

**The Current Status of Early Interventionists in Nova Scotia:  
Perceptions of the Profession**

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**A thesis submitted to the Department of Child and Youth Study  
in partial fulfillment  
of the requirements for the degree of  
Masters of Arts (Child and Youth Study)**

**April 2011**

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## **ACKNOWLEDGEMENT**

Embarking on this research has been an experience of growth and a journey of professional and personal reflection. During this journey, I have had incredible support from my Thesis Advisor, Dr. Carmel French who I thank for her encouragement and guidance. I would also like to thank Dr. Anne MacCleave for her excellent feedback and insight as participant on my Thesis Advisory Committee. Thank you to my husband and children who were 100% behind my efforts as I returned to university and to my family, friends and co-workers who listened as I quoted bits of learning throughout the years of study and final research. Your support allowed me to finally fulfill my goal.

## **DEDICATION**

This thesis is dedicated to the Early Interventionists of Nova Scotia with whom I have had the honour of working beside and knowing over my career. We have traveled on this road together and I continue to grow and learn because of my interactions with this group of dedicated and committed individuals who support families with young children with special needs in this province.

## **ABSTRACT**

Early intervention has existed as a profession in Nova Scotia for over thirty years. The early intervention programs have history in community, founded on grass roots need for services for young children with special needs and their families. Models of service delivery have been based on legislated services in the United States of America as well as other provinces in Canada who have established provincially guided early intervention programs. Nova Scotia has adapted historical and current practice information to the unique demographics and need in the community. The early intervention programs enhance their practice by accessing ongoing research on the efficacy for children and their parents and adapt accordingly, striving to provide quality services that are responsive to need and adhere to best practices. Although much effort and energy is devoted to services delivery over the years, the profession of early intervention itself is still in its infancy. It is virtually unknown in the community as a profession in its own right. Those practicing in the field have established a professional title, developed guidelines for practice, and initiated a professional association that supports a Code of Ethics. The move towards professionalism has created a need to look further into the establishment of a recognized profession strengthened by partnerships with government and community stakeholders.

With the aim of exploring and better understanding the current status and perceptions of the profession, the current research undertook a blend of quantitative and qualitative research through the use of a survey and analyzed focus group and/or individual discussions with a range of partners. The surveys were sent to the fifty-seven

early interventionists working in recognized early intervention programs throughout Nova Scotia. Data from the survey was analyzed and tabulated using percentages, means and range. The five focus groups and/or individual interviews were conducted involving feedback on and perceptions of the profession from parents, educational institution representatives, professional partners, provincial representatives, and early interventionists practicing in the field. The parent and early interventionist groups included representation from urban and rural settings. Each group or individual interview was audio taped and transcribed for analysis. Using a modified grounded theory approach, the subsequent data was organized into five main categories or themes for discussion: Experience with Early Intervention, Perceptions of the Profession, Role of an Early Interventionist, Training and Future of Early Intervention.

In most cases, the participants' experience and perception of early intervention as a profession and service was positive. The topics of role, training and the future provided much more opportunity for discussion and feedback resulting in a wide variety of responses. Participants spoke clearly of the need for a higher profile and community awareness of early intervention, supporting the need for standards in pre and post service training as a starting point for role clarification and professional identity. Conversations on legislation and provincial support varied from a necessary requirement to a hands off approach, leaning towards a more active role of the professional association in the development of credentials and regulation of the profession. Many participants, including the parents alluded to the need for more resources and provincial leadership in enhancing

existing services. Forecasts of the future ranged from cautious optimism to fear. Changes in models and a fragile economy were identified as key factors in the future of early intervention in the province. All participants agreed that early intervention as a profession and service was valued and viewed standard credentialing, regulation of the profession and increased awareness as essential next steps. Recommendations for stakeholders and early interventionists are offered with the intent that this information will be used to support the further establishment of the early intervention profession in the province of Nova Scotia.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **Background**

Early intervention has existed as a service in Nova Scotia for over thirty years. Preliminary informal home visiting programs evolved out of segregated developmental child care facilities and have broadened to encompass a range of community based outreach services. Originally based on American models of service delivery, the staffing for these programs frequently relied on those already in the field of early childhood education, individuals trained in child development and center based group programming. Initially, much of the training in early intervention occurred hands on, while working with families and children, and in isolation of a formal training program or mentorship.

At the onset of early intervention services, the title of the professionals involved varied from program to program. Terms such as home visitors, caseworkers, and early interventionist were used interchangeably for those working in homes with families who had young children with disabilities. Even the term “early intervention” can have many definitions depending on the context, the population served and the profession involved. This lack of specific credentialing, training, and professional development complicated by ambiguous role definitions and minimal provincial guidelines created a challenge for those working in the field. Early interventionists as a professional designation remain a relatively undefined group. Described as “the generalists” in early childhood special education, the profession is at a crossroad in its growth and status among service partners

and funding sources. One becomes an early interventionist by virtue of the place of employment that is an early intervention program, rather than by a standard in training.

Once a very small group, the number of early interventionists has expanded over the past three decades and the range of employment options has grown outside the seventeen provincially and one federally sponsored early intervention programs in Nova Scotia to include specialized programs based on etiology. After thirty years of service, it is time to clearly define the profession of early intervention in this province and to objectively validate the integral role early interventionists play in service delivery for young children with special needs and their families.

**Personal Reflection:**

*I entered the field of early intervention in 1986. My background included working in segregated developmental childcare settings and a private school for individuals with high needs. While working out of province, I had exposure to an outreach/home-visiting program for infants and young children up to three years. The focus of service was primarily the child's development. On my return to Nova Scotia, a new program was being developed based on a similar model I had been exposed to in Alberta. I had the good fortune of being hired on a Federal Grant to work with the program for a one-year contract. Funding had not been secured for the early intervention program in Halifax and the program relied on seed monies from community groups.*

*During my interview, I was asked about my background. My actual participation in home visiting was limited and I had worked primarily with children over three years.*

*My next year and many years to follow were filled with growth and independent learning: learning from the few co-workers in the area, research, available workshops, courses, interactions with community partners, and the most valuable teachers, the families and children. I have been in the field for over 24 years and am now director of an early intervention program.*

*When faced with the challenge of hiring new staff, it is still difficult to find individuals with experience and training in the actual field of early intervention. The provincial guideline for early interventionists training is a recognized degree in child development or related field plus 3-5 years experience in the field (EINS Policy & Procedures Manual 2005). Local training is broader, although in recent years introductory courses in early intervention are available. Most candidates have experience in child care settings as an Early Childhood Educator or Resource Teacher, or have a broader degree such as Psychology or Sociology. Those individuals who have specific degrees in Occupational Therapy or Speech Language Pathology are reluctant to interview once they learn of the salary rate. Hiring and keeping well-trained staff are major issues. Those who stay in the field are passionate and committed to the work they do but are frustrated by the context in which they work. Early intervention programs have developed their individual orientation and mentoring process, as many new staff are also new to community outreach, consultation, and concepts such as family centered practices. The range of backgrounds and models of service vary from program to program. Although there are recommended standards for program delivery, there are*

*interpretations of how service is delivered based on the individual's knowledge base and experience as well as the uniqueness of the program, influenced by history and location. If the hallmarks of our profession are essential components of early intervention, then it is imperative that we ensure a standard in pre-service training. As I reflect on my interactions with the many early interventionists I have met over the years, it is clear that the need to further establish the profession through credentialing is integral in moving forward as a cohesive group.*

### **Statement of Purpose**

The purpose of this study was to explore the current status of early intervention as a profession in the province of Nova Scotia and to compile information related to the topic of credentialing for early interventionists. Comparative information was gathered regarding the evolution of similar professions in Nova Scotia as well as current education specific to early intervention certification in Canada and a sampling from legislated services in the USA, the United Kingdom and Australia. The intent of the research was to use the data to advocate for and promote the standardization of pre-service credentials for early interventionists and professional development requirements once working in the field in Nova Scotia.

### **Rationale**

Early intervention as a profession is in its infancy in Nova Scotia. However, a profession is defined by its specialized knowledge and standards of practice, the basis of

which is procured during pre-service training. There are no clearly identified credentials required for becoming an early interventionist, no licensing process, and no legislation to ensure those working in the field have the education and experience to support vulnerable families and children in this province. The population served through early intervention programs commands well-trained professionals who have an esoteric knowledge of the subject and/or field of practice. If early intervention is to make any gains in professional status, then securing a formal training process is essential.

One automatically links education to compensation. The field of early intervention has historically been under-funded in Nova Scotia and provincial funding recommendations and grant sources do not accommodate for a salary scale that includes level of education and years of experience. Low salaries result in challenges with hiring and retention, and impacts morale and self-value. Higher standards in education and experience frequently correlate with appropriate compensation in other professions such as Social Work and Teaching. Early interventionists are lobbying for increased salary rates, formal standard training credentials, and pre and post service, which will assist with, further establishing the profession and subsequent compensation (denHeyer, Duplessis & Septon, 2003).

Standards in credentialing and professional development not only protect the membership of the profession, they offer assurance and protection to the client. Training is linked to quality in service delivery and professional status in the community (Doherty, 1995). For example, society knows the value of a teacher, knows the teacher has specialized training in an area of expertise, is licensed to teach, and is responsible to a

larger regulatory board. Early interventionists work with two vulnerable populations: families in crisis and children with disabilities. The very nature of the profession demands standards in training and practice.

### **Research Questions**

- 1) What is the current status of education and credentials of Early Interventionists working in Early Intervention Programs in Nova Scotia? How does this compare with other provinces and countries such as the USA, United Kingdom and Australia?
- 2) What are participants' perceptions of early intervention as a profession?
- 3) What barriers, constraints and supports do Early Interventionists experience in their practice related to their professional status?
- 4) What are current credentialing institutions perceptions of best practices in pre-service education for early interventionists? How do they perceive their role in this process?
- 5) What opportunities are available for Early Interventionists in Nova Scotia to maintain or further their professional development?
- 6) How is early intervention perceived as a part of an early comprehensive provincial learning /child development system? What is government's role in the standardization of credentialing and service delivery?

## CHAPTER TWO

### LITERATURE REVIEW

#### **Definition of a Profession**

In order to establish early intervention as a profession, it is imperative to have a good understanding of the cornerstones of a professional body. There are characteristics of a profession that are consistent and are identified as key to being a designated professional. The Encyclopedia of Sociology (1992) states four main criteria for defining a profession: esoteric knowledge of the subject, autonomy on the job, authority over clients, and altruism. Embedded in the four criteria is the concept that the public must recognize the occupation as a profession. The Concise Oxford Dictionary of Sociology (1994) identifies four supplementary criteria: a central regulatory body, a code of conduct, the careful management of knowledge, and control of the numbers in the profession.

The Encyclopedia of Education (1971) also offers six criteria. First, a profession provides an essential social function. Second, service providers are required to have a lengthy period of training and experience in order to enter into the profession,. The third criteria states that practitioners are altruistic or service oriented, while the fourth deals with official recognition of professional status by the government. Finally, those in the profession have standards of competence. Those who belong to a designated profession engage in lifelong professional development and commitment to competency enhancement. In many cases, professions require a licensing process. This provides



accountability for competence and monitoring once practicing in the field. These elements provide a guide for the future establishment of early intervention as a profession in its own right.

The characteristics of a profession resound with a common theme that permeates the core of professional behavior; ethics. This is a critical consideration when working with families and young children with special needs. The topic of professional ethics encompasses the broader definition of a system or code of morals of a particular group. Ethics outline how a professional should conduct oneself in the course of implementing goals or services. Ethics may also refer to the way a group of individuals defines their responsibility to one another and to the rest of the “social order” in which they work (Bersoff 1975). A code of ethics coupled with a code of conduct are viewed as hallmarks of a profession. The significance of a code of ethics in early intervention cannot be overstated. The importance of this element of professionalism is directly related to the aspects of the work involved and the potential ethical issues.

Ethical problems can increase proportionately with the risk factor of the client or practitioner (Eisenberg 1975). Early intervention is provided to groups who are considered particularly vulnerable or “high risk”; infants and young children, individuals with disabilities, and families in crisis or in need of support and education. Specific aspects of working with these populations gives rise to ethical considerations of the power and status of the practitioner, the complexity and multiplicity of the families and children served, the lack of empirical research/data base and the ambiguity of the role (adapted from Katz & Ward 1989).

### **Definition of Early Intervention and Early Interventionist**

One of the complicating factors in the establishment of early intervention as a profession is that there are many interpretations of the term. Lack of a clear definition can cause confusion amongst practitioners, partners in service delivery and the public at large. In mental health, early intervention can be defined as “diagnosing and treating mental illnesses early in their development” ( Ebel 2008). Early intervention can also be referred to “a therapeutic strategy that combines early detection of hazardous or harmful alcohol use and treatment of those involved”( [www.hsc.wvu.edu](http://www.hsc.wvu.edu) 2010). Similar references can be found for treatment of addictions such as substance abuse, gambling behavior, and in prevention work with youth and/or high risk populations. Early intervention is a common term used in medical research and practice specifically in areas where prevention has proven to be effective, heart disease, obesity and diabetes for example.

Even the definitions that focus on early childhood development can vary significantly. In the United States, early intervention services are mandated by the federal Individuals with Disabilities Education Act, Part C (2004) and by state law. Part C identifies services for infants and toddlers up to 3 years of age. Preschool aged children and older are served through Part B of the legislation. Consequently, the definition of early intervention according to this premise is linked to age and can be defined as “ a collection of services provided by public and private agencies and designed by law to support eligible children and families in enhancing a child’s potential for growth and

development from birth to age three”( [www.utahbabywatch.org/forparents/Glossary.htm](http://www.utahbabywatch.org/forparents/Glossary.htm). page 1, 2010) Other sources define early intervention by service locale, that is “home based services for young children from birth through age two who have a developmental delay or disability” ( [www.cmpmhmrcog.pa.us](http://www.cmpmhmrcog.pa.us) 2010). Guralnick (1997) provides a comprehensive definition stating, “early intervention is best conceptualized as a system designed to support family patterns of interaction that best promote children’s development” ( p 560). This description clearly underscores the importance of parent participation in service delivery models.

Some definitions are identified by etiology. This is evident is the current focus on research and services for children with autism where emphasis is frequently placed on early intervention. The Nova Scotia Early Intensive Behavioral Intervention (EIBI) Program for Young Children with Autistic Spectrum Disorder is a sample of a service based on the premise that early intervention is beneficial to future outcome of children diagnosed within the autistic spectrum disorder (Nova Scotia Department of Health Mental Health Fact Sheet 2010).

Early intervention can be remedial or preventative in nature. Services can focus solely on the child or on the child and the family. One can observe early intervention in homes, in centers, in clinics, in hospitals, in childcare programs or in a combination of settings. Early intervention can include screening and identification, assessments and diagnostic processes and treatment or direct service delivery. The reason for intervening early can vary from environmental to biological or medical factors that may influence development. Early Intervention can be broadly defined or have a specific application

based on the function and purpose of the intervention. The resulting confusion around definition correlates to the professional designation of early interventionist. The role and scope of practice can vary according to the service delivery model, training and population definitions. Early interventionist can be a broad term for a range of professionals who serve young children. Titles may include “Early Intervention Specialists”, “Early Intervention Case Workers” or “Infant Development Consultants”. Practitioners such as physical therapists, occupational therapists, speech-language pathologists, psychologists, and social workers frequently participate as integral partners in early intervention services and in some models have the designation of early interventionist.

In order to narrow down the definition and focus of the research, the definition of early intervention for the purpose of this study is “ the provision of specialized services to families with young children between birth and school age who are either at risk for or who have a diagnosis of developmental delay. Services emphasize the continued development of functional skills through planned interactions to minimize the effects of the child’s condition. Consultation, information, support and services designed to meet the individual needs of each child and family are delivered in the family’s home and may be extended to community-based programs.”(Early Intervention Programs in Nova Scotia Standards and Guidelines Manual 2005).

