

# Module I.1

## Introduction to the concept of care and early intervention in different contexts

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## 1. EARLY STIMULATION CONCEPT

The consensus idea of Early Intervention according to the White Paper on Early Intervention (Group of Early Intervention-GAT, 2005, p. 14) is: ***Early Attention is understood as the set of interventions aimed at the child population aged 0-6, the family and the environment, which aim to respond as soon as possible to the temporary or permanent needs presented by children with disorders in their development or who are at risk of developing them. These interventions, which must consider the child as a whole, must be planned by a team of professionals with an interdisciplinary or transdisciplinary orientation*** (Robles-Bello & Sánchez-Teruel, 2013).

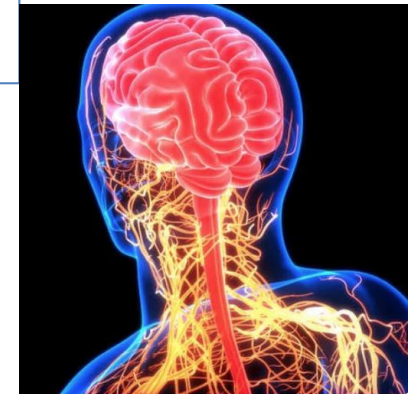


## 1. EARLY STIMULATION CONCEPT

### 1.1. CHILD DEVELOPMENT

Child development in the early years is characterized by the progressive acquisition of such important functions as *postural control, movement autonomy, communication, verbal language, and social interaction.*

This development is linked to the **maturation process of the nervous system**, already initiated in utero, and to emotional and mental organization. It requires suitable genetic structure and satisfaction of the basic requirements for human beings at a biological and psycho-affective level.



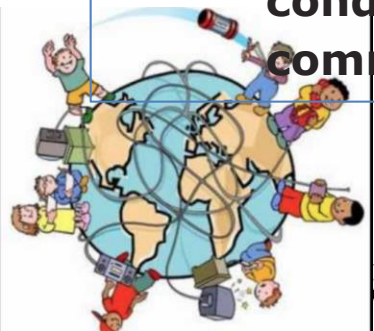
## 1. EARLY STIMULATION CONCEPT

### 1.1. CHILD DEVELOPMENT



Child development is the result of the interaction between genetic and environmental factors.

- **The genetic base**, specific to each person, establishes their own development capacities and so far, is impossible to modify.
- **Environmental factors** modulate the expression or latency of some of the genetic characteristics. These factors are biological and psychological and social:
  - A) **Biological order** the maintenance of homeostasis, state of health, absence of factors of aggression to the Nervous System (NS)..., necessary conditions for adequate maturation.
  - B) **Psychological and social order**: the child's interaction with their environment, the affective bonds that they established from the affection and stability in the care they receive, the perception of what surrounds them (people, images, sounds, movement...). **These conditions, which are basic human needs, are key in emotional development, communicative functions, adaptive behaviors and in attitudes towards learning.**



## 1. EARLY STIMULATION CONCEPT

### 1.2. CHILD DEVELOPMENT



**Development** is the dynamic process of interaction between the organism and the environment that results in the organic and functional maturation of the nervous system, the development of psychological functions and the structuring of the personality.

**Developmental disorder** is a significant deviation from the normal **course of development**, as a consequence of health or relationship events that compromise biological, psychological and social development. Some developmental delays can be compensated for or neutralized spontaneously, and often the intervention determines the transience of the disorder.

The **main risks are biological and social**:

- Those children who, during the pre, peri or postnatal period, or during early development, have been subjected to situations that could affect their maturation process, such as prematurity, low birth weight or anoxia at birth, are considered to be at **biological risk**.

- Children at **psychosocial risk** are those who live in unfavorable social conditions, such as lack of care, inadequate interactions with their parents and family, mistreatment, neglect, abuse, which can affect their maturation process.



## 2. OBJECTIVES OF EARLY STIMULATION

The **main objective** of *Early Care* is to promote the development and well-being of children and their families, enabling their integration into the family, school and social environment, as well as their personal autonomy (Candel, 2005).

Consequently, areas such as *cognitive, autonomy, language or communication, and motor skills* are worked on. In addition to advising, guiding and intervening individually and/or in groups with families who have a child with a disability or at risk of suffering from it according to the different diagnoses in the Diagnostic Organization of Early Care.

