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SUMMARY:

This article describes the Early Childhood Intervention (ECI) system in Portugal and how it evolved since the 80's until our days, based on a set of principles recommended by research and empirical data. So it describes the characteristics, organization and legislation and implementation of the ECI Portuguese system which pertain to be an inclusive and community resource based early intervention system.

KEY WORDS:

Early Childhood Intervention; Inclusion; Natural Learning Opportunities; Family centered; Routines; Collaboration; Transdisciplinary team work

Early Childhood Intervention: The Portuguese pathway towards inclusion

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INTRODUCTION

Early Childhood Intervention (ECI) constitutes a contemporary issue in the field of Special Education (Shonkoff, & Meisels, 1990; 2000; Dunst, 1996; Guralnick 2011). It is the focus of researchers, educators and other professionals who work directly with young children with Special Needs and their families (Peterson, 1987; Shonkoff & Meisels, 1990; 2000; Brambring, Rauh & Beelman, 1996). The research base has provided an empirical base that clearly demonstrates the importance of child's early years in the developmental cycle of human life. There is a growing body of evidence from many fields that sustain the importance of early intervention for laying the basis for lifelong learning, behavior and health outcomes (Shonkoff & Phillips, 2000). The research in neuroscience and other developmental sciences has proved the extent to which the interaction between genetics and early experience creates either a strong or weak foundation for all subsequent learning, behavior and health (National Scientific Council on the Developing Child, 2007). So the interactive influences of genes and experience shape the developing brain and the vehicle for promoting such development is the "give and receive" nature of children's natural interactions with close caregivers either in the family or in the community (National Scientific Council on the Developing Child, 2007). Also neuronal plasticity is a characteristic of the developing brain typical of the early years, decreasing with age. So these "windows of opportunity" for skill development and behavior adaptation in early years should be carefully capitalized, particularly in the case of children with atypical development patterns, in order to compensate for brain circuits that do not perform in an expected way.

Following this line of thought ECI plays a fundamental role on preventing negative results and maximizing developmental and learning opportunities for children with Special Needs. It also plays a fundamental role on providing support to families, namely by identifying resources that respond to their children's needs, relieving the stress, improving well-being and consequently improving parent-child interaction patterns.

The way ECI is conceptualized and implemented is fundamental to guarantee benefits for children and families. So, natural learning environments, daily experiences, normalizing opportunities as well as children's engagement are fundamental ingredients for demonstrating effectiveness in what ECI provides (Dunst, Raab, Trivette & Swanson, 2010).

Dunst (2000) described what he had conceptualized as the third generation model of ECI, and according to the

author it emerges for two basic reasons. First to eliminate doubts about the intervention targets of family service intervention and the second to include further advances made in research about other aspects of environmental influences and interventions (Dunst, 2000). The parent-child and child features should be explicitly incorporate in any proposed and useful model to avoid confusion about the targets of family service intervention in a family systems approach (i.e., the family as a whole as well as the individual members, including the child as the focus of entering into EI) (Dunst,2000). The other recent feature of the model includes the research based evidence about the contextual and sociocultural foundations of child learning and development and parenting and child rearing roles and styles most conducive to promote child competence (Bornstein, 1991; Bronfenbrenner, 1999; Göncü, 1999, Lancy, 1996; Rogoff, Mistry, Göncü, & Mosier, 1993, cited by Dunst , 2000). So as described by Dunst (2000), the conceptualization of EI in the third generation model includes children's learning opportunities (Dunst & Burder , 1999), parenting supports (Cowan, Powell & Cowan, 1998), and family/community supports (Trivette, Dunst & Deal, 1997) provided in a family centered manner (Trivette & Dunst, 1998). These components of the model are respectively:

Development-enhancing child learning opportunities are ones that are interesting, engaging, and competency producing and result in a child's sense of mastery about his or her capacities. Parenting supports include the information, advice, and guidance that both strengthen existing parenting knowledge and skills and promote acquisition of new competencies necessary to carry out childrearing responsibilities and provide development-enhancing learning opportunities. Family and community supports include any number and type of intrafamily, informal, community, and formal resources needed by parents to have the time and energy to engage in parenting and childrearing activities. Family centered practices place families in central and pivotal roles in decisions and actions involving child, parent and family priorities and preferences (Dunst, 2000, p.101).

