

Stefanija Ališauskienė¹

Early childhood Intervention in Lithuania: Organisation and challenges

Abstract

In the article the system of early childhood intervention (ECI) in Lithuania has been presented: the structure, organisation, functioning, the legal background of ECI, and the requirements for professional training in ECI field have been described, "Life-line" of a very young child at risk or a child with developmental disorders has been shown. The opinions of parents and ECI professionals about various aspects of collaboration: parents' satisfaction with ECI, collaboration between parents and professionals, organisational priorities of ECI activity, the nature of child's recognition, professional improvement, have been analysed and parents participation in ECI has been described. The scientific publications on ECI in the country have been analysed. The survey of on ECI in Lithuania stressing on positive aspects as well as on the challenging issues has been performed

Key words: Early intervention, policy, practice, Lithuania, professional training, research

The structure and organisation of Early Childhood Intervention

Early childhood intervention system in Lithuania for very young children (0-3) in need and their families started to be established in 1996 on behalf of health care system supplementing the educational support for children from 3 years old to school age (7 years) provided in kindergartens theretofore. Activity of early childhood intervention services (ECI) in LT is so far regulated by the documents of the Health Care Ministry and it is groundlessly considered as a treatment (the 2000 12 14 Order No 728 of the Health Care Minister of the Republic of Lithuania, 2001). ECI play the role of service of *disability prevention* and *disability treatment*. Regulations say: "Early intervention for children at risk or with developmental disorders – *health care service*, which ensures early enough *identification* of disorders, early *multi-professional support* for children and their families. This ensures primary, secondary and tertiary prevention, intervention and integration into society and educational system"... "Early intervention service is organised on the principle of teamwork". Team consists of a social paediatrician (coordinator of ECI team), a psychologist, a speech therapist, a physiotherapist, a special pedagogue, asocial pedagogue/worker, an ergotherapist, a nurse".

¹ Ph.D., Šiauliai University, Lithuania, (E-mail: s.alisauskiene@cr.su.lt)

ECI service is provided for families with children at bio-psycho-social risk and/or children with developmental disorders from 0 to 3 years of age mainly, or till a child enters the educational system (e.g. kindergarten, etc.). In Lithuania ~5% of all children population is involved into ECI. 38 multi-professional ECI teams at local level (1 team for ~10.000 children population) and 2 ECI centres at national level are offered to those children. “Life-line” of a very young child at risk or a child with developmental disorders in Lithuania is showed in Table 1.

Table 1. ‘Life- line’ of child at risk / with developmental disorders till school in Lithuania

Place	Age	Responsibility
Hospital, home	From birth till first years	Health. Paediatricians and nurses are the first to intervene.
Early Intervention Services at local level (n=38)	In case of developmental risk/disorders from 0 till 3/7 years of age.	Health. Paediatrician is the coordinator of multi-professional team. Team consists of a social paediatrician, a psychologist, a speech therapist, a physiotherapist, a special pedagogue, a social pedagogue/worker, an ergotherapist, a nurse.
Early Intervention centres at national level (n=2)	For complicated cases, family and professional counselling, courses for professionals and parents, in-service training etc.	
Pedagogical Psychological Services at local level (n=55)	From 2 years (2-18) of age.	Education. PPS provide case studies, assessment, recommendations for support. Family has a right to choose the institution and a type of support.
PP Centre at national level (n=1)		
Mainstream kindergarten	2-6 years of age.	Education. Each kindergarten has a speech therapist, some of them + social pedagogue, physiotherapist.
Specialised groups in mainstream kindergarten	For children with profound disabilities.	Education. A speech therapist, a special pedagogue, a physiotherapist etc., a team of professionals or one of professionals (depends on specialisation of support).
Specialised educational centres (for children with multi-disabilities; visual impairments; hearing impairments; autistic children).	From 2 years of age (kindergarten; including school).	Education. Team of professionals: a speech therapist, a physiotherapist, a social pedagogue, a pre-school teacher.

Source: www.european-agency.org, P. S. In LT there are no private ECI services.

ECI is provided mainly in ECI centres at local level. When a child moves to educational system (mainly from 3 years of age), the kindergarten is responsible for the individual support for a child in need. Majority of mainstream kindergartens have a speech therapist; some of them have a social pedagogue and/or a physiotherapist. Depending on the needs of children, there are specialised educational centres (only a few) with multi-professional teams. Most kindergartens are day care institutions funded from a budget with a small family contribution.