This framework leads to the following **set of objectives specific to Early Intervention:**

1. Reduce the effects of a deficiency or deficit on the overall development of the child;
2. Optimize, as much as possible, the course of the child's development;
3. Introduce any required compensation mechanisms, eliminate barriers and adapted to specific needs;
4. Avoid or reduce the appearance of secondary or associated effects or deficits produced by a high-risk disorder or situation;
5. Meet the needs and requirements the family and the environment in which the child lives;
6. Consider the child as an active subject of the intervention (GAT, 2005).



### **3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)**



In **planning the intervention**, the child's point in their development and their needs must be considered in all areas and not only the deficit or disability that may present.

In Early Intervention, the **child must be considered as a whole**, taking into account intrapersonal, biological, psychosocial and educational aspects, specific to each individual, and the interpersonal aspects, related to their own environment, family, school, culture and social context ( GAT, 2005; Viger Seguí and Gómez Artiga, 2007).

Consequently, intervention covers a set of **actions aimed at the population from 0 to 6 years old, but also at the family and the community.**

There are many scientific disciplines that support the theoretical basis of Early Care, such as Neurology, Developmental and Learning Psychology, Pediatrics, Psychiatry, Pedagogy, Physiotherapy, Speech Therapy, etc.

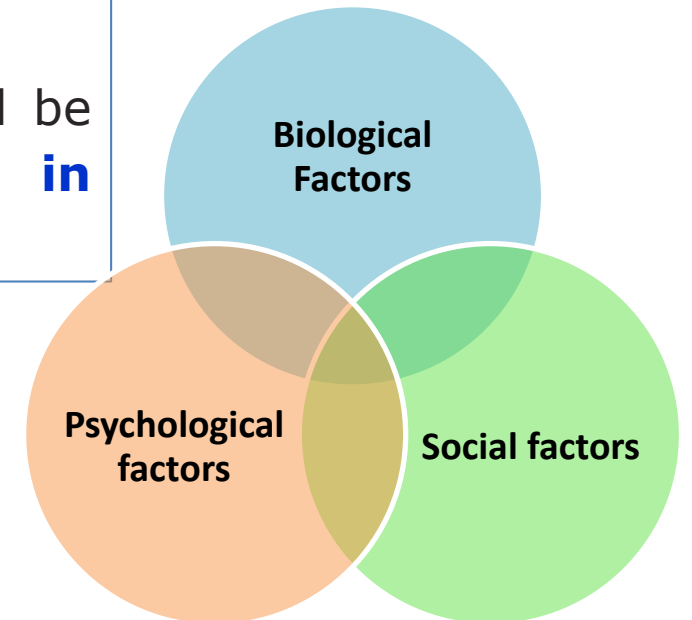


## **3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)**

### **3.1. INTERVENTION LEVELS**

**The biopsychosocial model of Early Intervention** leads to the need to establish relationships with the programs and services that act in the context of children and their families.

There are three levels on which this collaboration should be based: **Primary, secondary and tertiary prevention in Early Care.**



### **3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)**

#### **3.1. INTERVENTION LEVELS**

##### **3.1.1. Primary Prevention in Early Care**



Primary prevention in health are the *actions and health protection aimed at the well-being of children and their families.*

They are *universal measures* for the entire population, including rights such as health care, maternity leave and fostering or adoption.

At this level Early Intervention is responsible for *identifying and communicating to social institutions, circumstances that may be relevant to creating norms or universal rights in the promotion and protection of child development.*

A primary prevention measure of Early Intervention is that it is **universal, free, and early.**

## 3.1. INTERVENTION LEVELS

### 3.1.2. Secondary Prevention in Early Care



Secondary prevention in health is based on the early **detection of diseases**, disorders, or risk situations.

It is implemented through special programs aimed at groups identified as being at risk, such as premature infants born at less than 32 weeks or less than 1,500 grams; family units with adolescent pregnancies under 18 years of age, at risk of relational dysfunction; family units with pregnancies from the age of 35, with risk of chromosomal abnormalities; children with spastic tetraplegia and risk of hip dislocation.