Within the contemporary ECI context and undertaking theoretical models such as the transactional model of development (Sameroff & Chandler, 1975), the theory of social systems, the developmental ecology model of Bronfenbrenner (Dunst, 2000), we value the influence of more distant contexts on child development. This view will reinforce the focus on other determinant aspects of development namely, environmental influences and interventions that go beyond ECI traditional perspectives which are more restrictive and essentially therapeutically (Serrano, 2007). So knowledge and understanding of the family social support networks, children's learning opportunities, among other variables influencing child development, acquire an important role for planning and implementing quality ECI services for children and families.

Instead of viewing ECI as compensatory (Dunst,1995) or targeted efforts to remediate specific disabling characteristic, the ecological model for intervention acknowledges the importance that multiple factors play in a child's development. Based on the assumption that development is interactive on a variety of different levels with many contributing variables, experiences and interventions are assorted and targeted to prevent disability and minimize the risk factors to maximize opportunity factors. Based on a notion that development is a process that is continual with contributions from many internal and external factors ECI can influence positive developmental outcomes (Dunst, 1995).

The interest in natural environments as a source of the children's natural learning opportunities has been for many years the focus of attention of many anthropologists, psychologists and educators (Dunst, Trivette, Humphries, Raab

& Roper, 2001). This interest in the natural contexts of learning can be encountered in Mead (1954), in what she called “ordinary life situations” and its contribution to the individual differences in the children’s learning and development, and Vigotsky’s (1978) principles of development and learning also value the natural learning environments as elements that provide the physical, social and cultural contexts of learning (Dunst, 2001). These principles apply to all children. According to McWilliam (2007), children’s learning does not occur through massive trials, but rather through repeated interactions with the environment, dispersed over time. Special education services provided to the specific needs of the children should also, as much as possible, be embedded and provided in the preschool classroom, a natural environment where children spend part of their learning time. Following this line of thought, therapy and specialized instruction should occur in the classroom with other children usually present, and in the context of ongoing routines and activities (McWilliam 2007). However this methodology presupposes a good collaboration among all partners and requires a complex planning of implementation between the regular preschool teachers and the different professionals from the special education services, as well as parents.

One way to create opportunities for learning within daily routines, which we designate by embedded learning opportunities, is to analyze the child’s entire schedule and routines (classroom and home) and to identify times when each skill can be taught, practiced and reinforced (Bricker, 1989, Sandall & Schwartz, 2002). Thus the establishment of educational goals and objectives to ensure the learning and development of children with special needs are a keystone of ECI (Sandall, McLean & Smith 2000). Several characteristics of children with special needs make them more vulnerable, if learning without support; namely, the fact that many of them have delays or disabilities that make them more dependent on others, that keep them from learning well on their own, furthermore that they develop more slowly than their typically developing peers, and that they often have disabilities that interfere with their interactions, and as result they may often acquire more handicaps. These aspects compel a purposeful planning of the children’s learning experiences as well as the use of carefully designed teaching procedures to promote the learning of needed skills (Serrano & Afonso, 2009). The support in learning should be carried out using a variety of ways that include learning experiences for children with special needs within their natural environments and daily routines in the different settings, namely classroom and home. It should also consider play as a vehicle for achieving learning goals (Widerstrom, 2004). Routines are defined as repetitive, predictable, turn-taking games, rituals or activities (Yoder & Warren, 1993). The predictability of routines is very important for children’s learning as they can spend much more attention and energy on actually learning new skills. And this is the case if the routines have a moderate level of novelty, so that children do not find the activities too boring which makes them being bored, or too exciting which makes them spend too much energy on exploring them. The moderate novelty, created by adding a new element or differentiation to a familiar and predictable routine is the ideal moment for learning new skills (Warren & Horn 1996). Engagement and embedded instruction are closely linked concepts and they constitute essential elements of effective instruction that lead to efficient learning and generalization (Warren & Horn 1996). Thus, when planning individualized instruction, it is important to keep in mind the research in the area of neurobehavioral motor intervention and pre-linguistic milieu intervention. It has been shown that catching the child’s attention, the functionality of the skills taught, as well as the embedded instruction in meaningful interaction are key

