

These children challenge special educators to devise new and innovative methods of teaching, as well as demanding of professionals in other services new strategies for sustaining and upholding families. More than ever we need dynamic Early Intervention services that can enable families to work in an active dialogue with professionals towards meeting the needs of their children.

For many years, a variety of professionals have encouraged families in the acceptance of their child with special educational needs, and the fact that some parents have been slow or reluctant to do this has been attributed to a bereavement response in those parents. At times their irrational behaviour has been likened to grief. Whilst one may endorse many of the similarities that there are between grief and parenting a child with special educational needs, the reality is that the sadness of having a child with disabilities is constantly renewed, regardless of the pleasures gained from each hard-grafted development. The reality for the family of a child with special educational needs is that they face recurrent and unpredictable challenges. Not only do they require appropriate Early Intervention, but they require access to ongoing support at points when they need to push the button.

The families of children with special educational needs do not seek sympathy, do not want to be patronised. They do want to be valued and treated as equals. They are not interested in being converted to particular educational ideologies or medical or therapeutic doctrines. They desire recognition of the individuality of their child and the uniqueness of their families. If we are to meet these expectations in families, and deliver services to very young children with special educational needs, then we need to achieve a co-ordinated and coherent approach. What indicators do we know of that would enable us to structure our services in such a way that they can achieve some of the expectations of families and some of the rights of children?

Early Intervention: Principles for Good Practice

Recently I have undertaken an international comparative study of three Early Intervention programmes in New Zealand, Australia and the United Kingdom. Through observation and analysis of these programmes certain key principles emerged. However, the unifying

factor which provided the context for practice in all cases was that, within an interdisciplinary team, there was a recognition of the parent as an implicit and fundamental member of that team. The following features were the markers of good practice within this context.

1. **Family focused service delivery.** Parents were integral to the whole operation. Not only were they the recipients of services but also were seen as service deliverers themselves. There was a recognition of their unique and invaluable contribution. Siblings were also included in family-based activities. The context for service delivery was balanced between the home, as the environment where parent and child were most comfortable and confident, and community-based settings, such as playgroups or Early Intervention centres.

2. **Parents and professionals mutually valued.** This was apparent in the levels of respect and dignity each afforded the other. Whilst the focus of the programme was the child, the context of the programme was the home and other key environments in which the child functioned. The key agents for implementing the programme in a sustained and meaningful fashion were the family. As such, there was a trans-disciplinary approach which endeavoured to achieve a seamless and unbroken circle of support for the child.

3. **Shared agenda: shared goals.** An open and frank exchange of information existed between parents and professionals. Sensitivity to needs and skills was evident, with parental choice embodied as a feature of programme development. The quality of interaction between parent and child was seen to be of paramount importance. There was an acceptance that this at times might take priority over specified goals for development. The approach is well summarised in the words of Roy McConkey (1994) who said: 'It's farewell to authoritarian experts prescribing similar treatments to « patients », and a welcome to professionals who meet people as people, striving to share their community and valuing the worth and dignity of each as they seek to overcome the adversities of life.'

4. **Collaborative working.** Programme implementation was a joint venture which recognised the capabilities and limitations of all concerned. Jargon-free communication and flexibility of programme delivery were positive features of the parent-professional