

Chris Robertson ¹
Wendy Messenger ²

Early Childhood Intervention in the UK: Family, needs, standards and challenges

Abstract

Early intervention for vulnerable children is acknowledged as a critical factor in ensuring the best outcomes for children and their families. This paper outlines policies and processes in the United Kingdom which facilitate appropriate early intervention, including inter-agency working and communication. It explores how theory is translated into practice through a short case study exemplifying how intervention works in reality. This case study is set in a context of the early 21st century in the UK when the then labour government invested in a policy which set to address the needs of every child through inter- and trans- agency working. This was located in a policy white paper entitled 'Every Child Matters (DfES 2004). However, a recent general election leading to a change of government in May 2010, has created an unpredictable future for existing policies and practices which has been compounded by a worsening economic situation in the UK. Thus, the paper discusses both existing policy and practices but also hypothesizes on what the future might hold in terms of the early identification of vulnerable children and the provision of appropriate services and strategies to meet effectively these needs of both children and their families.

Key words: Early intervention, policy, practice, UK, children, families.

The UK National Context

A child with complex needs or a disability will come into contact with the appropriate professionals in a variety of ways. Those children whose needs are clearly identifiable at birth will be able to access a range of services from the start and this process, called 'the newborn service', will be initiated by health professionals, normally a paediatrician or midwife. As stated in the Framework for Assessment of Children in Need and their Families (DoH/DoE, 2000: 67), 'The midwife and health visitor are uniquely placed to identify risk factors to a

¹ Ph.D., University of Worcester, United Kingdom, (E-mail: c.robertson@worc.ac.uk)

² Ph.D., University of Worcester, United Kingdom, (E-mail: w.messenger@worc.ac.uk)

child during pregnancy, birth and the child's early care'. However, for children whose needs are not immediately apparent, there are a number of routes for referral. These include:

- Referral from the health visitor and General Practitioner in consultation with parents and this may be the result of regular checks carried out by the health visitor or concerns raised by the General Practitioner or parent. There does not necessarily have to be a diagnosis at this stage, rather a view that the child *may* have additional needs. General Practitioners are also required to undertake formal checks in which parents are also involved at six weeks after birth where further identification of support of particular needs take place. This would include referral to specialist professional services as appropriate.
- In addition, some babies may have been identified 'at risk' even before birth with the family previously known to social services, for example. Such identification immediately generates expert support around the family pre and post birth, with health professionals alerting the appropriate services as required. Any such records, papers and notes are transferred between professionals and this would include the family's General Practitioner who at a local level will also have a key role in observing the baby/child as it develops. In turn the General Practitioner has a duty to keep social services informed and updated on any issue causing concern. All health workers have this shared responsibility, both professional and personal, and it is taken very seriously as part of professional medical ethics.
- Some children will come into the prevention and intervention system through referral via a Child Development Centre. There is at least one Child Development Centre in every Local Authority in England and they are funded by the National Health Service. These are for children who may have health needs but may have other needs as well. The children are assessed by a multi-disciplinary team, and with parental involvement an individual programme of support and care is formulated to meet the needs of the child. The assessment team could be made up of any of the following: nursery nurses, nursing staff, clinical psychologist, educational psychologist, teacher, physiotherapist, occupational therapist, speech and language therapist, audiologist, orthoptist, hospital social worker and child development centre co-ordinator
- Others may be referred via a Children's Centre. There is a Children's Centre in almost every neighbourhood in the country (over 3,000) which provides a single point of access where parents can use a variety of services related to health, education and social care. The professionals may be based within the Children's Centre, for example a teacher, family support worker *or* may come to the centre to undertake regular clinics, for example, midwife, *or* professionals within the children's centre can make referrals to other services. Parents themselves can also make referrals.
- Educational settings, for example, pre-schools, nurseries are also responsible for many referrals and systems are in place to facilitate this source of early identification. Within every educational setting there is a 'special needs co-ordinator' who can refer children to the appropriate professionals, for example, speech and language therapist, specialist teacher, occupational therapist, educational or clinical psychologist. Again, this process may identify children across the range of potential needs from educational (learning difficulties, behaviour and emotional difficulties), health (eye sight, hearing

or more significant health issues) or social (child abuse, neglect or bed wetting, for example).

