# Competency Framework for Early Childhood Intervention Practitioners

## Professional development

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**Title:**
Competency Framework for Early Childhood Intervention Practitioners - Professional development

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# Introduction

Before specifically address the practitioner competencies it is important to address overall aspects of evidence based recommended practices on ECI that necessarily will impact and change role demands of the ECI practitioners.

Moving from traditional, rehabilitative, child deficit and child centered approaches to a more systemic and ecological perspective of ECI, family centered and naturalistic inclusive intervention, has called upon different roles when providing services and supports as ECI practitioners.

We would like to underline three guiding principles described by Guralnick (2005) relevant when proposing to rethink policies and services in different countries:

- The developmental framework and the **centrality of the family** must be present in all components of the ECI system
- **Integration and coordination of different sectors** (Education, Health and Social Services) must be present in all components of the ECI system
- **Inclusion and participation of children and families** in typical community programs and activities must constitute goals of the ECI system. (p. 6)

These competencies reference to some obvious ECI requested "paradigm shifts" that should be reflected on required changes in ECI Practitioner knowledge and skills, from:

- A clinical approach to a **natural learning environments** approach,
- A direct service delivery model to **indirect and consultative** forms of service delivery,
- Fragmented services to **seamless service integration**,
- Interdisciplinary to **transdisciplinary teamwork** and **case mediator** models,
- A service-based to an **outcomes-based** approach,
- A deficit-based to a **strength-based** approach,
- Support the family for a positive reorganization, regaining balance and improving their wellbeing,
- A professional skill-based approach to a **relationship-based** approach,
- A focus on differences between children with and without disabilities to a **recognition of the commonalities** between them,
- An authoritative expert stance to a shared problem solving process through **reflective practice**, and
- A deficit-based approach to eligibility assessment to a **response-to-intervention** approach" (adapted from Moore ,2008).

The competencies described here, therefore, do not describe practice within a static service paradigm, but reflect the place of the practitioner within a constantly evolving ECI service system.

According to Larkin & Moore 2005 a set of studies conducted by Peterander (2000) and McWilliam, Tocci & Harbin (1998) suggested that the key qualities that practitioners need to foster collaboration with parents are:

- **The personal characteristics of practitioners:** friendliness, optimism, patience, genuineness, integrity and sensitivity,
- Beliefs, values and attitudes of practitioners: family centered beliefs, (recognizing family strengths, trusting in family problem solving abilities) and attitudes (being non-judgmental, accepting differences and mutual trust),
- Interpersonal skills of the practitioner: Open communication, good listening skills, ability to show empathy, honesty and tact,
- The professional/ technical competence of the practitioner, and
- The use of family centered practices: open exchange of information, consideration of the concerns and priorities of the whole family not just the child and encourage family choice and informed decision making.

**Rationale for family-centred practice**

**Family-centred practice** is a set of principles and practices that seek to respect family values and preferences, establish a mutually trusting partnership with families, base services on family priorities, and build on family strengths and competencies. The rationale for working in a family-centred way is a follows:

- ***If service providers and families work collaboratively to identify family goals and priorities, then services are more likely to address families' most salient needs.***

  If professionals determine what the goals of intervention should be, then the issues that are most important for families and have most impact on their lives are likely to be overlooked.

- ***If service providers and families work as partners to determine what action should be taken, then there is a greater probability that the desired outcomes will be achieved.***

  If decisions about goals and actions are made by professionals, then they are less likely to be realizable in the circumstances in which the family lives.

- ***If service providers listen to families and establish good working relationships with them, then parents are more likely to listen to what the professionals have to say and to make better use of professional services.***

  If families, feel that the professionals do not really understand their views or their circumstances, then they are less likely to trust and listen to what the professionals have to offer.

- ***If service providers support family decision-making, then families are more likely to develop the confidence, competence, and ability to make decisions about their child and family over their lifetime.***

  This is important because support services for families drop away significantly as the child gets older, and families need to become more self-reliant.

- ***If service providers and parents share and respect each other's knowledge and expertise, then better solutions for the child and family are likely to be found.***

  If parent knowledge of the child and family is ignored, then the intervention strategies are less likely to be effective.

- ***If child and family needs are met solely or primarily through professional sources of help, then families are more likely to become dependent upon professional services.***

  When service providers help families identify and mobilize family and community sources of help, their dependence on scarce professional resources is reduced.

