Early Childhood Intervention in Austria

Manfred Pretis [1]

Abstract

The situation of early childhood intervention in Austria is analysed on diverse systems level (legal situation, organisation, concrete procedure. Children with disability or at risk of being disabled qualify for early childhood intervention as well as partly and to some extent also children in the context of socially disadvantaged families. Based on nine provincial laws, the structure of early childhood intervention in Austria is heterogeneous. A consensus regarding key terms, the age of the child (0 – 3 or 6), and home-based services exists. Future challenges focus on early identification of vulnerable target groups by increased communication with community based networks (social worker, mental health specialists) as the number of children with unspecific developmental delays or vulnerability will increase (www.strong-kids.eu).

Key words: Early Childhood Intervention; systems development, Austria

Families in need for support

Maria K (age 36, married, 2 typically developed kids aged 3 and 5) who lived in a rural village in Upper Styria, gave birth to her third child. Pregnancy and delivery was without complication. The obligatory screening test for hearing impairment performed at the clinic did not show any problems. The future mother proceeded through all necessary prenatal screening procedures, which are provided for all pregnant mothers in Austria within the free of charge mother-child-examinations (Mutter-Kind-Pass-Untersuchung). In this rural area the examinations were performed by the family doctor (GP), as specialised paediatricians were not easily available.

After giving birth and following the mother-child-examinations (which are the pre-requisite for some financial allowances) the family also did not experience any concerns. However, Max showed some personality features which were unknown to the family. He seemed to be too interested in social contacts and sometimes it was difficult to comfort him. However, based on their experience as parents and the assessment of the

[1] Ph.D., SINN, Graz Austria; Medical School Hamburg, Germany, (E-mail: office@sinn-evaluation.at)

GP (family doctor, who could also perform the above mentioned "mother-child-examinations) they did not worry and followed a strategy of "wait and see".

When at the age of 1,5 Max showed almost no signs of expressive language, and the parents started to wonder what was going on. First they consulted the internet, finding a lot of unclear possible reasons. They made an appointment with a specialised paediatrician in the next district city, who suggested they observe the situation.

As the communication behaviour of their son did not change and as he developed a specific – in the eyes of the parents – "strange" playing behaviour (watching the movement of curtains), the parents started to worry more and consulted the paediatrician again, who mentioned – for the first time – the possibility of an autistic spectrum disorder. The parents – shocked – afterwards tried to contact other specialists and consulted the internet, which made them even more confused.

However, the diagnosing paediatrician, recommended that the parents ask for early childhood intervention, although, he was not exactly sure how to do this. After trying to reach the responsible social worker, they were informed that they had to apply for this service through the local administration and that their child had to go through a process of expertise. The parents were a little bit worried about all this new information, as their child would have to be labelled as "disabled" or "at risk to be disabled". The parents applied for the service, underwent an expertise process with an independent team, which assessed the individual need of support for the family. Surprisingly, the assessing independent team (clinical psychologist, social worker) worked in a very child and family centred way and the family felt quite welcomed. After 6 weeks the local administration decided that Max – based on his diagnosed symptoms – is at risk to be disabled and facilitated 42 units of Early Childhood Intervention (including cost coverage).

The parents were asked to contact the local (NGO-based) Early Intervention Centre and a first home-based contact with a professional was organised. Together with the parents – based on this first contact – a draft intervention plan is designed for the local administration. However a specific individual family support plan (in terms of a working contract with the parents) was developed within the first 2 months of intervention. The professional, based on her specific obligatory training (90 ECTS post-secondary, non-tertiary training) performed home visits every week (1.5hr) and created a support network including contacts to another ASD-specialised institution.

Within the next 1.5 years of intervention the probability of the ASD diagnosis increased, however Max made good progress and the parents were slowly able to see the specific developmental needs of their third child. However, as they followed information on the internet, there was a continuous discussion with the parents whether Max would need additional behavioural-oriented therapy. The ECI professional and the parents in this context did not always reach a consensus as ECI in Austria defines itself to a large extent as a general pedagogical support in terms of parenting and not specifically as

therapy. Also, the two siblings were included in ECI (in terms of play activities and reading books about what was going on with their brother. However, the grandparents showed a lot of problems in accepting a possible diagnosis. Before entering the kindergarten at age 3.5 (Max was born in April), the ECI centre included Max in a playgroup of 3 children with special needs, even though because of his sister and brother he was used to social contact.

