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EARLY INTERVENTION

Having focused on the importance of inclusion in the previous chapter, this chapter will examine early intervention and its importance in the lives of children and their families.

By the end of this chapter you will:

- understand the origins of early intervention and how it has evolved over time
- consider some of the programmes that relate to early intervention particularly with children who have or maybe are thought to have special educational needs and disabilities (SEND)
- examine some of the benefits and challenges of early intervention.

This chapter will begin with an attempt to identify what early intervention is and to focus on some of the historical reasons as to why these programmes have been established. The chapter will consider the organic nature of intervention and how it has changed over time. The ecological systems theory initiated by Urie Bronfenbrenner will be introduced as this theory establishes how children and families can be supported on different levels by various agencies.

The chapter will then discuss some of the programmes currently used in the UK with young children with SEND, which include Portage, Picture Exchange Communication Systems and the Sonrise programme.

The last section of the chapter will focus on some of the benefits of early intervention programmes, considering how they support children and families. However, it is also important to address some of the challenges that can emerge with children, and particularly their families, when following such programmes.

Within this chapter the views of a number of early years practitioners currently working in settings or who have links with early intervention have been sought. Whilst I had previously worked in this field, I wanted to gain up-to-date views of how services are currently offered as well as the benefits and challenges of them.

WHAT IS EARLY INTERVENTION?

As has been discovered in previous chapters, many concepts in early years practice have different meanings depending on who would be reading the book. The Early Intervention Foundation describes early intervention as the ability to:

identify and provide early support to children and young people who are at risk of poor outcomes such as poor academic attainment and mental health problems. (2018: 5)

According to the House of Commons Library, it is:

a public approach which encourages preventative intervention in the lives of children or their parents to prevent problems developing later in life. (2017: 3)

A number of charities support the view that to offer prevention to families in the early years is more cost effective than offering it later on in life when issues such as truancy, crime and mental health may emerge (e.g. Barnardo's, 2011; Health Foundation, 2018). Graham Allen, a member of the Labour Party, was commissioned by the Conservative Prime Minister David Cameron to carry out a review in 2011 to evaluate how early intervention was being used across the United Kingdom. Allen viewed early intervention as being a principle that offers the country an opportunity to make lasting improvements in the lives of children and their families, going on to concur with the House of Commons that early

intervention can make 'long term savings' (2011: 5) in public spending. A similar review was carried out by the then Labour MP Frank Field, which particularly focused on poverty and the opportunity to change families' life chances through intervention and other programmes.

In 2008 John Bercow, later Speaker of the House of Commons, led an advisory group which sought to review services for children and young people (aged 0–19) who had communication needs. This paper suggested that early intervention refers to the prompt involvement of professionals who support the child and family. It also, as with other papers, points out that money spent on multi-agency support early in a child's life can help children who may be at risk of poor outcomes to do better and achieve more through education. Ten years later the report was reviewed by I CAN (2018), a charity that supports children with speech and language difficulties. This stated that in the UK 1.4 million children struggle with their speech and language, suggesting that if these issues can be prevented early on in children's formative years through programmes of support, it could avert these problems escalating and causing emotional issues later on in life. The review also discovered that there was a lack of speech and language therapists to support children, and that staff in settings do not always feel well-enough trained to support early intervention programmes for children who need them.

Alternatively, the House of Commons Science and Technology Committee in 2018 referred to early intervention as being the opportunity to 'take action to resolve "problems" as soon as possible before they become more difficult to reverse' (p. 3).

Though in these definitions there are no real links to SEND, there is an understanding that early intervention relates to the opportunity to support children and their families to improve their life chances, thus hoping that children will go on to become adults who can hold down a job and ultimately bring money into the economy.

It is important to realise here that there is a strong link between poverty and SEND. The Joseph Rowntree Foundation (2016) suggests that poverty is both a cause and an effect of SEND. It states that children with SEND are more likely to be born into families on low incomes and who are living in poverty. These children are more likely to develop SEND throughout their lives, particularly in relation to speech and language and poor literacy skills, and are therefore more likely to need interventions in school.

