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Early Childhood Intervention in Austria: An Overview of 30 Years of Development and Future Challenges

Abstract

The situation of early childhood intervention in Austria is described from its beginning in the 1970s up to the present situation and future challenges. 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. The training programmes for early intervention professionals, as proposed for example in the project PRECIOUS (www.precious.at), must include the need for professionals to work with vulnerable families in general to a greater extent.

Keywords: Early Childhood Intervention; systems development, Austria

Historical background

Based on earlier attempts to promote the development in quality of life for visually impaired children and children with hearing impairments, first ideas towards a systematic support for children with disability started in the mid 1970s (Pretis, 1998). Strong input for these initiatives came from Germany, where in 1973 the “Deutsche Bildungsrat” (Bildungsrat, 1976²) suggested to implement systems of early detection and early support for children with disabilities.

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In addition to a notable sensitivity towards educational questions, the economic situation was also favourable towards the implementation of new systems of support for children at risk or with disabilities. During this period in Austria the first services to support families with a disabled child arose, based primarily on private initiatives. Childhood intervention in this context was mainly understood as a pedagogical support for the child and the families in order to prevent further disability and empower parents in their natural environment. Conceptually, early childhood intervention was based on three columns:

- (a) Child centred work related to developmental stimulation
- (b) family centred work such as counselling and
- (c) interdisciplinary work within local networks (Pretis, 2000).

Services were mainly home-based and families generally received one visit per week for the duration of one and a half hours. These first professionals largely had a pedagogical background such as special teacher or kindergarten teacher education. It quickly became clear that the professionals' training did not always meet the needs of the family, especially regarding new concepts of partnership models (Pretis, 1998b) which arose out of critique of a "Letter of a mother" (Holthaus, 1983). If professionals understand themselves as partners in the family, their way of working had to be much more oriented towards the needs of the parents and not merely based on the technical skills to foster the development of the child.

Positioned in a favourable (political) climate the first training courses were established at the beginning of the 1990s, mainly based on continuous education as the professionals at the same time were working directly with and in families.

The number of attending children in this period increased enormously: from 250 attending children in 1990 to more than 1000 children in 2000 in Styria (Pretis, 1998, 2000). However, it was evident that not all children in need of services could be reached by the existing structures. Therefore, in the beginning of the 1990s, some provinces in Austria extended the qualification for early childhood intervention to children at risk and children with a background of social disadvantage.

From the legislative point of view, the two bodies of laws present the basis for early childhood intervention in Austria:

- a) the law for persons with disabilities or at risk of being disabled and
- b) the child welfare (www.soziales.steiermark.at). As Austria is a federal country (comparable to Germany) and the nine provinces are individually responsible for persons with disability, we unfortunately have to deal with nine different laws.



Graph 1. Federal structure of Austria with its 9 provinces

Even though the conceptual approach towards early intervention could be considered as comparable, the qualifying procedures, as well as the administrative approaches can be quite heterogeneous in the different provinces. The law for persons with disability mainly defines disability as long-term exclusion or risk of exclusion from normalised educational pathways or social participation. The causality of this law is based on existing physical, intellectual or mental impairment.

On the other hand, while expecting the effects of early childhood interventions in the field of children with social disadvantage; in some provinces early childhood intervention is also based on the law of child welfare. This means that a child could qualify for a comparable service based on another legal system. In this system causality is reversed: the risk of the child is seen as a consequence of dysfunctional family systems.

In reality, qualifying for a service based on these two laws might not always allow such a sharp differentiation between children with disability or children with a background of social disadvantage. However, it is well known that there is a high correlation between social disadvantage and being disabled (Engels, 2004).