At age 3.5 Max was able to attend a mainstream kindergarten in the community (that the parents were entitled to). They applied to the local administration for specific (free of charge) mobile teams within the kindergarten system (consisting of special educators, psychologists, speech therapists and physiotherapists) who joined the kindergarten of Max once a week. The ECI professional followed the transition period for 3 months and then finished her service by sending a final evaluation report to the local administration.

The system

Early childhood intervention in Austria is a scientifically based pedagogical preventive service for children with disabilities, children at risk or children from socially disadvantaged backgrounds and families (Pretis, 2009). It is largely provided in the natural context of the child. Alongside counselling, child centred methods are used in order to prevent further disability and increase the quality of life for the parents (target population around 3-6% per birth year, including children at social risk, Trost, 1991)

The system of ECI (for children with disabilities or at risk) is generally divided into 2 sub-sectors:

a. general ECI (for children with defined motor, cognitive or emotional disabilities)
b. sensorial ECI (1) for children with visual impairment and for (2) children with hearing impairment.

Most of the systems of general ECI will be provided until the child enters kindergarten or comes to school. Sensorial ECI might be implemented in kindergarten systems. Alongside this service – based on a necessary label "disabled or at risk" ECI is also available in relation to child welfare (provided by the same centres, but based on the Laws for Child Welfare). Early Childhood Intervention is largely provided by local early childhood intervention centres (NGOs), which provide services once a week for about 1.5 hours working in the natural context of the child (at home) involving parents, siblings and the child's other relevant attachment people, e.g. grandparents.

As mentioned above, ECI is primarily provided by educational specialists who, depending on provincial laws have to pass a specific training to be able to work in this field. The team around the child is created by the ECI specialist him/herself. During his/her transdisciplinary work the professional contacts other relevant professionals, e.g. physiotherapists, family doctors, speech therapists etc. Alongside ECI a child in need could also obtain other medical or paramedical therapies or treatments.

In most provinces in Austria ECI is a well-defined service within administrative structures, and parents will have to apply to the local administrative structure to obtain ECI. Children will qualify for these services if:

a. they are disabled or at risk to be disabled (mostly this is based on a medical or professional expertise) or
b. the family system displays dysfunctional structures and the system itself shows a negative impact on the child (child welfare system).

Most of the provincial laws in Austria still focus on the aspect of disability or being at risk to be disabled. However, the target group consists more and more of children with unspecific developmental delays or children with backgrounds of social disadvantage
It is noteworthy, that Austria has a federal structure and that all information does not necessarily apply for all provinces (e.g. in Vienna and Salzburg families do not now qualifying processes as – comparable to Catalunya - services are delivered to all children in need (depending on available resources). In other provinces (e.g. Lower Austria ECI has to be co-financed by parents).

Concrete procedure for children disabled or at risk to be disabled

a. Parents apply to the local administration for help or support for their child. They will usually get this information from the clinic, social workers or kindergarten teachers. General practitioners still follow a strategy of wait and see.
b. Parents will need to undergo a procedure of expertise. In some provinces the expertise of a medical doctor is necessary. In others, independent teams of social workers, medical doctors and psychologists might do the assessment.
c. The local administration defines whether the child is "disabled" or at risk to be disabled and defines the kind of support based on a taxative list or the frequency of support.
d. Parents may appeal against the local government's decision
e. Parents are given the permission to obtain the service and contact the local service provider. The local service provider, based on following units with the parents, creates an
f. Individual Family Support Plan.

Concrete procedure in the system of child welfare

a. Generally the social worker will initiate the process of support
b. The family will be "convinced" that the child needs this specific developmental stimulation
c. The local social welfare department will define the kind of support and the quantity
d. The social worker will stay in contact with the early intervention team which might be contacted by the parents or the social worker him or herself.

Concrete steps within the family (Pretis, 2002)

Phase of first contact and warming up:

The early childhood intervention specialist will introduce him/herself, will explain the procedure of ECI and will send an individual family support plan (see Figure 1) as soon as possible to the administration.

Figure 1: Example of a Support Plan for the local administration

Early Childhood Intervention SINN

To the Local Administration in YYYY

Concern: Support Plan

Name of the child: Max XXX
Birth date: 13.4.2006
Diagnosis: Not specified developmental disorder (DSM 315.90)

Based on the expertise of Dr. Y and our first contact with the family (17.12.2009) we kindly send you a draft individual family support plan.