EARLY INTERVENTION AND SPECIAL EDUCATIONAL NEEDS AND DISABILITY

Blann (2005) describes early intervention as being the support offered to children and their families from birth to age three who have particular developmental challenges. The European Commission in 2013 supported a similar view suggesting that early intervention strategies should support the development of children

with SEND and their families. The SEND Code of Practice (2014) suggests that for children from 0 to 5 who have or who may be thought to have SEND, these programmes should be giving training to parents in using early learning programmes which promote and develop play, language development and communication skills. They recommend that this should be done initially in the home, and should also include support for families who might be coming to terms with a diagnosis of SEND for the first time.

In 2012 the Coalition government under the leadership of David Cameron sought a review of early intervention services that particularly supported children with SEND (DfE, 2012). Interestingly much of this review focuses on speech and language, and whilst we know that this is important for children with SEND, it is not always the only issue that they may have. The review discovered that intervention programmes do support children's development, but – similarly to the Bercow review – that practitioners need more training and support in learning how best they can support young children's development.

We can see from this section that early intervention can take many forms and is something that Coles et al. (2015) view as being problematic. They comment that their research found that it can be disparate and mean different things to different people.

I wondered what the practitioners I consulted with felt about the importance and value of early intervention services.

- A speech and language therapist viewed it as 'responding to a need as it is identified using an evidence base to inform good practice'.
- An early years practitioner who has been a childminder, worked in Children's Centre and is a Special Educational Needs Co-ordinator (SENCO) views it as 'the support that practitioners can give to children and their families at an early stage'.
- An early intervention worker for a local charity sees early intervention as 'directly involving children and their parents supporting children to overcome the challenges they experience because of their SEND'.

So again here we see contrasting views as to what early intervention relates to.

REFLECTION



- What is your understanding of the term early intervention?
- Does it relate to particular groups of children?
- Have you had any experience of early intervention?

HOW HAS EARLY INTERVENTION CHANGED OVER THE YEARS?

Hannon and Fox (2005) explain that early intervention is not a new concept and suggest that the establishment of the health visitor role, this first began a service of early intervention in the 1900s, was to support families living in cramped conditions with poor sanitation and high levels of infant mortality. Adams (2012) reports that the first course for health visitors was established in 1916 and that the role always focuses on the promotion of public health and prevention of ill health. Since 1916 the numbers of children being born has increased caseloads but health visitors still work with vulnerable groups either by supporting these individuals themselves or by signposting them to other services.

In 1918 the Education Act offered funding for nursery education, thereby introducing the concept that if children have access to good-quality nursery education at the ages of three to five they will go on to do better in formal education (Parliament UK, n.d. b). In 1972 a framework was set out to expand nursery education and in 1996 nursery vouchers were introduced to all four-year-olds. In 1997, four-year-olds were offered free nursery education. This has now been expanded to younger children if there is a particular need for them to be in early education. Although we might view this as education it is also preventative, as it ensures that children who are struggling in any way with their development can be identified earlier and the right kind of intervention provided.

Hunt (2018) suggests that Warnock was one of the first to postulate the effectiveness of early intervention in 1978 when she suggested that the education of children with SEND should begin as early as possible. She skilfully acknowledges the role that parents and practitioners can play when early intervention is introduced.

In 1999 the Labour government set up its 'flagship' programme Sure Start, which was discussed at length in the previous chapter (DfE, 2018c). This enabled early intervention to be available for families and children in one central building and with many agencies working collaboratively. Sadly, as governments have changed and local authorities' budgets have diminished, this service is being phased out in many areas.