According to the EINS Policy Guidelines for Early Intervention Programs in Nova Scotia (2005), an early interventionist is an individual “trained to work with young children in partnership with their parents, and a variety of community based

professionals. Under this partnership, an early interventionist prepares a developmental assessment and helps design and implement a program to address the child's individual needs. The early interventionist is knowledgeable in typical and atypical infant/early childhood development, the importance of play, family systems theory, and community based resources and programming" (p v).

### **History of Early Intervention in Nova Scotia**

Early intervention in Nova Scotia finds its roots in the 1970's. Services for young children with identified special needs were offered through segregated developmental childcare programs with some initial home visiting provided under the auspice of the specific developmental program. Concurrently, educational trends in the United States and subsequent legislation in the form of Public Law 94-142 "Education for the Handicapped Act" updated and currently referred to the "Individuals with Disabilities Education Act (IDEA, 1990) resulted in educational rights for individuals from three to twenty one years and laid the foundation for initiatives for younger children with special needs. This linked to the introduction of concepts such as normalization (Wolfensberger 1972) and the process of integration. In 2004, the IDEA law was updated to include specific legislation regarding services for preschoolers and for infants and toddlers, the latter termed "early intervention".

Preliminary and more recent research on child outcomes in the early years regarding brain development (Mustard & McCain 1999) and the critical time to

intervene support the concept that services for infants and young children with disabilities or at risk for delay would be of great benefit (Kolucki, 2000). With access to current information on best practices and research for young children with special needs, individual community-based steering committees established the initial early intervention programs in the province of Nova Scotia.

During the 1980's, seven community based early intervention programs were developed with funding from ad hoc grants, local fundraising and sponsoring partners such as Rotary Clubs. Individual Board of Directors lobbied with the Provincial Departments of Education, Health and then Social Services now the Department of Community Services via the Health, Education, and Social Services Committee (HESS Committee). This committee had been established to address interdepartmental initiatives but had no decision making process or funding. In 1988, funding for Early Intervention Programs was assigned to the renamed Department of Community Services and remains under their jurisdiction today. The initial mandate for services encompassed primarily home visiting for infants/young children aged birth to three years.

From 1988 until 1997, the funding arrangement with the Department of Community Services was based on a 75% provincial sponsorship and a 25% early intervention program funded split, with the expectation that families would be income tested for provincial funding eligibility. Programs were required to raise a minimum of 25% of an approved budget from the Department. This was in accordance with the many other services provided through the Department, historically entrenched in the Canada Assistance Plan or CAP, which mandated that 65% of families supported through the

early intervention programs must be under a specified income/tax bracket in order for programs to receive their annual funding. The intent was that all families involved in early intervention would be surveyed or “income tested”. If families were ineligible due to income alone, then the program was at risk for decreased funding from the province, resulting in a need to increase their fundraising efforts in order to provide services. In some cases, families were charged a nominal fee to offset this challenge (denHeyer, Duplessis & Septon, 2003).

1997 saw the end of the CAP, and the Department of Community Services announced a “block funding” grant process with the intent of providing a stabilized amount of funds to support services and relieving fundraising pressures (denHeyer & Keinapple, 2005). In reality, Boards and staff were still required to fundraise as the block funding did not cover all operating costs of the majority of the programs, especially the in larger urban areas. Fundraising was also a continued expectation of many of the programs supported by Community Services.

Expansion of services and programs continued between 1989 and 2000 despite financial constraints and lack of strong regulatory policy or service agreements. Programs survived on annual provincial discretionary grants and community support. A change in policy in 1993 enabled programs to serve children until school entry or up until 6 years of age thereby providing continued support for families (denHeyer & Keinapple, 2005). It should be noted that although the age mandate had changed, there was no increased provincial funds to support this expansion. For many of the rural programs, this was not an issue as early interventionists were already serving children up to age six due to the

lower population base and lack of services in their area for the children. Urban programs struggled with increased referrals and families staying within service delivery for longer periods, resulting in the establishment of waiting lists. Programs were resourceful and accessed Federal or Community Grants such as the Child Care Initiatives Fund 1994 and the IWK Health Centre Community Grants Program to assist with the financial constraints faced by the expansion in ages covered and increased numbers. The ongoing issue of inadequate funding, yearly discretionary grant applications, and wait lists resulted in continuous advocacy and the formation of associations to provide a provincial lobbying voice for early intervention programs.

In 2000, Early Intervention was determined to be a “core service” by the Department of Community Services (denHeyer & Keinapple, 2005). This meant ensured annual funding from the province and the further expansion of services to every county, enabling potentially equal access to programs by all children in Nova Scotia. By 2004, there were 16 Early Intervention Programs in Nova Scotia serving 475 children (Nova Scotia’s Early Childhood Development Initiative & Multilateral Framework on Early Learning & Child Care Annual Report, 2003-2004). Currently, there are 17 provincially funded early intervention programs and one federally funded program serving a First Nations population based on reserve land, with approximately 600 children and their families receiving services ( Nova Scotia Department of Community Services , 2009).

#### **The Development of Related Associations to Support Early Intervention:**

As programs were established and more families and children were served, the obvious correlate was the increase in staff employed as early interventionists throughout



Nova Scotia. Smaller rural programs, often with a sole charge director/early interventionist, found it impossible to lobby for their programs (denHeyer, Duplesses & Septon, 2003). Larger programs had the capacity to promote awareness and advocate for early intervention but this was predominately for their individual area of service delivery. It was evident that many of the issues programs faced had common themes. There was a need for a coordinated effort in lobbying and advocacy on behalf of the families and programs across Nova Scotia; a stronger unified voice that could represent the collective, be objective and not be affected financially for their efforts.

In the mid nineties, Board Members, directors of early intervention programs and interested community members gathered in a small training institution in the rural community of Bible Hill, Nova Scotia to discuss the possibility of forming a provincial association. The outcome of this meeting was the eventual incorporation of the Early Intervention Association of Nova Scotia (EINS) as a non-profit organization under the Society's Act of Nova Scotia in 1996 (denHeyer & Keinapple, 2005). This organization provides a common voice for early intervention with emphasis on increased awareness, advocacy, and educational opportunities for early interventionists and families.

Comprised of a representative Board of Directors from across the province, EINS includes parents as primary participants in this charitable organization. Membership is open to parents, early interventionists, partner professionals, and interested community members (EINS Bylaws, 1996).

EINS recognized the gap in educational opportunities for families and early interventionists and were the first group to designate "personal and professional

development to support infants and children with special needs and their families” as part of their mandate (EINS Mission Statement ,1996). EINS has hosted many parent conferences; the most recent in 2006 entitled “Celebrating Our Children” in Halifax, Nova Scotia, marking the ten-year anniversary of the organization. EINS in partnership with the Truckers Association of Nova Scotia offers funding support for parents’ registration fees for workshops and conferences topical to their child’s and family’s needs. This group offers annual educational opportunities for early interventionists prior to their annual general meeting and has provided a range of speakers and topics based on input from those employed in the field.

The association has lent financial support for projects related to professional development and to public awareness and education regarding early intervention and children with special needs. This included a provincial research report entitled “Focusing on Our Future” (den Heyer, Duplessis & Septon, 2003), and a formal partnership with the Department of Community Services, Early Childhood Development Services, to host and administer the “Partnerships for Inclusion” Project (EINS, 2004). The Focusing on Our Future report provided strong recommendations regarding the establishment of standard personnel, Board and service delivery policies (denHeyer, Duplessis & Septon, 2003). EINS has taken the lead on the development of Personnel Policies, adopted by the province in June 2006 and most recently, the adoption of a Program Policies and Procedures Manual, June 2009. EINS was instrumental in the review of early intervention services in 2004 and the subsequent development of a Service Level Agreement, which included clearer definitions of core standardized services for all programs in Nova Scotia

and a new funding formula (Early Intervention Working Group Report, 2005). This energetic group continues to lobby for the profession and in the Fall of 2009 completed an analysis specific to the jobs of early interventionist and administrative support staff, using the Hay Group Global Consulting Firm to provide credibility and objectivity to the process. The intent of this research was to provide the province with recommendations for an employment category and appropriate compensation scales. EINS continues to be the voice of early intervention and maintains an active membership.

At an EINS Annual General Meeting in the June 2005, a strategic planning session led to the clear identification that the community of Early Interventionists required its own professional association (EINS AGM Report, 2005). The mandate of EINS was too broad and encompassed parent and community participation. Furthermore, the key difference in establishing a professional association rather than a community association is that professional associations have the integral hallmarks of a profession: a defined knowledge base, practice, and code of conduct. In order for early intervention to further establish itself as a profession in the province, the next logical step was to organize a committee to develop an association.

In October 2006, after many meetings over several months to agree upon a name, develop mission and vision statements, objectives and by laws, and establish an initial volunteer Board of Directors, the Early Childhood Interventionists Association of Nova Scotia or ECIANS was incorporated under the Society's Act of Nova Scotia. Within its first two years of incorporation, ECIANS developed a Code of Ethics that was formally adopted by the membership at the Annual General Meeting held in June 2007. This

document can be viewed in Appendix A. Having a code of conduct fulfilled a key requirement of a profession and provides a framework for further professional development and credentialing needs. The EINS 2009 Program Policies and Procedures Manual is a positive move towards the establishment of standardized practice. The hallmark of a profession that has yet to be solidified in the province is the defined knowledge base. The two main early intervention associations in Nova Scotia have been working closely together to support the professionalism of the field. The next step for ECIANS, as prioritized by the membership, is to promote standard education and credentialing for early interventionists in the province.

### **The Need for Regulation**

While acknowledging the need to establish standards of pre-service education is critical in furthering the profession, a necessary compliment is the development of a regulatory body for registering qualified early interventionists and for insuring those in the field maintains regular professional development and a current license to practice. A regulatory board of this nature would provide a body of professional peers to support adherence to the code of ethics, a process for discipline should it be necessary, and address requirements for the specific credentials required to become an early interventionist in Nova Scotia.

One of the challenges faced by early intervention in this province is the lack of government support through designated policies, regulations and legislation. Indeed, the majority of professional associations in the province have regulatory bodies and standards of certification that are supported by legislation or Acts. Examples of this

include the Association of Psychologists of Nova Scotia (Psychologists Act, 2000). The Nova Scotia Social Workers Association (Social Workers Act 1993), and the Nova Scotia Barristers Association (Legal Professionals Act, 2005). These organizations have identified processes and requirements that enable membership and regulation of the members as practitioners or professionals. Without government support, clear policy and specific legislation, it is challenging to design enforceable regulations and to monitoring a standard of personnel preparation, ongoing professional development, and best practice, evidence based service delivery.

Frequently, professional associations originally incorporated under the Society's Act move on to the next step of enacting legislation to support the status of the profession. An example of this is the Association of Psychologists of Nova Scotia (APNS 2009). This group was pivotal in the passage of The Psychologists Act and the subsequent creation of the Nova Scotia Board of Examiners in Psychology (Psychologists Act, 2000). The partnership and support of provincial government helped to solidify the status of the profession and gave authority to the regulatory body.

While some professions have benefited from this recognition, Early Intervention has not. Currently, early intervention lacks strong, clear policies on early intervention service delivery and the training required to be an early interventionist (denHeyer & Keinapple, 2005). . Research conducted by EINS in 2000 demonstrated a wide diversity in programming, service delivery, and training of early interventionists (denHeyer, Duplessis & Septon, 2003). A follow up report entitled "Enhancing Personnel Preparation for Early Intervention" (denHeyer & Keinapple, 2005) clearly identified the

need for government leadership in setting standards for early intervention programs and the education and training of those working in the field of early intervention. Recent developments stemming from these findings have resulted in the development of the 2009 EINS Program and Procedures Manual. Notably, this has come from within the profession and the manual is viewed as a guideline. EINS and its members have adopted this manual as well as the previous personnel manual, knowing this is a necessary integral step in moving toward a professional status.

These documents have yet to be formally established as provincial policy. The closest formally acknowledged criteria for service delivery is outlined in the Service Agreements established in 2006. The Service Agreements are contracts between the individual early intervention programs and the province's Department of Community Services. The contract details a funding arrangement and service delivery expectations based on the four core identified services of home visits, family support, service coordination, and assistance with transitions (Appendix B). Although the contract supports a movement towards standardization in service delivery, monitoring continues to be limited and the specific training requirements to practice as an early interventionist remain undefined. Regulation of the services and training has yet to be established.

In order to develop regulations, the specifics of the profession must be clearly identified. This would include the professional's role definition, training and educational requirements (pre-entry and post-entry), a code of ethics, standards of professional conduct, and ongoing monitoring of practice. Professions such as teaching, for example, require a specific license in order to become a member of that profession (Education Act,

1995-96, amended 2009). Within this framework, there are a range of license levels that frequently correlate to financial compensation and status. Ongoing professional development is mandatory in order to maintain a license in recognized professions. The concepts of licensing, passing an entrance examination process and meeting stringent training requirements are common to professions and must be considered when further establishing the local early interventionists professional association.

The formalization of a profession through legislation and the use of a regulatory body can have both benefits and challenges. Programs such as early intervention in this province have grown from grass root efforts by communities and reflect the flavour and needs of that community. Each program is unique and has its own autonomy. The current implementation of services, hiring practices, board function, and individual agencies do not necessarily have specific accountability frameworks and may vary greatly in how they measure outcomes (denHeyer & Keinapple, 2005). This flexibility in service delivery melds well with a broad interpretation of family centered services and can work for programs in designing policies or guidelines that meet individual program needs. An example of this could be a rural early intervention program that offers weekly home visits when there are no other support options or health related services in the area (denHeyer, Duplessis & Septon, 2003). Travel may be significant; therefore the caseload is below the provincial recommendation and the frequency of visits is higher than the bimonthly standard. An urban program may have a larger population base and have less regular home visits or partner with other alternate agencies as a coordinated service delivery, mandating a diversity in service frequency and format based on family and

child needs. Intervention in urban programs may therefore have a higher caseloads with a broader range of service options for families( Early Intervention Working Group, 2005).

Legislation and/or regulation, if not carefully crafted, could result in decreased flexibility in service delivery options and agency administration. This may in turn be counterproductive to the individuality of the program within that community. Too many restrictive regulations could be challenging due to the complexity of the nature of early intervention, the “human” side of working with families and children. Professionals could get caught up in up in a myriad of paperwork and rules that could impact the functioning of the program as well the ability of the program to respond on an individual basis to family’s needs.

DenHeyer and Keinapple’s 2005 report on early intervention personnel preparation indicates that the range of training is quite diverse in Nova Scotia. Not all early interventionists in Nova Scotia hold the provincially recommended undergraduate degree in a relevant field of study. A regulation that mandates a degree for example, would result in the loss of many existing staff that have been practicing in the field for years. This raises the question of grandfathering clauses and the need for a graduated time frame for compliance or potential levels of accreditation. Further, the training institutions that provide personnel preparation for the field of early intervention are limited not only in Nova Scotia, but in Canada. Samples of the few pre-service training programs include the Bachelor of Arts (Child & Youth Study) and the Masters in Applied Arts (Child & Youth Study) at Mount Saint Vincent University in Nova Scotia, the



Special Education Diploma at the Institute for Human Services Education in Nova Scotia, an Early Interventionist Certificate from Seneca College, Faculty of Continuing Education in Ontario, a certificate to become an Infant Development Consultant at the University of British Columbia, and an Early Intervention Diploma offered by the Bow Valley College in Alberta. All of these options, excluding the BA (CYS) require a previous diploma or degree in child development or early childhood education. Although there are more and more opportunities to take courses related to early intervention practice, there is no process for standard certification in Nova Scotia. The majority of specialized training appears to take place post entry in the field either through professional development or “hands on” experience. The lack of defined pre and post service training requirements and formal institutions to support standard training is a barrier to the further establishment of the profession. Regulations cannot be implemented effectively without educational support for early interventionists.

