

Early Childhood Intervention (ECI) Practices in European Countries - The use of Recommended Practices



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Context

Focused on my PhD thesis – still in the works. Title is “Comparing Early Childhood Intervention Policies and Practices in European Countries – The Use of Recommended Practices”.

Main goal: analyse, compare and understand if the chosen European countries (Portugal, Spain, Germany, Greece and Serbia) have ECI policies and practices that follow the recommended practices and its practical implementation withing the services.

Presenting the preliminary results (stage one of content analysis (Bardin, 2011) – pre-analysis results) of the interviews with families and professionals from each country.

ECI in Portugal

Families – preliminary results

Families are mostly referenced by healthcare services

They lack previous knowledge about the ECI services

Complement the ECI team support with therapies in private clinics

Different experiences: teams that assume the main role and teams that put the focus on the family

Needs improvement: decrease the waiting times and increase the frequency of support

Despite the need for improvements, overall satisfaction with the services

ECI in Portugal

Professionals – preliminary results

Recognise the importance of continuous training

Recognise a discrepancy between the desired and the actual practices in day-to-day with families. Lack supervision related to practices, its merely administrative

Discrepancy in practices within the same teams – related to the ministry/field where the professionals come from.

Able to develop a good working relationship with families, despite facing challenges to put them in the centre of the intervention and promoting their capacitation

Changes needed: more allocation time to work in the teams, more human and material resources, more access to paid training

ECI in Spain – Castilla la Mancha

Families – Preliminary Results

Lack previous
knowledge about these
services

Referral done via
healthcare services

Complement the ECI
team support with
therapies in private
clinics

Both ECI team services
and therapies are done
in the child's natural
environment.

Families guide the
process and feel like
they are the central
element of the team.

Global satisfaction with
the services, only wish
they were more
frequent.

ECI in Spain – Castilla la Mancha

Professionals – Preliminary Results

Recognise the importance of training and have regular access to it, funded mainly by the services.

There is administrative and practice-level supervision, as well as peer mentoring within teams.

Recognise a gap between desired and actual practices.

Struggle with the idea that families should have a more active role in intervention, empowering them and not just observing professionals working with their children

Main challenges: difficulty in retaining professionals, lack of human and material resources.

ECI in Germany - Hessen

Families – Preliminary Results

Long waiting times to access services and a lot of initial bureaucracy.

No prior knowledge of the existence of these services or how to navigate the bureaucracy.

Intervention is conducted at the centres with focus on the child, families only receive feedback at the end.

Free with health insurance, but with delays in treatment due to bureaucracy.

The families approve the intervention plan, but they take no other role in the process.

Great stress in family and personal life, with weekly trips to the centres, therapies are spread out over different schedules.

Main challenges: long waiting times, lack of human resources in the centres and the lack of continuity among professionals.

EI in Germany - Hessen

Professionals – Preliminary Results

Professional training focus on the professionals' disciplines rather than on EI practices.

Professionals work within their area of expertise with little to none coordination with the rest of the team – coordination is based on reports rather than meetings or case discussions.

Main challenge working with families : a large percentage of families are of foreign origin and many speak neither German nor English.

Needs change: professionals identified a lack of human resources, materials and poor working conditions within the teams.

ECI in Greece

Families – Preliminary Results

Long waiting times and referral is done by the educational setting after a diagnosis

Services paid for with government vouchers that do not cover all the costs in full, which excludes families with less resources

Services based on individual and/or group therapies, focus on the child

Lack of feedback and family support, the professionals are in charge of the whole process.

Main challenges: lack of human resources and very few hours of support.

Despite the lack of feedback and resources the families are satisfied with the services.

ECI in Greece

Professionals – Preliminary Results

Work in group therapy settings, with groups of children according to their diagnostic.

Little access to continuous training and devaluation of it

Professionals work in multidisciplinary teams, stright bounderies among different professional disciplines

Supervision merely in an administrative sense.

Main challenges: lack of human, material resources and precarious working conditions.

ECI in Serbia

Families – Preliminary Results

Referral to the pilot project done by the child's pediatrician

Intervention done in the child's natural environment

Family guided the intervention, setting the goals and priorities with the team

Good relationship with professionals, who are part of everyday life and with whom they share experiences of child development.

Participation in parenting groups to share experiences and strengthen the social support network (informal).

Global satisfaction with the ECI services, no weaknesses reported

ECl in Serbia

Professionals – Preliminary Results

Recognize the importance of continuous training

Training specialized in the Recommended Practices and sponsored by the pilot-project.

Supervision and mentoring related to practices and clinical aspects of the cases

Team organised in a transdisciplinary model with case moderators. Frequent mentoring and liaison on cases.

Enough human resources in the teams and access to the needed material resources.

Main challenge: being able to fully involve all families in the process and help them recognise their role in the team as a central element..

Discussion

- The recommended practices for ECI require a form of interaction with families, placing them at the centre of the services provided (Dunst & Trivette, 2009; Mas et al., 2022). These practices require changes in the roles of professionals, as well as a transdisciplinary approach to working with children and families (Espe-Sherwindt & Serrano, 2020).
- However, family involvement in the IPI process does not always occur naturally. Families need to feel welcome and have access to the appropriate tools, knowledge, and resources to find their place and voice in the process (Mas et al., 2022).
- The key to change lies in specific training for professionals, as well as structured implementation programmes to guide change (García-Ventura et al., 2021; McCarthy & Guerin, 2022). The appreciation of professionals is a key point for improving practices (Bruder, 2010).