Child oriented goals:

- Stimulation of development by age appropriate toys

Family oriented goals:

- Increase the sensitivity of the parents towards developmental needs;
- Perform guidance and talks with the parents regarding the possible ASD diagnosis
- Active involvement of siblings

Transdisciplinary goals:

- Assess the possible necessity of autism-specific therapies

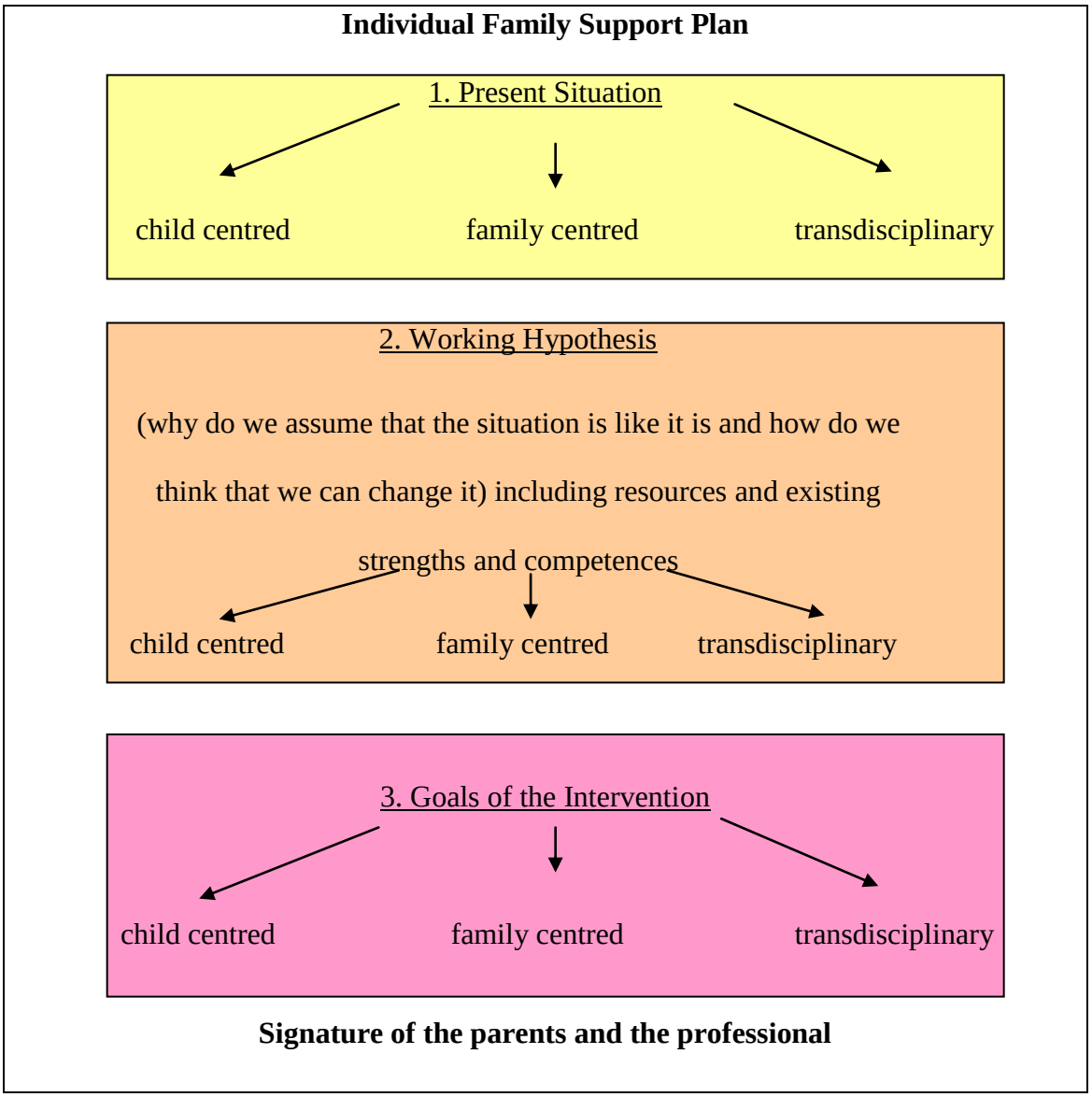
Proposed intervention:

Early childhood intervention once a week, mobile.

Next steps: Creating the working base together with the parents

After approval of the general Support Plan by the local administration, the ECI-professional will perform a pedagogical diagnosis and/or observation phase together with the family, enabling hypothesis about the aetiology but also the concrete support. The goal of this phase is "informed consent" and a so called "working contract" or individual family support" plan together with the family regarding the needs of the child and the family and subsequent support activities: (a) for the child in terms of developmental stimulation, (b) for the family in terms of family support, (c) in terms of transdisciplinary cooperation (with whom do I have to cooperate?)