In addition, legislation or regulations are often enacted without the necessary infrastructure to support the policies or programs. An example of this is Nova Scotia’s current Childcare system. Under the jurisdiction of Community Services and guided by the Day Care Act (Day Care Act, 1983), there are 382 licensed childcare programs in the province (ECDI Annual Report, 2004). As of December 2009, the licensing of child care programs is under the jurisdiction of the Licensing Services (LS) Program whereby Licensing Officers inspect a range of facilities throughout the province twice a year. This includes day care facilities, family home day care agencies, residential child-care

facilities, children's small options homes, and homes for special care (Nova Scotia Licensing Services Program, 2009). There are 7 Early Childhood Consultants across the province available to assist with grant applications, programming, the inclusion of children with special needs, staff training and the daily functioning of a facility. The broad mandate of the Licensing Officers makes it impossible to do more than license child care programs based on the current minimum requirements. There is not enough staff, resources or funds to properly monitor or provide consistent consultation to programs to ensure quality. The lack of appropriate infrastructure and sustainable funds to support the regulations challenges the integrity of the service and the profession itself.

Regulations that cannot be implemented, monitored or supported are ineffective. Regulations on their own are not going to ensure standardization, high quality service delivery, and trained staff. Regulations, however, are necessary to further establish early intervention as a profession. Through this process, early intervention will have recognized features and services that will benefit society as a whole. Regulations promote a standard of service delivery that enable families to receive comparable programs, supports and resources throughout the province regardless of where they may choose to live. Standardized services and training requirements for staff ensure families that the early intervention program they access is of a specific, recognized quality and is accountable for what it provides for families and their children. Parents need a safeguard or guarantee that the early interventionist is adequately trained and has the experience and resourcefulness to support their family and child. Parents need assurance that early

intervention programs follows professional standards, are grounded in best practices and research, and are monitored to ensure high levels of quality.

Salaries for early interventionists in Nova Scotia are based on the limited funds made available through the Department of Community Services and are at the discretion and fundraising ability of individual Boards of Directors for each program (denHeyer & Keinapple, 2005). Again, there is inequity, as the existing range of salaries in early intervention in Nova Scotia varies greatly. A recent independent analysis of early interventionists in Nova Scotia by the Hay Group (EINS Hay Group Report, 2009) identified a substantial discrepancy in compensation for those in the field in comparison to a similar profession, basing this outcome on job descriptions and surveys of those employed in early intervention. Yet, there is no identified provincial plan in place to bridge this large gap. Programs are facing challenges with hiring and retention due to low salary rates and the province's continued endorsement of sub par salary scale for interventionists.

Nova Scotia does not have strong policies and or regulation regarding early intervention. In addition, there are no specific employment categories or corresponding salary scale for early interventionists. The lack of clearly identified training requirements or standards to be an early interventionist influences professional status, recognition, and compensation of those employed in the field. Until the field is more widely recognized as a profession, equal partnership and collaboration with other professional bodies will be difficult and salaries will remain low. Not having regulations also limits the future direction of the profession. Regulations and professional standards support the

development of appropriate salary scales based on credentials and experience and allow for negotiations for increases and sustainable funding. Professional associations that identify their membership based on regulations and a regulatory body that monitors entry and ongoing practice are able to partner with provincial governments in enacting legislation that supports the profession. This in turn safeguards professional members by ensuring that the function of the association is as stated in an Act, that the fees are used for official registration and ongoing professional development opportunities, and the professionals in the field are supported. This process would allow for an appeal process and an objective governing body for early interventionists outside of the individual agency of employment. Regulation is a requirement if early intervention is to move forward as an established profession.

### **Legislation and Early Intervention Services**

Canada does not have specific federal legislation in place to ensure children with special needs under the age of five receive educational support (denHeyer & Keinapple, 2005). In fact, legislation regarding programs in early childhood is limited and often found in the form of Day Care Acts, which primarily address the licensing of regulated childcare, or in Child Welfare Acts, which focus on child safety. The concept of early learning and education was a topic high on the Canadian political agenda during the Paul Martin administration, however the federal 2005 election resulted in a new government and plans for a Pan-Canadian Early Learning and Child Care system were shelved (Liberal Platform and Budget, 2005). This preliminary stage of system design and funding, with each province developing their own early childhood development

initiatives based on nation wide agreed upon QUAD principles (Cool, 2007) now morphed to the development of individual provincial early learning and child care programming (Early Childhood Development & Learning Transfers, 2005). Clear legislation for early learning and inclusive practices at provincial levels or at the federal level has yet to be addressed. The enactment of the Pre-Primary Education Act was the first Act in Nova Scotia to encompass education for children under the age of five and provided a precedent for future lobbying for the possibility of entitlement to education and services for children with special needs birth to school entry (Pre-Primary Act 2005). However, in 2008 the change in the school eligibility birth date from 5 years of age as of October 1<sup>st</sup> to January 1<sup>st</sup> resulted in the closing of the Pre-Primary Programs across Nova Scotia (Education Act, 1995-96, amended 2009). While the newly established Pre-Primary Act quickly become outdated, the recognition by the provincial government of the significance of the early years and the need to link preschool and school systems was a positive step. Children are able to enter school at an earlier age, however this does not address the need for the establishment of a comprehensive early learning system in the province.

Legislation supports the recognition of the early years as significant to societal outcomes and regulation allows those working within the context of early learning, including early interventionists, to become valued professionals who provide a necessary service to the community. As Canada does not have clear legislation regarding early learning and specifically, the early education of children with special needs, much of the current training and practice in early intervention finds its basis in the research and

program models in the USA. Canada has adopted the American legislated values of family centered practices and concepts from the Individuals with Disabilities Education Act (IDEA), which has shaped current service delivery at both the federal and state levels. It is imperative that those lobbying for early intervention legislation in Canada or at provincial levels understand the historical context of the American laws. This allows for precedence as well as the opportunity to learn from experience and to create legislation that reflects Canadian and/or provincial culture.

In 1975, the US Congress enacted the landmark Education for All Handicapped Children Act (Public Law 94-142). This was the first step in recognizing the needs of children with special needs as having educational rights and a move towards the integration of individuals with disabilities into the mainstream. Direct outcomes of this law were improved efforts to identify children with special needs, increased assessment and education for all children with disabilities aged 5 to 21 years, evaluation of children's education, and due process protection for children and families. The law also authorized financial incentives to individual states to enable compliance with the legislation. In the 1980's, there was an increased concern for young children with disabilities and their families. This led to an amendment to the EHA in 1986 (Public Law 99-457) that mandated services and programs for children with disabilities from birth to 21 years. The federal leadership and subsequent enactment of law has made the USA a leader in early intervention and preschool programs for infants and young children with disabilities.

The focus on infancy and early childhood naturally included parent participation leading to the implementation of family centered practices, culturally relevant

instructional practices, linking assessment with program planning, Individual Family Service Plans (IFSP) use, Individual Education Plan (IEP) development with active parent involvement, and inclusive practices. The change in name to the IDEA was a result of a 1990 amendment (Public Law 101-476) with further amendments in 1997 to encompass a continuum of services from birth to the transition from high school to adult living. Within this framework, the financial resources are made available to states to enable equal and timely access to early intervention services as an educational right. Programs and services fall under the state jurisdiction of Education (History of the IDEA, 2005). A consequence of having services hosted under the Department of Education is the subsequent requirement for specialized training and licensing in order to become an early interventionist, teacher or partner professional within the early intervention and preschool special education systems.

### **Personnel Preparation**

American Legislation, IDEA Act's Part D, section 662 is entitled "Personnel Development to Improve Services and Results for Children with Disabilities" and mandates that those working in the field of special education, early childhood special education and early intervention have both pre and post service training in order to be certified and to maintain active practice in the field (IDEA, 2004). The specific requirements are based on state law and are detailed through the Departments of Education and/or Health. There can be variations and identified levels of certification. For example, a bachelor's degree in Early Childhood Special Education is required in

Alabama while a related undergraduate degree with early intervention credentials is necessary in North Carolina. Utah's Baby Watch Program has levels of requirements for Early Interventionists Specialists: Level 1 must have a High School diploma plus post secondary training in a state recognized child development program or related degree, Level 11 must have a degree in a field related to early intervention and be certified in that discipline. In this case, an Early Interventionist Specialist Level 1 must work under the direct supervision of the Early Interventionist Level 11 (Baby Watch,2010).

Certification programs for early intervention are frequently offered by universities within individual States and provide credentials that link to federal and state laws regarding service delivery. In New York State, for example, Special Education Teachers (Birth to Grade 2) are required to have a bachelor's degree, the New York State Teacher Certification Examination, and 40 days supervised experience. To obtain a professional license, one must have a Masters degree and 1 year of mentored experience plus 2 years additional experience (UCONN Center on Disabilities- Personnel Standards Database, search results for New York State, 2010). The University of Connecticut's Center on Disability-Personnel Standards provides a comprehensive overview of the credentials required to practice in the field of early intervention in the States as well as an on line site that provides details on individual discipline and state requirements (UCONN Center on Disability-Personnel Database Application, 2005, website 2010).

Similar regulatory requirements to practice in the area of early intervention can be found in the United Kingdom. Early Intervention is supported through the Department of



Education. In order to become a “special education needs”(SEN) teacher, one must have either a Postgraduate Certificate of Education, School-centred initial teaching training, a Bachelor of Education or a Bachelor of Arts or Bachelor of Science with qualified teaching status or QTS (Prospects.ac.uk , 2010) It is also interesting to note that in order to be an Early Years Teacher in the United Kingdom, one must also have qualified teaching status and have an undergraduate degree with certification in the early years. Further training is necessary to be licensed as a SEN teacher for both preschool and school settings. Early Intervention teachers would work in partnership with therapists and specialty disciplines such as Occupational Therapy and Physical Therapy to plan both home and school based programs. Early intervention services are provided through a series of initiatives including Sure Start Children’s Centres, local education authorities and the government’s “Early Years Development and Childcare Plan” that supports local preschools for young children with special educational needs and disabilities (Direct.gov.uk, 2010). Other European countries, such as Norway and Denmark, require similar credentials for those working with young children with special needs.

Australia, specifically the state of Victoria, has recently delineated a series of specific competencies for early childhood intervention (ECI) practitioners. Sponsored by the Department of Education and Early Childhood Development, the Workforce Steering Committee of the Early Childhood Interventionists Association (Victoria) hired an external consultant to prepare the Early Childhood Interventionist or ECI Practitioners Competencies document (Hollo, 2009). The term practitioner in this context refers to any

professional or para-professional working in early childhood intervention including but not limited to Occupational Therapists, Physiotherapists, Speech Pathologists, Psychologists, Social Workers, Early Educators, Family Service Coordinators and Family Key Workers (Coulthard, 2009). Each of these disciplines requires certification and once licensed can practice as an early childhood interventionists practitioner or professional. The 2009 ECI Practitioner Competencies document outlines requirement from the Australian National Training Authority and although not in legislation, the goal of the state is to have all the estimated ECI 650 practitioners trained in these core post service requirements (Hollo, 2009). Such training allows the state to establish effective sector-wide workplace planning, increases its ability to target practitioner recruitment and selection, and provide clear professional development pathways for practitioners, all of which combined creates enhanced client outcomes (Hollo, 2009). As in the United States and the United Kingdom, ECI are tertiary qualified in education, social work, or a therapeutic discipline. The practitioners must also work within an environment that provides a mix of individual and group interventions both in-centre and community based. They are “active change agents” who offer services through a consulting model within their scope of practice and the parameters of their agency (Hollo, 2009). Most significantly, the competencies support a collaborative, interdisciplinary approach to early intervention within a system of professional and community supports. Emphasis is on family centred practices, inclusion and a systemic ecological model of service delivery. The core competencies are: to develop the abilities of children with disabilities,

to strengthen family participation in a child's development, to optimize community inclusion, to deliver service, to engage others, and to develop personal capabilities ( p8 ECI Practitioner Competencies, Hollo, 2009). Each of these competencies has subcategories that clearly define the expectations and the outcomes of the professional development. Australia's State of Victoria is committed to creating quality early intervention services that are evidence based and provide standards in professionalism through the ECI practitioner competency requirements. The state has a clear pathway and plan for the professionals, which in turn benefits the families, children and the community at large. This is a true investment in their future and people.

The Transatlantic Consortium of Early Childhood Intervention developed an International Curriculum in Early Childhood Intervention in 2005. The purpose of this international curriculum is to “identify and build on national and international perspectives and understandings about young children and early childhood intervention “ with the intent to “expand the research base for early childhood intervention and prepare students for leadership roles in early childhood intervention” (International Curriculum in ECI, 2005, p1 ). The participating universities in this consortium are from a broad range of countries throughout Europe and the United States. This graduate program involves eight modules, seven of course work and a thesis in international comparisons in early childhood intervention. The courses can be taken either at the student's home university or at one of the participating consortium universities, with one international seminar that may be completed through distance learning. The breadth of this graduate work in early

intervention promotes not only enhanced practice but establishes a base of evidence as well as future leaders in the profession (International Curriculum in ECI, 2005).

An example of Canadian postgraduate certification for early intervention training can be found in The Infant Development Program (IDP) of British Columbia (Infant Development Program of BC; Certificate/Diploma Training for IDP Consultants, 2005). Early Interventionist staff in British Columbia are required to have an undergraduate degree in a related field and are encouraged to take a Certificate or Diploma Program in Infant Development offered through the University of British Columbia. This five-credit certification process is designed to meet best practice recommendations from legislated models in the USA and incorporate the ideologies of family centered practice with specific skill development related to assessment and the needs of children with disabilities. The provincial government supports ongoing professional development once employed in the field. Ontario and Alberta offer early intervention certificates through educational institutions such as Bow Valley College in Calgary (Bow Valley College Website 2010) and Seneca Faculty of Continuing Education and Training (Seneca FCE Website 2010) in Toronto. Again, these are programs that require some training prior to entry and provide diplomas in early intervention certification. The entrance eligibility for these two programs are at a community college level while the IPD Certificate requires an undergraduate degree prior to certification in the specialty of early intervention.

Mount Saint Vincent University in Halifax, Nova Scotia offers a Bachelor of Arts Degree in Child and Youth Studies (MSVU Website 2010). This four year undergraduate degree provides students with a professional education encompassing a broad range of

topics related to children and youth, however there are specific electives that when combined would provide course work and practicum to prepare for a career within early intervention.

Although there is no specific legislation in place, British Columbia has become a leader in early intervention services in Canada and has committed to providing quality programming for families and children through their investment into a well-designed system of services and training. One may argue that Nova Scotia does not have the population base to support a similar credentialing program for early interventionists. In order to further establish the profession and safeguard children and parents, it is imperative that standard credentialing and ongoing professional development become a requirement for those practicing in the field, regardless of the population base. The challenge will be to craft training opportunities and design credentialing requirements to meet not only early interventionists but also perhaps others working with families of young children with special needs. Potential partnering could exist with health related professionals pre-service training in such core competencies as family centered practices and infant development. Specialization courses could be designed in specific areas of etiology as an example. It may be possible to develop a Maritime or Atlantic standard for certification, thus broadening the population base. The need to establish a recognized pre and post service training standard is essential if early intervention is to gain professional status in this province and across Canada.