In 2003 the Early Support programme emerged as a tool for children with more complex needs. This was a groundbreaking programme which sought to recognise the uniqueness of children as suggested in the Early Years Foundation Stage (DCSF, 2008). The programme acknowledged that children with SEND often have a plethora of other professionals working with them, and ascertained that these professionals needed more of an integrated approach to their work. The Early Support programme suggested that an initial report should be put together at the start of working with a family: this detailed the child's disabilities and the circumstances around them, thus negating the need for the family to retell their story over and over again. These professionals may come from education,

health, social care or charitable organisations. Another requirement of the programme was regular 'team around the child' meetings, which discussed the continuing needs of the family and child. These would be chaired by the family's key worker, who might often be the Portage worker or someone working in a setting that the child attended. However this proved controversial as practitioners from other agencies wanted their practitioners to be the key workers. Recently a parent I spoke to whose six-year-old daughter has been diagnosed as being on the autistic spectrum told me that she had repeatedly had to tell practitioners about her daughter's difficulties over and over again. She stressed that each service would ask her why it was that she was concerned. This made her feel powerless in the life of her child.

Much of the work that has been demonstrated in the previous paragraph is referred to as multi-agency work. This means that there may be a team of practitioners from education, health, social care and local charities working alongside the family and child. The Early Support programme sought to ensure that these agencies worked closely together in order to support the child and their family. Through changes in governments these teams have continued but under different names – the term 'team around the family' is now referred to. This recognises that it is not just the child but the family that needs ongoing support.

Both SEND Codes of Practice (DFES, 2001; DFE and DOH, 2014) clearly set out the requirements of early intervention to be home based, thus supporting the very youngest children who have SEND. When the first Code was introduced this was a new initiative; as policy has evolved, this has become a very important aspect in supporting the youngest children with SEND.

In 2012 the National Health Service (NHS) developed a health check to be carried out with parents after consultation with any setting that the child may attend. This is to ensure that development is on track and that there are no development issues with the child. If there are concerns, the child might be referred to the local authority for further assessment.

In 2017 the government offered free childcare for two-year-olds. This was to be offered initially to vulnerable children who for one reason or another needed early support through quality childcare. One of those vulnerable groups is children who have SEND. Through research carried out by Georgesen et al. in 2014 it was discovered that in order for children to develop well through early years education they:

- require a quality setting
- necessitate a well-qualified workforce with practitioners who understand the importance of child development and how to support children appropriately in their very early years
- and that staff receive relevant training, particularly when working with children with SEND.

However, one might ask how you define a quality setting (Borkett, 2018). There are many differing views on what constitutes quality. The research also discovered that often it is the youngest, least qualified practitioners working in baby

rooms which results in many staff not feeling adequately trained to work with babies and toddlers or children with special needs.

So how do some of the practitioners asked see the evolution of early intervention?

- An early intervention worker stated that it constantly evolves and is dependent on new research that informs policy makers in order to make changes in the lives of children and families.
- An early years practitioner makes similar comments whilst suggesting that as early intervention proves its worth, it will become more and more important in the lives of children. This is a view shared by a speech and language therapist (SALT); however, she feels that sometimes early intervention services are 'being designed to meet the provider for instance the local authority or the National Health Service' rather than meeting the needs of the children who require it.
- A Portage worker suggests that early intervention has changed rapidly over the years, but with this comes an increase in the number of children requiring it. As discussed earlier, she believes that there needs to be better training of practitioners to particularly meet the needs of children with SEND.

CASE STUDY 3.1



Jamie

Jamie was two years old and living in a disadvantaged area that had a Sure Start children's centre within it. When his mother went to the clinic for his two-year check up she said that she was concerned about Jamie's speech and language. He had a repertoire of around 15 words, which was a little under what you would expect of a child at that age. Jamie was referred to the Portage team in the centre and to the speech and language therapist (SALT). To begin with, the SALT and Portage worker went out to observe Jamie. He had lots of toys but his Mum said that he did not particularly like books – a tool that all Portage workers use to encourage literacy with young children. After the visit it was decided that Jamie would receive fortnightly support from the Portage worker and be seen by the SALT in three months.

Visits were made and he particularly enjoyed bubbles, balls and cars but, as his Mum said, he had little interest in books. Gradually Jamie's speech improved and he began to say more words, and when the SALT visited after three months she could see a big improvement in his language.