ECI services work in close cooperation with the paediatric system, with pedagogical psychological services, social and educational services. To date, ECI system in LT has been centre based and city-centred mostly focused on a therapy support and informal mother’s education regarding child’s developmental issues. Early intervention services are funded by health assurance funds, therefore the service for families and their children in need is free of charge. Family doctors / paediatricians / neurologists are responsible for referral to ECI. The referral system is flexible – children can be involved into ECI programme because of different risk factors (e.g., prematurity, motor developmental delay, social risk etc.) as well as developmental disorders even if they are not formally fixed. There is a possibility for families to apply for the ECI themselves if urgent questions concerning the development of a child arise.

The concrete support for the child is regulated by the Order of the Health Care Minister (2001). The type of support depends on the situation and need of a child and a family. In case when the risk factors (biological, psychological, social) are evident, the consultations are offered and the child is followed up by the ECI team (from time to time they meet together to evaluate the situation). If the developmental delay, difficulties or mild disorder are noticed (formally can be stated or not), a child can receive up to 18 therapy sessions a year (e.g. 18 speech therapies, 18 physiotherapies etc., depending on the need). Children with moderate/severe disorders (with statements) can receive up to 40 therapy sessions a year. Individual therapies are always combined with team meetings, discussions etc. The team meetings are usually organised once a week (it depends on the team decision) in order to discuss the complicated situation etc. In a situation of social risk, mental illness of parents etc., a social worker from ECI service visits a child and his/her family at home once a week. The workload of ECI professionals is 4 children a day, but in reality they meet with 7-8 children. The ECI support is operative and the waiting list for the support is very short. Depending on the situation and the needs, a child and a family can receive support immediately.

Parent participation in Early Childhood Intervention

Parents are directly involved in the ECI process, they stay with their child during the therapy. However, full participation of parents and professional-parents collaboration is still a challenging issue of the ECI system. The opinions of parents and professionals about various aspects of collaboration: parents' satisfaction with ECI, collaboration between parents and professionals, organisational priorities of ECI activity, the nature of child's recognition, professional improvement, have been analysed in depth in 2003 (Ališauskienė, 2003). Parents' and professionals' opinions showed that majority of families, using ECI service with their children, are poorly informed about the work of ECI and the role of professionals and themselves as the parents, and do not participate in ECI teamwork. The emphasis on disabilities/disorders of a child and purposefulness of the professional improvement of the therapies, common for professionals, showed predominating medical approach. The ascertained tendencies of predisposition to collaborate showed that parents' and ECI professionals' opinions on the essential questions about the ECI activity were similar. In specifying the priorities of collaboration, opinions of the respondents of various groups differed. The diversity of opinions was ascertained both in parents' and professionals' groups, and it can be determined by a limited experience of ECI teamwork, unformed traditions of early intervention, lack of methodological background of activity and lack of systemic approach towards a child. On the other hand, parents lack of information about their role in the ECI, about support and relationship with professionals. Due to personal and usually negative experience of communication with specialists, parents tend to feel guilty and to accept conditions, proposed by specialists, without stipulation.

Parental *satisfaction* with ECI has been identified as one of the most important indicators of quality in early intervention (Ališauskienė, 2004). 'Satisfaction' with ECI is a complex concept and is often understood and interpreted differently by parents or professionals and so the following aspects of satisfaction have been analysed: the way parents evaluate the model of intervention; the support provided to parents and a child; the relationship between parents and professionals; accessibility of services, the organisation of work etc. The *European Parental Satisfaction Scale about Early Intervention* was used. Parents (N=160) bringing up children with special needs attending seven ECI services in Lithuania took part in the research project. The results of the investigation showed that, overall, parents attending ECI services with their children positively evaluate the quality of services provided in Lithuania. According to parents' opinion, intervention towards a child in ECI in Lithuania is well provided. Proper ways of communication with a child prevail; professionals pay much attention to a child and his/her behavioural problems, stimulation of motor development etc.