Pre-service training programs in early intervention must provide a balance between theory and practice. In many cases, such as in a Bachelors of Arts program,

graduates may have selected coursework relevant to early intervention but these courses are often taken in isolation. Having psychology courses in development is theoretically sound, however students also need opportunities to assimilate and apply what they have learned in real life situations. A Bachelors of Education degree, as another example, does not provide the specific training required to work in the early intervention field nor the specialized knowledge needed to work with infants/young children with disabilities and their families. The focus in infant development itself is often limited to basic introductory coursework at the undergraduate level, again with minimal opportunity for practical application. Training in family centered practices and consultation is limited within a generalized degree. These topics are often learned during hands on practice or in post – service professional development. The scope of practice in the field of early intervention coupled by the fact that much of the work is unsupervised mandates the need for specialized training, standard hours of required practicum, a mentorship program, and licensing criteria prior to independent practice. Without these standards of the profession, a family, community partner or early interventionist has limited recourse should there be a need for discipline or appeal. Conversely, there is no governing body or specialized training requirements to protect those individuals accessing services or practicing in the field.

Mandatory post-service training is necessary in order to maintain quality and a professional standard of practice. Numerous years of experience in the field alone does not compensate for ongoing professional development. Experienced individuals may have training that is outdated, or may not see the need for upgrading. Lusk (2003)

discusses the disconnect between taking course work or isolated workshops and the transfer of the learning on return to the field of practice. Post service training is more relevant if supported through mentors, opportunities for discussion, reflection with peers, journaling and practice of the information learned. Such methods enhance learning, bridging the gap between theory and practice. The requirements for post service training in early intervention must be relevant to practice and be supported by a practical application.

It is evident that legislation or regulations regarding service delivery must be directly linked to personnel preparation and post service professional development. Again, regulation on its own does not denote quality in service. The local professional association and province will need to consider the availability of adequate training and options locally or by distance and also consider a “grand fathering” clause for current staff who may not meet established requirements. Partnerships with existing training institutions should be explored as the association moves forward with the identification of core competencies and the design of a potential regulatory body for the early intervention profession in Nova Scotia.

### **Summary**

At the 2009 Annual General Meeting of ECIANS, the consensus for next steps was clear: establish a credentialing process for professionals in the field (ECIANS AGM Minutes, 2009). The profession is at a crossroad. If early intervention is to become a recognized, autonomous profession, it is essential that the hallmarks of a profession be accomplished. The very nature of the services provided through the programs and the

vulnerability of the population served compels early interventionists to have adequate pre and post service training, to become members of an established professional association, to adhere to a code of ethics and to maintain a quality of service delivery based on evidence based practices.

The research on the significance of the early years supports the establishment of a comprehensive system of early learning and child development programs across Canada (Mustard , McCain & Shanker, 2007). Embedded in this research and subsequent recommendations are the principles of quality, universality, accessibility, and developmentally appropriate services for all young children and their families, including children with disabilities and/or other special needs. Early learning influences future outcomes in adulthood (Hertzman, 2004). Investment in the early years benefits society as a whole and is cost effective (OECD,2006). Professionals working with young children and their families must have adequate education in typical and atypical child development as well as other relevant areas such as developmentally appropriate practice and family centered practice. Those working with families of infants/young children with disabilities in turn must have the specialized training to provide the necessary support and program planning to promote skill development for the family and child and to collaborate with other professionals in the field. The multiple government departments that provide a myriad of programs for young children with special needs results in duplication of services and confusion for both consumers and practitioners alike. The Nova Scotia Department of Community Services has the portfolio for Early Learning and Child Development, and there are also Early Childhood Senior Management positions



within the Department of Health, the Department of Education, and the Department of Health Promotion and Protection. Projects focusing on early intervention and home visiting have been established under Early Childhood Development Services and the Child and Youth Strategy and the Department of Health, creating parallel systems of services for children and families (NS Early Childhood Development Progress Report, 2005-08). Families may access a home visitor from one program, an early interventionist from another, as well as multiple specialty therapists from several agencies in order to support their child's needs. Coordination of the many services while challenging needs to be addressed.

Early intervention programs are frequently the first contact point for families for support and services, both pre and post diagnosis (denHeyer & Keinapple, 2005). Early interventionists in this province are aware of the significance of their professional role, and have come together over the years, offering to work with local associations and government representatives to promote standards in service delivery, training, and a system of coordinated services for families and children.

The professionalism of early interventionists is challenged by the lack of specialized credentials and although those in the field have worked diligently to establish themselves as professionals, it is clear that a more formal process is necessary in order to lobby for quality in services, appropriate compensation and increased collaboration amongst professional peers. The focus of this research is to support the development of a formal credentialing program for early interventionist in Nova Scotia, addressing pre and

post service and the need for grandfathering. The current perspectives of the profession compared with existing training requirements and professional associations in other areas will assist with the identification of recommended core competencies and a framework from which to propose training requirements, mentoring opportunities and to foster partnerships with government, professional associations and educational institutions as early intervention truly establishes itself as a profession in Nova Scotia.

## CHAPTER THREE

### METHOD

#### Framework

The data and information for this project was gathered using a blend of qualitative research and non-experimental quantitative methodologies. The use of a preliminary survey provided the investigator with quantitative entry-level data and background information which linked to an in depth inquiry into participants' perceptions and beliefs regarding the research topic. The subsequent qualitative research was based on the premise that “ nothing is trivial, that everything has the potential of being a clue that might unlock a more comprehensive understanding of what is being studied” (Bogdan & Biklen, 1998,p.6). This process encompassed an exploration of experience and personal engagement with participants with the intent of gaining a thorough understanding of the topic through the eyes of the individuals. Frequently referred to as phenomenological research, the investigator “is concerned with the life world or human experience as it is lived” (Laverty, 2003,p.7). Phenomenological research “tries to describe an experience from the point of view of the experiencer, and in the process it hopes to achieve awareness of different ways of thinking and acting in its search for possibilities”(Hultgren, 1990, p.16). Interviews provide a window into the participant's perspectives of their part of the world and offer the investigator a means of gathering information in order to comprehend interpretation of the phenomenological dimension. Qualitative researchers “objectively study the subjective states of their subjects”(Bogdan & Biklen, 1988, p.33).

The investigator of this study engaged participants through focus groups and interviews. The purpose of the focus group is to obtain the participants perceptions, opinions, beliefs and attitudes towards the subject. This allows for interactive participation with the intent of having a free and open conversation. The use of open ended, semi-structured questions allows for themes and structures to be identified. Interviews were offered as an alternative to the focus groups should scheduling or availability be an issue, using the same questions as in the focus group. According to Edie (1997), it is these structures that capture the essence of the experience that make that object or phenomenon unique from others. Through the interview process, the investigator becomes aware of the grasp the participant has on the phenomena and by directing the focus of the inquiry, can describe their perceived reality. The intent of this research was gather the perceptions of early interventionists, parents and partner professionals as they relate to early intervention as a profession and to the need for standard credentialing. The qualitative research design lends itself to this specific inquiry and provides a credible framework within which to explore and describe outcomes of the study.

The preliminary survey noted at the onset of this chapter was used to gather the quantitative data related to the inquiry on the current status of education and credentials of early interventionists in the province. The survey data was compared to existing data on early intervention training standards across Canada and in three other countries, offering insight into the professional status of early interventionists outside of Nova

Scotia. The quantitative information supplemented the broader qualitative research and offered a context for the study. The blend of quantitative and qualitative research created an opportunity to truly understand the topic and provided a framework for developing potential recommendations for change in the status of pre and post service training for the profession of early intervention in Nova Scotia.

### **Participants**

Research participants were made up of two groups, survey participants and five focus group participants. Survey participants included the potential fifty nine early interventionists currently employed in the seventeen provincially and one federally sponsored early intervention program. The focus group participants included representatives working in the field of early intervention, families who are actively participating in early intervention services, partner professionals who work closely with early interventionists, educational institutions, and provincial government departments with identified early childhood senior management positions. More specifically each of the five focus groups was compromised of the following participants:

1. Five **Early Interventionists** including representation from urban and rural programs. Directors and front line staff participated.
2. Four **Parents** whose children have been receiving Early Intervention services for over six months. Parents from rural and urban programs whose children represent a range of etiologies were involved in the interviews.
3. Six **Partner Professionals** including a speech language pathologist, an occupational therapist, a psychologist, a social worker, a physical therapist, and an early childhood educator.
4. Three representatives from **Educational Institutions** that offer pre-service training in early childhood/early intervention throughout Nova Scotia.

5. Three **Provincial Representatives** with early intervention or early child development portfolios hosted within the Departments of Community Services, Health Prevention and Promotion, and Education.

The intent of the focus groups was to bring participants together for shared discussion and reflection. However, given the diversity of the participants and potential barriers such as distance, childcare, availability and scheduling, individual interviews by phone or in person, using the same identified questions to be used in the focus group setting, were offered as an alternate way of gathering information.

### **Instruments**

#### *Current Status of Early Interventionists in Nova Scotia Survey*

The researcher developed a survey based on literature review and in consultation with those practicing in the field of early intervention. The intent of the survey was to ascertain a current picture of the status of pre and post service training and professional development of early interventionists (Appendix C).

The survey was divided into three sections. The first section provided information on demographics of the participants such as age, gender, education, and experience. The information collected helped situate data and allowed for comparisons and differences in the participants educational backgrounds to each other and to the provincial standard. The second section included a series of yes/no questions. The questions probed for information on topics related to pre and post training and in-service relative course work, mentoring and practica. This information is essential if there is a

need for a grandfathering process and credentialing becomes legislation. For example, should a three-year time frame to upgrade or complete core competencies be provided. The third section contained open-ended questions asking participants opinions on the importance of training and experience as it relates to practicing as an early interventionist in Nova Scotia. Comments sections were placed after each question for responses.

### **Interview Schedule**

Interview questions for the focus groups were prepared based on literature review and consultation with professionals in the field of early intervention. The open-ended series of inquiries focused on the in-depth perceptions of the participants' perceptions of the status of early intervention in Nova Scotia as a profession. Participants were also asked to discuss access to resources and perceived barriers that impact the professionalism of early intervention in the province (Appendix D).

### **Procedures**

The investigator submitted the thesis proposal to the Thesis Committee and the Mount Saint Vincent University Research Ethics Boards for approval to conduct the research. Once approved, the investigator emailed the directors of the early intervention programs introducing the study and inquiring about the most recent count of early interventionists employed with their program. After numbers were confirmed, directors were asked to distribute the survey package to early intervention staff. Packages consisted of an introductory cover letter, the survey, and a stamped/self-addressed return envelope. Directors were asked to encourage participation. Fortunately, the return rate

was sufficient data for analysis and only one email reminder to Directors was required. Participants for the Early Interventionists focus group were identified through the survey process.

Survey participants included the early interventionists who are currently employed in the provincially recognized early intervention programs in Nova Scotia.

Focus group participant selection was based on the focus group topic. The specific methods for selection are identified as follows.

The Early Interventionists Focus Group participants were made up of five participants selected from those identified from the current status survey. More than five agreed to participate consequently the investigator engaged in a stratified random selection based on rural and urban areas, director and front line staff, experience, and years in the field. Those not selected were notified by email and thanked for their interest.

The investigator contacted the Executive Director of three Early Intervention Programs, two in rural settings and one in an urban setting to assist with identifying four parents willing to participate in the Parent Focus Group or individual interview. The Directors received a letter of introduction and were asked select a parent from their program who they feel may wish to participate. The letter included specifications of selection including participant's length of time with the program, active participation in home visiting services, and of diverse etiologies of the child (Appendix E).

The investigator identified potential participants for the Professional Partner Focus Group based on knowledge of current professionals who work in partnership with



the early intervention programs within the disciplines of speech language pathology, occupational therapy, physical therapy, social work, early childhood education, and psychology. Participants were employed in publicly accessed agencies such as Nova Scotia Hearing & Speech Centres, the IWK Health Centre for Women and Children, and licensed community childcare programs. Each participant was be contacted by phone or email to determine interest and availability to participate in a focus group or individual interview.

Representatives from pre-service training institutions in Nova Scotia, including local universities and community colleges, were approached to assist with identifying participants for the Educational Institutions Focus group. Chairs/Heads of the departments were approached by phone contact and/or email to determine willingness to participate or to identify possible participants.

Participants for the Government Focus Group were selected from the listing of senior level staff who are employed by the Province of Nova Scotia in positions that focus on the on early intervention and/or early childhood development. Phone contact and/or email contact was made to the respective participants within the Departments of Community Service, Education, and Health, Prevention and Promotion to determine interest and availability to participate in a focus group or individual interview.

The selected participants were contacted by phone and/or email and a time will be arranged to meet to participate in the focus group in person, by conference call or to have an individual interview in person or by phone. The participants received letters of confirmation including information on the purpose of the study, procedures, participant

rights, consent and researcher's responsibilities. The letters and forms were specific to the topic and participant group identified for the focus group or interview.

Once identified and selected, the participants were solicited by phone or email to secure a date and time for a meeting, conference call or individual interview. Childcare was offered for parents participants as needed. Each participant received advanced confirmation information by email or phone and a cover letter with details of the focus group/interview and participant expectations. Email reminders will be provided the day prior to the focus group/interview. All focus group participants were asked to introduce themselves. Participant rights, the purpose of the study, the use of the information gathered during the focus group and anonymity of the process were reviewed at the onset of the meeting as well as the option to withdraw at any time. Participants were asked for permission to record or audio tape the focus group/interview discussions and of the university procedures governing how interview tapes, field notes and transcripts are to be stored and disposed of after use. Consent forms were reviewed and signed at the focus group or interview. In situations where distance was factor, consent forms were reviewed by phone, then faxed or returned signed in a self-addressed/stamped envelope to the researcher (Appendix F). Participants were then be asked to comment on the questions specific to their group using the designed questions. The investigator's role was to support and facilitate discussion through open, non-judgmental conversations while refraining from offering opinions. As moderator of the session, the researcher engaged in further probing of some of the ideas presented in the focus group/interview. Time was

allotted for processing questions, open discussion and comments at the end of the session. Refreshments were offered during groups or in person interviews. Participants were thanked in person and with a follow up letter and offered an opportunity to review the transcripts once typed.

### **Data Analysis and Interpretations**

The information and ideas gathered through the Current Status of Early Interventionists in Nova Scotia Survey included a tabulation of the data using a quantitative approach. The data was presented using percentages, means and range. This in turn was compared to the provincial guidelines related to the pre and post service educational requirements for early interventionists in the province.

The material gathered through the focus groups included the quantitative analysis of the demographic information followed by a more in depth interpretation of the interview responses. The data from the focus groups and interviews was reviewed using a modified grounded theory approach allowing for the identification of potential themes and codes that may emerge from the data (Weston et al, 2001). Using this approach, the investigator reviewed the data three times, initially taking a broader look at the focus groups as a unit following with an analysis of each group individually. The research became increasingly narrower with the intent of collapsing the data into main categories leading to the identification of key words. The use of the grounded theory methodology supported the development of similar concepts related to the content of the discussions and feedback. This can then be framed into categories, which in turn lead to the creation

of core ideas that reflect the essence of the research or the studied phenomenon; in this case the perception of the profession of early intervention.

## **Ethical Considerations**

### **1) Informed Consent**

Participants in this study were asked to sign an informed consent form prior to engaging in focus group or interviews (Appendix G). This form contained a description of the study's purpose, procedures and goals as well as the expectations for the participants including the projected time commitment required for the session. The investigator obtained consent for the session to be recorded or audio taped. Focus group/interview participants were informed that they have the right to decline to answer any questions or withdraw at any time without recourse. Session attendees were also informed that the data will remain confidential and that no names or identifying information would accompany quotations that were used in the final document. University guidelines regarding storage and disposal of focus group/interview raw materials or data was reviewed and participants were provided the opportunity to ask questions of the investigator.