But what about the books, you may well ask? The Portage worker decided to make a book about Jamie, his home, his parents and the things he liked to do. She included lots of photographs of important people as well as some of his favourite toys. Gradually he became more interested in the book and took it everywhere with him. Over a period of time picture books were introduced to him and slowly his interest in books increased. Jamie was a real success. Early intervention for six months was enough for him to feel confident in using language and gradually he saw

(Continued)

the importance of books. Here is a wonderful example of how integrated services can come together and make a difference to the lives of children.

Consider

- What in particular do you think helped Jamie's development to improve?
 - In what way do we see the positive influence on Jamie's life?
 - In what ways will this support prepare him for his education?
-

PERSONAL NOTE 3.1



I have worked in early intervention for much of my working life, starting in 2001 around the time that the first SEN Code of Practice was launched. During that time early intervention was, in the main, based around SEND. However, as time has moved on and research has been carried out that extols the difference it can make to young children and their families, early intervention has a much wider remit now and relates to a wider group of children, particularly those living in the most disadvantaged areas of the country. I see this as very important, but I am slightly concerned that it means that rather than focusing on the causes of children's needs, we may become a little too fervent to label these children as having special needs when maybe they, just like Jamie, simply need some support in a particular area of their development.

THE ECOLOGICAL SYSTEMS THEORY

When focusing on early intervention it is important to consider this theory as it views all aspects of a child's life as organic and evolving. It also recognises the place of other professionals and agencies that may be linked with the child. The theory was instigated by Urie Bronfenbrenner, a psychologist born in 1917. Gray and Macblain (2015) postulate that Bronfenbrenner's work suggests that children constantly change and that life experiences and what is going on around the family through policy, society and history can have an effect on the development of children and their families. Bronfenbrenner recognised that children who grow up in deprived areas have a tendency to make less progress in education than their counterparts living in more affluent areas.

Bronfenbrenner views development occurring 'within a multitude of different but nested contexts' (Gray and Macblain, 2015: 50) that he believes have a direct impact on a child's learning and development. He views the environment as being one of those areas, suggesting that children learn through the environment and the people around them. His theory takes the form of four concentric circles placed within each other (Figure 3.1). Gray and Macblain (2015) suggest that a similar way to view this theory is that of a set of Russian dolls with the smallest being at the centre.

MICROSYSTEM

The child is believed by Bronfenbrenner to be central to the theory. Inside the first circle sit the parents, siblings and peers who the child has regular contact with. It includes the community and neighbourhood where the family lives, and practitioners who work with the child and family. This might include early intervention workers if the child has SEND. In earlier illustrations of this theory, the faith system that the child may grow up in is significant. Whilst this is not such a focus in children's lives these days, it is important to note that families coming to the UK from abroad with children with SEND can hold very strong faiths and may have some slightly different views of disability than those held in the UK (Borkett, 2018).

MESOSYSTEM

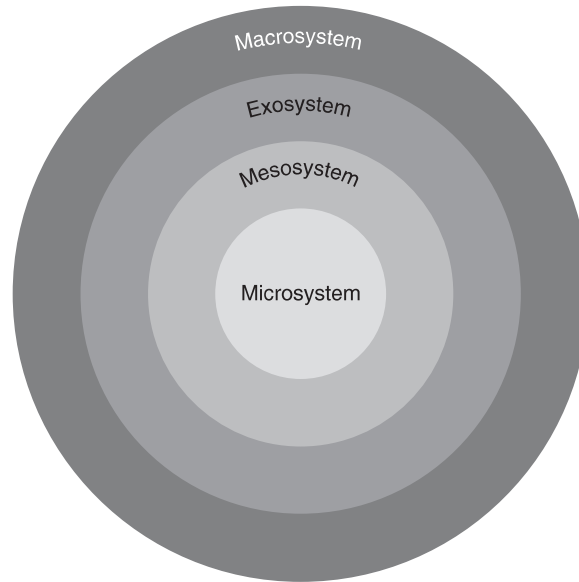
The next part of the systems theory relates to areas of life that the child is directly involved in, so this might be the home, the community in which they live and the setting. The theory suggests that these elements are not static but that the microsystem and mesosystem relate to one another. So the relationships that the family has with all of these elements are constantly evolving and changing. This can be observed particularly when a child starts school and new relationships are built within the school. Suddenly parents may feel that they have less say over their child's upbringing. Children make new friends and are required to conform to new ways of being that are asserted by teachers rather than their parents. The parents of children with SEND can feel particularly vulnerable at this time, when they have spent so long caring for their child.