issues when tailoring services to the individual needs of the children with special needs (Warren & Horn, 1996). Another important aspect of specialized instruction and individualization is the provision of needed therapeutic services to children with special needs. According to recommended practices based on the principles of normalization, inclusion, developmentally appropriate practice, individualization and collaboration, integrated services are preferable to segregated services (McWilliam, 1996). So service delivery should change from traditional methods which focus on hands-on therapy usually in a segregated room to integrated methods of service delivery that promote learning within the natural learning contexts of the child, namely the daycare center or preschool classroom. Integrated therapy requires therapists to use their expertise and knowledge in order to collaboratively and creatively generate developmentally relevant strategies together with other caregivers and educators (Hanft & Pilkington, 2000). So collaboration becomes a key issue in order to provide integrated therapy in natural environments. According to Hanft & Pilkington (2000), the key to effective collaboration among therapists, parents and other elements in the child's team means for therapists to translate professional knowledge by providing pertinent information and strategies for other adults to support them in their efforts to improve the child's performance in the natural environment. In the same way, integrated therapy within natural environments increases the child's amount of time and opportunities to learn and develop, as well as it helps the generalization process, an important issue found in literature, when considering learning for children with special needs (Warren & Horn 1996; Gordon 1987; Stokes 1977).

Another important aspect of providing services in ECI is family involvement and one of the primary vehicles for guaranteeing such family participation is the development of an Individualized Family Service Plan (IFSP). The IFSP is a plan written by the parents and professionals that describes the needs of the child, the needs of the family in relationship to the child, and how those needs will be addressed and by whom.

To conclude, service delivery to ensure specialized instruction and individualization for children with special needs on a high quality level in inclusive setting, should be rethought to sustain a collaborative team approach (Serrano & Afonso, 2009). The team-based philosophy should highlight interdependencies and a holistic/comprehensive view of the child and family, opposed to a focus on individuals in a single developmental area. If we want to bridge the gap between knowledge and everyday practice, we should take up these recommendations in designing quality inclusive educational programs for children with special needs.

Based on the principles described above the Portuguese experience in ECI has been developing and evolving since the 70's and 80's. The 25th of April of the year 1974 represents a crucial turning point of great importance for many aspects in Portugal, including the system of social child care and protection. Changes were made in the domain of childcare and protection; several initiatives emerged for children with Special Needs; preschool education was recognized as being part of the official educational system. Some of the first experiences in this field can be traced as early as the 70's when the Cerebral Palsy Center in Lisbon, developed a center based EI program for children with cerebral palsy.

However, all these initiatives were exclusively destined to children from age three and up, leaving the children under the age of three without any kind of legal support from the educational services. And during the 80's an important

contribution was the support provided from Direcção de Serviços de Orientação e Intervenção Psicológica that became the mediator for the EI Portage Program in Portugal, translating and using its materials in their work with young children with SN and their families on a home based program (Serrano, 2007). From the mid-eighties on, the growing conscience of the importance of a child's first years of life, its impact on the future process of its development, and the knowledge of service developments abroad, have shown the need to develop services for children with special needs under the age of three. This led to the occurrence of the first early intervention experiments in Portugal. In the next sections we will describe how the ECI system developed towards a comprehensive and inclusive framework of educational practice.

