weekly meetings of the interdisciplinary teams.

The country reports suggest that the conditions for the employment of team members (e.g. common language, time, clear role division) are usually agreed on at local level. This varies among the participating countries as well as among different areas within the same country.

Regarding the extent to which interdisciplinary working is part of training curricula, the project experts have highlighted that there is a variation among countries and among different disciplines. However, the topic of interdisciplinary working in training curricula remains limited. In the Netherlands, some disciplines (e.g. rehabilitation, remedial teaching, etc.) have incorporated interdisciplinary working into the curriculum, while others have not (e.g. medical specialisations, social work, etc). In Spain, interdisciplinary work is a training topic in several ECI postgraduate courses, but it is not part of the initial or in-service training curricula.

1.5 Progress and main changes relating to diversity and co-ordination

This aspect relates to the diversity of disciplines involved in ECI services, to provision and to the need for co-ordination. Two types of recommendations were suggested in 2005 in order to ensure that the health, education and social sectors involved in ECI services and provision share responsibilities:

a) Good co-ordination of sectors in order to guarantee the fulfilment of aims of all prevention levels through adequate and co-ordinated operational measures;

b) Good co-ordination of provision in order to guarantee the best use of the community resources.

1.5.1 Co-ordination across and within sectors

As already mentioned, different sectors (health, social, education, other) and different disciplines are involved in the ECI services and there is a clear need for efficient co-ordination among and within the

sectors in order to fulfil the aims of all prevention support and to ensure an efficient and quality service for children and families.

The main types of ECI services provided by the health, social, education and other sectors in the participating countries are listed below. (The number and nature of services available in each country are detailed in the individual country reports published on the Agency website.)

The main services provided by the health sector (services) are:

- Maternity and child welfare medical services (offering pre- and postnatal care);
- Health centres and clinics (providing diagnosis and medical treatment);
- Family consultation services or support services for children and families;
- Mental health units and rehabilitation units;
- ECI centres or services.

The main services provided by the social sector (services) are:

- Child protection services and child development centres or services;
- Family guidance and support centres or services;
- Day-care services, nurseries or play groups;
- Support services for integration in day-care facilities;
- ECI centres or services;
- Infant homes and institutions for children with a severe disability.

The main services provided by the educational sector (services) are:

- Nursery or kindergarten in mainstream or special schools;
- Private and voluntary pre-school, statutory nursery or kindergarten;
- Pedagogical psychological advice centres or services and child development centres;
- ECI centres or services;

- Support services (for children with sensory impairments, complex disabilities, etc.);
- Learning-support or resource teachers and special needs assistants;
- Home tuition schemes and support services for integration at school.

The main services provided by other sectors (services) such as NGOs are:

- Support in mainstream early years settings and children's centres;
- ECI services or projects;
- Co-ordinating services or special educational needs co-ordinators;
- Child and family support services.

According to the country reports, current ECI policies and measures indicate a tendency across countries to enhance and encourage good co-ordination mechanisms among and within sectors with clearly defined roles and responsibilities and co-operation with all partners involved, including families and NGOs.

In Portugal, for example, the ECI law defines the competences of each Ministry (education, health, and social security). ECI is based on inter-sector co-operation, including NGOs as well.

In Cyprus and Greece, the co-ordinating service for ECI provision promotes the co-ordination of services and interdisciplinary work around the child and the family.

In Spain, the pilot project of cross-service co-ordination in the south of Madrid is an initiative involving all concerned services around the child and the family, with the aim of promoting interdisciplinary work.

In Denmark, the Consolidation Act on Social Services from 2006 lays down objectives and scope for services at various levels. Through this act, the 98 municipalities were obliged to work out a common policy for children, from 1 January 2007, to ensure coherence between general and preventative work and focused intervention for children with special needs. The act does not specify the concrete contents or forms of the policy; however, the municipality is obliged

to elaborate standard procedures for case work about children and young people with special needs. As a minimum, the procedures should describe aims, efforts and procedures for: early intervention; systematic involvement of families and networks; follow-up and evaluation of the intervention efforts.

Despite the efforts and progress made, many country reports highlight the challenges that the co-ordination among and within sectors presents in practice and the consequent implications for the efficient and effective provision of ECI services.

In Slovenia, for example, there are no specific measures ensuring co-ordination across sectors and preventing overlaps between different services. The roles and responsibilities of different services are not well defined and therefore there are many gaps.

In Sweden, insufficient co-ordination of the ECI service delivery is an issue often mentioned by families when asked to assess the intervention procedures and outcomes. This is a consequence derived from the local, decentralised model of ECI that requires parents to be active in co-ordinating services for their child.

In Ireland, the health and education sectors have developed along somewhat separate traditions and despite recent efforts at co-ordination there is still further scope for the greater co-ordination of services to ensure efficient and quality services for children and families as a whole.