EXOSYSTEM

The next layer of the theory relates to school governors, local government, the parents' workplaces, mass media and local industry, and again relates to relationships that this layer has with the others. An example of this might be, as was mentioned earlier in the chapter, the government's policy to extend free childcare funding to children under the age of two who are living in disadvantaged areas. This layer would also relate to the part that the local authority (LA) may take concerning how policies are implemented in settings. Initially the government sets policies, but then it is up to the LA to cascade them into settings.

MACROSYSTEM

The final layer of the theory focuses on cultures, faith, legal and societal institutions, as well as dominant beliefs and ideologies that pervade society. So if we take the example of the free funding, the dominant belief with this is that quality childcare will support disadvantaged families and hopefully have a positive impact on their future education.



The individual child at the centre

Microsystem – family, practitioners and peers

Mesosystem – school, community, faith setting, media

EXosystem – parents' work, child's school

Macrosystem – nationally held views and beliefs, policies, customs and laws

Figure 3.1 Bronfenbrenner's ecological systems theory

There have been many diagrams illustrating this theory over the years, in the form of Russian dolls and concentric circles with some including arrows to demonstrate the relationships between each system. However, by being circles with unbroken lines I am not sure that this correctly displays the relationships that flow between the layers, a view concurred by Rogoff (2003). Instead of the concentric circles I would rather view Bronfenbrenner's theory as ripples within a pool (Figure 3.2). When a pebble is thrown into a pool it creates ripples, which move in relationship with one another; they quickly evolve from one circle to two, three and maybe four ripples. For me this better illustrates Bronfenbrenner's ecological systems theory (Borkett, 2018).

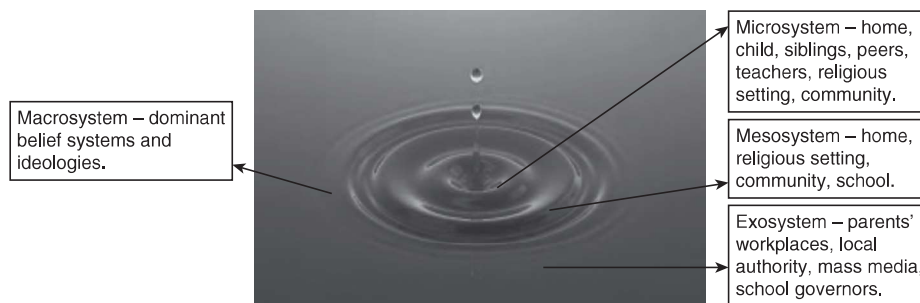


Figure 3.2 Bronfenbrenner's theory represented through ripples

REFLECTION



- How does Bronfenbrenner's theory support you in understanding that development does not just relate to the child but to the family and other areas of society too?
- Which professionals may support the early intervention of young children?
- Have you had any experience of being with a child who has been supported with early intervention, and what do you see as the benefits of it?

EARLY INTERVENTION PROGRAMMES

This section of the chapter will focus on some of the early intervention programmes used here in the UK. There is not enough capacity in this chapter to discuss them all at length, therefore it is probably best for you to research those that interest you and the websites specified will give you more information.

Before we focus on the programmes available it is important to consider when early intervention might begin. The SEN Code of Practice (DFES, 2001) states that a child is thought to have a special educational need if:

- they have a significantly greater difficulty in learning than the majority of children of the same age; or
- have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in schools within the area of the local education authority
- are under compulsory school age and fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them.