1. EARLY CHILDHOOD INTERVENTION IN PORTUGAL

In the late 1980's a wide array of programs and services had developed across the country. Conceptual framework, delivery models, target populations, goals, outcome measures, level of parental involvement, type, intensity or duration of services were extremely variable from program to program and even within the same program.

In a little more than a decade, early intervention evolved from an emerging service, provided within a child-centered perspective, to a rapidly growing field with a totally different conceptual framework. Part of this evolution was triggered by the implementation of a community-based program of early intervention in Coimbra, located in the central region of the country (Boavida & Carvalho, 2003). The Coimbra Project successfully addressed the challenges of this new field of early intervention: how to support families and the parent-child relationship at a very vulnerable time, how to help families become equal members of the team, how to choose evidence-based practices, how to organize services, and how to help practitioners adopt this new model (Healy, Keesee & Smith, 1989). The Coimbra Project developed a system to provide individualized comprehensive services to children and families by using formal and informal resources already available in the community, and by creating a collaborative effort involving health, education and social service. The implementation of the Coimbra Project constituted the starting point of a *no return* process of the development of early intervention in Portugal.

The passage of the first Early Childhood Intervention (ECI) legislation (Joint Executive Regulation nr. 891/99) in October 1999, partly based on the Coimbra Project conceptual framework, was a landmark. The legislation contained an important change: rather than focusing only on the education of the child, it clearly identified the family as the locus for planning and delivering community-based early intervention supports and services. The legislation also provided a reminder that the field of ECI is multidisciplinary and interagency, made up of professionals from education, health and social services, which should provide comprehensive developmental services to children from birth to six, with special needs and their families. The need for an individualized intervention plan to be developed and implemented according to a family-focused philosophy was a central feature of the Portuguese legislation.

Unfortunately the legislation was very successful in providing ECI services only in specific areas of the country,

especially the central region and Alentejo (north of the Algarve and south of Lisbon) (Franco & Apolónio, 2008; Tegethof, 2007). In some other regions, it was not implemented because of a lack of involvement from regional political authorities. Part of this partial failure, resulted from the fact that Joint Executive Regulations, issued by the government, are not as strong as Parliament approved Public Laws.

In October 2010, a Public Law regulating ECI, Decreto-lei 281/09, was approved in the Parliament. Before describing basic aspects and expectations of the new legislation, we'll describe some of the major changes in ECI in the last two decades.

2. THE EVOLVING FACE OF ECI IN PORTUGAL IN THE LAST 25 YEARS

As discussed earlier, when ECI started its activities in Portugal in 1989, no legislation or any kind of recommendations for the provision of services existed. In most cases, services were child-centered, using the same methods as special education programs for older children (Boavida, & Borges, 1994). Similarly, throughout the country there existed no specific early childhood intervention professional training, either preservice or inservice. Any early intervention content being included within preservice or inservice training programs typically was incompatible with what was considered best practice internationally. Our decision to move toward a family-centered, community-based, interagency, transdisciplinary model, created significant changes in ECI in the country (Boavida, & Borges, 1990. Boavida, 1993).

2.1. Target Populations and Goals of Early Intervention Making decisions about the target population and focus for ECI has had a significant impact throughout the country. Besides serving children with disabilities, ECI started providing services for children at high-risk for delays and disabilities, i.e, those children and families with multiple environmental risk factors, with poverty often being the common denominator. In addition, providing support and instruction to families in order to contribute to their autonomy, independence and empowerment, was considered a goal as important as enhancing child development, minimizing developmental delays, remediating existing problems or providing therapeutic services to children (Guralnick, 2005). Identifying the family as the target for delivering services and supports has proved to be a paradigm shift for providers (Dunst & Trivette & Deal, 1988; Dunst & Trivette & Deal, 1994; Dunst & Trivette, 1998).