> The key principle: ***How*** services are delivered is as important as ***what*** is delivered. (Moore 2010, p. 3-4).
>
> From: Moore T. (2010). Family-centred practice: Challenges in working with diverse families. Presentation at Northern Metropolitan Region ECIS Professional Development Day, Melbourne.
> https://www.researchgate.net/publication/228796380_Family-centred_practice_Challenges_in_working_with_diverse_families

# Who are ECI practitioners?

Such practitioners:

- Are **tertiary qualified** in early childhood special education, social work, nursing, medicine, psychology, physiotherapy, speech therapy, occupational therapy, psychology etc;
- Are **active change agents**, offering services through a consulting model within the practitioner scope of expertise and
- **Do not function alone:** they operate within a system of colleagues / service providers and community supports which encourage transdisciplinary approaches (ECIA, 2009).

Preparation of practitioners coming from different professionals disciplines to become ECI practitioners, either in-service or preservice training, has to be conducted at a post-graduate level. And so, the competencies presented here do not describe discipline specific knowledge and skills of each of the different disciplines but rather a core of evidence-based knowledge and skills that apply for the role of ECI practitioner.

# Ecology and outline of the ECI practitioner competencies

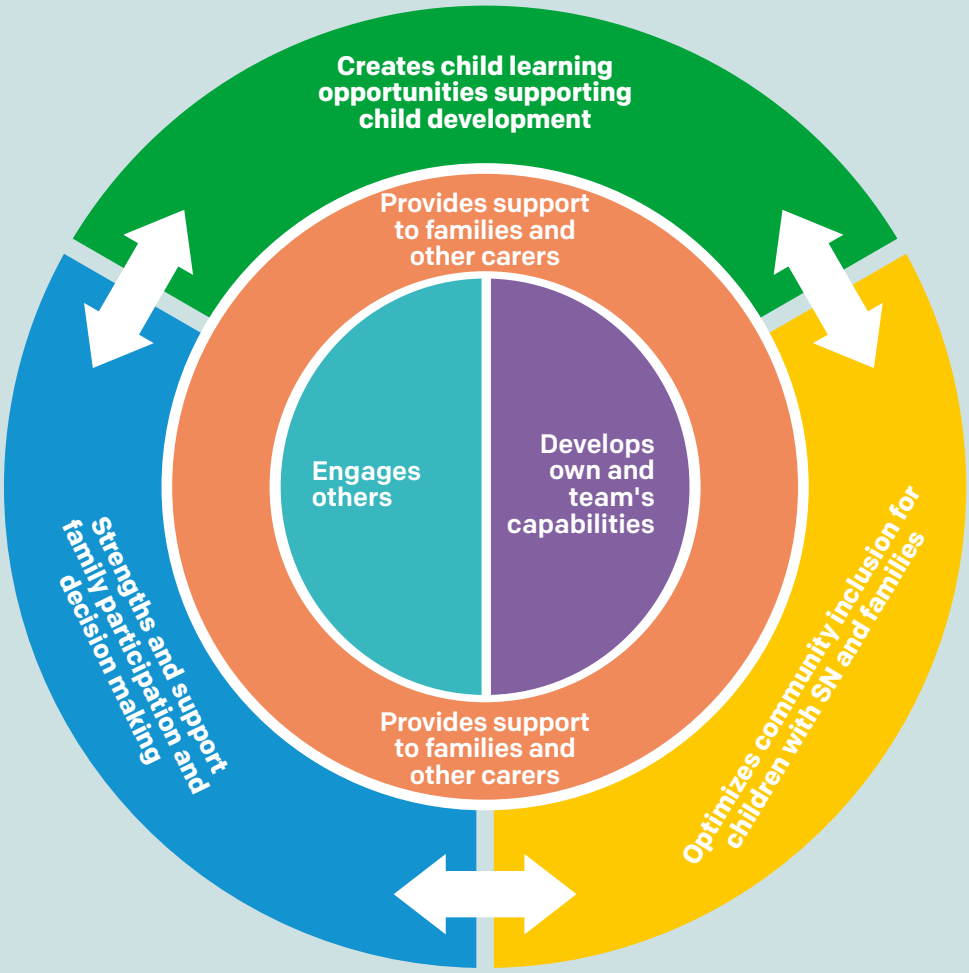
The capable ECI practitioner demonstrates six competencies. She/He can:

- Engage others;
- Develop her own and team's (including the family) capabilities;
- Provide support in partnership with families, other carers and other team members;

In order to:

- Develop the abilities of children;
- Strengthen family participation and decision making;
- Optimise community inclusion.