Therefore some children with a SEND will start early intervention almost straight after birth. These might be children for whom something had been picked up through an ultrasound scan before birth or children who may have a sensory impairment such as hearing or sight difficulties that is discovered immediately they are born. Children with Down syndrome, spina bifida and some medical impairments may receive early intervention from the start of life. If a child is not developing alongside their peers or there appears to be some kind of developmental delay, parents will need to first seek advice from their health visitor or doctor. If they too have concerns, the child may be recommended to the local authority for extra help through early intervention. Also practitioners in early years settings may be concerned that the child is not reaching their developmental milestones. This could mean that professionals may work with parents and children in the child's home to support their development.

It is important to note here that not all children who have difficulties with their development will be identified at this early stage. Unfortunately it is not uncommon for children with speech and language difficulties or who may, later on in life, get a diagnosis of autism, attention deficit hyperactivity disorder (ADHD), dyspraxia or dyscalculia, or children with social and emotional problems, to enter nursery before any kind of support is offered. This may be for a variety of reasons:

- the family may not have picked up any difficulties with the child
- the family may not want to recognise that the child is struggling in an area of their development
- some of these difficulties do not show up in a child until they are older.

This means that not all children receive early intervention and so have to wait a little longer for badly needed support. As practitioners, therefore, it is important that parents are listened to and supported if they have concerns about their child's development.

Table 3.1 describes some of the early intervention programmes used in the UK.

Table 3.1 Early intervention programmes currently used in the UK

Name of programme	Origins of programme	Theoretical underpinning	What it seeks to do
Portage	Wisconsin, USA. Came to the UK in 1976	Based loosely around Vygotsky's zone of proximal development and Bruner's scaffolding.	<p>Portage is a home-based early intervention programme. Portage workers delivering the programme go into the child's home and work with their parents to deliver a play-based programme in order to develop a child's holistic development.</p> <p>This support continues until the child goes into nursery provision, whereby the Portage worker will support practitioners during a transition phase.</p> <p>For further information see – www.portage.org.uk/about/what-portage</p>
Picture Exchange Communication System (PECS)	Originated in America in 1985	Based loosely around Skinner's view on operant conditioning. This relates to the suggestion that if an action is reinforced positively the child will continue to use the action.	<p>PECS focuses on communication and has many stages. Trained professionals known as 'communicative partners' work with a child, encouraging them to communicate through the use of pictures. This 'partner' will encourage the child to give the partner a card in exchange for something such as a chosen activity or an item of food or drink.</p> <p>As the child becomes more and more proficient the child builds up a repertoire of symbols to communicate. Speech is encouraged alongside the pictures to enable the child to see that the two are linked.</p> <p>For further information see – www.pecs-unitedkingdom.com/pecs</p>

Name of programme	Origins of programme	Theoretical underpinning	What it seeks to do
Makaton signs and symbols	Established in the UK by Margaret Walker, a speech and language therapist, with Kathy Johnston and Tony Comforth in 1978	Based around the view of Jerome Bruner that children sometimes need a support system of knowledgeable adults to encourage children's communication.	Makaton is a sign and symbols programme that is used <i>alongside language</i> with children who have some kind of developmental or speech and communication delay. Professionals can be trained to use Makaton and is especially effective if used in the early years. It has become quite well known partly due to the focus and use in CBeebies TV. For further information see – www.makaton.org
British Sign Language (BSL)	Originated around the 18th century, particularly in communities where deaf people lived		A language system that incorporates sign, visual language, facial expressions, gesture and body language. For further information see – www.ndcs.org.uk/information-and-support/language-and-communication/sign-language
The Son-Rise Program	Originated in the USA in 1970 by two parents who were looking for a way of communicating with their children who were autistic	Based loosely around Vygotsky's zone of proximal development and Bruner's scaffolding.	The programme is centred around the child and views them as being unique, wonderful and amazing. It goes on to create a style of interactions where the adult takes their lead from the child rather than the other way round. For further information see – www.autismtreatmentcenter.org/uk-next-steps
Early talk boost	Run by I CAN, the charity that supports children's communication skills	Based on Bruner's views that children require an adult or a peer to support the building of language skills.	This is an intervention carried out by specially trained practitioners in settings. It gives targeted intervention of 15–20 minutes three times per week, and seeks to give children skills in speech, language and communication that will enhance the learning of new words, support children with speech and language difficulties and track children's progress. The programme supports parents too as they are required to reinforce the skills that their children are taught through the sessions. For more details please contact earlytalk@ican.org.uk

It is important to point out that this is not an exhaustive list of programmes – there are many more that effectively support children’s early development.