Another issue highlighted by project experts focused upon overlaps of responsibilities between different service providers. Even in cases where the responsibilities of different services are clear enough, their interpretation can be a real problem. Children and families can get caught between different sectors, which then places a lot of pressure on the parents to ensure that their needs are met by the service providers.

Despite the efforts, improvements and developments made in the area of co-ordination across and within sectors, most of the project experts have admitted that the objective of real co-ordination between all stakeholders in work surrounding the child and the family is a long process and much more work needs to be done at policy and action level.

1.5.2 Co-ordination of provision and continuity of support

According to the country reports, the co-ordination of ECI provision and delivery are considered to be a key issue for the efficiency and effectiveness of the intervention process for children and families.

Taking into account that transition between forms of provision should be seen as a process and should be planned with all partners involved, the participating countries promote, according to the reports, a number of policy measures, initiatives, programmes and actions to ensure continuity of the required support when children are moving from one form of provision to another.

In Denmark, information is passed on from the day-care institution to the school by means of a standard form, developed by the municipality and filled in by the educators in the day-care facility. They provide information about the child's linguistic and social competences assessments, physical condition and well-being. The day-care institution is responsible for passing on the form to the school and leisure time facilities. The parents are involved and they also sign the form before it is passed on.

In Sweden and Portugal, the individual plans, set up in co-operation with the parents and the professionals involved, aim at ensuring continuity across service providers.

In Ireland, the Service Statement for an individual under the Disability Act 2005, which is reviewed annually, identifies in advance, which services will be provided and in which location. The Service Statement may also be amended when circumstances change. Transitions and changes from one service to another are recognised among staff as a key area and measures – such as the development of standards – can be seen to enhance a smooth transfer between services for children and their families.

In Luxembourg, ECI services collaborate with school services to ensure that the requested support services will be offered to the child once he/she leaves the ECI services and enters compulsory school.

In Germany (Bavaria), the interdisciplinary ECI centres are responsible for successful transition to other services and especially to schools. For this purpose, professionals and parents exchange information in order to facilitate high quality services in the new setting.

Regarding the extent to which children coming from ECI services are given priority places in kindergarten/pre-school settings, there are different situations across Europe.

In some countries, for example in Lithuania or Luxembourg, no official priority to enter kindergarten/pre-school settings is given to children coming from ECI services. In other countries as in Cyprus, Greece, Hungary, Iceland, Latvia, Norway, Poland, Slovenia, Spain, or Sweden, priority is officially given. In other cases, for example Finland, France, Germany, Switzerland or United Kingdom (England and Northern Ireland), giving priority is not an issue as according to relevant legislation, all children have the right to enter kindergarten/ pre-school settings at a certain age; therefore priority is not needed.

In Portugal, the Special Needs Education Act establishes priority registration for children with SEN upon their entrance into pre-school and schools.

Despite the relevant policy measures and programmes implemented and the progress and main developments achieved, the project experts have highlighted that more work still needs to be done in the area of co-ordination of provision in order to ensure continuity of the required support when children are moving from one provision to another.

1.5.3 Complementary information about quality standards for ECI services

The extent to which ECI policy measures clearly define quality standards that apply to both public and private ECI services varies across Europe.

From the country reports it appears that in some countries, such as Belgium (French speaking community), Czech Republic, France, Germany, Iceland, Ireland, Latvia, Malta, Norway, Sweden, Switzerland or United Kingdom (England and Northern Ireland), there are specific policy measures and guidelines that define quality standards for ECI services that need to be fulfilled by both the public and private sectors.

In Sweden, the National Board of Education and the National Board of Health and Welfare are the responsible bodies that evaluate provision and ensure that the quality standards are respected.

In other countries, such as in Hungary, Poland or Slovenia, there are no specific centralised quality standards established for ECI services. In Hungary, strong efforts are being made to apply appropriate standards within NGOs.

Regarding the variation in relation to waiting lists and timeliness of services between the public and private sector of ECI service provision, the project experts suggest that a number of initiatives could be taken and efforts made towards reaching the same quality of service provision in both sectors. For example, Iceland has increased funding to the public sector to decrease the number of children on waiting lists.

Despite the efforts made, according to the country reports, more work still needs to be done to reach the same quality of service provision in both sectors. In some cases there seems to be a difference in the number of children on the waiting lists, as for example in Cyprus or Norway and the waiting time for children is shorter in the private sector than in the public sector of ECI services.

As described by the project experts, the reason for long waiting lists in the public ECI services is that the number of services is insufficient in relation to the actual demand.

In France, the differences that may exist with regard to waiting lists are due to a shortage of places compared to family demand. They are independent of the method of financing of the settings, whether public or private.