### **2) Confidentiality**

Confidentiality of the participants was protected through a variety of means. Although participants were introduced at the onset of the focus groups, the investigator ensured that they were aware of the function of the session and that the information shared during the time together was only utilized for the purpose of the study. The researcher informed participants that the interview information taken from any

recordings, field notes taken during the session or potential quotes would not include any identifying characteristics or names. Survey information was obtained anonymously, unless the participants identified themselves for the focus group selection. Individual statements will not be linked to any demographic information received.

### **3) Voluntary Participation**

Participation in this study was voluntary. The participants were selected through survey response (early interventionists focus group), third party request (parents for the focus group via Executive Directors and Chairs of Departments for pre-service training institutions focus group), and direct request (professional partner and government focus groups). Those recruited directly by the researcher were given the option to participate at initial contact. The researcher informed all participants of their rights to decline to answer any questions or to leave the study without penalty. There were no costs incurred by the participants. All focus group/interview participants were assured of the value of their involvement in the potential enhancement of the profession of early intervention in Nova Scotia.

### **4) Issues of Harm**

The participant involvement in this study was voluntary. There was no perceived pressure for participants to complete surveys or attend focus groups/interviews. The questions used in the focus groups were based on literature and consultation with those in the field of early intervention. All attempts were made to keep the interview process unbiased and open for discussion. Topics such as grandfathering clauses and regulation

were reviewed within the context of research and future consideration. The information, ideas and insights generated for this study will have a potential benefit on the professional status of early interventionists in the province. The possibility of harm in this study is likely to be low.

### **Limitations**

The researcher recognized that survey data collection is limited to the response level received. The number of early interventionists employed in recognized early intervention programs in Nova Scotia currently stand at approximately fifty (EINS 2009). The actual number surveyed was fifty nine. This in itself is not a large participant base. The investigator followed up with Executive Directors once after the original mail out. Subsequently, a response level that yielded adequate data for analysis was obtained for this study.

Securing participants for the focus groups may be a limitation due to the number of sessions and the broad range of potential participants. The researcher utilized phone contact and email to foster easier communication and accommodate those who may be unable to meet with a conference call option. In several situations, individual phone or in person interviews were conducted where distance, scheduling conflicts or time was of concern.

The researcher is active in the field of early intervention as an early interventionist, Executive Director and Chair of the provincial professional association. She has a long-standing relationship with many of the early interventionists in the

province and this could have been a potential limitation to the study. This could influence the participants' ability to speak freely or express their own opinions during interviews. The researcher was vigilant to assure participants of the confidentiality of the information used for the study, provided no pressures to participate and made all attempts to remain unbiased during the design of questions and interviewing process. The fact that many of the potential participants know or are aware of the researcher did not appear to be a limitation during the gathering of information.

The use of audiotapes represented a limitation in that some participants may not feel comfortable with this method or may feel their response could be altered. The researcher informed all participants of this process and reminded participants that their participation was voluntary and that the tape could be turned off at any time. All efforts were made to use statements as stated within the context of the session with little or no alterations. The majority of participants were comfortable with the taping process.

The nature of a face-to-face interview may be a limitation in that respondents may provide answers they feel will please the researcher based on the context. The researcher provided questions in neutral fashion and reminded participants of the function of the study was to obtain information and ideas about the professional of early intervention and not to assess individual participants. Participants were offered the opportunity to read their comments to ensure their comfort level with the accuracy of their perceptions and communications.

## CHAPTER FOUR

### RESULTS

#### Introduction

The data analyzed for this study of the current status of early interventionists and perceptions of the profession of early intervention in Nova Scotia was obtained through surveys, focus groups and individual interviews. The survey data was tabulated through quantitative analysis using percentages, means and range. The data from the focus groups and interviews was reviewed for content and meaning initially as a whole unit, and then several more times to explore the information in detail and to observe for commonalities. Using a modified grounded theory approach, the researcher was able to identify themes and relevant codes (Weston et al, 2001). The investigator reviewed the data three times, initially taking a broader look at the focus groups and interviews as a unit following with an analysis of each group individually. The data became increasingly narrower with each iteration, collapsing into main categories that led to the identification of key words. Through this process, major themes emerged at the broad and narrow levels complimented by ideas that were significant but expressed less frequently.

This chapter will summarize the two main sources of information gathered: the demographic data and responses from the survey and the discussions and feedback from the focus groups complimented by supporting quotes.



## **Survey Results**

The survey entitled “Current Status of Early Interventionists’ Educational Background and Credentials in Nova Scotia” was distributed to Early Interventionists and Directors in the programs throughout Nova Scotia. The researcher viewed the survey as a means to gather demographic information, data on the status of pre and post service training , and perceptions of supports and barriers to professional development.

Respondents were asked to provide their thoughts on need for standard credentialing and regulations as well as comment on the current and future status of the profession in the province.

### **Demographic Information:**

Fifty-seven surveys were distributed throughout the province via the established Early Intervention Programs. Thirty-eight completed surveys were returned for a return rate of 67%. The demographic information from this process revealed that all of the respondents were female with the majority of Early Interventionists currently employed were within the fifty plus age group. The range was from a small minority of 1% in the twenty to twenty five year grouping to 24% over fifty years of age. The average age was in the forty-one to forty five year age grouping.

Eighty-four percent of the respondents had a degree or multiple degrees. Out of those, a majority of 28% held a Bachelor of Arts (Child & Youth Study) or Bachelor of Child Study from Mount Saint Vincent University in Halifax, Nova Scotia. The remaining respondents sited undergraduate programs in Arts or Sciences, many with

majors in psychology. Pre-service training levels ranged from 16% at a community college diploma, primarily in Early Childhood Education, to 16% at the university level holding a Masters degree. Several early interventionists obtained two degrees or programs, starting either with a diploma in Early Childhood Education or unrelated degree and went on to complete their current educational status with degrees directly related to the field. A small percentage have post-secondary certificates specific to infant development while another small group identified degrees or training unrelated to the profession. Two early interventionists were in the process of completing second degrees.

Twenty-six percent of the respondents are employed as Executive Directors of an Early Intervention Program while the remaining seventy-six percent were hired as Early Interventionists. The majority worked full time. The length of time employed with a program varied from sixteen percent under one year to one percent over twenty years. Most Early Interventionists reported working for a program between one to five years with the average length of employment in the six to ten year grouping. The demographic information from the survey can be viewed in chart format in Appendix G.

#### **Pre and Post Service Training Survey Information:**

The second phase of the survey focused on specifics in pre and post service training. Most (sixty-six percent) of those currently working in the field of Early Intervention did not complete pre-service course work directly in early intervention. Those who did identified taking courses such as infant/child development, psychology, and early intervention theory and/or practicum. One respondent indicated they she had “touched base on early intervention briefly in one course” while another held a masters

degree in child and youth studies specializing in intervention and evaluation. Although the specific pre-service training courses response was low, a larger number of respondents felt they had taken other courses that were relevant to their current practice. Several still reported having no other relevant courses during their pre-service education. Opportunities for pre-service mentorship were reported as low, with again sixty-six percent of the respondents stating they had no mentorship program or practicum related to early intervention practice. The remaining individuals quoted a range of hours mainly of practicum with an Early Intervention Program. Low range was sixteen hours to a high range of nine hundred forty-four hours between two placements. The majority stated under two hundred and fifty hours of field related training.

Fifty-five percent of the respondents reported taking recognized courses or certification specific to early intervention once working in the field and most have taken some training within the past year. A high majority of the post-service professional development opportunities were community based workshops or conferences hosted locally or within the Maritime Provinces. Very few of the courses included a university level credit while several were considered recognized by the Department of Community Services. The topics identified included generic titles such as behavior, communication, family service planning, grief, diversity, screening, inclusion, and school transition. More specific training was in courses on Pivotal Response Training, PECS, First Aid, Non Violent Crisis Management or etiology specific conferences e.g. the Canadian Down Syndrome Society Conference. Again as in pre-service training, most practicing in the field were not provided opportunities for formal mentorship once practicing as an

Early Interventionist. Some indicated mentorship was mainly informal and ongoing: others engaged in job shadowing upon hire with ongoing follow up as needed with either an early interventionist or a director.

Early Interventionists and directors clearly felt the main barriers to furthering their professional development were agency funding, availability of appropriate training and time taken away from service delivery. Other related issues included low salaries, distance, lack of provincial support, lack of awareness of what is available, and personal barriers such as childcare, working part time and maintaining balance of work hours and home life. Some respondents spoke of a lack of motivation related to nearing retirement or no opportunity for career advancement or pay increase based on increased training or level of certification.

A high percentage of Early Intervention staff were able to attend ongoing professional development based on agency support through Boards and Directors providing time, registration fees, and travel expenses. The Department of Community Services sponsored some of the funds accessed although this was often supplemented by agency fundraising. Professional and related associations such as ECIANS and EINS were identified as supports for training. A few of the respondents felt the supports for ongoing professional development were “limited”, “not much available” or “none”.

### **General Questions Survey Information:**

General questions in the survey allowed for comments on the need for core competencies, certification, a Code of Ethics and thoughts on current and future development of the profession. The Early Interventionists and Directors surveyed

strongly believed that there was a need for core competencies in early intervention with the following examples identified in order from highest to lowest responses levels: child development, family centered practice, program planning, consultation/collaboration or teaming, assessment, communication skills, home visiting, social work courses, cultural sensitivity, reflection on practice, transition planning, adult education techniques, mental health topics, specific training in the birth to six population, and strengths based practices. An overwhelming 87% agreed that early intervention should have a recognized credential or certification while the remainder stated “no” or were undecided. Those in agreement commented that certification assisted with role definition, community and professional respect, and supported family centered practices, collaboration and a recognized knowledge base. Many felt there should be a degree specific to early intervention and others supported a six to twelve month supervised mentorship once employed.

In order to see improvement in the status of the profession, the respondents stated the promotion and increased recognition/awareness of the field followed by increased value by the provincial government, more specifically the Department of Community Services were the highest priorities. Related necessities to create improvements of the professional status of early intervention were certification, increased salaries and benefits, stable funding, clearer role definition, a professional body and association, and ongoing professional development. The Code of Ethics was significantly rated as a critical aspect of the profession with some respondents stating it should be “mandatory”, “vital” and that “any professional working with children should have a COE” to follow.

Many of the Early Interventionists commented that a code provides accountability and a common understanding/standard of practice and is a professional requirement. Several stated that a code supports professional recognition and is necessary based on the vulnerability of the population served.

When asked about their view of the status of the profession, the most common terms used were “invisible at provincial level” followed by “liked but not well known”. Other comments were that the profession is undervalued, had no recognition by other professionals, felt neglected, was often considered a starter job, services were disorganized, staff are underpaid, and the profession was misunderstood. Positive views, although fewer in number, were also identified and included comments on making local gains, making progress over the years, being united, having skilled professionals, being recognized by families and that the profession was evolving.

The final question of the survey asked for Early Interventionists’ views on the future development of the profession. The majority noted a need for increased recognition by the provincial government in order to move forward. Several respondents were quoted as saying “we need to move forward-fast!” Stable program funding, service agreements and salaries were identified as key areas for improvement. Some of the comments discussed moving to another Department such as Education or Health. Continued work on lobbying, role definition, professional development, and developing standards in services and the profession itself were all seen as necessary for the future development of the profession.

### **Comparison of Pre and Post Training Survey Results and Early Intervention Training Standards in Nova Scotia, Other Provinces and Sample Countries:**

The researcher compared the information gathered in the survey with standards for early interventionist credentials in other provinces in Canada, in several states in the United States of America, in the United Kingdom, and in Australia. In order to provide a framework for this comparison, information on the requirement to be an early interventionist in Nova Scotia is relevant.

In 2005, EINS established provincial guidelines in the document “Personnel Policies and Procedures for Early Intervention Programs”. The goal of this manual was to provide standards for the development and structure of Boards as well as personnel policies to protect the employees of the programs. The provincial Department of Community Services adopted the manual in 2006 and although not legislated, the majority of Boards and programs adhere to the guidelines. The provincial guidelines related to pre and post service training can be found in the job descriptions embedded within the 2005 EINS Policy and Procedures Manual. The provincial definition of an early interventionist is broad; the resulting training requirements correlate with the definition stating the basic standard of “an undergraduate degree in child development or related field plus three to five years experience in the field”. There are no specific core competencies or designated courses identified for pre-service training requirements.

There were fifty eight employees within the Early Intervention Programs practicing early intervention when the survey was conducted. As one employee is the researcher, the number of potential survey participants was fifty-seven. The survey results included a return rate of sixty-seven percent. Of the thirty-eight respondents, 84%

met the provincial standard of having an undergraduate degree. The degrees varied and although the majority was based in child development or related studies not all were specific to this course of study. Twenty-six percent did not meet standard, however the diploma training focused mainly on Early Childhood Development or Elementary Teaching Certificates.

According to the survey results, the majority of the early interventionists currently employed with an Early Intervention Program have been working in the field for between eight and fifteen years. It is interesting to note, however, 32% of the respondents have less than four years experience in the field. Many of the early interventionists meet or surpass the provincial guideline of 3-5 years experience but a significant number have fewer years of experience working as an early interventionist.

Although the researcher did not highlight a comparison of age and training background, one could extrapolate that the data revealing the higher number of those working in the field to be aged fifty and over and the range of educational backgrounds could be related to the availability of pre-service training for those individuals who may have completed their original studies when early intervention as we know it had not yet been identified as a career option.

The EINS Guidelines do not identify specific requirements for ongoing professional development once employed or working in the field. The survey data indicated that a high percentage of those practicing in the field value ongoing professional development and have engaged in training opportunities within the past year despite many barriers.



Both of these findings are important, providing information for future discussion regarding establishing training standards and grand fathering options.

The literature search for this thesis provided information on pre-service training in early intervention in sample Canadian provinces, sample states in the USA, in the United Kingdom and the state of Victoria in Australia.

Canada does not have specific legislation to ensure pre-service training for early interventionists. In comparison with training standards in British Columbia, Ontario and Alberta, the survey results indicated the standard pre-service training for early interventionists is lower in Nova Scotia. The information from the Nova Scotia survey supports the need for specific pre service training. Although the majority of early interventionists in our province are degree educated, the actual degree, course work, training and mentorship opportunities were quite varied. Samples of unrelated pre-service training/degrees include majors in English, Anthropology, and Political Science. Some mentorship described included sixteen and forty hours of job shadowing or orientation while others had higher hours up to nine hundred and forty-four.

The comparison with the sample states in the USA is clear; federal and state Education legislation mandate pre and post-service training requirements for those practicing in the field of early intervention. Practicum hours are specified and required in order to be licensed to practice. Many states require an entrance teaching degree with specialization in early intervention through postgraduate certification. Ongoing professional development is built into a continued licensing process. Degree status staff supervise and monitor diploma certified early interventionists in states where this is

permitted. Nova Scotia standards are much broader and the results of the current status survey speak to the lack of clear standards for pre and post-service training in early intervention.

The United Kingdom has a similar regulatory requirement for early interventionists as the USA as services are supported through the Department of Education. An early interventionist is required to have a early years teaching degree plus a post secondary specialty in special needs. Australia's Early Childhood Interventionist (ECI) Practitioners have a degree by discipline (including an option for Early Childhood) plus certification to be a licensed ECI. This is not legislated but common practice and overriding goal of the state. Again these requirements are significantly more specific than those of Nova Scotia.

### **Focus Group Analysis**

The five individual focus groups included parents, partner professionals, representatives from educational institutions, provincial representatives and early interventionists. Focus groups were conducted with up to four participants and supplemented by individual interviews for those who could not attend the scheduled date and time or where a one to one session was more conducive to the individual involved. The questions used for the interviews and focus groups remained consistent and all were audio taped. Group sessions were often up to ninety minutes in duration while individual interviews varied from twenty to sixty minutes. The researcher noted commonalities in all focus groups and interviews based on:

- 1) Experience with early intervention

- 2) Perception of the profession
- 3) Role of an early interventionist
- 4) Training (pre and post service)
- 5) Future of early intervention

Each group's data was analyzed in order to provide specific information.