REFLECTION



- Have you heard of any of these programmes?
- In what ways do you think they would be beneficial to children and families?
- What are some of the challenges that you think might prevent these programmes from being effective?

The final section of this chapter will focus on the benefits and challenges of early intervention to both the child and their family and the practitioners working in the field of early education.

WHAT ARE THE BENEFITS OF EARLY INTERVENTION?

When focusing on this part of the chapter I chose to split the benefits and challenges into three areas. However, as would be expected, there is some overlap where one area rolls into another.

SUPPORT FOR CHILDREN

The Early Intervention Foundation (2018) makes the case that programmes can support the building of children’s development, thereby affecting their social and emotional development and enabling them to learn skills that will further support them through life. Greene et al. (2015) carried out research to evaluate how the government’s funding for vulnerable two-year-olds was working. They discovered that not only was it popular with children, who enjoyed attending, but it supported parents who felt that their children required more stimulation than they could provide at home. Parents reported that their children had improved speech and communication skills and that being with other children had a positive impact on their emotional wellbeing and behaviour. For children with SEND it provided them with extra support from skilled practitioners who were experienced in working with children with SEND.

Many of the programmes listed particularly relate to children’s communication skills whether this is through strategies such as British Sign Language (BSL) or through Makaton. Some of the benefits of these to young children is that they give the child a voice or agency in their own lives. It can also take a lot of the frustration away from a child who wants to communicate but does not yet have the language skills to articulate their needs (Mistry and Barnes, 2013).

SUPPORT FOR PARENTS

Parents receiving support for children with SEND in the home also responded favourably regarding the programmes. Nunkoosing and Phillips (1999) report that they like to be involved with early intervention programmes such as Portage as they support families at a time in their lives when they may have received news of their child's diagnosis and need a knowledgeable adult to support them. They continue to state that the ongoing support through home visits and visits to other professionals gives tremendous help to parents when they may be feeling very vulnerable and alone.

They go on to state that they also like being involved with the setting of targets and planning of play-based activities carried out during visits, and that this gives them confidence in their ability to support their child's learning and development, as well as a 'sense of control over their child's strengths and abilities' (Rix et al., 2008: 70). However, there is some criticism of these home-based programmes. Rix et al. (2008) suggest that at times there may be a 'tension between play and therapy' whereby some parents can feel that they are, at times, more of a therapist than a parent. Bridle and Mann, both parents of children with SEND and on the receiving end of a home-based programme, felt that sometimes there was such a push on the activities that, it felt that, these activities took over and they felt bad if they took their children out to the park or shops (Bridle and Mann, 2000).

Milton (2014), a father who is on the autistic spectrum himself and has two children who are autistic, makes the case that some professionals who encourage parents to take up home-based programmes often have limited experience of autism. He argues that many of the programmes available are drawn up by professionals who have no idea what it might feel like to be disabled themselves. He questions whether such programmes can cause anxiety and stress both to children and the adults supporting them.

An early years practitioner stresses the fact that early intervention programmes should not be carried out unless parents are prepared to be fully involved. She suggests that parents who may have 'chaotic lifestyles' may not be able to commit themselves to such programmes. For these she suggests that support be tailored around the family so that it really meets their needs.

Rix et al. praise Portage for the fact that central to the programme is the family, not just the child concerned but also taking into account siblings and the extended family if appropriate. They stress the need for parents

to have a sense of control over their family life and to recognise that effective intervention strategies result from their own actions, strengths and capabilities. (2008: 66)

SUPPORT FOR PRACTITIONERS

In relation to the two-year funding for vulnerable children there were, as always, negative aspects of this support. Staff training was an issue as not all staff felt

comfortable to work with younger children. Also, when working with children with SEND, practitioners required better training to enable them to feel confident in their work with these children.