In Belgium (French speaking community), there are waiting lists in some places, both in the public and the private sector. Recently, in Greece, due to a great increase in the number of children with a multicultural background, there are waiting lists in both the public and private sector. In Sweden, the question is not so much whether private or public ECI services have the same quality, but whether or not the municipalities and county councils responsible for the services provide the same kind of service, with the same quality and follow the laws, policies and regulations.

Finally, on the basis of the information provided by the country reports, it can be said that since 2004 efforts and progress have been made by all participating countries to support the development of Early Childhood Intervention (ECI) services for children and their

families. Policy measures and initiatives, programmes and actions have been implemented at local, regional and national levels, to improve the number and quality of ECI services offered to children who need it and their families. Despite the improvements, these efforts need to be maintained in order to ensure that all children and families in need can get quality ECI provisions and their rights are fully respected.

2. CONCLUSIONS AND RECOMMENDATIONS

According to the 2009 country reports, it can be said that efforts have been undertaken by all countries and progress is apparent at all levels, although more work needs to be done. Positive changes have occurred since 2005 regarding the five key elements presented in the previous analysis: availability, proximity, affordability, interdisciplinary work and diversity and co-ordination. These five key elements are interconnected and they cannot be considered in isolation from each other.

Results from the analysis conducted by the Agency in 2005 highlighted the principle that 'ECI relates to the right of every young child and their families to receive the support they might need. ECI aims to support and empower the child, the family and the services involved. It helps to build an inclusive and cohesive society that is aware of the rights of children and their families' (p. 3).

2.1 Conclusions

Conclusions from the present analysis clearly indicate that the principle raised in 2005 takes into consideration three clear priorities complemented **by four** concrete proposals. Priorities concern:

- The need to reach all populations requiring ECI: this priority relates to the shared aim of ECI and priority in all participating countries, to reach all children and families in need of support as early as possible.

- The need to ensure quality and equal standards of provision: this priority relates to the need to have clearly defined quality standards for ECI services and provisions that need to be fulfilled. Furthermore, the development of mechanisms to evaluate provision and ensure that the quality standards are respected, would improve the effectiveness of ECI services and ensure the same quality of service provision nationwide, despite geographical differences.

- The need to respect the rights and the needs of the children and their families: this priority relates to the need to create family focused and responsive services that work for children and families and involve parents at every level of planning and developing ECI services for their children.

These three priorities are complemented by four concrete proposals:

- Legislation and policy measures: country reports highlight that an important number of acts, regulations, decrees and similar policy measures have been adopted since 2004/2005 (see Annex). This situation shows involvement and commitment from policy makers and decision-makers in relation to ECI. In order to ensure that ECI is implemented in the most efficient way, more work is still required. The implementation and monitoring of policy measures are as important as the measures themselves.

- Professionals' role: country reports also highlight the key role to be played by the professionals involved at different levels:

  - The way information is provided to families;
  - The training programmes followed in order to be able to work in a multidisciplinary team, sharing common criteria and objectives and effectively working with families.

- Some country reports identified the need to have an ECI co-ordinator or key-worker between several services. This would guarantee co-ordination among services, among professionals and with families. This is being implemented in some countries and has already provided good results.

- Improving co-ordination across and within sectors: this proposal has been highlighted in the project analysis, mainly related to the need for co-operation and coordination within sectors.

2.2 Recommendations

The recommendations listed below are based upon the principle that Early Childhood Intervention is a right for all children and families in need of support. The recommendations have taken into account and built upon the information provided by the country reports and the main outcomes of discussions and conclusions of the project update on the five key elements and recommendations raised in the first Agency project from 2005. They are related to the three general priorities and the **four** proposals highlighted in the conclusions.

2.2.1 Reaching all populations in need of ECI

This conclusion relates to the shared aim for ECI and the priority in all participating countries to reach all children and families in need of support as early as possible.

Three recommendations were suggested by the project experts in order to ensure that all children and families in need of ECI support are reached:

1. Policy and guidance should make it possible for ECI services to be provided for all children and families as early as possible and as quickly as possible, following identification of need.

2. ECI services and provision should be scheduled to respond to the needs of the children and their families, and not vice versa. The children and the families should be at the centre of all actions of the ECI process. The wishes of families should be respected, including possibilities for choices.

3. Sharing information among professionals and providing adequate information to families should be of high priority. Service providers should have the responsibility to ensure that all families have access to the right information and the information they specifically need.

2.2.2 Ensuring quality within and equal standards of ECI provision and delivery

This conclusion relates to the need for policy measures and guidelines to clearly define quality standards for ECI services and provision that need to be fulfilled. It also relates to the need to develop effective mechanisms to evaluate the effectiveness and quality of ECI services.

Six recommendations were suggested by the experts in order to ensure quality and equality standards of ECI provision and delivery:

1. Policy makers should consider developing common standards of evaluation for use across health, education and social services and should address the issues of what needs to be evaluated and how best to involve families who use services in the process of evaluating quality (e.g. through using standardised questionnaires).