A Family in Need for Support: How this Works in Practice for a Child and his/her Family

In order to provide a concrete example of how this process may work in practice for the child and the family and how different agencies might be involved, a brief case study is provided. The detail included in this case study was obtained through the process of semi-structured interviews with professionals and families where the same questions were posed and explored and notes were taken by the interviewer. Permission was obtained beforehand for the interview to take place and for notes to be taken. In order that good ethical practice was adhered to, the anonymity of all involved has been maintained throughout and any names have been changed.

James' story

Identified at birth through the regular checks undertaken on all new born babies, James was referred immediately for specialist medical intervention. By the age of one year, he had two cochlea ear implants in place and was receiving support from a wide range of services. Apart from the obvious major medical interventions he had undergone, he and his family had from the time of his birth also received support from the local peripatetic hearing support service provided in each regional district (Local Authority) in the UK.

This central service allocated a teacher who was trained to work with children with hearing problems and their families. She worked closely with the family in their home environment from the time James was discharged from hospital after birth in order that they would be better able to support the needs of their child. Regular assessments were undertaken in the home by the visiting professional who also supported the family by providing information, education and advice. In addition, she provided centrally produced materials and training for use by the family in her absence which enabled the family to have an active role in monitoring the child's progress as well as empowering them to be part of the assessment team.

Linking with the other professionals involved, including health visitors, General practitioner and other specialist auditory experts, and the input right from the beginning of a specialist educationalist, has had a very positive outcome to date for the child and the family. The service for hearing impaired children will continue to have input appropriate throughout James' education both pre-schools and once he is of school age.

Accessibility to Support Services

All such services referred to above are free of charge to the parents/family and are paid for through the UK's national health and taxation systems and provided by the government or Local Authority so are available and free for all who require them. However, though not a key focus of this paper, the impact of a family's own economic circumstances, it has to be stated, have to be taken in to account when professionals undertake child and family assessment. Jack and Gill in Horwath (2010: 379) stress the need to take account of the fact that, 'assessments to safeguard and promote the welfare of children are of limited use unless they are also help to identify ways of improving the lives of economically disadvantaged children and their parents or caregivers'. In addition, they discuss the 'direct and profound impact' of economic disadvantage on the parents' ability 'to meet the needs of their children as well as having direct effects on children's everyday lives and future life chances' (Ibid: 369).

In the UK it is the general policy that parents are involved as partners in a child's care wherever this is possible as it is widely recognised that this model produces the best positive outcomes for children and their families. According to Holland in Horwath (2010: 111), 'Transparency, alongside empathy, reliability, humour and truthfulness, are all traits valued by children, young people, parents and carers engaged in children's services [.....] despite an increasing emphasis on systems and outcomes, relational aspects remain at the core of successful practice with children and families'.

In this particular case study, the parents acknowledged that the inter-agency provision had been beneficial whilst the professionals have achieved a successful initial outcome for the child. This very early intervention from the range of professionals should, hopefully, enable James to make good progress with speech and language and should enable his development to continue to progress satisfactorily in the future.

The services provided for children with additional needs are mostly provided and funded through central government and are free at the point of delivery. Private and voluntary organisations such as the Down's Syndrome Association also exist which provide additional services for children and families and there are many self-help groups providing support and advice for parents such as Just Parents, Parenting UK, and PEACH (Parents for the early intervention of autism in children), to name but a few.

Commitment and Challenges to Early Intervention Services in the UK

The universal funding of health, social and educational provision in the UK is costly and in the current economic climate, nationally and internationally, it faces challenges for the future. At the time of writing the UK Government, in power since May 2010 as a coalition government, appears, at least through its manifesto, to remain strongly committed to early intervention for children, as was the previous labour government (1997-2010) whose commitment was also strongly evident in practice. (Robertson & Cox, 2008). It is the policies and practices of this latter government which are therefore underpinning current practices outlined in this paper.