Secondary prevention in Early Care **aims for the early detection and diagnosis of developmental disorders and risk situations.**

## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.1.3 Tertiary Prevention

Tertiary prevention in health, corresponds to **actions aimed at remedying situations that are identified as biopsychosocial crises.**

*Examples:* the birth of a child with a disability or the appearance of a developmental disorder.

Early Care is responsible for activating a reorganization process, working with the child, the family and the environment in which they live. The complexity of these situations makes the intervention of an **interdisciplinary team** necessary.

Tertiary prevention in Early Intervention groups all the activities directed towards children and their environment with the aim of improving their developmental conditions.

It addresses **children, their families and their environment.**

It aims to **mitigate or overcome developmental disorders or dysfunctions, prevent secondary disorders and modify risk factors** in the child's immediate environment. Intervention aimed at children with developmental disorders should begin as soon as a deviation in their development is detected.



## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2. MAIN AREAS OF ACTION

#### 3.2.1. Child Development and Early Care Centers (CDIAT)

CDIATs are autonomous services whose objective is to care for children aged 0-6 who have developmental disorders or who are at risk of suffering from them.

Their **main objective** is to provide the care required by all children who present disorders or dysfunctions in their development, or who are in a situation of biological, psychological or social risk. The CDIAT model mainly covers the care of children with various pathologies or dysfunctions in their development, and the care needs of children who are in a situation of high biological, psychological or social risk.

CDIAT teams are **multi-professional**, interdisciplinary and holistically oriented, considering that the intervention encompasses *intrapersonal*, biological, psychological, social and educational aspects, specific to each individual, and *interpersonal* aspects, related to their environment, such as the family, school and culture. The team will be made up of specialists in Early Intervention from the medical, psychological, educational and social fields.

## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2.2. Sanitary Services

**a). Obstetric Services.** The preventive work of these professionals, basically in primary prevention, is through: detection and diagnosis of risk factors prior to pregnancy; care for pregnant women at high biological, psychological or social risk; information in childbirth preparation consultations where the future parents receive information about normal child development as well as about possible warning signs; detection of possible risk situations in childbirth and proper care of them.

**b). Neonatology Services.** In the perinatal environment, we often find children at high risk of presenting deficiencies, based on their immaturity, low birth weight or other hereditary and/or pre-perinatal factors. The incidence of children who pass through a "neonatal care unit" at birth is between 10% and 12%, and between 3% and 5% of those born are considered to be at psycho-neurosensory risk. This reality makes the Neonatology service an important tool for primary prevention. They also carry out important secondary prevention work by detecting and diagnosing pathological conditions, already established at birth, that are associated with developmental disorders.



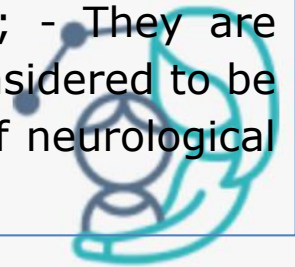


## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2.2. Sanitary Services

**c). Paediatrics in Primary Care.** These are the health professionals who have regular contact with children and their families, and are the parents' point of reference. Pediatricians are the essential level for the detection and appropriate referral of children to diagnosis, follow-up and intervention centers. Primary prevention in paediatrics is through the health check-ups in the well-child programme. Detection is through child health examinations, applying objective screening methods and **observation methods** to detect warning signs of developmental disorders. **Observational data from the family** should be valued and given special importance.

**d). Neuropaediatric services.** Neuropaediatric services are involved in various areas of early intervention: - They act jointly with the professionals of the Neonatal Unit in terms of detection, diagnosis and therapeutic care required by newborns at risk; - They participate in development monitoring programmes as part of the team that attends to children considered to be at high bio-psycho-social risk; - They detect warning signs and diagnose neurological disorders; The neuropaediatrician establishes the functional, syndromic and etiological diagnosis of children with developmental disorders and specifically in those processes with an organic basis; - They are involved in the development monitoring programmes as part of the team that attends to children considered to be at high bio-psycho-social risk; - They carry out a task of detection of warning signs and diagnosis of neurological disorders