An early years manager who has been in this role for the last 20 years stated that local authority funding can be a hurdle as the criteria for funding are always changing. She points out that childcare in private and voluntary settings does not always get the same level of funding as state schools or in nurseries attached to schools.

Portage practitioners stated that at times there can be the need for them to take on skills they do not always feel well enough trained in, such as:

- counselling
- advocacy
- emotional support
- friendship.

I had experience of this once at a time when a family I was working with felt very vulnerable and isolated.

CASE STUDY 3.2



The diagnosis – Andrew

I was working with a family whose child had been referred to the children's centre as his communication skills were not developing. Andrew struggled to give eye contact, did not understand play, nor did he attempt to engage with other children. However, when working with him at home he could sustain activities he was interested in for around five minutes and he enjoyed activities based around communication, such as bubbles and books. I worked with Andrew for around nine months and he became a little more social, but there were still concerns around his development. Eventually he was referred to the local children's hospital where professionals observed his play, behaviour and communications skills.

One day I was visiting the hospital with another family and I met Andrew's parents – they explained that they had an appointment with Andrew's paediatrician, who was going to give them a diagnosis of Andrew's difficulties. I was visiting Andrew later that afternoon.

During the afternoon I received a message from Andrew's mother to say that Andrew had received a diagnosis of autism and that they were feeling distraught. I knew that Andrew's grandparents lived on the same street and so I suggested that when I visited later on in the day, Andrew went to his grandparents so that I could talk to his parents and try to explain what would happen as a result of this diagnosis. It was possibly one of the hardest visits I ever made, and yet it was good to talk to Andrew's parents and to suggest strategies that they could use to support him now he had a diagnosis. Andrew's parents felt it was important for him to be with other children, so he started attending the pre-school that we ran for children with SEND and this prepared him for being with other children.

A year later when Andrew started his transition into nursery he was better equipped to be alongside other children, to play with them and to use his vastly improving communication skills. However, what I was not expecting was the void the parents experienced when I withdrew my support. Portage is designed in such a way that after the initial transition into settings the support is withdrawn. Having been supported with fortnightly visits and going through many ups and downs, they felt distraught that this support was over.

Consider

- How important was that support for Andrew and his family?
 - Have you ever worked alongside a child and family when a SEND has been diagnosed, and if so, how did it make you feel?
 - Does it seem unfair to you that services should be withdrawn when the child enters early education?
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As a result of reading this chapter you will have:

- understood the origins of early intervention and how it has evolved over time
- considered some of the programmes that relate to early intervention, particularly with children who have special educational needs and disabilities (SEND)
- examined some of the benefits and challenges of early intervention.

The next chapter will focus on the purpose of assessment and how this supports children who may have or have been diagnosed as having SEND.

END OF CHAPTER QUESTIONS

- What do you see as being some of the benefits and challenges of early intervention?
 - How do early support programmes mentioned in this chapter support children and their parents?
 - How might they also support practitioners working with children with SEND?
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FURTHER READING

Bridle, L. and Mann, G. (2000) *Mixed feelings: A parental perspective on early intervention*. Paper presented at the National Conference of Early Childhood Intervention, Brisbane, Australia.

(Continued)

Although this paper is quite old, it does help you to understand how vulnerable parents can feel when they are receiving early intervention for their child. It also helps you to see how early intervention can blur the lines between being a parent and being an educator.

Coles, E., Cheyne, H. and Daniel, B. (2015). Early years interventions to improve child health and wellbeing: What works for whom and in what circumstances? *Systematic Reviews* 6 (4): 79. www.ncbi.nlm.nih.gov/pubmed/26047950

This article focuses on how issues such as societal inequalities and difficulties in health and wellbeing can have an impact on the development of children in the early years.

Early Intervention Foundation (2018) *Realising the Potential of Early Intervention*. London: Early Intervention Foundation.

This report discusses how early intervention can support the development of young children, which can have a lasting effect on their educational chances.