**Figure 1** **OVERVIEW of the competencies**
Adapted from ECIA Practitioner competencies, 2009

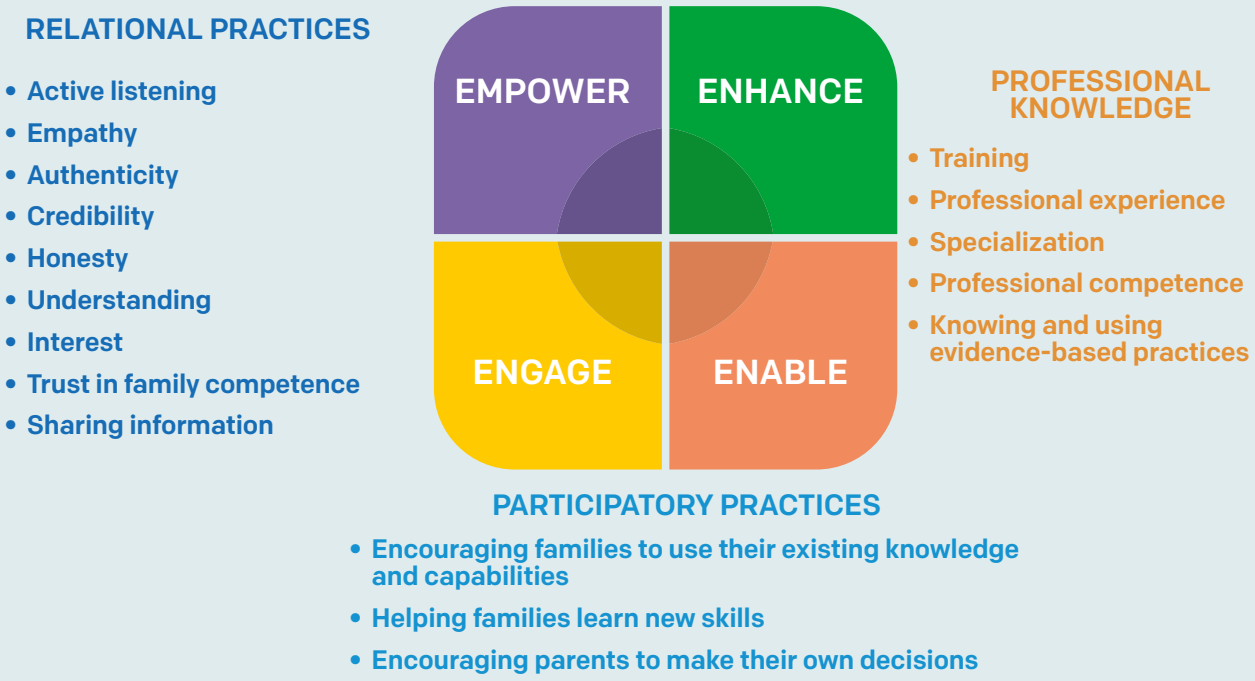



Source: ECIA Victoria (October 2009) *Early Childhood Intervention Practitioner Competencies*. Andrew Hollo, Workwell Consulting. https://www.eciavic.org.au/documents/item/24

# ECI practitioners core knowledge and skills

Dunst & Trivette (2002), carried out a detailed research to identify the characteristics of effective help-giving practices of practitioners, which were the practices that enhance family competencies and empowerment. The authors had identified three practitioner's components that characterize effective help-giving practices: Professional Knowledge, Relational practices and Participatory practices (see figure 2).

**Figure 2** **Practitioners ECI competencies**
ANIP/Im[2] (adapted from Dunst, 1998, 2000, 2002); Espe-Sherwindt, 2008




Moore (2008), proposes a set of core knowledge and skills in early childhood intervention that are presented in Table 1 concerning key aspects of professional competencies for effective help-giving practices.

**Table 1** **Core knowledge and skills in early childhood intervention**

| Key elements of effective help-giving | Specific evidence based knowledge and skill areas |
|---|---|
| **Knowledge and skills**<br><br>**(What)** | ■ Knowledge of early childhood development<br>■ Skills in identifying and using authentic assessment with young children with developmental disabilities<br>■ Skills in supporting learning of young children with developmental disabilities<br>■ Skills in understanding and supporting families of young children with developmental disabilities<br>■ Knowledge and skills in use of evidence-based practices<br>■ Inclusion support skills<br>■ Skills in using natural learning opportunities<br>■ Skills in outcomes-based service delivery and evaluation |

| Key elements of effective help-giving | Specific evidence based knowledge and skill areas |
|---|---|
| **Attitudes and help-giving skills and practices**<br><br>**(How)** | ■ Helping/counselling skills<br>■ Relationship-based practice skills<br>■ Cultural competency skills<br>■ Consultancy and coaching skills<br>■ Transdisciplinary teamwork and collaboration skills<br>■ Staff and program management skills |
| **Empowerment skills and practices**<br><br>**(How)** | ■ Family-centered practice skills<br>■ Strength-based practices<br>■ Capacity building practices<br>■ Participatory-based practice skills |