Meeting the needs of all children, including those with special needs and more widely vulnerable children, has, particularly since 1997, become much more outcome driven focusing on identification, early action and prevention (Every Child Matters, DfES, 2004) and the Children Act (2004). This has generally meant that in practice a diagnosis or a 'label' may not always be necessary in order for a referral to be made. It may be, however, that a diagnosis or a label could lead to greater funding, resources or more specialised services to be provided for the child where needs are more complex. So for example, a child would need to be diagnosed with complex and severe autistic tendencies in order to be referred for a place in a special education in the school sector, specialising in autism. However, for James, his needs may well be met by the enhanced resources which have been invested in a large number of primary schools which already exist to meet the needs of hearing impaired or children with language difficulties. Thus 'labeling' is avoided when possible and when needs can be met without requiring significant additional resources.

Similarly, the labour government, in power from 1997-2010, had also demonstrated a strongly evidenced commitment to improving the quality of life for children and their families, most particularly vulnerable children. Schemes such as Sure Start were funded and initiated by the government through the Green Paper 'Supporting Families' (Home Office, 1998) to enhance the support for parents to care for their children, whilst other initiatives were introduced to

address more effectively issues of child poverty in the UK. 'Every Child Matters' (DfES, 2004) followed by the Children's Act 2004 also had a significant impact on prevention and identifying early concern. We, therefore, wait to see whether this legacy is maintained and supported in the current changed political and economic environment in the era of a new UK government.

Planning for the delivery in a stringent economic climate will require careful budgeting and a clear understanding of estimated need for the services. However, there appears to be a lack of clear data at both national and local level on the numbers and characteristics of children with additional needs and their use of local service provision. Estimates are between 288,000 and 513,000 children in the UK which equates to between 3 and 5% of children in English Local Authorities. Mooney, Owen and Statham (2008) suggest that most authorities experienced difficulties in providing information on the numbers and characteristics because Social Care, Education and Health differed in their definitions and criteria for categorising disability and additional needs. A report produced by the Centre for Excellence and Outcomes for Children and Young People's services (C4EO, www.c4eo.org.uk) suggests 'there is a need for greater clarity or agreement of definition of childhood disability across all data collection exercise' (Martin et al, 2009:33).

The 'Every Child Matters' government policy paper published in 2004 advocated fundamental reform of public services to ensure better joint working and information sharing. It suggested there needed to be a whole system reform of the delivery of children's services, founded on the premise that children and families do not distinguish their needs based on which agencies run their services.

Robertson (2009) observed it was necessary for the services to be built around the child and the family, and a shared sense of responsibility across all agencies needed to be developed. Changes in the culture and practice of the workforce and integrated universal services of early years, health and education would become a priority. The change involved several layers of reform, taking a top-down strategic approach, namely:

- Interagency governance of services
- Integrated strategy between services
- Integrated processes between services
- Integrated front-line delivery of services
- Outcomes for children and young people

A national framework for change was developed which put clearly defined outcomes at the heart of the process and gave attention to the following: policies and products, improvement cycles, how change could be supported, communication, inspection criteria, targets and indicators and outcomes and aims. Fundamentally this was a top down radical approach to improving services for all children including those requiring early intervention. This radical reform of services was later embedded in law in the Children Act 2004.

The range of measures to improve early intervention as part of 'Every Child Matters' included:

- Mechanisms to improve information sharing focused on the development of the Common Assessment Framework (CAF) as a tool which professionals in all agencies could use to indicate they have early concerns about a child and to provide support for the children with additional needs and their families before 'crisis point' was reached.