Figure 2. Individual Family Support plan



Concrete Procedure during the units/visits

Home visits are usually performed weekly. The professionals follow their defined goals, mostly with child-oriented methods in terms of enabling new experiences, empowering own strengths of the child. The main work with the parents consists of strengthening parental empathy and sensitivity. Parents, mostly mothers, are actively included in the process. Feedback is given about the involvement of the parents. The support processes with the parents depend on the phase of coping: in the very beginning grieving processes might be present, over time this changes towards increased sensitivity and usually at the end of the service questions of transfer, e.g. towards kindergarten are discussed.

Figure 3. Schuchardt helix of coping with disability (Schuchardt, 1994)

The goal oriented process is reviewed together with the parents, usually after 6 months, based on video analysis. Possible changes of the goals are discussed. At the end of one year an evaluation process has to be performed, including an official report for the local administration.

The age of intake into the programmes in Austria in the year 2000 was 26 months, including children with a background of social disadvantage. However it can be hypothesised that children with established disabilities are already detected from the day of their day and the contact with the early childhood intervention centre is made immediately (Pretis, 2002). The waiting time between application and concrete start of the intervention is about 2 months. The mean average duration of children within the programmes is about 2 years.

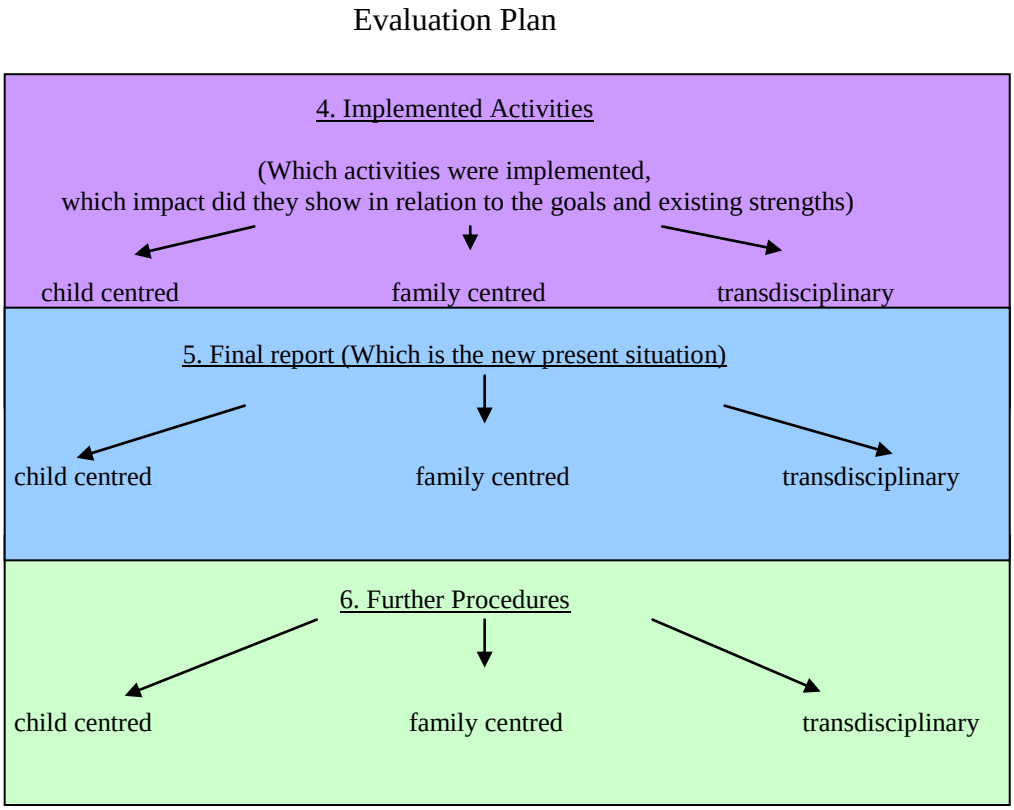
Evaluation and Transition

After the end of the programme children usually attend kindergarten with, in most provinces, a range of support systems. Usually a 1 till 3 months transition period between the systems (Early Childhood Intervention and Kindergarten) is implemented.

The background

Early childhood intervention is based on (9 different) provincial laws. There is a general consensus about the key terms of early childhood intervention; however the organisational structure and actual procedure of financing can be quite heterogeneous (Pretis, 1998).