Details related to these themes are discussed and examined in each section.

### **Experience with Early Intervention:**

Three of the five focus groups had specific questions that asked participants to share their experience with early intervention. This included the interviews with parents, professional partners and early interventionists. Responses were categorized into main themes of services and support.

The groups easily identified specific services offered through early intervention including home visits, programming, support for families, preschool and school visits, service coordination and assistance with transitions to school. Detailed descriptions encompassed activities such as the development of Individual Family Service Plans (IFSP), attending clinic assessments or appointments, providing information and resources, referrals to other services, access to playgroups, and parent education. Early interventionists provided their experience in terms of their work with young children and their families over time lengthy time frames, some of which took place prior to early intervention having the profile or services it does today.

“ Our early interventionist visited our home regularly, visited preschool and became part of our family. I miss her. She was an active member with the team: language therapist, OT, psychology, preschool.” – parent

“She was great at setting up the school readiness, getting us settled with him going to school, the teachers with what we had done, what his abilities were and what not.” - parent

“Typically it is a co-visit; either they join me for an initial home assessment or they might do a joint visit in the child’s daycare in the community or school visit and work together there. Frequently we’ll talk over issues that are a concern, talk it over with the family, I’ll make suggestions and very often the early interventionist will help with follow through with some of those on subsequent visits.” – partner professional

“My other experience with early intervention is that they have coordinated with the family and with the team around the child and family so that information is shared around the families priority goals.” – partner professional

“Well, our experience is different because when children enter the child care system, they come with no background and no history. We kind of identify that they may not be developing typically and there may be something. We phone the early intervention program and get them to come out and do an initial assessment. So then our relationship will develop when we find exceptionality...for resourcing, coordinating information, and getting the initial first steps for the child and what services they may need. Then they support the program for the child in the center from there on in.” – partner professional

“My experience has run the gamut from children with mild needs comparatively to children who are profoundly effected and I think the thing for me that has been the most enriching has been the continual learning about the families and seeing the strengths they have and learning form them.” – early interventionist

“I started with early intervention about 13 years ago and I absolutely love it and my experiences have been working with adults and children with special needs starting at the training center then moving to a small options home ... have been working with children and seeing their successes and being on their journey with them.” – early interventionist

Embedded throughout the data regarding experiences with early intervention were statements on practical and emotional support. Respondents cited early interventionists providing helpful information, creating opportunities to meet other parents, and assisting

with advocacy. Skills such as problem solving and helping families stay focused were described as an integral part of experience with early intervention. Parents spoke fondly of their early interventionists, often referring to them “like a member of the family”. The majority of the experiences overall were positive with early intervention services and supports being viewed as valuable, well respected by parent and professionals, and a critical piece of a system of services for young children with special needs and their families.

“Well from my experience, like I said before, I couldn’t have done it without it all. The early interventionist we had was incredible and you know she cared so much for the child, really cared and was so supportive of us, and we looked forward to that, our weekly visit, and I don’t know ...I just learned so much from her.” - parent

“Early intervention for me at first was really about supporting the whole family, making sure we weren’t losing it, basically that we were keeping on the right track.” – parent

### **Perceptions of the Profession:**

Responses on perceptions of early intervention by the community ranged from positive views to ones of indifference. Within these themes were descriptions of services and the role of an early interventionist accompanied by discussions on the professional status of early intervention.

The majority of respondents felt positively about the profession stating it was valued and respected by partner professionals and families, and that early intervention was fundamental to the broader scope of services for young children and their families in the province. Parents in particular spoke with emotion, citing early intervention as a “really important job” emphasizing the support not only for the child but also for the

entire family. Noteworthy was the perception of early interventionists' willingness to collaborate and work together by the professional partners and provincial representatives. The collaboration with partners is further explored in a later section of this research on the role of the early interventionist.

“Well, I think the professionals I have worked with respect it, it is trusted and it is valued ...the early interventionists opinion, experiences and ideas.”- parent

“As far as parents are concerned I feel it is key; a key support that means you can have access to the other supports and you can use them wisely.” – parent

“The families are very appreciative and find us very useful and supportive in terms of their specific family. They find us valuable; lots of times I'm kind of the main person and we can develop a relationship because we do go into the homes.” – early interventionist in rural area

“Personally I think they work very well with partners and I think that you see with early intervention, the network of support for families grows exponentially so I think its huge.” – provincial representative

“I think they are perceived as safe people, as partners. Families feel less threatened by early intervention than they do by physio or occupational therapy or health care people.”-partner professional

A range of comments offset the positive perceptions of the profession related to indifferences. The major issues mentioned during the interviews were a lack of awareness of the profession and its services, resource limitations and attitudes towards the profession. The consensus regarding awareness was that unless you were in need of the service or had worked with an early interventionist, the profession and services of early intervention were virtually “invisible” and not known in the community. Once involved with the profession, this perception changed dramatically. Representatives from the educational institutions alluded to early intervention not being identified as a career

choice due to the awareness issue. Parents spoke of concerns specific to access of services and inequities based on etiologies. Partner professionals discussed role confusion and challenges with overlap of boundaries and scope of practice issues. Variations in service delivery across the province resulted in discrepancies in perceptions, which partner professionals felt could be confusing for families and partners. All groups emphasized the impact of limited resources on the profession, with the most frequently stated concern being salary parity with other professionals.

“I honestly don’t think people know a lot about it. Just my experience in my family or in passing they would ask what it is, what an early interventionist coming to my house would actually do. A lot of people, including myself, didn’t even hear about it.” - parent

“I feel that in terms of the community early intervention seems to be at the bottom of the heap. It doesn’t get ...I don’t think people are respected enough. It’s not given the recognition it deserves. I don’t think they get paid enough at all.” - parent

“Now as the community as a whole, I’m not sure the community is aware as much as they should be that these people even exist. They never know any real need to know. I didn’t know they existed until I had a child with special needs.” – parent

“Sometimes I feel from other professionals that we work with that we are not quite as valued. (asked to elaborate) Well for one thing, any reports, in terms of the school for school transitions we send regarding development, the school appreciates those but they won’t use our reports to acquire any educational assistance or any of that; it’s kind of a precursor, a warning about who is coming and what their needs are but they go from there to get psychology reports or speech reports to make their decisions.” – early interventionist

“Most of the professionals understand what early intervention can offer. I think there’s all sorts of inner city working and what not going on so that everything can be called an early intervention professional ...so it becomes a catch all phrase that really doesn’t delineate the piece of work we perceive as early intervention.” - professional partner

### **Role of an Early Interventionist:**

Questions specific to the participants understanding of the role of the early interventionist were asked of four of the five focus groups: parents, partner professionals, educational institution representatives, and provincial representatives. The results were mainly categorized into major headings such as providing support, educator, administrator, collaborator or partner, and communicator. Again, the feedback regarding the role was positive in most groups however there was a great deal of time spent on topics such as role confusion, resources issues and lack of awareness. All groups echoed words like respected and valued as in the section on perception of the profession. Parents clearly appreciated the role, identifying how the early interventionist provided services such as programming and information for their family and child. They really enjoyed having the services in the home or in other community settings and spoke passionately about the emotional support and impact of the individual interventionist on their family. Families communicated broader concepts surrounding the importance of this work in a prevention model and potential savings to the province and society as a whole. Finally, parents communicated the role of the early interventionist in supporting community connections and skills such as problem solving and advocacy.

“There are so many things I can’t even think of them all off the top of my head. Broad support which is huge for my family, my extended family. They can refer. She implemented programs that were easy for us to do when she wasn’t there. She visited our home regularly and became part of our family.” - parent

“Very broadly save money by dealing with things early on. That’s my view nip it in the bud. More of a prevention than a crisis management situation which seem to also happen.” - parent

The remaining groups specifically commented on and spoke highly of the collaborative



aspect of the role. Although providing support, education and information were three of the predominant topics, the majority of the responses emphasized the important role early interventionists play in developing relationships not only with families but with health professionals and service providers in the community.

“I think the early interventionists role is so complex and multi faceted. It just branches out everywhere. I mean you are a partner with families at the same time you are an educator. Your role is to connect and make the community connections for families. You also have to be able to know about other professionals and you always have to be learning and thinking”- educational institution representative

“The other piece is around communication and learning how to effectively communicate with peers and professionals,. Sometimes you’re going to meetings with all sorts of professionals who, you know you kind of have to learn how to advocate for your profession, for the family, for the children. And it’s how to effectively communicate with your partnering agency and with your families; your ability to consult and work together.”- partner professional

Role confusion was a repeated theme during the discussions in all focus groups and interviews. Some of the misconceptions appeared to be related to awareness concerns while challenges with training and funding continued to support the difficulties with clear role definition. The professional partners group focused more specifically on this issue producing a great deal of thought provoking discussion related to roles and possible ambiguity due the generalist nature of the profession of early intervention.

“I believe some people do not perceive them as actually on the floor doing the heavy lifting for the other professionals. They are not seen as supporting the family, they are supporting the information that is key to coordinating the information out to the other groups or places the child is going and so because of that, they are seen as just somebody that is kind of here, not completely in on the decision making about screening and again I think, it’s the perception of what they do and how they fulfill that role.” – partner professional

“Not as a whole but I’ve run into enough people, enough who see early interventionists at a very different non-professional level.”- partner professional

“But it’s the generalization...and it becomes so unclear, so what I think we want to know is the main competencies that distinguish this group and it’s role from any other so we are all clear. And I think communication is key.” – partner professional

### **Training:**

The topic of training was of particular interest to this study. The research questions focused on participants understanding of the requirements to become an early interventionist in Nova Scotia as well as their thoughts on the need for core competencies for pre and post service training. Respondents also provided their perspectives on barriers for pre and post services training in the field. Each group or interviewee was asked to expand their views by suggesting recommendations for core competencies. Specified groups were asked to explore concepts such as legislation, licensing and regulation of the profession.

### **Pre and Post Service Training:**

The Early Interventionists Focus Group outlined their pre-service educational background. All participants held at least one undergraduate degree; one had a postgraduate degree. The backgrounds and experiences varied, ranging from generic pre-service training to a more specialized focus in either early childhood education or typical and atypical child development. Some started with an adult population and went on to train in early childhood special education while others began their career with this specialization. The majority of the early interventionists in the group had over 13 years of experience. When probed about pre-service training specific to early intervention, it was evident that most had taken related coursework such as psychology, early childhood

development, theoretical based courses, early childhood curriculum and adaptations for special needs, and some family studies. None had specific courses in early intervention and its practice. Post service training was obtained primarily through community conferences and workshops. These were frequently etiology specific although in more recent years, the province and professional associations had offered topics directly related to the practice. On the job experience and mentorship were identified as common methods of post service training.

“In terms of training in early intervention, it has been on the job training, learning from my co-workers and mentoring and those sorts of things and learning from my families which is a huge part of it...and every family I learn something different, and when you help them with different challenges and then the opportunity to do workshops and other community programs and lectures and things. That’s my experience.” – early interventionist

Early Interventionists strongly promoted post service training opportunities and suggested ongoing mentoring, regular evaluation by a regulatory board, continued skill development, and potential certification levels as possibilities to maintain and support continued professional development.

### **Professional Requirements:**

The majority of the participants had a basic understanding of the requirements to become an early interventionist in the province of Nova Scotia. Some were unsure but offered their views. One respondent felt there weren’t any specific ones and that different Boards and/or programs dictated requirements. Further discussions resulted in a consensus that all early interventionists should have at least an undergraduate degree in

child development or psychology complimented by field experience. Other comments supported early interventionists having specialized training or felt there should be a specialized degree required. Many mentioned the current diversity in backgrounds and training throughout the province.

“I’d say there aren’t any specific ones at this time. I know different boards have different requirements is my understanding. I know what I would hope: it would be. Others have early childhood development, others have masters degrees and others have things in between.”- educational institution representative

“I assume there is a degree program that all early interventionists in the province would be required to complete prior to calling themselves early interventionists. In saying that though, I am not sure early interventionist is a protected title at all in Nova Scotia, so anyone can call themselves that. So yeah, it is an assumption that it is a degree program at the undergraduate level.” – provincial representative

“My understanding is you have to have a minimum of an undergraduate degree, child studies and then I think over and above that is an asset.” – partner professional

### **Barriers:**

Respondents identified numerous challenges to pre-service training and professional development. Many agreed that early intervention was not a readily identified career option for students, speaking once more to the issue of a general lack of awareness. Some coursework exists but there was no specific specialized training noted should one choose to become an early interventionist in the province.

The majority of the participants stated that funding and minimal government policy, vision or support directly influenced early interventionists’ ability to access to post service training. Early interventionists strongly supported these notions and went on to list a lack of appropriate specialized training opportunities in the area, time constraints, distance, and the challenge of being a small and fairly new population of professionals.

Partner professionals added issues with a lack of a formal training background, professional status, territorialism, and misconceptions of the role as potential barriers to accessing professional development options and conferences.

“So I assume you guys are not getting a lot of information and if there is it’s two to three hours; you don’t learn anything in three hours. I don’t think Nova Scotia is providing or in any way supporting any new real theories or ideologies for education within this field anywhere.”- partner professional

### **Need for Core Competencies:**

There was a unanimous agreement within all focus groups regarding the need for core competencies or certification to become a practicing early interventionist. The majority felt that this was very important and would shape the profession. Early interventionists indicated this was a necessary step for the profession that would enable increased status and credibility. This group went on to communicate that credentialing helped to identify the profession as a career option and directly supported early interventionists’ work with families.

“I think it’s very important and I think it will help in terms of being valued and seen more as a professional occupation and I think people, even in terms of people we work with, community members will take us more seriously.”- early interventionist

The majority of the early interventionists went on to describe the need for Some form of post graduate training as one method to support core competencies in the field.

“I do like the idea that people can come into this field with a lot of different backgrounds; an eclectic kind of thing when you get people who have different perspectives and you can share, but I think then going on from there, continue on to some kind of diploma specializing in early intervention.” – early interventionist

“That’s the sort where my thinking was going...to have some sort of post secondary or graduate diploma beyond a four year degree, would set a standard from which to grow.” – early interventionist

Parents strongly supported the need for credentialing and echoed many of the statements made by other focus groups surrounding increasing credibility, awareness, and status. Parents cautioned about not being over qualified or narrow in their training and the need for early interventionists to have a more general special education background. They also alluded to the need for specialized training when working with children with special needs and their families.

“Yes, absolutely. You don’t want every person and their dog able to call themselves an early interventionist because they can sit on the floor and play with your kids. Anybody can do that but knowing what to look for and what to nurture and what to stay clear of and what behaviors to promote and what to ignore, that’s not as easy as one might think...and I had so much to learn so I think that anybody who wants to call themselves an early interventionist should have special training. That would be a detriment to society as a whole because I think you need to know that you are dealing with an actual early interventionist who has the background and can support the situation.” – parent

“Yes but I do think there is a tendency to over qualify here. I do think there should be on the job training, standardized training, specific knowledge of disabilities...a great range of knowledge that goes into it”- parent

The remaining focus groups emphasized the importance of standard credentials and experience as being essential to the profession. Educational representatives spoke of specific educational background while partner professionals focused on the importance of credentialing as it related to increased credibility, improved role definition and limiting inequities. Provincial representatives added an ethical perspective to the discussions. The complex needs of families and children would make credentialing an essential

requirement for the profession. Some even supported a license to practice. The majority agreed that pre-service training should include core competencies and that having a standard preparation would further develop early intervention as a career.