2. Policy makers should have effective mechanisms in place to evaluate demand for ECI services and effective mechanisms to check whether supply of services meets demand in order to be able

to plan for service improvement. A systematic way of collecting and monitoring reliable data at national levels should be developed.

3. Policy makers should ensure a continuum of quality experiences for the child from birth to adulthood. This continuum should guarantee the quality of required support when children move from one provision to another.

4. Monitoring mechanisms should be developed (e.g. a set of indicators) to assess the progress of the implementation of the five key elements – availability, proximity, affordability, interdisciplinary working and diversity and co-ordination – as well as the development of ECI services.

5. The development of professional competences should be given priority, including: qualifications and continued professional education and training; practitioner awareness of developmental pathways; shared culture of learning between families and professionals; shared understanding within professions and disciplines.

6. The need for, and benefits of interdisciplinary working (e.g. lobbying at system level, profiling examples from practice) should be supported by building awareness within different levels of the system.

In addition, the experts highlighted the need to introduce adequate approaches to assessing quality and progress:

- Establish possibilities to share and disseminate good practice;
- Enhance the focus on and evidence of improved outcomes for children and their families and facilitate change in attitudes and practice;
- Develop evaluation tools and mechanisms for quality assurance;
- Develop a systematic approach to the dissemination of results.

2.2.3 Respecting the rights and needs of children and their families

This conclusion relates to the need to create family focused and responsive services that work for children and families and involve parents at every level of planning and developing ECI services for their children.

Seven recommendations were suggested by the experts in order to ensure that the rights and needs of children and families are respected in the ECI process:

1. Policy and guidance while respecting diversity, promoting family involvement and recognising that families are the best source of knowledge and expertise about their children should also take into account that some families may need support to recognise and understand the needs of the child and what may be in their best interests.

2. Policy and guidance should ensure that in risk situations, when professionals and the family disagree on what is best for the child, the child's rights should come first.

3. Continuity in relationships with the professionals working with them is very important for families. Where relationships are highly valued by families, policy makers and managers should do whatever they can to make it possible for key professionals to continue working with a family as long as possible.

4. The terms and conditions of employment for professionals working in the area of ECI need to reflect the importance of interdisciplinary working and partnership in working with families. They should build in time and capacity to enable individual professionals to take on the role of key worker or ECI co-ordinator, allowing for participation in the child and family team meetings and for joint planning.

5. Policy and guidance must emphasise partnership and working with families as being central to ECI. However, an understanding of the nature of partnership should be extended to include recognition of the value of involving families in the delivery of training to professionals, the review of services and planning to facilitate improvement.

6. Policy and guidance should recognise the holistic nature of support for families and arrangements for working families and link the policy development of ECI to policy on childcare, employment, housing, etc.

7. The scope of policy and guidance should go beyond support for parents to include support for whole families, including grandparents, siblings and, where appropriate, other members of the extended family.

2.2.4 Legislation and policy measures

Country reports highlight that policy measures need to take into consideration all five key elements raised in 2005. They also suggested the following five recommendations regarding legislation and policy:

1. Efficient co-ordination of services with clearly defined roles and responsibilities;

2. Equal quality of provision according to well defined ECI quality standards;

3. An increase in legislative or policy measures in order to avoid or balance unequal or discriminatory situations;

4. Full involvement of families in all ECI processes;

5. A well organised transition process among services to ensure continuity in the support required when children are moving from one form of provision to another.

2.2.5 Improving co-ordination across and within sectors

Two recommendations are suggested by the experts to improve the co-ordination of ECI services and provision:

1. ECI is often an inter-agency area of work, but in every case an interdisciplinary area of work. Policy makers need to recognise this by ensuring that policy and guidance is developed jointly by departments of health, education and social services and that any published guidance for regional and local services carries the logos of more than one department. Only in this way will integrated working filter down to regional and local level.

2. Policy and guidance should emphasise the critical importance of co-ordination, key working and joint planning at important points of transition for children and families.

2.2.6 Developing professionals' roles

This conclusion relates to the key role to be played by the professionals involved at different levels of the ECI process. The following recommendation was suggested by the experts to improve training opportunities for professionals:

More training is needed for all professionals involved in delivering ECI. Some training is of a specialist nature and is associated with particular conditions. Of equal importance is general training for mainstream staff and also for personnel working in ECI services on:

a) Interdisciplinary working;

b) Working with families;

c) Opportunities for initial training and continuing professional development.

The five key elements – availability, proximity, affordability, interdisciplinary working and diversity and co-ordination – and the respective recommendations aiming at their successful implementation have been the foundation for the first Agency project update.