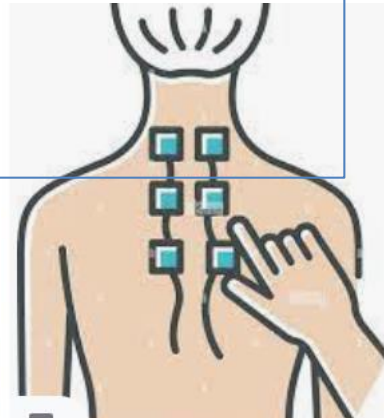
## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2.2. Sanitary Services

**e). Children's Rehabilitation Services.** Rehabilitation services in Spain have been linked to three types of experiences: 1. Hospital experience, in which physical therapeutic actions and treatment of "acute pathologies" predominate; 2. Experience from social services, through personalized programs to respond to the needs of social integration and autonomy of people with disabilities (network of INSERSO Base Centers); 3. Experience from the patient-support-group movement that produced specialized centers for comprehensive, intensive treatment for certain pathologies. For children aged 0 to 6, the teams at the **base centers** have been a very important part of promoting the Early Stimulation and Early Care programs.

**f). Mental Health Services** The professionals who make up the Child Mental Health units are involved in all levels of Early Care. The general primary prevention measures from Child Mental Health include:

- Coordination and development of programs with other health, educational, social and judicial services.
- Collaboration in preventive programs for the detection of mental risk factors.
- Participation in training programs and coordination with other primary care professionals.



## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

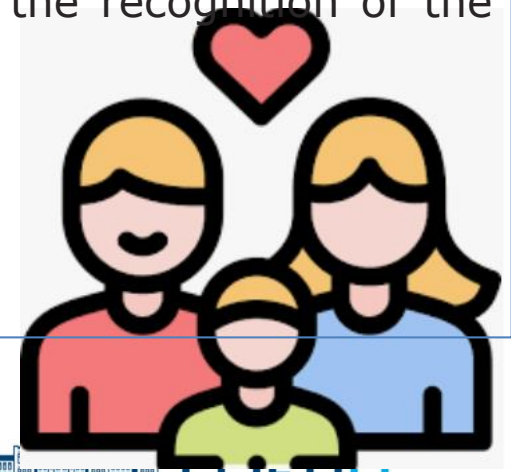
### 3.2.2. Social Services

Social services have a role and a responsibility both in prevention programs and in *detection, diagnosis and intervention*.

Social services and their professionals are involved in all levels of *primary care*, their action in Early Care is vital and is carried out through the promotion of families' social welfare and through prevention and intervention programs.

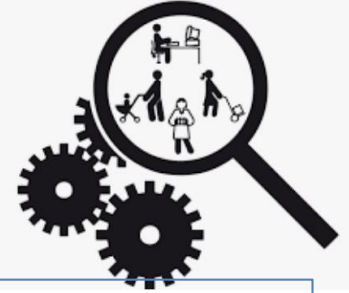
**a). Promotion of families' social welfare.** Early Intervention has contributed to the recognition of the importance for child development of factors such as:

- affective dedication; economic sufficiency;
- job stability; stability of family relationships;
- participation in social networks;
- consistency of educational styles.



## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2.2. Social Services



**b). Prevention programs.** *Primary prevention* can be carried out through interventions (individual or group support) aimed at contexts previously defined as "with social difficulty/risk" as well as through community projects aimed at promoting the well-being and comprehensive health of early childhood . Based on social risk indicators, secondary prevention programs aim to detect family situations and environmental and social factors that may influence the appearance of disorders in children's development or put it in at risk.

**c). Early intervention programs in the psychosocial field.** The objectives of these programs are: *a.* The reconstruction and reorganization of the family of origin; *b.* The protection and accompaniment of transits when there is dissolution of family ties or the constitution of new ones; *c.* Family reintegration, foster care and/or adoption; *d.* The protection and accompaniment of institutionalized children without perspectives and family references; *e.* The Early Attention of any developmental disorder that can be detected.

## 3. APPLICATION OF EARLY STIMULATION IN INTERDISCIPLINARY CONTEXTS (FIELDS OF ACTION)

### 3.2.2. Social Services

**School** is an important milestone in the process of integration and socialization of children, and very significantly so in those with developmental problems.

**Early childhood education** is particularly important since the first years of life are decisive for harmonious physical and psychological development of the child, as well as for formation of their intellectual faculties and development of the personality.