Parents receiving ECI in Lithuania are less satisfied with the support to parents and factors of social environment, namely: including other family members and relatives, as well as educational and social institutions into ECI, psychosocial support to siblings and other family members, organising parents' groups, information about financial support. Insufficient experience in providing social services in Lithuania, traditions, professionals' attitudes and competences may determine unfavourable social situation in some of the ECI areas. Parents unfavourably evaluate relationship with professionals. They are not satisfied that they are hardly included into mutual evaluation of the situation of a child's development, and into problem solving concerning the child's education; moreover, sometimes parents don't have the necessary information about their and professionals' functions in the service, they cannot or are afraid to discuss and express criticism to the professionals. Limited parental satisfaction with the model of intervention is most probably determined by the prevailing specialised medical approach, when professionals still play the role of experts in the process of ECI towards a child, and when intervention is oriented towards therapies rather than systemic intervention, which includes family members, and stimulates social competences of a child and a family.

The analysis of ECI situation helps to understand that the prevailing traditional orientation to ECI is inappropriate for family, but the challenges admitted by the professionals show the latent striving towards positive changes in this sphere of ECI. New worldwide methodological issues of ECI influence the perceptible changes of ECI in Lithuania. There is a slight tendency from a *deficit model* focused on child's disorder, to *social models*, which are orientated to the systemic support for a child and family, positive development of parents' and children's relationship, the involvement of parents into the process of ECI, the creation of links between a family and a community etc. ECI system in LT is more and more influenced by the ideas of new research of the "second generation" and "third generation" which are based on the principles of integration, inclusion, participation, interdisciplinary, systemic issue, quality of service, etc. (Ališauskienė, 2005).

The background of Early Childhood Intervention system

The legal situation

The implementation of the ECI system started in 1996 and the services are provided at a local level (for every day therapies and support) and at national level (for complicated cases, family and professional counselling, courses, in-service training etc.). ECI in LT is regulated by the Order of the Health Care Minister of the Republic of Lithuania (2001), Law on Special Education, 1998; Law of Education, 2004 (both not mentioned specifically in the references) other documents (e. g. the governmental regulations and orders on meeting the special educational needs, etc.). The new official document (not mentioned specifically in the references) "*The description of the model 'Improvement of living and educational conditions of children from birth till school enter'*" approved by the Ministry of Education in 2009 is focused on vulnerable young children living in social risk environments, especially in rural regions. According to the official document (the 2000 12 14 Order No 728 of the Health Care Minister of the Republic of Lithuania, 2001). ECI in LT reaches all children and families in need (in a case of bio- psycho-social risk or identified disorder every child should be seen by a paediatrician/family doctor/neurologist and sent to the ECI within the first twelve months of life). In LT the ECI system is focused on urban areas; in rural areas there is a shortage of services (ECI, kindergartens, professionals) for young children with developmental difficulties and their families. In order to guarantee the access to the required information to families, the paediatricians / family doctors should take the main responsibility for it. Much more attention should be paid towards the access of required information regarding ECI not only for families, but for professionals of other sectors as well. The health care system takes very much into account the importance of the child's first year in detecting delays and difficulties.

ECI services and centres are decentralised; they are as close as possible to the families. However, the quality of service depends on a geographical location. There is a lack of services or they are of lower quality in rural areas. Services are provided in the city centres; there is a lack of mobile teams and other alternative services in a family context. The overlaps of support are more or less under control – if a child gets service in a kindergarten, he/she doesn't get any support in the ECI system.

Regular meetings between professionals and families are organized in ECI services, kindergartens, centres. Families are involved to a certain degree (but not enough) in the setting up and implementation of the Individual plan. Formally professionals recognise parents as partners in the support process, but in practice families should be involved into the ECI process much more actively. Families become more active, they more and more often participate in the decision making and implementation of the ECI plan, but participation of families vary according to the competences, management and culture of the team/professionals. To have a key person in a team is not obligatory; it is a team decision. Families have a right to receive training upon request; family (usually mothers) training is mostly informal - as a sharing of experience/showing exercises (therapies) etc. There are no specialised training programmes for families (with exception of project based programmes on parenthood education).

Professional teams work closely in the centres, regular and stable interdisciplinary team meetings are organized. There are conditions for engagement of team members (e.g. common language, time, etc.). There are clearly defined roles and responsibilities in a team.

Early detection and referral are implemented in order to avoid gaps and delays that affect further intervention. Developmental screening procedures are not provided for all children, but are going to be implemented soon. Formally the support continues – it does not stop when a child moves to another setting (kindergarten), but in reality the support for pre-school children (not for very young children in kindergarten) is a priority. There is no official requirement that children coming from the ECI services are given priority places in their kindergarten/preschool settings, but in reality it happens.

