

Booklets giving clear explanation of roles and telephone numbers would help with this.

4. **Networking.**

- Professionals need a detailed knowledge of the support network within their area in order that they can make it available to parents who should not be expected to undertake the search alone.
- Sensitive networking of families is crucial. They have a tremendous capacity for self-support.

5. **The issue of consumer needs.** Services should be tailored to meet individual consumer needs, not pre-packaged. This would entail flexibility and adaptability by all professional support workers.

6. **The needs within the family.** Professional support workers should look at the needs of every individual within each family and should not neglect or forget those who may be absent during the day.

Fathers, like Early Intervention itself, can find themselves marginalised, on the periphery of activity, secondary to the key carer who inevitably seems to be the mother.

Conclusion

Can Early Intervention 'Come in from the margins'? Can it re-emerge as a key strategy for supporting families, empowering parents and meeting the highly specific development needs of infants with disabilities?

A reconceptualisation of Early Intervention is needed if it is to gain credibility with families. Already there are reports of parents rejecting the reliance the Early Intervention programmes of the 1970s placed on professionals (Brown, 1994) and stressing the need for normality (Wills, 1994). Philip Ferguson (a parent) and Addenne Asch (who is disabled) say that:

'The most important thing that happens when a child is born with disabilities is that a child is born. The most important thing that happens when a couple become parents of a child with disabilities is that the couple become parents' (Wills, 1994, p. 248)

The days of professionals as experts have gone; what are needed now are informed supporters. McConkey (1994) rightly points out

that in the previous three decades many Early Intervention programmes 'floundered in simplistic notions about intervention and a failure to appreciate the difficulty of changing human behaviour patterns' (p. 7). Where these programmes were successful was in the positive approaches they engendered in parents. They gave a basis for meaningful transaction between (often) mother and child.

We must move our focus of support from the dyad of mother and baby alone to the triad - mother, father and baby (Herbert and Carpenter, 1994). This is a message to carry forward, but also on which to elaborate. Indeed, mindful of the need to regenerate the extended family ought we to be giving time to other members of this family structure, grandparents in particular? Peter Mittler (1994) has pointed out that since grandparents now live a much longer active life, and since transport and telephone can bring families together across longer distances, then perhaps we should take their potential contribution into account in professional assessments of family resources and influences.

To achieve closer collaboration with parents, professionals must acknowledge the uniqueness of each family. We may be asking professionals to operate in new ways, and as such we have to recognise that there is a training need. Previously many packages attempted to train parents as teachers or therapists (often with limited success) (Basil, 1994; McConachie, 1986). Has the time now come for parents to offer training to professionals? If we genuinely have an equal partnership, each valuing the contribution of the other, then there are messages to share about our philosophy and practice. Such information is not necessarily for the conference hall or even seminar room. Rather it is an ongoing training process, encapsulated in the dialogue of support and interaction between parent and professional.

Early Intervention is coming in from the margins. It is reasserting its role as the first means of support to families of children with disabilities, and it will prove its efficacy based on their evaluation, not on qualitative clinical research data. Through holistic approaches to family support differentiated intervention strategies will emerge that enable the child with a disability to be seen as a contributing family member; there will be an expectation of