Source: Adapted from Moore (2008). Moore, T.G. (2008). Early childhood intervention: Core knowledge and skills. CCCH Working Paper 3 (November 2008). Parkville, Victoria: Centre for Community Child Health. https://www.academia.edu/58207835/Early_childhood_intervention_Core_knowledge_and_skills

Carvalho, L., Almeida, I. C. de, Felgueiras, I., Leitão, S., Boavida, J., Santos, P. C., … Franco, V. (2016). Chater 3 - Family centred approach : Guidelines to Early Childhood Intervention. *Recommended practices in Early Childhood Intervention: A Guidebook for professionals*. Luxembourg: Eurlyaid.
https://www.eurlyaid.eu/eciguidebook-englishversion/

Bruder, M. B., Catalino, T., Chiarello, L., Mitchell, M., Deppe, J., Gundler, D., Kemp, P., LeMoine, S., Long, T., Muhlenhaupt, M., Prelock, P., Schefkind, S., Stayton, V., Ziegler, D. (2019). Finding a common lens: Competencies across professional disciplines providing early childhood intervention. *Infants & Young Children*, 32(4), 280-293. doi:10.1097/IYC.0000000000000153.
https://ecpcta.org/wp-content/uploads/sites/2810/2021/01/Cross-Disciplinary-Competency-Areas-and-Indicators_Table.pdf

# Transdisciplinary team approach to services

Another important area of knowledge and skills that an ECI practitioner needs to develop is related to work within a transdisciplinary team approach.

The transdisciplinary team is characterized by the agreement of its members to teach, learn, and work together to implement coordinated services.

In order to accomplish effective collaboration among all members of the team, this best practice model of service delivery encourages a team to enlarge its common core of knowledge and the competency of each team member (King et al., 2009).

Key Concepts in a Transdisciplinary Approach to ECI:

- Seeing the child as a whole, not a collection of specific developmental domains,

- Seeing the child in the context of the family, and the family in the context of the community,
- Sharing in the assessment process (e.g., arena assessment of the child),
- Selecting functional, integrated, meaningful outcomes as a team (which includes the family),
- Developing intervention strategies as a team (which includes the family),
- Systematic sharing of knowledge and skills among the team members,
- Choosing one team member to serve as the primary service provider offering services and support to the family,
- Team members providing support to the primary service provider through consultation and joint visits as needed,
- Meeting frequently and regularly,
- Recognizing that the plan and outcomes "belong" to the family, not to a specific discipline or provider (Raver & Childress, 2015).

Transdisciplinary team work is the approach that fits best with current practices and evidence in ECI as this approach takes families as true partners and full, active and participating members of the team and practitioners make every effort to work together rather than in isolation. A team member, designated as case mediator, key worker or primary service provider is assigned to work closer with the family.

The role of case mediator is of crucial importance. An issue repeatedly highlighted in the research literature is the need for effective coordination of services for families of children with special care needs. Numerous research studies have reported that parents want a single point of contact with services and an effective, trusted person to support them to get what they need (Moore 2012).

The case mediator role is one of the ways that ECI services can provide support that will help families become stronger. The case mediator is in a unique position to build parental competencies and confidence – to put them back in control of their lives, but this practitioner is not alone in this process he has a team behind (Moore 2012).

Alexander, S. and Forster J. (2012). The Key Worker, Resources for Early Childhood Intervention Professionals. Noah's Ark Inc.
https://www.researchgate.net/publication/307927003_The_Key_Worker_Resources_for_Early_Childhood_Intervention_Professionals

Videos from Noah's Ark Center – Testimony of parents - Australia
https://noahsarkinc.org.au/families/stories/parents-explain-early-childhood-intervention

# ECI Professional Development

***How*** we teach these competencies is a crucial aspect of ECI Professional Development (PD) that needs particular attention. These competencies cannot be "taught overnight", rather they required a process that takes **time** and demands **knowledge and experienced** experts as teachers as well as practice experience and reflective practice on part of trainees.