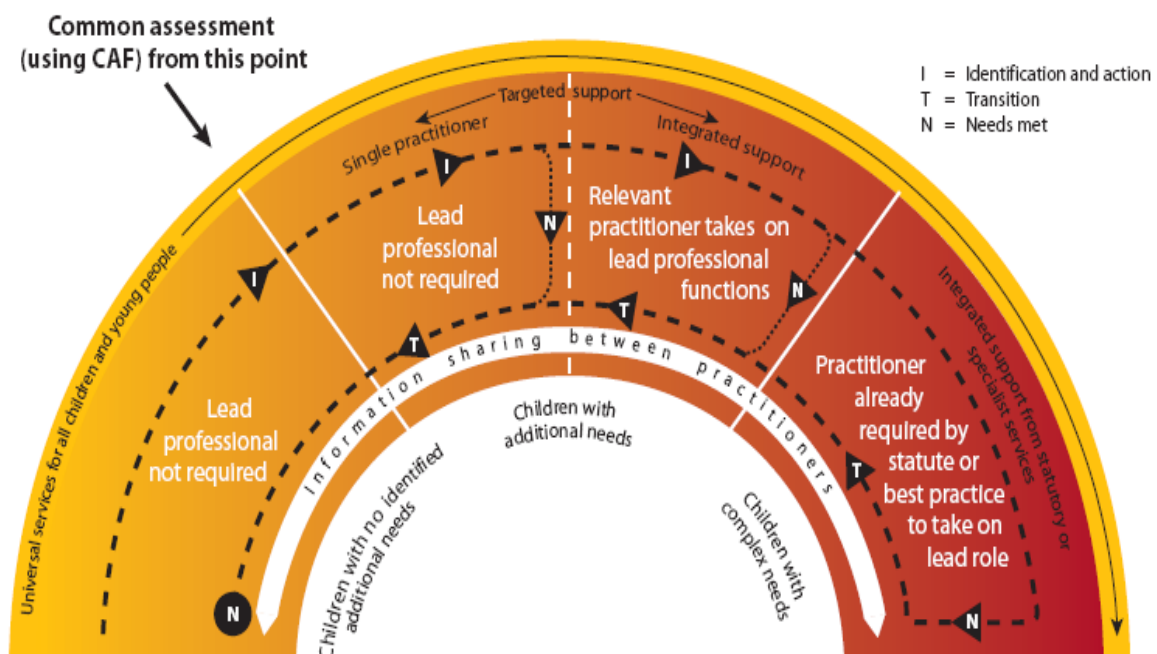
- The identification of Lead Professionals to co-ordinate support when children are known to more than one service or agency. The Lead Professional would act as a single point of contact and aim to reduce overlap and inconsistency in the services received (DfES, 2004). This role could be taken on by different types of professionals or practitioners within the children’s workforce. In addition, the role holder would co-ordinate the delivery of integrated services. Some families may have a key worker instead who brings together a multi-agency team around the child. Whilst the role of the lead professional is mainly co-ordination, the key worker may also provide emotional support, signpost to further information, and time with the family, if necessary.

The team around the child may have membership of professionals from health, education and social care as well as the private and voluntary sectors. Limbrick (2007:3) defines this as ‘an individualised and evolving team of the few practitioners who see the child and family on a regular basis to provide practical support’.

Each team around the child is individual to the child and the family and aims to meet the needs of parents of babies and young children, empowering them to be fully involved in all decisions and to meet the family’s needs for joined up services regardless how many agencies and professionals are involved. For children with complex needs it is possible that a statutory assessment may have taken place in which the provision that is required to meet their needs must be provided in law as outlined in the Education Act 1981.

The following diagram (Figure 1), published by the UK government’s Children’s Workforce Development Council (CWDC) in 2007, illustrates the clear continuum of provision which is accepted as appropriate for *all* children in the UK.

Figure 1. Processes and Tools to support Children and Families (CWDC, 2007:17)



The Context of Professional Training in the UK

The term ‘early childhood intervention’ is not a term that is commonly used in the UK, rather it would perhaps be more common for the term ‘early support’ to be used within this context.

It would seem the main reason for this is that it is not seen as a discrete discipline in its own right, rather it is part of a holistic approach to meeting the needs of all children that is inclusive of all. It is mainly organised through an integrated approach across a range of professional disciplines. This approach and philosophy has been developed over a number of years and has been the result of government policy, reports and legislation over the last ten years or more, the most significant being 'Every Child Matters' (DfES, 2004) referred to previously.