“I would say definitely yes, for me that hinges on I believe, in the core competencies in terms of doing training, in working with young children, then an added set of competencies that would go into the specialty and it’s not just the focus on the children with special needs that’s needed; it’s the advocacy, becoming the resource person, the working with families.” – educational institution representative

“I hold a professional license and I see the value in that and I think as far as understanding and trying to grow the profession of early intervention, I think there needs to be some understanding of the profession itself around what the expectation is of the early interventionists.”- provincial representative

“I agree there should be a better identification of what core competencies are and having the credentials would probably be a part of that process and that would help clarify for everyone you know what to expect. And it could become the background then for pay, skills and things that are probably more in line with what is actually being requested of those in the field.” – partner professional

### **Recommended Core Competencies:**

There were several common responses to the question regarding recommended core competencies. All strongly supported knowledge in child development, specifically in the early years and an emphasis on infancy. Communication and interpersonal skills were viewed as essential. Many of the groups specified competencies included family centered practices, disabilities and related issues, teaming, case coordination and consultation. Early Interventionists also discussed of the some of the more “intangible” competencies such as flexibility, sensitivity and self-reflection in great depth and whether or not these skills could be taught. Although opinions varied on the ability to teach these traits as skills, interventionists all thought specific characteristics were

essential to the field. Hands on experience, practicum and mentoring were considered part of pre-service preparation. A number of the same competencies were recommended for ongoing professional development in order to keep early interventionists current and on top of best practices in their profession.

“I think people do need a background in development and especially infant development because very often we spend a lot of time looking at the general stages and sequences for development, doing a little bit on infants and critical periods and then jump right away into older kids and there needs to be more on infant development. I think people need courses on communication, you definitely need courses around children with special needs, on inclusion, and what your beliefs are...” – educational institution representative

“A good solid background in early childhood education to understand the early development. Courses on how to work effectively with parents, courses on professional demeanor, beliefs and values....and of course a course on some level of understanding of the diverse level of needs, how to assess, working with professionals.” – educational representative

“Case coordination, family support, teaming, defining your role, programming, how to work with other disciplines...”- partner professional

“I think it’s is also important as a core competency...gosh, I don’t know how you’d teach this but flexibility and reflectivity, being able to look upon your practice and learn from it, so I think those kind of things, those personal qualities we bring to the job are essential.” – early interventionist

“I think some of those things can be taught, there are ways to teach them. I think people who have those qualities innately are going to have real assets in approaching the work but yes, I believe it can be taught.” – early interventionist

### **Role of the Provincial Government:**

The Educational Institutions and Provincial Representatives focus groups included specific inquiries into the role of the provincial government in the standardization of certification of early interventionists as well as the establishment of a



regulatory body for the profession. Further questioning focused on the need for legislation.

The feedback from provincial representatives on the role of government was divided. Some indicated the government should take a leadership role and move forward on legislation while others were adamant that government should not be involved in certification and that there was no need for legislation. Discussion ranged from government supporting standards for training similar to those established through the Day Care Act for Early Childhood Educators or through the Education Act for teachers to standardization and certification being the sole responsibility of an advisory board or the professional association. Many of the respondents commented on the need for a provincial role in standards of practice, with accountability as a critical component due to the nature of this unsupervised work. Educational representatives spoke of the instability of the profession and services due to financial constraints and broad policies, viewing legislation as one way to protect the early interventionists and families.

“If it is funded by the government so I think the government should take a leadership role, and if they mandated an entry degree qualification, that would be an amazing step in developing early intervention as a profession...so I think the role of government is a couple of things: setting entry level qualifications, and then starting to develop some documents, guidelines for practice, guidelines for family service plans and guidelines for accountability.” – educational institution representative

“None. I do not see the province as having a role in the credentialing of early interventionists. This is the role of the professional association.”- provincial representative

“I guess you can standardize practice and the government can certainly have be involved in your standards of practice. I don’t know about regulations but as far

as credentialing, I don't think they would want to be involved in that really." – educational institute representative

"I think there should be legislation that provides direction on qualifications to practice and protects the profession. I think it should be linked to education and part of the broader system that supports early learning." - provincial representative

"I do not think there is a need for legislation. It can be restrictive and I think the profession should establish its standards." –provincial representative

### **Role of Educational Institutes:**

Educational institutes representatives were asked to give their thoughts on what the role of these institutions could be in the development or pre and post service training for early interventionists. Secondary questions delved into specifics such as where and how certification might take place. All saw a role for the educational institutions however the level of involvement and specifics surrounding the development of a program or certification process varied. The majority of the participants claimed that the current institutions had the infrastructure and adult education approach necessary to develop a pre and post service training model. Some training programs offer related courses and the respondents supported building on what currently exists to meet the needs of the early intervention profession and the community.

"I would hope the educational institutes would have a big part. (asked to expand) Well it would seem to me that's the place to go with the people who know how to teach adults and how to work with adults and have the experience are the ones who should be providing the training."

"Well, I think we need to listen and talk to the people who are in the field. One of our problems is our program in many cases is not a program solely in early intervention so we are educating students in a very broad sense in a number of roles. I think institutions need to first listen to people ...then probably in our program development, look at what we are offering and are there ways we could better meet the needs of the community and the profession."

“I think this is what we do...is develop programs and courses so we would be a really valuable resource in taking it from theory to what this would look like and how we would do this. The participants can engage in the most valuable way for them, make it meaningful. We also have the infrastructure, the building, the resources...the training institute should take a lead.”

The responses to where and how certification could take place again were varied.

Some offered concepts such as distance learning opportunities while other specified a one year post degree diploma at a community college. All supported the development of a framework for credentialing and opportunities to address a grandfathering clause for those currently practicing in the field who may require this option.

“I could see a 20 hour modules, modules could be an entry level early interventionist and move onto to a level 2 or 3...a post graduate course that could offer a part time or full time options and have entry level as well as more experienced opportunities available.”

“Well, I would see setting a time limit on for grandfathering and their being a prerequisite to applying for this credentialing. You have to have the diploma or degree and need to prove...it’s almost like a Prior Learning Assessment, your experience allows you to meet those milestones and that would mean you might do that for 1-5 years that the program would run, then after that it would be diploma or degree.”

### **Views on a Regulatory Board:**

Provincial and educational institution representatives were provided questions related to the need for a regulatory body for the profession and on the potential role each perspective group could have on a board with this function. Both groups’ consensus was that a regulatory board was necessary. Provincial representatives quoted many benefits for the profession and for the families. Viewed as a “step in the right direction”, interviewees compared this characteristic of a profession with other professional groups in Nova Scotia and across Canada. Regulatory boards created boundaries that protect the

early interventionist and the families by providing standards for practice, establishing qualifications and training requirements, and monitoring members in good standing. In short, the respondents stated a regulatory board set guidelines for practice and defined the profession.

“Definitely, and I do think if you are going to be recognized as a profession, you need a regulatory board. All professions have them and it has to be set up and run by the membership and funded by the membership in part.” – educational institute representative

“I think a regulatory board would probably be the right direction given what’s happening across the country in other professions.” - provincial representative

“I think it’s absolutely necessary and would increase the credibility of early intervention.” – provincial representative

When asked about the role of the educational institutes, the interviewees supported involvement primarily in an advisory capacity.

“I do, The institutes really should look at where they would be situated on that board and part of that would be evaluating credentials.”

“They could be helpful as there is a certain level of expertise....perhaps to advise on training”

The provincial representatives’ views on the role of government were divided.

Participants identified possible roles of support and advice. Some linked the regulatory board to legislation and being licensed to practice. Others felt government had no role in a regulatory board and this was the responsibility of the professional association.

“Regulatory boards are kind of an extension of government in a way so the regulatory board takes all the credentialing, training, whatever...and ensures that a person is practicing in accordance with whatever boundaries are, so I see the that as an extension of government in ensuring that they are qualifies competent skills in the province working with families and children.”

“I think government would probably have a voice at the table in informing, working with early intervention, helping to create from what we know is a solid foundation ...but it wouldn't be interference, the power, the heavy arm of the law...it would very much be a support of recognizing as your regulatory board, that this is what needs to be done if there are complaints, that they are handled this way.”

“I think this is really a self regulating profession and that the professional association leads a regulatory board.”

### **Future:**

Each focus group was asked to give their thoughts on the future of profession of early intervention within the next ten years in Nova Scotia. Although framed in terms of the profession, parents' responses focused understandably on increased demands for and access to services, increased awareness of programs and the profession, and increased funding for resources for the children and families as well as for the early interventionists' compensation. Viewpoints were in general somewhat pessimistic or indifferent.

“What I see is not good. I see multitudes of children being diagnosed with new behavior issues, new development issues, all of which require attention and there is not enough to go around.” - parent

“I would like to see more interventionists, see the province promote this career but I don't see how they can do that considering the state of....you know....I'm sure the early interventionists aren't making enough money, not providing the resources that they require to do their job like health care....so I would like to see more funding, like to see more education... enough with the research, we know it works, right? Let's get on with it, let's get these people the money they need, get these resources to the kids.” – parent

“OK if it carries on as it is. I see it becoming something more....early intervention becomes more stretched, more clients left out to early interventionists going to Autism or other provinces due to issues with salary and training.” - parent

Representatives from the educational institutions forecast more professional

recognition, improved provincial or government support as well as an increase in services. The community, certification, clearer role definition, and more funds to support early intervention as a profession directly linked professional recognition to awareness. Several respondents forecast the government would promote early intervention within a comprehensive early years system. Some advocated for “lots of change in a short time” with partnerships with training institutions as credentialing became a reality. The group aspired for provincial leadership in legislation and regulation. All wished for increased services for the families and children with lots of options for support. This could result in expanded eligibility criteria, more resource centers and no wait lists. Respondents were positive and cautiously optimistic about the future.

“I want to be optimistic, the sad part is we forget how new it is here and there has been a lot of change, there are a lot more programs in the province and things like that, so the service is there but I guess what I would like to see changed or envision would be accepted, regulated, legislated, and available, and there would not be families on waiting lists and in need and we can expand the definition of who fits or who qualifies.”

“I would like to see a place like this which you say (Program’s Name) and people just smile and are proud of the work that is done here and I would like to see more access, more partnership...I keep thinking I wished our college was right next door as I see linkages as very important.”

“I really don’t know. I hope there will be more funding put towards it so more families can have services. Tons of people are on waiting list. Credentialing, I’m assuming you’re going to go generally speaking to different levels of credentialing and probably different levels of pay...so if the economy turns around, perhaps credentialing will come into place and we will see that ...and different levels encourage people to learn so they can get to the next level.”

The professional partners discussion about the future was much less positive, enveloped with a sense of uncertainty. It was interesting to note that partners’ conversations included the broader scope of early intervention as discussion went on

to encompass the future of services in general. Representatives spoke of systems changes, different models of care, and significant risk to early intervention as a service due to funding cuts. Although changes could offer an opportunity to re-evaluate current practice, members of the group alluded to early intervention being integrated with other services and the possibility of early intervention being “lost” in a bigger system. Credentialing and a licensing process was viewed as necessary for the future development and establishment of the profession itself.

“I really worry about where we are going to be, honestly. I’m a bit of a pessimist anyway but I think it’s a field that would be unfortunately very easily put over here, as something that we can cut and we can do without this, because I think it can get very much lost in a bigger system...and I think without any real credentialing or licensing body, a much stronger recognized advocacy piece, I think it’s at risk.”

“Yeah...but I think that might be a shared precarious situation...so overall, where are we going to be? I think the models of care thing is real, people will be looking at what you can download to someone who can do it for less, is really practical.”

Early interventionists narrowed their thoughts to two main areas of focus: increased status of the profession and a potential shift in model or systems. The group commenced speaking about the future in terms of having a graduate diploma available and that certification to practice would be required. Aspirations of increased government and community recognition, increased funding for the profession and for services permeated the conversation. Early interventionists dreamed of a national early years system, neighbourhood centers for early learning linked to the education system, regionalized services, interdepartmental policy and funding, and possibly a ministry devoted to family and children.

“I see a graduate diploma.”

“It would be nice to be more widely recognized as a profession, but not just a graduate diploma for building on the education you already have but also something, you know, an undergraduate program as an option out of high school. I definitely would have been interested in something more related to early intervention in an identified undergraduate degree”

“Well, I see maybe we pull back from an individual agency model and maybe be a more regional agency with branch offices.”

“I’m a little nervous. I don’t want to be pessimistic at all, a lot of wonderful changes and many great things have happened. I would hope we would be more financially stable and we can help more families who need the service. I know the reality of almost every service in the world is waitlists, but I would hope...I do feel we will need to be more stable and what I mean by that is not to rely so heavily on community fundraising.”

“We would have a national child care program and something that starts right from birth; that children could continue to be identified early and families are getting that support...one of the components would be to partner with a neighbourhood center that would be part of a community school in the neighbourhood where the family lives that would have nutrition and all kinds of programs that would support the families from the beginning.”

“ I think community services is too broad a department for us...I agree we fall under it in some way but, my vision for Nova Scotia in the last few years and I’m realizing it more and more is that we need a ministry of child and family services.”

### **Additional Comments:**

The participants in all groups and interviews were asked to provide any final comments at the end of each session. The majority of the comments spoke to the dedication of the individuals who work in the profession and how positive their experience had been with early intervention. The role of the early interventionist was reiterated to be important and crucial to many interviewed.



Parents added statements of uncertainty based on having a child with special needs enter their family's lives and the impact of having an early interventionist on this journey. Parents also expressed additional concerns regarding awareness of the profession and of the service. Partner professionals viewed early intervention as a required piece of a larger community of supports and services. Provincial representatives commented on the growth of early intervention and future conversations in the community as service demands continue to increase. Early interventionists reflected on their passion for the work and their respect for the families they support through their practice.

“It’s hard to talk about is as a profession because it’s such an emotional thing for me. Every early interventionist I have ever dealt with has had the utmost professional respect for me and my family. I have yet to meet an early interventionist that does it for any other reason but because it is their passion.” – parent

“I don’t think people realize how crucial it is and having a child with a disability can happen to anyone. Suddenly you realize...oh, I’m one of those people. This is not the journey you had planned; it was always somebody who walked on the other side of the road. It is something very difficult to deal with but when your child is young, you can make those changes and know you are on the right path.” – parent

“I have found it to be an uplifting experience and it allows me to blend all of the training I have had from understanding systems and families and educational strategies and educational philosophies, team building, and put it all together in a way I haven’t been able to do as a teacher or resource teacher or early childhood educator, director or college instructor. It allowed me to put everything together.” – early interventionist

“When I started working here, I thought...this is what I want to do, working with families and the kids and the other professionals, just the whole thing. I really appreciate it and love it and feel lucky to come to work and it never be the same and you’re always learning.” – early interventionist

The data gathered during this study provided a framework from which to learn more about the status of early intervention in Nova Scotia. This culmination of interview responses and survey feedback summarizes current local research which can be used to develop recommendations and create further opportunities for making positive change in early intervention as a profession in Nova Scotia.

## **CHAPTER FIVE**

### **DISCUSSION AND IMPLICATIONS**

#### **A. Introduction**

The premise of this research was to obtain an overview of the status of the early intervention profession in Nova Scotia and to gather information specific on current issues specific to the profession such as credentialing and community perceptions of early intervention. This was done through a blend of quantitative and qualitative research methods, complimented by a literature search that allowed for comparisons with other existing early interventionists standards in credentialing and training in other provinces and countries.

Data from the surveys and focus groups was used to collect information for this study providing insight into the status of early intervention in Nova Scotia and future directions in the field. This valuable insight into the profession of early intervention and as indicated at the onset of this work, is intended to assist with advocacy in establishing standardized pre-service credentials and ongoing professional development. The implications of the research are discussed within the context of the interview questions. The recommendations mirror the outcome of the research and the voices of the early interventionists, parents and community stakeholders who spoke with passion and supported for taking the profession to the next stage of growth in our province.