Professional qualification requirements

In order to be a part of the ECI professional team the bachelor degree is required, master degree is recommended. Quality assurance of the ECI teamwork is implemented through in-service training, case studies, team meetings, specialised courses, seminars, etc. Modules on ECI are included into the BA and MA programmes for most professionals in a team (e.g. speech therapists, special pedagogues, physiotherapists). Programme 'Co-ordination of special needs education' on MA level as a common background for professionals from different professional fields (working in ECI, PPS: Pedagogical Psychological Service etc.) is offered. MA program on ECI is in preparation.

New ideas of social participation, empowerment and inclusive education encouraged the main changes of Lithuanian educational policy, practice and professional training of future professionals (special pedagogues, speech therapists, social pedagogues, physiotherapists etc.) working with vulnerable persons in the last 20 years. The main changes, for example, for professional training of special pedagogue in the last 20 years see in Table 2.

Table 2. Changes in professional training of special pedagogues

Aspects	Comparison of changed aspects	
	before	currently
Studies	“Oligophreno”-pedagogy →	Special education (with speech therapy, physiotherapy qualifications)
Qualification	Special School Teacher →	Special pedagogue (with qualification of speech therapist/physiotherapist)
Target group	Children with mental retardation/ <i>homogeneous</i> group →	Children at risk/with various developmental disorders and SEN/ <i>heterogeneous</i> group
Institution to work	To work in specialised/ special school →	To work in mainstream as well as in specialised institutions (including ECI)
Interaction	One direction: teacher → child	Mutual interaction: teacher ↔ child ↔ family
Aim of education	Transfer knowledge to a child and develop cognitive skills →	Develop social competences of a child
Environment	Structured, segregative →	Flexible, inclusive
Focus	Disorder/disability →	SEN/individual needs/vulnerability/resources/participation, empowerment/resilience
Role	To be an expert →	Teamwork/cooperation with other partners and families

The mentioned changes are closely connected with theoretical methodological, political issues. They influence the educational practice as well as professional training.

Scientific research

In the last decade the scientific research in the sphere of ECI was as active as never before in Lithuania. We checked the main scientific periodical in the field „Specialusis ugdymas“/Special education” for the last 10 year period searching for articles where the studies on ECI would be presented. More than 20 articles on ECI were found (see table 3).

Current evaluation of Early Childhood Intervention system

Strengths and Challenges

Taking into account the recommendations of European Agency for Development in Special Needs Education (2005; 2010) according to the project “Early Childhood Intervention” (in which 5 main aspects have been analysed: *availability* - ECI should reach all children and families in need; *proximity* - support near a place and near a person; *affordability* - cost free services/provision; *interdisciplinary working* - involves professionals from various disciplines; *diversity* - health, education, social sectors share responsibilities) and the results of recent investigation in Lithuania, the comparison has been accomplished. It is evident that the ECI system in Lithuania is functional and relevant to the main aspects analysed, on the other hand, there are areas to be improved.

Positive aspects

- Functional ECI system ensures that no child in special need from birth is left without the support
- ECI is centre-based service
- ECI provision is free of charge
- ECI is available for families in most cities and towns
- Professionals accept the idea of cooperation with families and within a team
- Teams of professionals are multi-professional and stable enough
- Formally the support continues – it doesn’t stop when a child is moving to another setting (e.g. kindergarten, etc.)
- The net of qualified and well equipped PPS with the function of co-ordination among educational settings is implemented

Table 3. Publication samples on ECI (not mentioned specifically in the references)