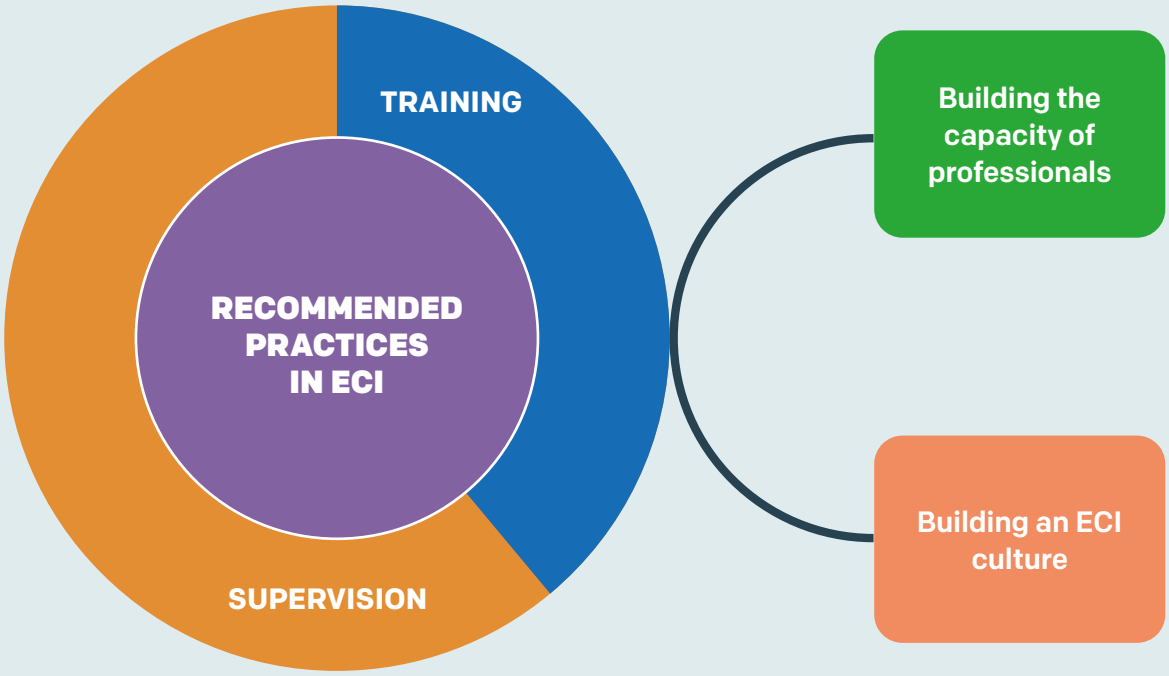
***How*** we implement the use of evidence based practices, ie. "the methods used to teach or train others to use evidence-based intervention practices with fidelity". (Dunst, 2012, p. 68) are also a critical element of the process. Dunst & Trivette (2009), emphasize that "no intervention practice, no matter what its evidence base, is likely to be adopted if the methods and strategies used to teach or train students, practitioners, parents or others are not themselves effective" (p.164).

Dunst et al. (2013) pointed out that effective methods used to train others in Evidence Based Practices are characterized by:

- Active learner involvement;
- Demonstrations of the practices;
- Multiple opportunities to use the practices;
- Repeated instructor/coach-learner interactions that
- Provide feedback, guidance and support (the more immediate, the better); and
- Promote learner reflection on and self-assessment of mastery.

We can identify three different contexts of training ECI professionals, that are not mutually exclusive: pre-service post- graduate training programs organized at University level, in-service training and a third component that is key for Professional Development which is reflective Supervision (see Figure 3).

**Figure 3** **Conceptual model of ECI: natural contexts, family centred, transdisciplinary team work**
ANIP (2019)




Providing sensitive and supportive care to children and families is a hallmark of ECI, but the quality of services provided to families only can be as strong as the professionals who care for them (Glikerson, 2004). Through increased self-efficacy, job satisfaction, commitment to ECI and coping skills, reflective supervision appears to be a powerful tool for supporting individuals and organizations. And again here

trainers, coachers should be experts, i.e. experienced and knowledgeable professionals within the organizations.

Reflective supervision creates an environment of continuous learning, improvement and professionalism, which is built upon a parallel process, allowing early childhood practitioners to develop critical problem-solving skills while also experiencing support similar to what they provide to families (Gatti, Watson & Siegel, 2011). The components of reflective supervision include: Forming a trusting relationship between supervisor and practitioner; establishing consistent and predictable meetings and times; remaining emotionally present and teaching / guiding (Frosh et al. 2018).