2.2. Level of Family Involvement ECI in Portugal has moved steadily toward a family centered approach. The changing point from a family-allied philosophy to an increasingly family-centered one was represented by the introduction of the PIAF (Plano Individualizado de Apoio á Família), a Portuguese version of the Individualized Family Service Plan (IFSP) (Espe-Sherwindt, & Boavida, 1996). The PIAF

was viewed as a planning process and document developed and implemented by the team of the family and professionals, and based on conversations about family priorities, concerns, strengths and needs (McGonigel, Kaufman, & Johnson, 1991). Services were organized and coordinated from the perspectives of families, who are the constant in child's life and the primary unit for service delivery. In addition, professionals were required to work with the family as an integral part of the team, abandoning traditional prescriptive models. This model of collaboration and partnership between family and professionals at all levels of the intervention process, was the key to the successful implementation of family-centered services. However, this particular philosophical change has proved to be the most challenging for some conservative child-focused trained professionals (Carvalho, 2004), not only in Portugal but also in other countries (Campbell & Halbert, 2002).

2.3. The role of families

Dunst, Johanson, Trivette, and Hamby (1991) described professional practices as falling along a continuum, from a professionally-centered model at one end to a family-centered model at the other:

- *Professionally-centered model:* Professionals are the experts; families are expected to rely upon the professional, who is the primary decision-maker.
- *Family-allied model:* Professionals continue to identify the needs of the child and family and define intervention, but view families as being able to implement intervention.
- *Family-focused model:* Professionals view families as consumers who, with assistance, can choose among the various options identified and presented to the family by the professionals.
- *Family-centred model:* Professionals view families as equal partners, and families are viewed as the ultimate decision-makers.. Intervention is individualized, flexible, and responsive to the family-identified needs of each child and family.

In spite of being aware of the importance of families, and considering families the target for services delivery, the level of parental involvement in Portugal was comparatively low in the beginning years. Now, it has moved steadily from a family-allied and family-focused approach toward an approach that is truly family-centered (Cruz, Fontes & Carvalho, 2003; Carvalho, 2004). Two factors have contributed to the progress toward a totally different level of parent participation in the early intervention process: 1) the adoption of a transdisciplinary team model and 2) the use of the PIAF, as a process to be developed and implemented in a way that supports families' goals and objectives (Espe-Sherwindt, & Boavida, 1997).

By its very nature, a transdisciplinary approach creates opportunities for families and professionals to work together (McGonigel, Woodruff, & Roszmann-Millican, 1994). In such an approach, families are viewed as team members. Their role of sharing information in their "own discipline"- being a parent of a child with special needs, and being aware of their own priorities, strengths, and needs – makes them an important and priceless resource in the intervention process. The view of families as team members is integral to the

process of developing and implementing the PIAF, in such a way, both flexible and functional, that promotes enabling, empowering and strengthening families (Deal, Dunst & Trivette, 1994).

2.4. Location in Which Intervention Occurs Since we view every child as having unique needs, and living in a unique family within a unique community, we do not prescribe a standard setting for early intervention.. Instead, the location depends on the everyday routines and activities of the child and family. Locations may include the family's home, a childcare setting, preschool, the health center or elsewhere in the community, provided those settings are identified as natural environments (Stayton, & Bruder, 1999).

2.5. Collaboration Among Agencies A transdisciplinary interagency team model by its very nature creates a structure for professionals from different disciplines and agencies to work together to provide integrated and comprehensive services to children and families (McGonigel, et al., 1994). The need for such a model is particular important for families with complex, intense service and support needs, as the absence of such coordination would make support to families and their infants and toddlers with special needs an unfulfilled promise. Portuguese legislation promotes such a model by specifying that teams are to include professionals from different health, education and social security agencies as well as professionals from private institutions. However, this model creates the need to build a shared philosophy and common language and goals among the professionals on the team. Such a need must be constantly addressed as professionals enter and leave the early intervention system (Boavida, Espe-Sherwindt, & Borges, 2000).