Title, author, source	Abstract	Main focus
<p><i>Perspective of changes in educational reality of early intervention services.</i> S. Ališauskienė Specialusis ugdymas, 2001/2/5</p>	<p>The article deals with the document “Requirements for Organizational Principles, Description and Provision of the 2nd and the 3rd Level Service of EI for Children with Developmental Disorders” (order No 728 issued by the Lithuanian Ministry of Health, 14 12 2001, Vilnius). It relates to the situation in Lithuania while creating the document. Methodological basis of qualitative analysis of the document using analysis of the text and reception study according to expert methodology enabled to identify the prospects of changes of educational reality in early intervention services and helped to establish the possible tendencies referring to the document perception.</p>	<p>The analysis of legal regulation of ECI in a country.</p>
<p><i>The development of emotional reactions of deprived infants</i> L.Radzevičienė, J. Ruškus Specialusis ugdymas, 2001/2/5</p>	<p>The aim of our research is to reveal effectiveness of pedagogical input for emotional reactions according to the structural and dynamical aspects. 17 infants from 15 to 24 months of age at Infant Home were observed and took part in the 9 months pedagogical experiment. Expression of emotional behaviour was analyzed according to the aspects of age, gender, level of psychosocial development, content of education, dynamics of emotional reactions and somatic stage of the children.</p>	<p>The pedagogical experiment on emotional behaviour of young children living without a family.</p>
<p><i>Analysis Of Psychosocial Situation Of Parents Who Have A Premature Child.</i> S. Ališauskienė, J. Ruškus Specialusis ugdymas, 2002/1/6</p>	<p>The analysis of psychosocial situation of parents who bring up a premature child is presented. The model of “second generation research”, which deals with a move from a child’s individual cognition principles towards family perception rules, forms the basis of the methodological investigation. From the standpoint of situational adaptation, the authors intended to identify parents’ with a premature child, outlook and to reveal the link between parents’ susceptibilities and family demographic factors. Knowing parents’ individuality better would assist ECI specialists to model psychosocial situations of parents having a premature child and help to find out proper directions of support, communication and cooperation, thereby to originate the educational environment of ECI not only for children but their families as well.</p>	<p>The analysis of psychosocial situation of parents with premature child.</p>
<p><i>Predisposition of Collaboration Between Parents and Professionals</i> S. Ališauskienė Specialusis ugdymas, 2003/1/8</p>	<p>The survey data-based article presents the results of predisposition of collaboration between parents and ECI professionals. The author of the research intended to assess professionals’ and parents’ predisposition to collaborate in the situation of early intervention. Taking into account the aim of the descriptive research - systemic qualitative quantitative description of the object, the methodology of the evaluation of the parents’ and professionals’ attitudes towards the collaboration, based upon the relation between the preliminary opinion and attitude, has been given. The analysis of the situation helps to understand that the traditional orientation to early intervention, prevailing in the ECI, is <u>inadequate</u> to a family, but the comments of professionals showed latently existing striving for changes.</p>	<p>The assessment of predisposition of collaboration between parents and the ECI professionals.</p>
<p><i>Intervention of Emotional Development and Behaviour Disorders of Pre-School Children</i> I. Kaffemanienė, V. Tereikiene Specialusis ugdymas, 2003/1/8</p>	<p>The article discusses the effectiveness of intervention for pre-school children with emotional and behaviour disorders. The research proved that effective results could be achieved if not only a child but all his/her family actively participated in ECI process. The present boundaries of the ECI activity guarantee efficient though short pedagogical and psychological support to a child and his/her family; nevertheless, its effect could be more enduring.</p>	<p>The application of intervention for young children with behavioural disorders, involving family members.</p>