Within this update study, the recommendations identified in 2005 have been reviewed in order to see if they have been taken into account when developing services and also if progress has been made. It is important to keep in mind that the fulfilment of the five key elements and respective recommendations will ensure that the main principle is reached – the right of every child and her/his family to receive the support they might need – in accordance with the three priorities highlighted by the present analysis:

- To reach all populations in need of ECI;

- To ensure quality within and equal standards of provision;

- To respect the rights and the needs of children and their families.

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ANNEX

This table presents an overview of relevant ECI legislation and policy changes in the participating countries.

Country	Before 2004	After 2004–2005
Austria	**a) Federal level** 1967, Familienlastenausgleichsgesetz (Family Burden Equalisation: financial compensation for children (if they qualify for 50% degree of disability) **b) Provincial and Federal Level** (1993 onwards), diverse laws and regulations regarding 'care allowance': difficult issue of 'necessary' care for very small children and 'additional' care due to disability **c) Provincial Level (ECI is regulated on this level, 3 examples out of 9)** From 1985 in Styria, ECI is a recognised service for children with disability or at risk 1990/1991 **Youth Welfare Act**: ECI is also defined as a service regarding welfare 1993 **Regulation** on the organisation of ECI: e.g. definition of basic professional training standards 2. Upper Austria Diverse regulations and heterogeneous practice	**a) Federal level** 2009 **Disability Equality Act**: prohibition of discrimination against people with disabilities (PwD) 2009, Styria, Amendment regarding care allowance: the situation of care of severely disabled children is addressed and has to be taken into account (more small children will obtain care allowance) **c) Provincial Level** 2004, Styrian (new) **Services for PwD Act**: entitlement of PwD regarding services (including ECI); implementation of normative cost models; implementation of independent expert assessment teams (IHB) 2005, Amendment of the Youth Welfare Act: basic quality standards of ECI in Youth Welfare are defined; ECI services are free of charge for parents 2. Upper Austria 2005, new **Equal Opportunities for PwD Act**: ECI is available till the child attends school; decision-making processes are performed on district level; basic

	3. Vienna 1986 **Law for PwD**: ECI is seen as a support regarding rearing of a child and towards school 1990 **Youth Welfare Act**: general basis for ECI	professional training requirements for ECI are defined 3.Vienna 2009 (new) **Equal Opportunities Act**: ECI is included in the taxative list of services for children
Belgium (French speaking community)	1939 co-ordinated **laws on family allowances** 1970 **Law on special teaching** including pre-school (between 3 and 6 years) 1995 **Walloon Decree on social integration of persons with disabilities** 1995 **Decree organising approval and subsidies to early intervention services** (updated in 2004). ECI services are supposed to coordinate all help around the child (day-care, social services, pre-school, medical services, etc.) 1999 (updated in 2009) **law on technical assistance** (special equipment for blind or deaf children, wheelchairs and diverse mobility devices for children with physical disabilities).	Two pilot projects in experimentation before generalisation: 1. 2010 new policies and a pilot programme to help professionals to announce correctly and adequately a child's disability to the parents and inform them about provisions available. Focus is put on declaration of a disability as professionals and parents may deny it or not know how to address it. Declaration of a disability is then often delayed, which also delays the intervention. 2. 2008–2011 creation of a mobile team of nurses and nursery nurses specialising in disabilities to support the staff in mainstream day-nurseries which welcome one or several children with special needs. When enough experience is acquired, the team moves into another location. For several reasons day-care centres and nurseries refuse to welcome babies with disabilities. Now, we know that the inclusion of children with disabilities in mainstream groups is very positive for all the children. The project is evaluated once a year.
Cyprus	1989 **Law on rights of persons with mental**	2009 Establishment of the Department of Social

	disability 1999 **Law**, 2001 **Regulations** and 2001 Administrative **Acts on education and training for children with special needs**. Mechanisms of Early Identification of Children with Special Needs 2000/2004 **Law in favour of persons with disabilities** 2001 Decisions of the Ministerial Council establishing the Co-ordinating Service for ECI 2001 **Regulations for Early Identification of Children with Special Needs** 2001 **Regulations for Education and Training of Children with Special Needs**	Integration of Persons with Disabilities implementing the 2000–2004 Law on Persons with Disabilities
Czech Republic	1997 Early intervention as a social service introduced in the Draft Rationale of the new **Social Services Act** Act on **Population Health** covering preventive health care, early detection of impairments, health care including specific health care, balneology, rehabilitation, counselling to parents. Specific child institutions and care centres (age 0–3) **Health Insurance Act** – in the EI area dealing especially with free access to health care and services, responsibilities **School Act** and its amendments – process of democratisation. New counselling, support and	2004 **Education Act** – new philosophy of the document based on human rights, choice, mainstream education, support provisions, counselling, school readiness and achievement, counselling centres' role in EI. 2006 **Social Services Act** defines Early intervention as a preventive and complex social service for families with a child with impairment (0–7) Implementation of EI support measures to at-risk children (2/3–6) and their families within the education sector Pilot project – **Care centre for at-health-risk children** (longitudinal and complex care for immature children) started within the health care sector 2004, 2008 **Governmental Strategy on Early**