2.6. New Values and Roles in Early Intervention A dramatic reconceptualization of the traditional role of service providers has been required: from decision-makers to facilitators, from multidisciplinary to transdisciplinary, from direct services provided to children to indirect, consultative services to children and family (Stayton, & Bruder, 1999). Throughout the last twenty years, we have continued to view the child's developmental needs as integrated across the major developmental domains, and the child's and family's services and supports as preferably implemented by a single professional with assistance provided by other team members on a consultant basis. All these shifts in service provision are possible only if a new set of attitudes; skills and competencies necessary to professionals to work with families are present (Roberts, & Innocenti, 1998).

2.7. Training and personnel preparation

The delivery of ECI services is a complex task that requires a combination of knowledge, skills and experience that enables practitioners to select and use the best intervention techniques (Gallagher, 1997). The change from traditional family-professional roles and relationships to a family-centered approach is not easy to implement (Espe-Sherwindt, 2008). Personnel preparation is considered the cornerstone of the implementation of ECI development (Espe-Sherwindt, & Boavida, 1995) and based on this fact, we'll develop

this area more extensively.

The task of preparing personnel in Portugal in 1989 came with many challenges. We were faced with a) professional training that was primarily child-focused; b) no regulations on how services were to be provided; c) a lack of preservice preparation in early intervention attitudes, knowledge and skills; d) a shortage of trained and experienced professionals and faculty in the field; and e) the continuing evolution of concepts and recommended practices. As a result, the Project's emphasis on creating a common conceptual and philosophical framework among professionals from different agencies and disciplines was one of the major goals of training and, in retrospect, played a critical role in bringing about an openness and ability to adopt a new approach.

To address these challenges, a variety of strategies for continued personnel development had to be considered in the beginning: Consultations with visiting experts (especially from the United States), interaction with programs in Europe and in the States, short-term conferences and workshops, coursework; and supervision were all utilized as strategies to build and refine early intervention skills and encourage continued professional support and growth (Boavida, & Borges, 1994).

2.7.1. Personnel Training Program Design

Since preservice preparation of the different professionals involved in the first ECI programs did not include family-centered collaborative approaches to service delivery, the teams were not prepared to function in a system that challenged practitioners to work with the child and the family in the context of their daily routines and environments. We had extensive discussions about such questions as:

- What did professionals in our community need to know to be able to effectively serve children and families?
- How could inservice training enhance the awareness, knowledge and skills of personnel who had limited or no experience in the field, and facilitate a shift from a definition of intervention as a set of activities for eligible children with disabilities to a broader view of intervention influencing the child's development and the family's ability to care for the child?
- In addition, how difficult and possible would it be to create a system of inservice training and ongoing support that would be appropriate across disciplines and practices?
- How could we define local needs and, whenever possible, local solutions to those needs?

2.7.2. Program Content and Process Knowledge and skills in a wide range of critical areas are important for professionals to be appropriately qualified to provide early intervention services (Thorp & McCollum, 1994). Four broad content areas were identified (conceptual framework and evidence-based practices) for training purposes: 1) children, 2) families, 3) team functioning, and 4) philosophy and values.

Subareas of content included in the training curriculum were:

- 1) child development and behavior (typical and atypical),
- 2) specific developmental problems (vision impairments, hearing impairments, motor impairments, autism, Down syndrome, X-fragile syndrome)
- 3) developmental screening and assessment,
- 4) Growing: Birth to Three (Copa, Lucinski, Olsen, & Wollenburg, 1999a),
- 5) working with families,
- 6) home visiting,
- 7) family centered early intervention,
- 8) transdisciplinary team work,
- 9) developing and implementing the PIAF,
- 10) philosophical and conceptual framework of early intervention,
- 11) supervision process.

