

# Early Childhood Care in Spain before the Lockdown

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It is widely assumed that every action in Early Childhood Care (ECC) must be conducted taking into consideration the well-being of the family and relying on their active involvement. It becomes essential to implement an intervention strategy that encompasses not only the children but also their immediate environment and the entire family unit. In this context, the Family-Centred Approach (FCA) has emerged as a prominent methodology. This approach can be defined as a collaborative connection between professionals and families, characterised by mutual respect and acknowledgment of their values and choices. Moreover, it entails extending assistance when required, all aimed at fostering optimal functioning of the familial core. This article aims to understand perceptions of families and professionals concerning Early Intervention in Spain before the lockdown. For this, a scoping review was conducted by mapping articles related to Spain in Scopus or Dialnet (CIRC A+, A, B, or C) before the COVID-19 lockdown. After reviewing thirty-five chosen articles, the identified topics were categorised into emotions, diagnoses, and requirements. Many of the publications fulfilled the CIRC B criterion, with a minority of articles meeting this criterion in the latter portion of the present decade. This subject matter warrants further research. There is a need for effective Early Childhood Care (ECC), characterised by early detection and diagnosis, involving well-trained professionals, and which recognises the importance of families in interventions and children development.

early childhood education

family-centred approach

intervention in the environment

early childhood intervention

early childhood care

Early Childhood plays a pivotal role in the developmental journey <sup>[1]</sup>. Any intervention in Early Childhood Care (ECC) must consider the family and count on their participation <sup>[1][2]</sup>. Families have changed over time. In Spain, medical care changed after the lockdown, so it is interesting to research the situation before the lockdown.

Early Childhood Care (ECC) is delineated as a set of initiatives directed towards youngsters aged 0 to 6 years, their families, and the contextual milieu encompassing them. ECC seeks to provide a prompt response to permanent or occasional circumstances derived from some difficulty in their development or a situation where suffering is a risk. To this end, considerations must be made in an integral manner, including all vital aspects: social, physical, emotional, etc. In addition, it should be designed and implemented by a multidisciplinary team that will provide multiple and as complete of a response as possible <sup>[1]</sup>.

The levels of intervention for ECC are as follows <sup>[2]</sup>:

- Primary prevention: directed at the overall children population, with the goal of averting circumstances that might contribute to developmental challenges, anomalies, or disorders.
- Secondary prevention: specifically targeted at children who are at risk or particularly susceptible to the emergence of a disorder. The aim is to prevent the onset of the issue and, if it does arise, to promptly identify and diagnose it to mitigate its adverse repercussions.
- Tertiary prevention: focused on children already grappling with developmental disorders, as well as their families and surroundings. The objective is to mitigate the effects of this disorder.

Thus, its traditional targets are those who suffer from disorders caused by “developmental, cognitive, motor, communication, sensory, behavioral and/or emotional disturbances”, permanent or occasional <sup>[3]</sup> (p. 34), and/or are in a situation of risk (biopsychosocial risk).

The aim of ECI is to offer beneficiaries an intervention that facilitates their integration into society, promoting the achievement of the greatest possible personal autonomy. However, the objectives of Early Childhood Intervention (ECI) are delineated in a more specific manner <sup>[1]</sup>:

- Diminishing the impact of impairments or deficits on children’s comprehensive development.
- Enhancing the trajectory of the child’s progress to the greatest extent achievable.
- Implementing essential mechanisms for compensation for and elimination of obstacles, and adaptation to distinct requirements.
- Forestalling or reducing the emergence of secondary or associated repercussions stemming from high-risk disorders or situations.
- Addressing and fulfilling the requirements and requests of both the family and the environment in which the child resides.
- Recognising children as active participants in the intervention process.

If one objective had to stand out above the rest <sup>[3]</sup>, it would be to promote child development without risks or obstacles and, if a difficulty is detected, to support families by offering individual attention in accordance with their needs.

Early Stimulation, Early Intervention, or Early Care are some of the terms used to refer to all interventions designed to avoid or minimise the obstacles that children with disorders or those considered to be at substantial risk may experience. Currently, the term ECI is the most appropriate from a globalising and integrating point of view. It

transcends [3] mere Early Stimulation, focused on achieving the speed of the children's normal development, and Early Care, where the environment in which the subject develops begins to be considered.

An additional pertinent notion is the Family-Centred Approach (FCA). This framework posits that there should exist a collaborative alliance between experts and families grounded in reverence for their perspectives while considering their principles and choices. This approach entails extending assistance when required, with the aim of fostering the optimal dynamics within the family unit [4]. As a precursor, Carl Rogers and his Client-Centred Model were relevant [5], albeit with a key distinction: in the FCA, rather than focusing solely on the individual client, the emphasis is directed towards the family as a whole. Another precursor in the 1970s was Bronfenbrenner [4], who emphasised the positive influence of family on children development. In the 1990s, this approach became paramount with three basic aspects: focusing on strengths and not deficits, promoting family control and decision-making, and a true collaborative professional–family relationship.