Title, author, source	Abstract	Main focus
<p><i>Construction of Model of Collaboration between Professionals and Parents: Methodology and Reflective Practice.</i> S. Ališauskienė Specialusis ugdymas, 2003/2/9</p>	<p>In the article the process of the construction of the model of ECI collaboration with parents has been analyzed: empirical and methodological basis is revealed, the professionals' predisposition to collaborate with parents in a preliminary stage of model construction has been evaluated, professionals' and parents' discussions and interviews with professionals have been assessed, the changes of ECI professionals' predisposition to collaborate with parents have been analyzed, the criteria of the empirically created model have been distinguished and tested. The process of model construction, based upon unanimous systemic methodology, may be tested, modified and transferred to another educational environment.</p>	<p>The construction of the collaboration model between parents and ECI professionals.</p>
<p><i>Parental Satisfaction About Early Intervention: Comparative Analysis of the Situation.</i> S. Ališauskienė, E. Selvenytė Specialusis ugdymas, 2004/1/10</p>	<p>The article analyses satisfaction with ECI of parents, bringing up children with special needs. The following aspects have been analyzed: the way parents evaluate the model of intervention, support to parents and a child, relationship between parents and professionals, accessibility of services and organization of work etc. <i>European Parental Satisfaction Scale about Early Intervention</i> has been used. The results of the investigation showed that parents, receiving ECI in LT evaluate the quality of service provided quite favourably. <i>Intervention towards a child</i>, i.e. professionals' competence of intervention towards a child, attention to abilities and developmental problems of a child and his/her individual needs is evaluated most favourably. The accessibility of services and the organization of work satisfy the needs. Parents are less satisfied with factors of creation of a social environment, the model of intervention and the relationship between professionals and parents.</p>	<p>The analysis of parental satisfaction with ECI.</p>
<p><i>The Investigation of the Family Having a Handicapped Child (A Case Study).</i> J. Ruškus, D. Gerulaitis, A. Vaitkevičienė Specialusis ugdymas, 2004/2/11</p>	<p>The research of the family was based on semi structured interviews: a plan with key notes was made (e.g. <i>situation „now and here“; focus on the past; waiting for a child; birth of a child; the first year of a child; noticing the handicap; child until 3; back to situation „now and here“; future hopes, etc.</i>). It was found that the family with a handicapped child had been involved in a series of struggles. Research identified some empowering, „strong“ (successful coping strategies) and distressing, „weak“ elements in family life and experience with a handicapped child : <i>family's microclimate marked by ambivalence; relation dichotomy between parents and a healthy child; controversial relations between healthy and disabled kids (siblings); changes in leisure content (before and after recognizing child's disability); contraction of social network (after recognizing child's disability); indetermination of family's domestic well-being; etc.</i></p>	<p>The case study of family in a disability situation focused on empowerment.</p>
<p><i>Interpretation of the Perception of Social risk in a Pre-School Educational Institution.</i> S. Ališauskienė Specialusis ugdymas, 2005/1/12</p>	<p>The research is based on the idea to encourage processes of empowering vulnerable families as well as of their social resilience, while identifying and concentrating on internal and external resources, helping to create strategies of overcoming psychosocial problems. The aim of the research was to identify the social risks and the protective factors, which could help to inhibit the way to secondary problems of social nature in families.</p>	<p>The study based on idea to recognise social risks as early as possible and to encourage processes of empowering vulnerable families.</p>
<p><i>The Influence of Early Rehabilitation on the Motor Development of Infants</i> D. Mockevičienė Specialusis ugdymas, 2005/2/13</p>	<p>The urgency of the theme has enabled to formulate the problem question: can purposeful and systematic education influence the development of impaired movements more if it begins in the early period of infancy? Active participation of parents in the investigation helped to create better contacts between a professional and parents, the atmosphere of trust that is very important for the professional's work with a family and with an infant. Educational experiment was performed according to the programme of education, individually tailored for the infant according to the age of complex motor development.</p>	<p>The pedagogical experiment with applied strategies for stimulation of motor development of young children, involving family members.</p>

Title, author, source	Abstract	Main focus
<p><i>The Effect of Early Physiotherapy on Psychomotor Development of Premature Babies Raised in Families and Care Homes.</i> E. Grinienė, K. Gelžinytė Specialusis ugdymas, 2006/1/14</p>	<p>The aim of the research was to examine psychomotor development of premature babies by estimating the effect of different social environments (raised in families and care homes) and efficiency of physiotherapy in stimulating psychomotor development. The conclusion: psychomotor development of examined babies was stimulated by applying physiotherapy in the early age. Psychomotor development of babies, raised in families was faster. Presumably parents influence their babies' psychomotor development not only by stimulating their senses, but also by affecting their perception and social development.</p>	<p>The study on psychomotor development of premature babies living in different environments.</p>
<p><i>Early Childhood Intervention in Lithuania in European Context</i> S. Ališauskienė Specialusis ugdymas, 2007/1/16</p>	<p>The aim of the article is to reveal the situation of ECI in LT in the context of new recommendations of European Agency. The main results and findings from the study are presented in the article in the following sequence: methodological-theoretical approaches of ECI and its evolution, findings on collaboration in ECI between parents and professionals as well as parental satisfaction with ECI in Lithuania; results of assessed and compared ECI situation in Lithuania and other European countries.</p>	<p>The comparative study on ECI in LT in European context.</p>
<p><i>Ecological Approach in meeting Special Needs of Early Age and Pre-school Children.</i> S. Ališauskienė, J. Mikalajūnienė, D. Čegyte Specialusis ugdymas, 2007/2/17</p>	<p>Theoretical analysis of the conception of ecological systems model and its expression in the official documents as well as the changes in the process of identification and assessment of children's special needs/special educational needs were analysed and presented in the article. In the empirical part of the paper, professional priorities in the child's assessment and education, parents' preparedness to share information with professionals about their child, priorities of ecological approach used, as well as attitudes towards a child in educational practice were analysed and described.</p>	<p>The study focused on the extent to which the ecological systemic model is used in ECI/pre-school education.</p>
<p><i>Analysis of the Content of Professional Training in the Field</i> S. Ališauskienė, D. Čegyte Specialusis ugdymas, 2008/2/19</p>	<p>The paper presents the research, the aim of which was to evaluate the content of professional training of professionals working in the field of early childhood intervention (ECI) in Lithuania with regard to European ECI professional training program. Research data showed that the content of training various professionals to work in the sphere of ECI is geared towards the field in which they work and is directly connected with speech therapists and special pedagogues; they have more knowledge in the sphere of recognition/evaluation, specific functions and personal competences. In Lithuanian professional training content, more than in other European countries, the area of recognition/evaluation is predominant, emphasising support for a child.</p>	<p>The analysis of ECI professional training content.</p>
<p><i>Collaboration of Team members Providing Early Support for the Child and the Family: a Case study</i> D. Kairienė Specialusis ugdymas, 2010/1/22</p>	<p>The article introduces the structure of the concept of collaboration in providing early support for a child and a family from the professional team members' point-of-view. The case study of a team work is presented. The research aims to provide answers to the following problem questions: <i>How do the members of the team understand collaboration? What structural components make up the concept of collaboration? What theoretical prospects are collaboration practices based upon and what are its development opportunities?</i></p>	<p>The case study focused on the collaborative culture in ECI team.</p>