Education at these ages has a marked **preventive and compensatory character**, due to the importance of early intervention in avoiding problems in development, both in the general population and especially in children who have special educational needs.

Early childhood education establishes a series of **general objectives** in order for children to develop skills such as: knowing their own body, relating to others through different forms of expression and communication, acquiring a certain autonomy in their usual activities, and observing and exploring their environment, family and social surroundings.



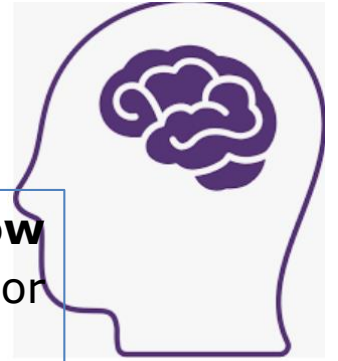
## 4. TARGET GROUP OF EARLY CHILDHOOD

Early Care is aimed at **all children between zero and six years of age who show some type of deficiency** and also includes those children at high biological, psychological or social risk that may affect their development:

**Biological risk**, refers to children who suffer from documented alterations or disabilities (disorders in motor, cognitive, language, sensory, generalized development, conduct disorder, emotional, somatic expression, evolutionary, etc.)

**Psychological risk**, refers to children who, during their pre, peri or postnatal period or during early development, have been subjected to situations that could alter their maturation process, such as prematurity, low birth weight or anoxia at birth.

**Psychosocial risk**, are those who live in unfavorable social conditions, such as lack of care, inadequate interactions with their parents and family, mistreatment, neglect, or abuse, which can affect their maturation process.



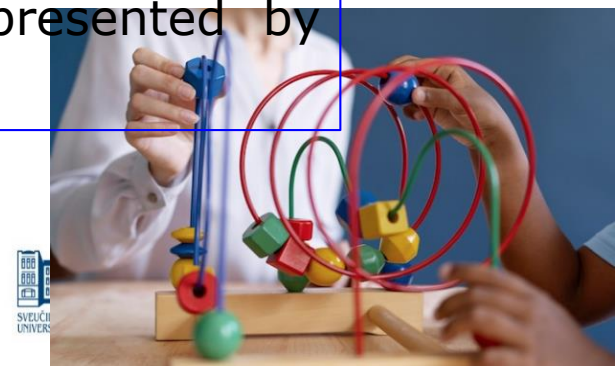


## 4. TARGET GROUP OF EARLY CHILDHOOD

Currently, there are **specific agreed-upon common diagnostic criteria within Early Care** which allow epidemiological studies to be performed, research to be designed, preventive measures to be taken, action to be contracted, and a common language to be established among the professionals involved in AT from the different disciplines of action.

This is the Diagnostic Organization for Early Care (ODAT) (FEAPAT, 2004, 2008) which, based on previous international classifications, allows us to identify not only developmental disorders or difficulties, but also the etiological factors that cause them. whether biological, psychological and/or social.

This classification system is organized in a series of axes with lists of biological, psychological and social aspects. It also includes the continuum represented by detection, diagnosis and treatment.



## 4. TARGET GROUP OF EARLY CHILDHOOD

The **first level** describes the risk factors for developmental disorders in the different contexts, in the child, in the family, and in the environment. It includes:

1. Biological risk factors.
2. Family risk factors.
3. Environmental risk factors.

The **second level** describes the type of disorders or dysfunctions that can be diagnosed in the child, in the interactions with the family and with the characteristics of the environment. It includes:

1. Developmental disorders.
2. Family.
3. Environment.

The **third level** includes the resources distributed in three axes: referring to the child, their family and their environment.



## INTRODUCTION TO THE CONCEPT OF EARLY CARE AND INTERVENTION IN DIFFERENT CONTEXTS

### INTERESTING WEB LINKS:

- The Educator. Partnerships in Early Intervention. Julio 2016: [http://icevi.org/wp-content/uploads/2017/11/The\\_Educator\\_2016\\_July\\_Partnerships\\_in\\_Early\\_Intervention\\_Vol\\_XXX\\_Issue\\_1-1.pdf](http://icevi.org/wp-content/uploads/2017/11/The_Educator_2016_July_Partnerships_in_Early_Intervention_Vol_XXX_Issue_1-1.pdf)

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