Besides this general system of early childhood intervention for children with disability, at risk or with a background of social disadvantage, two other specific approaches also developed: services for children with visual impairment and services for children with hearing impairment. For all these services children have to qualify. In the beginning of early childhood intervention, medical doctors tended to identify children by means of their specific expertise. A lack of homogeneity regarding qualifying criteria was observed during this period. From 2004 onwards, independent teams of psychologists,

social workers and medical doctors in some provinces in Austria have worked on developing a qualifying process. To a certain extent, these independent teams brought about a homogenisation of the intake criteria and an easier accessibility for the parents in the field of early support services (0-6 years) (Kiste, 2008).

From the late 1990s it can be reasoned that most of the nine provinces of Austria were covered by a decentralized early intervention network. This structure is mainly based on NGOs in local district centres, providing the service to parents and their children in need. As soon as a child qualifies for a service, be it due to the law for persons with disability or the law of child welfare, parents are entitled to obtain the specific home-based service and the service provider is directly paid by the local authority. There might be some heterogeneity observable in Austria regarding this system (in some provinces is paid a lump sum to the service providers to deliver the service) but early qualifying and balancing aspects are connected with local administrative procedures.

This implemented structure applies to services in around 90 early childhood intervention centres in Austria, at the moment caring for around 4500 children, both with established disabilities or with a background of social disadvantage (Pretis, 2000b). It means that in the best case 2,6% of children per birth year obtain this service in a defined region. Compared to other European regions (e.g. Belgium or Bavaria in Germany) this number can be considered as slightly below the average (Pretis, 2001).

The group of children with a background of social disadvantage is constantly growing, and in some provinces the ratio of children with disadvantaged backgrounds and disabled children is 50/50. Centres – based on the federal laws - still tend to support primarily children with an established disability. In most provinces the service itself is free of charge for parents. Heterogeneity exists, as mentioned above, due to nine different provincial laws. It can be supposed that the majority of children with an established disability are covered by these local early childhood intervention services. In the field of children with social disadvantage around 50% of children are currently able to attend these specific services (Pretis, 1998)

Based on the implementation of specific professional training programmes, a particular professional identity started to appear. This can be seen as a unique development, as the professional field of early intervention is based on quite homogeneous and specific training. Apart from Switzerland and some attempts in Germany, Spain and Portugal, a specific new professional identity in the field of early childhood intervention is observed in no other country (Pretis, 2006). In all other countries, different professional groups such as speech therapists and medical doctors work in early childhood intervention. This development in Austria also led to a collective labour agreement (www.bags-kv.at/1003,,2.html). At the start of the new century the structure for a system of early childhood intervention (taking into account all kinds of heterogeneity in Austria) can be considered well established (European Agency, 2005).

The present situation

Based on data from 2000 (Pretis, 2000b) children with a disability generally qualified for the service at the age of 26,9 months. This service is mainly recommended by clinics, paediatricians, social workers and other therapists. General practitioners, especially family doctors in Austria, still tend to follow a strategy of “wait and see”. Furthermore, even though there is a structured monitoring system of development during the first years (“Mutter-Kind-Pass-Untersuchung” in terms of a developmental screening), it can be said that the number of referrals to early childhood intervention centres by general practitioners is still not satisfactory (only 12% referrals by GPs). However, if an established disability is detected at birth, parents will be informed immediately about the possibility of home-based early childhood intervention services and/or the possibility of specific therapeutic interventions e.g. physiotherapy. As early childhood intervention is its own professional field, parents might also obtain physiotherapy, speech therapy or other related therapies.

In the case of children coming from socially disadvantaged backgrounds, the qualifying period might be slightly later as it tends to be the social workers who propose the intake of a child into a programme. Statistically, children remain in a programme for two years, along with a home visit from an early childhood interventionist once a week. Most of the children with disability or risk will attend a kindergarten between the ages of 3 and 4, and at that time home-based early childhood intervention services tend to stop and specific integration processes in the kindergarten will take place.