The Early Support programme, funded by the Department for Education, is a partnership between Government and the voluntary sector would appear to be the only training that is a specialist programme in this area. This programme was developed in response to the 'Together from the Start' government initiative (DfES, 2002) and takes forward the underlying principles from this guidance, improving the quality, consistency and co-ordination of services for disabled children and their families. It aims to raise expectations about the way agencies and services work, encourage change and provide practical tools to support multi-agency service development at local level. There is an emphasis upon the development of a 'helping relationship' and empowerment with the child and the family rather than from the perspective of the 'expert model' of intervention (Davis, Day and Bidmead, 2002). Originally focusing on children from birth to three years of age, this range was extended to five years of age in 2007-8 and the initiative was rolled out across England.

Other training can be accessed as part of national vocational qualifications and short courses, delivered through private organizations and government initiatives and prior to degree level. At degree level, training is integrated into a variety of professional courses. Some of these include teacher training and programmes relating to early years professional status, social work, nursing, educational psychology and clinical psychology.

All undergraduate courses related to working with children have to address the common core of skills and knowledge (CWDC, 2010) that is required for the children's workforce that supports integrated working. These include:

- Effective communication and engagement with children, young people and families
- Child and young person development
- Safeguarding and promoting the welfare of the child
- Supporting transitions
- Multi-agency and integrated working
- Information sharing

Types of Intervention

Research into improving the well-being of disabled children through early years interventions undertaken by Centre for Excellence for Outcomes for Children and Young People's Services (C4EO, 2009:11) identified that the following interventions, ranked according to their frequency were reported:

1. Family-centred interventions (including Team Around the Child (TAC) initiatives and the Early Support Programme)
2. Portage (a home-visiting educational service)
3. Other home-based intervention programmes such as home therapists and home visits, and the Transactional Intervention Programme (TRIP)
4. Parental education/training (including 'Early bird' parent support programmes, communication skills, social skills, coping skills, help-giving styles, parental

- empowerment, parental attitude interventions and programmes supporting mother–infant interactions)
5. Therapy/rehabilitation (including occupational therapy, physiotherapy, rehabilitation programmes, motor skills programmes, Paediatric Adapted Physical Education (PAPE), and hydrotherapy)
 6. Other parental support (direct support, parental counselling, giving information and advice to parents)
 7. Social skills support (Circle of Friends, peer group interventions, communication skills, befriending, circle time, modelling, time out and transition support)
 8. Educational programmes (those designed to promote child development, including the ‘I Can programme’)
 9. Early years settings and projects (including the Effective Early Learning Project (EELS), Sure Start local programmes, children’s centres, community-based childcare settings, day care settings and play schemes)
 10. Specialist pre-school provision
 11. Speech and language therapy, including communication skills (for example Responsivity Education/Prelinguistic Milieu Teaching [RPMT])
 12. Key workers
 13. Multi-agency working and coordination (including early years intervention teams)
 14. Counselling and social work support (including child therapy, art therapy and psychosocial interventions).

It is interesting to note that the Early Support programme and team around the child are the most commonly reported in its research and therefore would appear to be making a real difference to the lives of the children and families. However, it is also noteworthy that key workers and multi-agency working and co-ordination appear near the bottom of the rankings. This is also supported by the research findings into parental experiences of services for disabled children (DCSF, 2009: 22) in which parents expressed their wish to have more ‘joined up’ working that is focused more on good communication and coordination between services. Parents also felt they had to be very ‘proactive and pushy to access services because of problems related to inflexibility of services, a lack of coordination between services and a lack of service availability’.