Challenges

- Lack of co-ordination among health, education, social sectors
- Unequal quality / lack of service in rural areas
- Need for mobile teams or alternative support
- No clear definition of target groups
- Lack of system of primary screening for all children
- Not enough orientation to a family and child support in a family context
- Not enough attention to the development of Individual Plans
- Lack of in-service training for EIS professionals
- Professionals working in PPS need specialised training on how to recognise, identify and meet the individual needs of a very young child at risk/with developmental disorders/SEN and his /her family.
- Need for new study programmes for professional qualifications.

What has been done recently?

- According to Governmental Programme for 2008-2012, the official document has been prepared and approved in 2009 by the Ministry of Education: “The description of the model Improvement of living and educational conditions of children from birth till they enter school”.
- The Programme of In-service training (improvement of ECI professional qualifications) for PPS professionals and ECI Guidelines has been prepared.
- The supplementary ECI models have been developed (for mobile teams, multifunctional centres etc.)

What is next?

In order to guarantee the availability of ECI in rural areas, and to focus on vulnerable children in vulnerable families and to prevent social risks in the area, it was agreed with the Ministry of Education to supplement the existing system of ECI on behalf of health care system and educational system (kindergartens, specialised centres, etc.) – as of 2009, to initiate a new professional team, responsible for ECI in PPS (Pedagogical Psychological Service) and to supplement ECI system with a home-based / alternative service (a child in a family-orientated mobile team support). The presented ideas have been recently included into the National Programme for the Provision for Special Needs and will be implemented in the nearest future, starting from the professional training. The recommendations for ECI model improvement in LT see in Table 4. The recommendations are accepted by the Ministry of Education and the proposals for supplementary ECI model will be implemented soon.

Table 4. Recommendations for ECI model supplement in LT

The type of Service (0-4 m. children till entering the educational setting)	Now available	Recommended to supplement
Service	Health care/ In II & III level of health care services	Coordinated educational, social and health services
Target group	Children at risk (biological - psychological-social) Children with identified disorders/disabilities	Children at risk (biological -psychological-social) and their families Children with special educational needs and their families
The population covered	Town population	For all population. Priority to children and families in rural regions/areas
Support	Therapy orientated support	Child in a family /Family orientated support /Educational and Social support
Professionals	Medical doctor (coordinator) Psychologist, speech therapist, physiotherapist, social worker etc.	At least 1 professional from PPS (psychologist/social pedagogue/speech therapist/special pedagogue) is responsible for ECI (mostly home based support); Close connections and cooperation with PPS team.
Minimal requirements for professional qualification	The introductory course of Social paediatrics for paediatricians	The professionals providing mobile / home based support need to have a bachelor degree (MA degree is recommended) and the obligatory specialised training in ECI of 6 ECTS, 32 h. Specialised course of at least 1 ECTS is obligatory for every professional in a PPS team.
Referral to service	Family doctors/ paediatricians/neurologist	Paediatricians, family doctors, local social worker, etc.
Links with other services	With paediatricians, family doctors, neurologists, PPS etc.	With local social workers, paediatricians, family doctors, Children rights protection Services, other social services, ECI, educational institutions.

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