	guiding institution was founded (Special Pedagogical Centres) working with children with disabilities/special needs (mainly from the age of 3) and their parents. 2002 **Standards of Quality of Early Intervention** as a social service for families with children with impairments completed and presented by Ministry of labour an social affairs 2003 Adoption of the rationale of comprehensive rehabilitation at the governmental level. Early intervention is part of this document. Ongoing governmental discussion on early intervention dealing with shared responsibilities and participation of sectors. **Amendments of the Population Health** Act – quality and accessibility of the health services, responsibilities of the health service providers, respite care. **Amendments of the Health Insurance Act** – Financing, maintenance and patients'/clients' access to the health care, patients' rights.	**Intervention** with special focus on 'at risk children' with social disadvantaged background was approved 2009 **an Action Plan of the Governmental Strategy on Early Intervention** with special focus on 'at risk children' from socially disadvantaged backgrounds was approved and is being implemented
Denmark	1992 **Education Act** 1998 **Social Services Act**	2004 **Law on pedagogical learning plans for children**: From 1 Jan. 2007 all municipalities have the obligation to work out a common policy for children to ensure coherence between general and preventive work and focused intervention towards children with special needs

Estonia	1999 **Pre-school Child Care Institutions Act** aiming at inclusion of very young children with SEN in mainstream kindergarten	2008 ESF programme 'Developing an Educational Counselling System', aiming to ensure ECI in all regions 2008 State programme 'A kindergarten Place for Every Child'
Finland	1972 **Public Health Act** and 1991 **Decree on Medical Rehabilitation** 1973 **Children's Day-care Act** 1977 **Act on Special services for people with intellectual disabilities** 1982 **Social Welfare Act** 1987 **Social Welfare, Services and Assistance for the Disabled Act** (general provisions for people with any kind of disability at any age) 2001 **Regulation establishing that pre-school teaching in day-care centres and schools will be free of charge for six-year-olds**	2005 **Act Support when caring for close relatives** 2009 added to Act **(1987 Services for the Disabled People):** Personal assistant and Personal service plans for people with Disabilities
France	1975 **Law defining guidelines in favour of disabled persons** 1989 **Law on protection and promotion of health, family and the child**	2005 **Law for equality of rights and opportunities, participation and citizenship of disabled people** 2007 **Decree establishing the mission of day-care centres and services** 2008 Ministerial Report on developments in day-care and early childhood 2009 Goals and management Convention signed by the Government and the National Insurance Body defining the needs and the financial support to implement the

		parental right to child care
Germany	1974 **Federal Law** (Bundessozialhilfegesetz – BSHG) enables the 'Bundesländer' **to establish ECI centres for children with disabilities and children at risk and support for their families** 1974 Foundation of first interdisciplinary, regional and family-oriented ECI centres in Bavaria 2001 **Special Federal Law** (Sozialgesetzbuch IX) **concerning early identification of children with special needs and Interdisciplinary ECI**	2005 **Enforcement of Early Education programmes** (Frühe Bildung) for prevention of children at risk 2005 **Bavarian Law on Integrative Kindergarten** (BayKiBiG) 2007 Establishment of a '**National Centre for Early Aid**' developing a system to detect children at risk, to support families, to strengthen networking between different medical, educational and social institutions in early years and to support research in ECI 2008 **Federal Law**: Increasing opening of nursery schools for children (0–3)
Greece	1981 **Law**, setting up **special care units for children and parents** 1985 **Education Act**, determining special needs education 2000 **Special Education Act**, the Ministry of Education established Diagnostic, Assessment and Support Centres in the capital cities for all children mainly from 3 years of age	2008 **Law,** 3699/2008 **Special Education and education of people with disability or special educational needs**
Hungary	1993 **Social Provision Act** (and further Regulations) 1993 **Education Act** 1997 **Health care Acts** (and further Regulations)	2006 **Equal Rights Act**