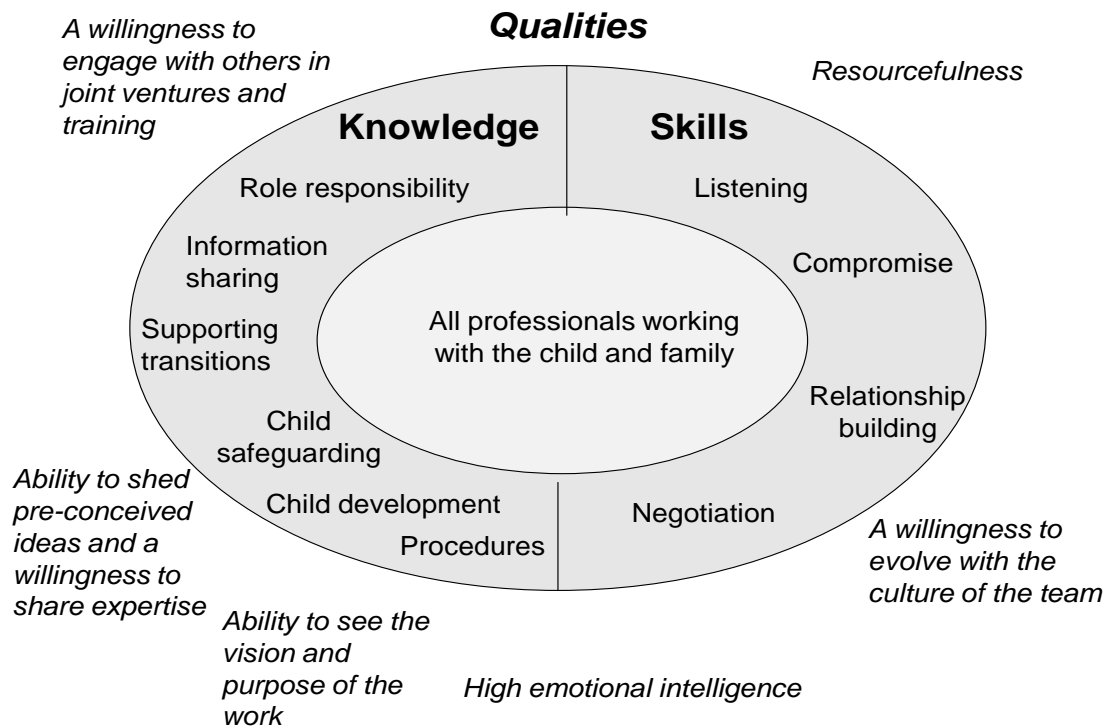
Conclusion

Clearly, despite its many strengths and positive outcomes for children and families, the system in the UK still needs refinement and further development. In addition to some the difficulties already described here, there remain tensions regarding professionals from different backgrounds working together. Messenger and Robertson (2009) outline some of these as being:

- Difficulties in communication, including differences in terminology and language
- Cultural differences in working practices
- Trust
- Differences in pay and conditions
- Risk
- Clarity of role

Messenger (2010) also suggests that greater attention needs to be paid not only to knowledge, understanding and skills, but to personal qualities and puts forward the possibility that these can be learned, as outlined in the following diagram (Figure 2)

Figure 2. Threads that draw professionals together (Messenger, 2010)



Incorporating the further development of these skills, qualities and attributes would appear, therefore, essential in the pre and post qualification and training afforded to all professionals working with vulnerable children and their families. As outlined in this paper, there are already many positive strengths identified in the current UK's policies and practices for supporting vulnerable children which have begun to have real impact not just on the outcomes for children but also in developing more effective inter-professional and trans-professional cooperation and communication. This positive reality is underpinned by the philosophy of the 'team around the child' and the entitlements for children, advocated and upheld by the 'Every Child Matters' (2004) agenda. As the UK enters a new era, with a new coalition government may have new ideas in the field of early childhood intervention.

An already existing indication that integrated children's services may not in practice be so widely supported by the current government is that within days of being in power, the Department for Children, Schools and Families was dissolved and a separate Department of Education was established in early June 2010 with health and social care now in a separate Department. At a local level, the same introduction of disaggregated services for children is gradually becoming evident in Local Authority provision.

Interesting times may be ahead to see how the policies and practices in the UK develop for educational, health and social services in order that current good practices in identifying and addressing the needs of all children, including the most vulnerable, continue and become more effective. The question as to whether party politics should or will impinge on the progress that has been made in integrating professional services around the child, effecting enhanced early intervention and responses to children's needs in the UK, therefore has to be posed.

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