Professionalization

The heterogeneity of organisations and structures in this setting is quite complex. In some cases children might receive the service until they begin school (at age 6). The majority of professionals in the field have to pass a specific training which is provided by two universities and one academy in Austria. The training focuses on three columns:

- knowledge of basic medical, psychological, pedagogical, social work and therapeutic interventions
- skills development through practical internships during the training
- broader personal competencies in terms of reflection, supervision and resource management, primarily in the context of mainly home-based work. (Pretis, 2006b)

Current training represents around 90 –100 ECTS points; master degrees are seen as a future challenge (www.ebiff.org).

Working methods

Methodologically the early childhood intervention process starts with a warming up and information phase (Pretis, 2005) which is finalised by a working contract between the early childhood interventionist and the parents. Besides these content-orientated procedures an administrative procedure also has to be performed (qualifying processes).

However it can be hypothesised that the majority of children who qualify for this preventive service do qualify. After this period of warming up and observation a

hypothesis-oriented child and family-centred work based on individual needs begins. There is no existing structured programme (e.g. like portage). Professionals approach the family's needs individually and normally work for one hour with the child and half an hour with the parents in the home-based setting.

Quality of interventions

Based on this individual approach, it is difficult to compare interventions. However, a conceptual consensus regarding the general approach to the family can be seen. On the other hand, Guralnick (2005) warns that at a conceptual level almost everyone subscribes to the general principles associated with ECI (e.g., empowerment, child- and family centred activities, inclusion, etc.). On the other hand, concrete policies and practices are highly fragmented.

In most provinces obligatory training tries to homogenise this diversity. However, as the whole system is much decentralised and the service is provided by diverse NGOs, data collection, also in terms of measuring prevention, is very difficult. Early childhood intervention is organised on a provincial level, and no national research initiative takes place. Local evaluations, however, show high parental satisfaction with the service, especially in the field of children with established disabilities. Preventive effects of these early services are therefore difficult to measure. Although it can be hypothesised that one in eight children attending early childhood intervention services does not need therapies after this preventive effort (Pretis, 2000).

After a period of six months working in the family, the professional might undergo a self-evaluation process with the family in order to calibrate the individual plan. After one year the service is usually evaluated by the administrative authority based on reports from the professionals. An objective evaluation by a team of experts is normally not foreseen, as this service delivery is prolonged by the authority for most of the children. On the other hand it cannot be hypothesised that preventive effects are so prominent in children with an established disability that a continuation of the service is not necessary. Most preventive effects are observed in children from socially disadvantaged backgrounds. The concrete work with the child involves child-centred activities which are mainly based on the results of developmental screenings. Parent-oriented activities include information, counselling the family, aspects related to work and empowerment.

Financing

Interdisciplinary work commonly focuses on cooperation with local specialists since the NGO-based centres do not tend to employ or hire other specialists. The interdisciplinary team therefore can be considered "virtual". Cooperation between local specialists in this context depends to a high extent on their own motivation, as interdisciplinary services are only partly remunerated. As mentioned above, early childhood intervention services are financed by two provincial laws: a. the law for persons with disability or at risk and b. the child welfare law. Even though it is difficult to compare the data among the nine provinces in Austria it can be hypothesised that the public authority invests around 450 – 500 Euro per child per month. Compared to international data this represents an average level of expenditure (Sastre i Riba, 2008).

Current initiatives

Current initiatives in Austria mainly focus on the issue of professional training. Two European projects (www.ebiff.org and www.precious.at) emphasise the future importance of master's level professional training. Early childhood intervention is seen as one of the most complex fields integrating knowledge from diverse interdisciplinary fields, communication skills for working with the family, skills of self-reflection, supervision and self-evaluation. Therefore it is strongly recommended that professionals in the field of early childhood intervention obtain a master qualification (EQF level 6).