Iceland	1992 **Act in favour of people with disabilities** 1993 **Local Authorities Social Services Act**	2007 **Parliamentary Resolution on a four year Action Plan to improve the situation of children and young people** 2008 **New Education Act:** Pre-schools Act and Compulsory school Act which both aim to ensure the welfare and adaptation when a child moves from pre-school to compulsory school 2008 **Act on a Service and Knowledge Centre for the blind, visually impaired and deaf, hearing impaired and speech impaired individuals**
Ireland	1998 **Education Act** 1999 policy document **'Children First-National Guidelines for the Protection and Welfare of Children'** 2000 The National Children's Strategy **'Our children, Their Lives'** 2000 to 2004 **Equal Status Acts**	2004 **Education for Persons with Special Educational Needs Act** 2005 **Disability Act** The Acts of 2004 and 2005 aim to ensure effective co-ordination within and between the health and education sectors
Latvia	1997 **Medical Treatment Act**, along with Regulations from 2004 about organisation and financing of health care, addresses issues of affordability and availability of health services 1998 **Protection of the Rights of the Child Act** (with major changes in 2004), free education and health care for all children, and additional support and services for children with special needs 1998 **Education Act**, addresses principles of	2004 state programmes **'Latvia for Children'** and State Concept for Family Policy, directly addressing ECI principles 2007 **Latvian National Development Plan**, inserting principles embedded in ECI 2007 **Strategic Guidelines for Development of Education**, emphasising the development of pre-school education

	affordability, proximity, diversity and quality of educational services 1999 **General Education Act**, along with 2001 **Regulations** on competencies of state and local pedagogical medical commissions 2001 **Regulations** on access to special education settings in pre-schools and schools (define target groups for specialised educational services) 2002 **Social Services and Social Assistance Act**, addresses issues of availability, proximity, and interdisciplinary co-ordination of social services 2002 **State Social Allowances Act**, grants financial support for families with children	
Lithuania	1996 **Children Rights Protection Act** 1998 **Special Education Act** 2000 **Regulations about ECI**	In 2009 the Ministry of Education prepared and approved the official document 'The description of the model *Improvement of life and educational conditions of children from birth till school enter'* according to Governmental Programme 2008–2012
Luxembourg		2008 **'Help for Children and Families' Act** reorganising social and educational support services and introducing a 'National Childhood Office' 2009 **Education Act** creating local and regional inclusion commissions
Malta		2006 **National Policy on Early Childhood Education**

		and Care 2006 publication of **National Standards for Child Day-care Facilities**
Netherlands	**General law on special health costs** (Algemene Wet Bijzondere Ziektekosten) Law providing **subsidy to various organisations supporting families** (Wet Financiering Volksverzekeringen) **Basic Health Insurances Act**, incorporating the funding of the regular child counselling offices	2004 **Youth Care Act**, age range 0–18 2004 **Basic Childcare Provision Bill** regulating the structure of the childcare sector
Norway	**Kindergarten Act** § 13 Priority of admission: Children with disabilities are entitled to priority of admission into kindergarten. An expert evaluation should assess whether the child has disabilities. § 4.12 and 4.4, 2nd and 4th paragraphs, the right to priority admission into kindergarten: The community is responsible for seeing that children with priority right are given a place in a kindergarten. **Law on health services in the municipality** § 2-2 Children's right to health care: Children are entitled to essential health care in the form of health services in the municipality where the child is living or temporarily staying. Parents are obliged to contribute to the child's participation in	

	health services. **Law on social services** (Chapter 4 Social services m.v.) § 4-1. Provide information, advice and guidance: Social services are responsible for providing information, advice and guidance that can help solve or prevent social problems. If social services do not provide such help, they ensure, when possible, that others do. § 4-2. Services. The social services shall include: a) practical assistance and training, including user-controlled personal assistance, for those having special needs because of illness, disability, age or other reasons, b) relief measures for individuals and families having a particularly burdensome care, c) support contact for individuals and families who need it because of disability, age or social problems, d) place in an institution or residential service with 24 hour care to those who need it because of disability, age or other reasons, e) pay to persons who have a particularly burdensome care. **Law on Child Welfare Services (**Chapter 4 Special measures) § 4-1. § 4-4. Assistance measures for children	

	and families: The Child Welfare Service will help to provide the children with good living conditions and develop advice, guidance and assistance measures. The Child Welfare Service will, when needed – due to conditions in the home or for other reasons – make sure to put in place services for the child and the family (i.e. appoint a support contact, ensure that the child will receive a place in kindergarten, when visiting home provide support measures at home, stay in centre for parents, and other supportive measures for children or parents). In the same way, Child Welfare Services also seek to implement measures stimulating the child's leisure activity, or ensure that the child will be offered education or work, or the opportunity to live away from home. The services can also put the home under the supervision of an appointed child's guide.	
Poland	1999 **Governmental Guidelines for ECI** 1999 **Governmental Resolution for ECI**	2005–2007 programme **'Early multi-specialised co-ordinated and continuous help for disabled children and their families'** 2009 preparation by the Ministry of Education of a **system for monitoring the effectiveness of ECI**
Portugal	1986 **Comprehensive Education system Act** 1997 **Decree establishing financial subsidies for families** 1997 **Regulation establishing financial**	2008 **Special Needs Education Act** stating organisational aspects of ECI 2009 **Act creating a National System for ECI** as a joint responsibility of the Ministries of Health, Education