Certain characteristics have been identified as key to ECI training program development and implementation (Bailey, McWilliam, & Winton, 1995; Gallacher, 1997; Malone, Straka, & Logan, 2000; McCollum, & Catlett, 1997; Stayton, & Bruder, 1999; Winton & McCollum, 1997):

- 1) provide team-based training,
- 2) include values and philosophy, besides bodies of knowledge and skills,
- 3) develop as an interdisciplinary or cross-disciplinary program,
- 4) provide a common core of content across disciplines,
- 5) provide a shared vision and a common philosophy about service delivery,
- 6) involve family members in the delivery of training,
- 7) produce meaningful and enduring change in professional skills and attitudes,
- 8) be responsive to team decisions and identified needs,
- 9) provide opportunities for practice and reflection within the context of training,
- 10) involve participants as active learners,
- 11) be relevant to everyday practice,
- 12) provide opportunities for direct observation of eligible children and families,
- 13) provide ongoing support through appropriate individualized supervision.

In general, according to our experience personnel development system design must be comprehensive, yet creative, flexible, and adaptable to local needs and resources. During the first decade after the start of the Coimbra Project, we were able to visit and establish contacts with early intervention programs and professionals in the USA. It was the beginning of an extensive exchange of materials and ideas and a very high traffic of consultants in and out of Portugal, from a one-time involvement to a more continuous participation in the training program. The collaboration with experts from the United States was absolutely critical in areas like family involvement, working with families, development of the PIAF, family-centered services, transdisciplinary teamwork and supervision. European experts have also participated in training

activities in Coimbra but on a smaller scale. This collaboration, together with all the experience gathered in the provision of services, has been important for the development of our own training team. As a result, most of the inservice training curriculum of professionals working in early intervention is planned and provided nowadays by Portuguese professionals. The National Association of Early Intervention plays an important role providing most of the inservice training for early intervention professionals and recently has been accredited by the Portuguese National Accreditation system.

From the beginning, the involvement of health care providers and the collaboration between health and educational and social services (a specific feature initiated with the Coimbra Project) were considered extremely important for the success of ECI implementation. Early referral is considered critical to the intervention success. Health professionals are usually the best situated to identify very young children with disabling conditions or with risk factors (Boavida, & Borges, 1994). The delay in the referral process is usually related to a lack of awareness among primary care physicians and nurses, who often are more concerned in the first months of life with the growth than with the development of children (Boavida, et al., 2000). As a result, health professionals become a particularly important target for training above and beyond our community teams. In order to increase the participation of primary care physicians and nurses, an extensive training program must be developed.

The main issues to include are:

- 1) The identification of biomedical and environmental risk factors for developmental disabilities,
- 2) The systematic use of developmental screening techniques in the regular follow-up of children,
- 3) The importance of good health care in family functioning,
- 4) The importance of early identification in eligible children and families,
- 5) The need to change traditional medical attitudes toward developmental problems and early intervention.

Given the purpose to increase identification by health care providers, we consider that this specific content, with a breadth and depth tailored to physicians and nurses, is essential to create a strong knowledge base and clinical skills in these two disciplines. The discipline-specific process for delivering this component of the training program differs from subsequent personnel preparation, which is consistently cross-disciplinary and team based. Physicians and nurses must also be included in all the cross-disciplinary training.

2.7.3. Supervision Effective supervision is an ongoing process that goes far beyond training opportunities, and can facilitate the integration of knowledge, skills and attitudes gained from training events into the daily work with children and families. As a result, it is also an important way to achieve the complex task for supporting professional change and the new roles and new visions of service delivery (Bertacchi, 1991; Copa, Lucinski, Olsen, & Wollenburg, 1999b; Gallacher, 1997; Shanok, 1991). From the beginning, we think that one of the major goals of the personnel training process needs to be the development of a common conceptual and

philosophical framework among professionals.

Usually supervisors are selected from those professionals with recognized knowledge and experience in providing direct services to children and families. Like any other ECI professional, they come from different agencies. Besides being supervisors, it's advisable that they perform other tasks to support the programs development. Each supervisor must be assigned a certain number of local teams and meet regularly with them, usually on an every other week basis. Supervision can take place more frequently based on the specific needs of teams, for example, helping them with new complex cases or helping the team absorb new and inexperienced professionals.