## Other resources

| Europe | USA |
|---|---|
| Chapter 7 - Training – Building knowledge, competencies and attitudes to intervene better. In Recommended Practices in Early Childhood Intervention<br><br>https://www.eurlyaid.eu/eciguidebook-englishversion/ | The Early Childhood Personnel Center<br>https://ecpcta.org/<br><br>National Professional Development Center on Inclusion (NPDCI)<br>https://npdci.fpg.unc.edu/<br><br>ECTA Center –Personnel development<br>https://ectacenter.org/topics/personnel/personnel.asp<br><br>DEC- New Position Statement: Personnel Preparation for EI/ECSE<br>https://www.dec-sped.org/single-post/new-position-statement-personnel-preparation-for-ei-ecse |

## References


Alexander, S. and Forster J. (2012). The Key Worker, *Resources for Early Childhood Intervention Professionals*. Noah's Ark Inc.

Dunst, C. J., Boyd, K., Trivette, C. M., & Hamby, D. W. (2002). Family-oriented program models and professional helpgiving practices. *Family relations*, 51(3), 221-229. https://doi.org/10.1111/j.1741-3729.2002.00221.x

Dunst, C. J., & Trivette, C. M. (2009). Let's be PALS: An evidence-based approach to professional development. *Infants & Young Children*, 22(3), 164-176. https://doi.org/10.1097/IYC.0b013e3181abe169

Dunst, C. J., & Trivette, C. M. (2012). Meta-Analysis of Implementation. In B. Kelly & D. F. Perkins (Eds), *Handbook of implementation science for psychology in education*, 68-91.

Dunst, C. J., Trivette, C. M., & Raab, M. (2013). An implementation science framework for conceptualizing and operationalizing fidelity in early childhood intervention studies. *Journal of Early Intervention*, 35(2), 85-101. https://doi.org/10.1177/1053815113502235

ECIA Victoria (October 2009) *Early Childhood Intervention Practitioner Competencies*. Andrew Hollo, Workwell Consulting. https://www.eciavic.org.au/documents/item/24

Frosch, C. A., Varwani, Z., Mitchell, J., Caraccioli, C., & Willoughby, M. (2018). Impact of reflective supervision on early childhood interventionists 'perceptions of self-efficacy, job satisfaction, and job stress. *Infant Mental Health Journal*, 39(4), 385-395. https://doi.org/10.1002/imhj.21718

Gatti, S. N., Watson, C. L., & Siegel, C. F. (2011). Step back and consider: Learning from reflective practice in infant mental health. *Young Exceptional Children*, 14(2), 32-45. https://doi.org/10.1177/1096250611402290

Gilkerson, L. (2004). Irving B. Harris distinguished lecture: Reflective supervision in infant–family programs: Adding clinical process to nonclinical settings. *Infant Mental Health Journal: Official Publication of the World Association for Infant Mental Health*, 25(5), 424-439. https://doi.org/10.1002/imhj.20017

Guralnick, M. J. (Ed.). (2005). *The developmental systems approach to early intervention*. Brookes Publishing.

King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The application of a transdisciplinary model for early intervention services. *Infants & Young Children*, 22(3), 211-223. https://doi.org/10.1097/IYC.0b013e3181abe1c3

Larkin, H., & Moore, T. (2005). *More than my child's disability...* Scope.

McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. *Topics in Early Childhood Special Education*, 18(4), 206-221. https://doi.org/10.1177/027112149801800404

Moore, T.G. (2008). *Early childhood intervention: Core knowledge and skills*. CCCH Working Paper 3 (November 2008). Parkville, Victoria: Centre for Community Child Health.

Moore T. (2010). *An outcomes framework for early childhood intervention services: Implications for service models*. ECIA (Vic) Seminar on Early Childhood Intervention Service Models 12th August 2010.

Moore, T. (2012). Forward. In Alexander, S. and Forster J. (Eds.), *The Key Worker, Resources for Early Childhood Intervention Professionals*. Noah's Ark Inc.

Peterander, F. (2000). The best quality cooperation between parents and experts in early intervention. *Infants & Young Children*, 12(3), 32-45.

Raver, S. A., & Childress, D. C. (2015). Collaboration and teamwork with families and professionals. In S.A. Raver & D.C. Childress (Eds.), *Family-Centered Early Intervention: Supporting Infants and Toddlers in Natural Environments*, 120-130. Brookes Publishing.

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