On the other hand the suggested 8 modules of this European Curriculum take the needs of new target groups into account: e.g. increased number of children coming from a background of social disadvantage, children with a background of migration or children with parents with mental illness (Pretis & Dimova 2004). Furthermore, evidence-based and research-oriented service delivery should increase effectiveness and efficiency. In the sense of a pedagogical approach to early childhood intervention commonly used concepts such as empowerment, holistic approach, family centeredness etc. could still be used more extensively. This could lead to the risk of contrary intervention in the family. Guralnick (2005) highlights the risk of heterogeneous daily performance of the professionals.

Besides these specific initiatives, a general increased sensitivity towards the needs of young children can be observed: free of charge attendance at kindergarten, and early detection of language disorders at least one year before starting school. The general promotion of early development is part of the governmental programme in Austria. Closely connected to the above-mentioned initiatives regarding professional training, the questions of quality, quality control, effectiveness and efficiency become more and more important. The federal structure of the service, mainly based on local initiatives seriously inhibits comparability of approaches or data. Although local authorities are interested in the question of efficiency and effectiveness of methods to measure the impact, there is a lack of scientific resources. Initiating discussions surrounding the usage of ICF in the German area (Kraus de Camargo, 2007) might give an impulse towards the use of a "common language".

Furthermore, although it is not politically correct to talk about savings or cuttings in the field of young disabled children, the existing economic crisis shows some impact on early childhood intervention. Some centres had to increase their case load (as most centres are paid depending on the number of attended cases) affecting some indirect activities such as public relation or supervision. Still, the average case load of around 14 – 15 children per week per professional witnessed in Austria can be regarded as an exception in the European context. In other countries the case load for professionals is significantly higher (Pretis, 2006b)

Future challenges for early childhood intervention in Austria

It can be observed that the target group of attending children is slowly changing. Due to country-wide voluntary pre-natal developmental screening it can be seen that most of the fetuses with possible developmental risks or established disabilities are aborted (Morris, 2009). This means that “classical” symptoms of disability such as children with Down’s Syndrome, spina bifida etc. are slowly disappearing. On the other hand, based on the facilities of neo-natal intensive care, the number of severely disabled children in the services has been increasing..

On the other hand it can be observed that the number of children with unspecific developmental delays or risks, children from socially disadvantaged backgrounds, children with diagnoses such as ADHD or vulnerable children in the context of parents with mental disorders is constantly increasing. At the moment it can be hypothesised that in well-established provinces up to 50% of the children in early childhood intervention programmes do not represent classical disabled children (Pretis, 2002). This means that the concepts, the methods and the concrete work with the parents of these new target groups have to be renewed. In this context there is a certain dissatisfaction with existing training courses, which are still very much focused on the label of disability. New challenges and new needs of the target groups will focus much more on the preventive work with the parents rather than mere developmental stimulation of the child. Additionally, the new target group parents, e.g. parents from socially disadvantaged backgrounds or parents with a background of psychiatric disorders might show difficulties in compliance and understanding, so the major focus has to be on how to reach these parents. Strengthening the resilience of these children through broader social networks is seen as one possible way (Pretis & Dimova, 2008). Even though the country is covered by early childhood intervention centres these new target groups up to now are not adequately reached.

In periods of restricted financial resources the issue of efficacy and efficiency will arise. Even though up to now local authorities do not have adequate tools to measure the concrete impact of early childhood intervention, and due to the diversity of laws and structures, research displays only local data, and it is only a question of time before administrative systems start to rethink this issue, including the question of quality. In this context, due to the heterogeneity of structures it is recommendable that the centres themselves start to initiate a process collecting comparable data to establish an evidence base of their work, e.g. using the framework of the ICF. Based on the paradigm of second generation research (Guralnick, 1997), intervention in the future will focus much more on individual approaches, not only regarding the contents of the service, for this is to a large extent guaranteed by the individual plans, but also in terms of organisation e.g. centre-based interventions or group interventions geared towards the social competencies of children with disabilities.

Although there are some challenges for early childhood intervention in the country, Austria itself can be considered well organised. Parents are generally open towards this service and no child is left behind.

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