	support for early intervention projects 1999 **Joint Executive Regulation** (Ministries of Health, Education and Social Security) defining the guidelines for ECI	and Social Security
Slovenia	In Slovenia there is no special legislation for ECI. Health care and prevention is under the Ministry of Health.	During 2009/10 a Law on equal opportunities for people with disabilities and a Law for equal conditions for children with SEN are both being prepared.
Spain	1982 **Social integration of people with disabilities Act** 1995 **Royal Decree on the organisation of education for pupils with special educational needs** 1997–2002 the **1st Action Plan on Disabilities of Madrid**, aimed at estimating the real incidence of child developmental disorders 2000 publication of the **'Early Intervention White Book'**, laying out the principles for future ECI developments 2002 **Education Act on Quality of Education** re-established 0–3 as a social-educational period 2003 **Equal opportunities and against Discrimination Act**, new proposals mainly referred to accessibility issues	2005, the **2nd Action Plan on Disability of the Community of Madrid** has included ECI provision 2006 **laws regulating inclusive education and dependency in social system for persons with disabilities**, including specific issues for children from 0 to 3 2006 **educational law at national level** has a firm commitment to inclusive education and to increase free pre-schools centres (from 0 to 3) at a regional level by means of 'Plan Educa3' (2009)
Sweden	1995 **School Act** 1982 **Health and Medical Service Act**, **Social**	

	Welfare, Services and Assistance for the Disabled Act 2001 **Social Welfare Act**	
Switzerland	**Cantonal legislation**	**Cantonal legislation** In preparation a 'Inter-cantonal agreement on collaboration in the domain of Special Needs Education, obliging cantons to include ECI under SNE, cost-free for families
United Kingdom (England)	1995 **Disability Discrimination Act** as amended by the **Special Educational Needs and Disability Act** (2001): Requires Early Years settings for children under five not to treat disabled children less favourably and to make 'reasonable adjustments' to include children in mainstream settings or activities 2001 **SEN Code of Practice** 2002 **SEN Code of Practice for Wales**: Provides guidance on the provision of additional support for children with SEN and disabilities in mainstream or universal settings and schools for children under five. Reflects assumption in education law that children will normally be educated in mainstream settings 2003 **'Together from the Start'**: Joint guidance from the Department for Education and Skills and Department for Health on integrated delivery of ECI services for children under three, in	2004 **Children Act**: Promotes better integrated working between health, education and social care services at every level 2005 **National Service Framework for Children and Maternity services** 2006 **National Service Framework for Children, Young People and Maternity Services in Wales**: Sets national standards for service delivery for children and young people, including ECI services for children under five with SEN and disability. Requires and supports the development of key worker services (Statutory requirement in England from 2008) **Early Years Foundation Stage**: Regulatory and quality framework for the provision of learning, development and care for children between birth and the academic year in which they turn five. Promotes inclusion and personalised learning for children with SEN and disability

	partnership with families	(From 04/2003 in England, from 09/2009 in Wales) **Early Support programme**: Ongoing national programme to support local implementation of **Together from the Start** and development of ECI services children under five on the European Agency model for services 2004 **Removing Barriers to Achievement**: Promoted the inclusion of children under five with SEN and disabilities into mainstream Early Years settings, including schools and announced the Inclusion Development Programme to support early years providers and schools in meeting the needs of children with speech, language and communication difficulties, children on the Autistic Spectrum and those with Behaviour, Social and Emotional Difficulties 2007 **Aiming High for Disabled Children**: Announced a national programme to develop short break and childcare provision for children with SEN and disabilities of all ages, including children under five
United Kingdom (Northern Ireland)	1995 **Disability Discrimination Act** applied to educational services in NI after introduction of SENDO 1996 **Education Order** introducing significant new rights for parents	2005 **Special Education Needs and Disability order**, strengthening the rights of children with SEN to attend mainstream provisions

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This report presents a summary of the analysis conducted by the European Agency for Development in Special Needs Education, at the request of member countries' representatives, on the topic of Early Childhood Intervention.

The current project work was an update to the analysis in the area of ECI conducted by the Agency in 2003–2004.

The objective of the project update was to build upon the main outcomes and recommendations of the first Agency analysis. The main focus was upon the progress and main changes that have been made in the participating countries since 2005 in the area of ECI. These developments are general and are also in relation to five key elements – availability, proximity, affordability, interdisciplinary working and diversity – identified as essential factors within the model of ECI proposed in the first Agency study.

National experts from 26 countries were involved in the collection and analysis of country information regarding progress and main developments in the area of ECI.

The main message has been that although efforts have been undertaken by all countries and progress appears at all levels, more work needs to be done to ensure that the main principle is reached – the right of every child and her/his family to receive the support they might need.

European Agency for Development in Special Needs Education