**Table 1** offers a brief review of the historical evolution of Early Childhood Care [3] and the key role of families.

**Table 1.** Historical evolution of the concept of Early Care.

Early Stimulation (1970–1980)	Early Intervention (1980–1990)	Early Care (1990–2000)	Quality Early Care (2000–2010)	Socio-Sanitary Care (2010 and Beyond)
Children intervention	Children–family intervention	Children–family–environment intervention	Children–family–environment–society intervention	Intervention focused on people
Handicaps (0–2)	Handicaps (0–6)	General population	Universal Law (0–6)	Universal Law

Around the 1980s, departure from traditional intervention models became apparent. Models such as the behaviourist approach pioneered by Watson and Skinner, grounded in modifying behaviour through the stimulus–response relationship, along with the clinical-rehabilitative model rooted in rehabilitation services, paediatrics, and maternity care, began to recede into the background. However, these models continue to centre primarily on children [6]. Similarly, the psycho-pedagogical model marked the inception of Early Childhood Care (ECC) teams and the initial recognition of the family's role in enhancing a child's development. During this period, alternative models, which were more genuinely aligned with the requisites of children and families, started to emerge as preferred options. Thus, according to Gútiez [6]:

- Bronfenbrenner's Ecological Model highlights the existence of a set of influences in the children's environment that affects their development, including the family itself. Thus, it focuses on understanding and comprehending an individual from his or her closest everyday environment.
- Sammerhoff's Transactional Model: Children develop according to their interactions and thanks to family and environmental experiences.

- Feurstein's Interactive Model seeks to change or modify development through the correction of deficiencies.

In addition to the aforementioned models, a new addition emerged in the 1990s: the Activity-Based Approach Model introduced by Bricker and Cripe. According to Caurcel <sup>[3]</sup> and the theories of Vygotsky, Piaget, and Dewey, the learning of skills and abilities is acquired in a real context with authentic problems or challenges. It is also based on three aspects: through the influence and interaction of the immediate sociocultural environment, the active participation of the learner, and meaningful and functional activities, there is an improvement in learning. Furthermore, it is worth briefly mentioning Family Intervention Models <sup>[3]</sup>:

- Guralnick and his Early Development and Risk Factor Model, which considers family patterns, family characteristics, and potential stressors.
- Cunningham and Davis, who place the starting point for intervention with parents.
- Turnbull, Turbiville, and Turnbull reviewed different models of family intervention and their evolution:
  - Psychotherapy and Psychological Help: All decisions and strategies are in the hands of professional experts. The focus of the intervention was on the mother, ignoring the child and the rest of the family components. This model is now superseded.
  - Training parents to value their capacity for intervention and already seeing the need to involve them in the process. However, they required the instruction of the professional, being the one who made the decisions, oriented towards achieving changes in the children and not in the families. Parenting patterns has a significant impact on social attitudes <sup>[7]</sup>.
  - Progressively (FCA), the professional gives up his or her power, and simultaneously, the family acquires it, which is now an important part of the decision-making process.
  - Collective strengthening goes one step further: if there is a correct relationship between family and professionals, the result will be an improvement in the social context making it more participatory and achieving changes and improvements at the community level.
  - Strengthening families starts from three clear premises: parental capacity, the need to promote experiences that give rise to suitable and capable behaviours, and the attribution of the locus of control to the families themselves.

Finally, there are common elements in all of these models <sup>[1][2][3][4]</sup>: the social interactions of the children in their environment stand out, children are active subjects, learning has to be acquired in a natural context, meaningful activities leading to an end are carried out on a daily basis, and reinforcement is natural. Thus, the selection of one model or another will depend on who intervenes, considering that each professional has a preference for one or

other principles in the intervention; however, after some time, they will tend toward syncretism, selecting the best and most effective of each of the available options.

Currently <sup>[1][2][3][4]</sup>, all interventions must be conducted considering the family and their participation. Consequently, recognising the necessity of implementing an intervention that encompasses not only children but also their surroundings and family dynamics, this dissertation distinctly shifts its focus toward the latter aspect. The role of the family has changed; at the beginning of ECC, they were limited to assuming the professional's decisions about their child, where they complied with the measures designed by the expert, and the family became a passive subject. Currently, this clinical-rehabilitative model has been abandoned, and a more educational model has been adopted that considers family relationships as a tool to achieve the child's development.

The implementation of FCA has been found to have positive effects on both the family and the child; the empowerment of families plays a crucial role in their achievements, influencing their skills and confidence in caring for and fostering their child's development. It also enhances their ability to recognise their rights and effectively utilise support networks and community services <sup>[8]</sup>.

Therefore, Early Childhood Intervention (ECI) is crucial for children's development <sup>[9]</sup>, and should involve the family's active participation. ECI encompasses actions aimed at children aged 0–6, their families, and their environment, addressing difficulties in their development or risky situations. The intervention should be comprehensive, consider all aspects of the children's life, and be implemented by a multidisciplinary team. There are three levels of intervention: primary, secondary, and tertiary. The main objectives of ECI are to reduce the effects of impairments, optimise development, introduce the necessary mechanisms for adaptation, prevent secondary effects, and address the needs of families and children. FCA emphasises collaboration between professionals and families <sup>[10]</sup>, focusing on strengths, promoting family control and decision making, and establishing a collaborative relationship. Over time, intervention models have shifted to considering the children's environment and the importance of the family.

The main aim of this study is to examine the perceptions of both families and professionals regarding Early Childhood Care (ECC) in Spain in the scientific literature before the lockdown. Furthermore, concerning the Family-Centred Approach (FCA), the aim is to underscore its significance and the imperative of its utilisation to attain enhanced outcomes in the realm of intervention in Spain before 2020. This objective can be broken down into the following specific objectives:

- Review the scientific literature on ECC and FCA in Spain before the lockdown.
- Determine the frequency of articles on the subject in Spanish journals (and some international journals referred to Spain) included in the Integrated Classification of Scientific Journals (CIRC <https://www.clasificacioncirc.es/> accessed on 4 June 2023) with criteria A, B, and C (A for important impact and C for lesser impact journals;

there is also a D category, for journal without impact), according to the year of publication, the origin of the journal, type of article, and origin of the source.

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