Figure 4. Evaluation of the Individual Family Support Plan



In most provinces early childhood intervention centres are located in each political district (more than 100). However, there are some differences in Austria: in Styria, the most southern province, the number of centres is quite high (about 40 different service providers). In other provinces one service provider provides all the services. Services are up to 95% home based and financed by social services. In Lower Austria some medical services also provide centre-based services (including some financial support from health sector)

Financing of the services in most provinces is „per capita“, meaning that, based on the commission of the local authority, the service provider is paid per performed unit (with exception of Vienna and Salzburg). Usually 40 units per year are accepted. In some provinces (e.g. Lower Austria) the parents have to pay a certain amount of money (between 6 and 12€ per unit). Generally it can be hypothesised that the government spends about 400 to 500€ including travel costs per child per month in terms of educational early childhood intervention (not including other medical therapies, e.g. physiotherapy, speech therapy, occupational therapy or medical care, which is covered by social insurance).

On a sociological level it can be hypothesised that ECI as an initial and very important service for parents will have an impact later on mainstream integration and inclusion of children with special needs. Generally children coming from socially disadvantaged backgrounds show higher benefits of ECI regarding socially high risk families (Karoly et al., 1998 described a preventive factor of 1 to 4). According to our own studies in 2000 we can hypothesise that, within the heterogeneous group of children with disability and social disadvantage, about 18% of the children did not need further therapies after ECI.

What are the specific qualities of ECI in Austria- in the context of criteria of the European Agency (2005)?

ECI in most of the Austrian provinces is a unique, well-defined profession. They are paid based on a collective agreement. In some provinces ECI requires specific training in terms of university courses. This is offered in Graz and Vienna. Only after finishing these specialised courses, are professionals allowed to work in this field. ECI service is mainly a mobile service, working in the context of the family. In kindergarten systems other mobile services might be available (with some exceptions).

Accessibility of the services: Based on the law for persons with disability, parents have the right to obtain ECI. In most of the provinces this service is free of charge and easily accessible. Some differences might be seen between urban areas and rural areas, where professionals may not always be available.

Affordability

Generally ECI is affordable for the parents, although in some provinces they have to pay a small amount. In the field of ECI for children coming from disadvantaged social backgrounds this service is generally free of charge.

Proximity

As ECI centres are locally based and as the professionals are mobile and are mostly working at the home of the parents in the systems, they are near the children and families.

Quality

The issue of quality is mainly based on

1. The training of the professionals
2. Internal quality indicators and measures of the ECI centres and
3. Structural requirements by the government

Aside from the reports and structural quality indicators, it is very difficult to compare the quality of centres.

Challenges for the ECI system in Austria

The issue of training and comparable quality remains open, even though in some provinces the training is partly regulated in terms of 90 ECTS university courses. This does not represent a full 120 ECTS Masters as suggested in EBIFF (www.ebiff.org) and PRECIOUS (www.precious.at) and focuses to a great extent on children with a defined disability. However 50% of the children come from a socially disadvantaged

background. In this context new vulnerable target groups are still not adequately addressed: LLL project "KIDS STRENGTHS (KIDS in the CONTEXT of MENTAL DISORDERS - Skill training to Empower Teachers, Health Professionals and Social Workers): www.strong-kids.eu .

Background: the number of children in the context of mentally vulnerable parents in Europe is increasing. In the field of ECI we also see more and more parents with mental vulnerability e.g. depression, burn-out etc. Mental vulnerability has an enormous impact on the social/emotional development and attachment of the child. Therefore, new tools, methods and skills have to be implemented. The goal of www.strong-kids.eu is to create training material for different professionals also in the field of ECI in order to address the needs of children in the context of mental vulnerability more efficiently (target group up to 25% of children, Maybery et al, 2005).

The second open issue addresses a "common" language in ECT, e.g. by using ICF-CY (Kraus de Camargo, 2007). However, the heterogeneity of the systems (9 different laws, 100 ECI centres with individual documentation and assessment systems) make such a hard goal to reach.

Even though no major financial cuts in the ECI system can be observed, the discussion about the effectiveness and efficiency of the system is latent. Strategies go towards deployment of tailor-made intervention systems and frequencies: however the system of „per capita" financing makes changes difficult as there is a high risk of financial dependency on the centre regarding the number of attended children (e.g. when children attend school or kindergarten).

Generally ECI should focus to a greater extent on evidence-based interventions and parental choice. ECI in Austria still shows a certain tendency towards socially accepted but conceptually vague terms like „holistic approach", and family centeredness can be observed. Sometimes there is the impression that the actual operationalisation and service provision might be quite diverse, while using the same terms (Guralnick, 2005). However, a certain comparability of services – especially from the point of view of the parents should be facilitated.

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