Supervision is essentially the process of guiding professionals to accomplish ECI goals, always remembering the quality of services provided to families and children. It helps professionals build and refine their early intervention skills, encouraging their development through ongoing reflection. Believing that learning occurs in a relationship context (Fenichel, 1991; Shanok, 1991), we understand and highlight supervision as a privileged place to build relationships and, therefore, a privileged place to promote learning.

2.7.4 University Training Programs in ECI

Training of professionals in the field of ECI also became an important issue in Portugal and a number of ECI programs have been established to operate in the main universities in the country. The first programs to be developed in the country were two ECI Master's programs by the Universities of Oporto and Minho in 1994, and recently there is a growing number of programs coming out of different Universities and Higher Education Institutes trough out the country, namely in Lisbon.

Both Master's programs in Minho and Oporto, count with the collaboration of EI experts from well known American University programs that prepare professionals in the field of early childhood education and early childhood special education.

This is a field of evolving nature and the recent legislation is creating a new energy to conceive and develop quality services for young children with or at risk for SN and their families.

3. NEW ECI LEGISLATION, FUTURE CHALLENGES AND CONSIDERATIONS

In October 2009, the parliament approved a new legislation for the provision of ECI services, Public Law (PL) 281/09. It creates the National System for Early Childhood Intervention, "Sistema Nacional de Intervenção Precoce na Infância (SNIPI)". Part of the change in the legal framework had to do with the need to extend services to the whole country and not only to some regions. Being a PL and not just a Joint Executive Regulation, increases its effect, in the provision of mandatory ECI for all eligible children.

Apart from this fact, both legislations are conceptually poor, defining less than ideal family involvement. Fortunately since the beginning of the new millennium, ECI has acquired a growing audience, and professionals, agencies and families are fully aware of the significant paradigm shift that occurred in Portugal, described earlier. This single fact will be more beneficial to the provision of good practice early intervention than the legislation itself.

The structure proposed in this new law has similarities with the previous one. It clearly defines ECI as a range of comprehensive developmental services, provided by local teams made up of professionals from health, education and social security. Ideally, local teams are to be based in the local health centers, according to a natural context philosophy, and Health is considered the primary access to the system. Services should focus not only in the child but also include the family as the locus for planning and delivering community-based early intervention supports and services. It also defines two levels of coordination of the system, one regional and one national. The country has 5 regions, North, Center, Lisbon, Alentejo and Algarve, each with a coordinating commission composed of one representative from the 3 departments (health, education and social security). Nationally, there's a central coordination responsible for the development of regulations, articulation of the three Ministries involved and evaluation. All children from birth to 6, with developmental disabilities or at risk (environmental or biological), are eligible for ECI services. The need for an individualized early intervention plan is also a central feature of this new Portuguese legislation. This plan is to be developed and implemented according to a family-focused philosophy.

Portugal, like any other country with limited resources, will keep being forced to make creative and wise decisions on how to use resources. In the middle of an unprecedented economic crisis, the most realistic way to provide early intervention services is by building on existing human and material resources, articulating relationships between agencies and professionals, and using whatever is available in the community.

These numerous societal and legislative changes pose new challenges to families, ECI practitioners, trainers and planners. Twenty years ago Healy, Keesee and Smith (1989) predicted that there will always be a conflict between the "system" and the intimate, flexible, relationship-focused process of early intervention. They pointed out that this model of early intervention is indeed revolutionary, and that we will need to be creative, visionary and vigilant to promote this revolution. The major priorities in Portugal for the next decades will be to develop ways to increase the involvement of families, to redefine professional training according to desired outcomes and to maintain good quality ECI services, despite total absence of legislative regulations on these important issues.

Although a good legal framework is important, we shouldn't forget that without any law, the 1990's were the most productive years in Portugal for the field of early intervention. Training played an essential role in ECI development and without a doubt was the single most important factor associated with ECI services effectiveness. With such big concerns and challenges facing us, we still hope that with the help of so many committed families and professionals, and after a two-decade evolution toward an evidence-based approach, the field of early intervention will continue to be an exciting one in Portugal.

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