**1) The current status of education and credentials of Early Interventionists working in Early Intervention Programs in Nova Scotia and how does this compare with other provinces and countries such as the USA, United Kingdom and Australia.**

The researcher developed and used the survey *The Current Status of Early Interventionists' Educational Background and Credentials in Nova Scotia* to canvass early intervention personnel on the current demographics of the group and to gather information on pre-service and post service training. The volume of feedback and thoughtfulness of the responses was appreciated and provided a broad range of insights. Responses indicated that the educational background of early interventionists is varied with a range of credentials and diverse pre-service training. The provincial guideline promotes the minimum of an undergraduate degree in child development. The majority of the early interventionists currently working in the field hold this minimum standard, however, there is diversity across the province.

Educational backgrounds ranged from human services and early childhood education diplomas or college certification to broad liberal arts degrees, multiple degrees (frequently the second being related to child development) to graduate level degrees. Over 15% of practicing early interventionists in Nova Scotia have diploma status. Most of the early interventionist had minimal pre-service training credentials or practicum directly related to early intervention. Course work in child development or psychology was most frequently cited as relevant pre-service training; very little training was obtained in family centered practices.

One defining characteristic of a profession is having an esoteric knowledge and expertise in the defined area (Encyclopedia of Education 1971). In many professions this

encompasses a prerequisite set of core competencies prior to being certified to practice. The participants throughout the study echoed the importance and significance of having identified core competencies in order to become an early interventionist and that those in the field must keep current on research and trends that effect their practice. Eisenberg's (1975) premise that the level of risk in the population served influences the need for qualified personnel supports the call for standards in pre and post service training. Early intervention involves young children, disabilities, and parents in crisis. Each of these risks alone would rate high on risk factor scales. The population served through early intervention combines these factors and may extend to include in some situations additional risks such as poverty, chronic medical concerns, isolation and mental health issues.

The primary focus of early intervention services' in Nova Scotia primary is outreach or work in families' homes. Educational institutional representatives and professional partners identified the unsupervised nature of this work as also creating risk for families and early intervention personnel. Currently, there is no formal framework to protect parents or early interventionists should there be a complaint or issue with service. Issues are the responsibility of the program and Board. Discussions and feedback during the study strongly supported the need for a regulatory body within the context of a professional association. Establishing and being responsible to a regulatory board or governing body is recognized as an identified characteristic of a profession (Encyclopedia of Education 1971). The function of this body was identified to be two fold: to assist with developing pre and post service credentials and to regulate those

practicing in the field. Further comments by several participants alluded to the benefit of legislation and a possible licensing process. The survey data suggested current provincial guidelines for educational requirements were not effective as there is no recourse or framework for monitoring hiring practices. The consensus throughout the information gathering process was that if the early intervention profession was to increase awareness and credibility of the profession, entry level standards of certification and ongoing, required professional development were essential next steps.

The study revealed that the majority of the early interventionists working in the field are over fifty years of age. Given the history of early intervention in the province and the fact that this is a relatively new profession, one could conclude that the pre-service training many of these early interventionists received may have taken place in broader early childhood education or special education contexts. The earlier models of practice would have been child centered, therefore pre-service training would have emphasized a child based focus with less attention to family systems theories or ecological ideologies (denHeyer & Keinapple, 2005). This could be observed in the data from the surveys: more recent graduates or early interventionists from younger age groupings identified more specific coursework in early intervention and family dynamics in their pre-service training.

A similar pattern was detected in the information on post service training. The majority of early interventionists developed a specific skill set relevant to their practice on the job. Mentoring opportunities were found to be infrequent, mainly provided

through employee orientations or informal job shadowing. It is apparent that the early intervention community valued lifelong learning and engaged in regular professional development through primarily local conferences and workshops. However, there are no specific requirements by the Nova Scotia government or professional association to maintain a level of training once practicing in the field (Service Level Agreement 2006) , another expectation of a recognized profession (Encyclopedia of Education 1971). An unexpected outcome of the age demographic is that the province may soon have a large number of early interventionists retiring. One could forecast a significant loss of trained personnel as well as the living history of the profession in Nova Scotia. This may be a factor to consider. In order to ensure there are qualified early interventionists to replace the current contingent, the province could enact policies and/or legislation now addressing qualifications and core competencies.

As noted in the literature review and results section, the comparison with other countries in regards to the educational requirements to be an early interventionist demonstrates that Nova Scotia's standards are limited to non-existent. The current guidelines are open to interpretation and there is no recourse should early intervention programs or boards opt to employ an early interventionist who may not have the appropriate educational background.

Legislation in countries such as the USA and the United Kingdom provide the framework for state or provincial requirements to practice as an early interventionist. The title is recognized within the teaching profession following Education Acts. There are

requirements to be licensed and to maintain this certification. All of these components protect the families, children and practicing professionals. Australia's early childhood interventionists are moving towards a licensing process and the state of Victoria has established specific guidelines and training requirements that are strongly supported by the government with accommodations for grandfathering and time frames for compliance. Several provinces in Canada are offering early interventionist diplomas or postgraduate training through a one or two year college program. British Columbia specifically has an Infant Development Consultant certification diploma with various levels to promote professional growth. Linkages to the provincial government and partnership with universities provide vision and support for the profession in this province.

## **2) Participants' perceptions of early intervention as a profession.**

The most common word used to describe the early intervention profession was positive. Parents were appreciative of the services and supports and spoke fondly of the individuals that shared the early intervention experience with their families. Partner professionals had a good understanding of the role and valued the collaboration and teamwork as well as the service coordination. Educational institution representatives elaborated on the importance of the work not only for the child but also for the family and the community. This group commented on the complexity of the role and held high regard for the profession and those practicing in the field. Provincial representatives were supportive, highly commending the profession for being resourceful and effective. Early



interventionists themselves attested their passion for the work and their ongoing growth and development as professionals, stating their learning from families as primary inspiration for their commitment to the profession.

One of the more frequently stated perceptions was that the profession and its services were virtually unknown in the community. This was evident in the survey responses as well as comments during the focus groups and interviews. The consensus was that if you needed the service, knew someone who accessed services or worked with early intervention as a partner in service delivery, then the awareness and understanding of the profession increased significantly. Otherwise, it was considered invisible. The lack of awareness was seen to influence the profile and identity of the profession. This in turn, impacted access to services as well as community and perceived provincial support.

The partner professionals expressed challenges with perceptions regarding role clarification and boundaries, often related to a lack of clear certification and recognized professional status. This could impact the future of early intervention. Current financial constraints and changes in models of care were viewed as possible threats to the profession.

Credentialing was viewed as a critical requirement of the profession. The current lack of identified credentials influenced perceptions of the profession. The information gathered through the survey was supported by comments in the focus groups. Participants agreed that core competencies and certification added credibility and helped define a profession.

Perceptions of the future of the profession were related to issues of financial stability, systems change, and an urgent need to increase the profile of early intervention. The theme of standard requirements for pre and post service development continued to surface in discussions on the future. A call for concrete provincial support in such areas as policy development and potential legislation were viewed as a necessary component of the future. A small group of the participants cautioned, however, about the government leading the process of establishing certification and regulation of the profession and emphasized active involvement by those currently practicing in the field as the profession moves forward in this direction. Early interventionists spoke of a ministry devoted to early learning and the unique needs of young children and their families. Participants' perceptions of the need to clearly define the profession and the role of early intervention through credentialing, standards of service, and increased resources were consistent topics embedded throughout the information gathering process.

### **3) Barriers, constraints, and supports experienced by Early Interventionists.**

The Early Interventionists clearly identified in the surveys and the focus group session the lack of funding as the number one barrier to their current practice. This in turn impacted opportunities for professional growth due to limited resources to attend or access training. Keeping up to date on recent advances in the field as well as maintaining or increasing skill is viewed as key to a profession and the quality of service delivery. Participants stated limited availability of training or resources relevant to their practice as a significant barrier to professional growth. Many felt those who conduct the current research and more predominant speakers on topics related to early intervention were out

of reach due to distance, the smaller population base, and the unique specificity of the practice. Rural representatives underscored the distance and availability barriers. Logistic constraints included time away from service delivery, not having enough time to attend training, and challenges with juggling hours in part time employment. A few early interventionists had limited board support, related once more to financial constraints. Partner professionals related the lack of professional identity to early interventionists' access to discipline specific training opportunities relevant to early intervention practice. This in turn impacted perceptions of professional status and partnerships. Many of the participants alluded to limited provincial vision and leadership as barriers to professional status, recognition and growth.

Identified support ranged from board and agency support to limited provincial funding. The local associations, both advocacy based and professional were viewed as significant supports in lobbying for the profession as well as providing standards for practice, training and networking opportunities. The recent establishment of policies and procedures by Early Intervention Nova Scotia were seen as valuable to improving the status of the profession. The Early Childhood Interventionists Association of Nova Scotia's Code of Ethics, designed in partnership with the early intervention community, was seen as important and necessary. Some of the early intervention programs promoted early intervention in their own areas and/or met regionally to discuss common concerns and to offer support. This was viewed as essential for the sole charge early interventionists in rural parts of the province. Coming together regularly as a profession was considered an asset due to the small number of early intervention professionals in

Nova Scotia.

#### **4) Current credentialing institution's perceptions of best practices in pre-service education for early interventionists.**

The representatives from the educational institutes identified that the current pre-service programs relevant to the early intervention profession as being primarily early childhood development or education focused and at the diploma level of certification. The local university model offered through an applied Arts degree with an emphasis in Child and Youth Study had identified courses specific to early intervention practice, including a family focus that if chosen by the student, was perceived as providing the educational background to become an early interventionist. Respondents emphasized the need of practicum or mentoring as key to the pre-service training process. These perceptions were supported through the information gathered from early interventionists on the current educational background of those practicing in the field and the focus groups.

Interview responses recommended pre-service core competencies based on best practice including infant/young child development, disability specific topics, teaming and collaboration, working with families and Individual Family Service Plan development, programming, consultation, and program administration. Representatives discussed possibilities of establishing a certification designated to early intervention, to be taken after an undergraduate degree in child development or related field. Consultation with those currently practicing in the field as well as community stakeholders was seen as essential to the process of designing pre-service certification programs. All participants viewed pre-service training as necessary for the profession.

The educational representatives' perception of their role in this process was one of active participation at a number of levels. Seen as the experts in adult education, several respondents felt the institutions had the infrastructure and resources to assist with developing and implementing a pre-service training program. The representatives envisioned a role at the advisory level with potential participation on a professional regulatory board in the capacity of offering expertise related to credentialing and ongoing professional development. The participants indicated an interest in partnering to support the establishment of standard pre-service requirements and perceived certification as absolutely necessary in order to practice as an early interventionist in Nova Scotia and to establish the profession.

**5) Opportunities for Early Interventionists in Nova Scotia to maintain or further their professional development.**

Early interventionists commented on the limited professional development available in Nova Scotia, highlighting the many barriers and constraints as discussed in a previous question. The main opportunities noted were local workshop or conferences. A small minority of those surveyed attended out of province training in the past two years. Participants named the local associations as one source of annual professional development. The associations provided both practical skill development and broader self-reflection on what it is to be a professional. Local conferences were viewed to be useful in gaining current research and/or information on a specific etiology. Early interventionists attended sessions to support teaching strategies to share with families and used this professional development opportunity to gather resources and network with

fellow professionals.

Others opportunities to maintain or further professional development included community information sessions, often available through partner agencies. Early interventionists spoke of the challenge of finding out what is available in the community and the short notice provided for some of these activities. The provincial sponsoring department had hosted professional development for the executive directors and for the early intervention community as a whole. Early interventionists noted that provincially sponsored opportunities have decreased significantly in the past five years. This is a direct correlate to the status of the economy and government cut backs.

Although not a formal professional development opportunity, it should be noted that the early interventionists clearly felt they continually learned a great deal from hands on experiences with families and children as well as from their colleagues. This speaks to the importance of mentoring opportunities and the potential of concepts such as reflective journaling or portfolio development as potential options to support professional growth.

The information from the surveys and focus groups supported the dedication and passion early interventionists had for their work and the profession. Early Interventionists valued ongoing professional development and sought out opportunities despite barriers and limited support. Some paid out of pocket or did not receive overtime or work hour compensation to keep current in their field. Professional development did not lead to opportunities for promotion or increased compensation. There was no formal framework identified in which to track courses taken, to maintain or increase levels of training, or to acknowledge a change in professional status. Early interventionists found the

motivation to continue professional development intrinsically, identifying the link between best practices, quality service delivery, and individual and professional growth.

**6) Early intervention as part of a comprehensive early learning/child development system.**

The participants supported early intervention as a critical piece of a system of services for families and young children. The nature and age of the population served mandated a connection with a system for early learning and child development. Early intervention services were seen as being linked to the range of existing services for young children and their families, including health care, parent and parenting support, early childhood education, recreation, and primary education. Partner professionals specifically noted the significant role of early intervention in service coordination and coordinated efforts. Parents spoke of the important part early intervention played in supporting screening, referrals to partner services and agencies and the ongoing relationships many professionals and community service providers. Provincial and educational institutions representatives valued the early interventionists skill and collaborative approach in bringing systems together to support the child and family. The province's support of Supported Child Care and inclusive practices for children with disabilities, outlined in the Nova Scotia's Early Learning and Child Care Plan (2006) provided opportunities for continued collaboration between early intervention and childcare systems. The specialized skill set and approach to service delivery was noted to support and compliment existing early learning and child development programs. Early interventionists were viewed by many as key to linking systems and services for the

family and child. Early intervention as a service and a profession was perceived as an integral and necessary part of a broader early learning/child development system. Issues related to “getting lost” within the development of a bigger system were noted to be of concern. Changes in model of care were thought to result in a downloading of duties to professionals that “cost less”. These factors highlighted the need to establish standards in certification and to clearly identify the scope of practice in order to have credibility and increased understanding of the role of the early interventionist thus creating a profession with its unique identity and place in society.

Feedback on the role of government in the standardizing of credentialing and service delivery varied from no involvement to active participation. Those who opposed government involvement recommended the professional association take the lead in this process. Many participants felt the province had an important role in developing standards for practice in partnership with the early intervention community and needed to address the current vagueness and minimal monitoring of the work. This led to discussion on legislation and regulation of the profession. Again, responses to this inquiry were diverse. Suggestions such as being legislated under the Education Act and recommendations to create early intervention legislation supported the concepts of increased accountability, professional identity and provincial support. Some cautioned about the challenges of legislation, stating concerns regarding government interference and control. Discussions of regulation supported the development of a regulatory body through the professional association. A group of this function could involve the participation of early interventionists, educational institutions representatives, community



stakeholders and provincial representatives, each offering their expertise and perspective on standard credentials and service delivery.

The outcome of government role in credentialing and standardization of services one of particular interest. The varied responses were telling in that there was such a dichotomy in opinion. This was especially curious, as the divergence existed within the provincial representatives. Early interventionists frequently spoke of a department of “good fit” and the challenge of provincial portfolio. Early intervention and the population served through the programs interface or access services and supports from various sources. The wide range of services for families and their children was provided through the jurisdictions of health, education, prevention, recreation and community services. Proponents of early intervention as an investment in society suggested that its preventative nature impacted the justice system and saved the province money. Participants commented on creating effective interdepartmental collaboration and funding as future possibilities for the profession. Some of the respondents viewed legislation as essential and a necessary step; others were cautious of this change. Within legislation was the accountability framework for credentialing, standards of practice and ongoing professional development requirements. The regulatory board was seen as the monitoring body, ensuring early interventionists met entry-credentialing standards and maintained a level of professional development once practicing in the field. A regulatory body without provincial support and/or legislated policy was viewed as limited in its effectiveness. Early interventionists identified the role of the government as critical in further establishing the profession and stabilization of the programs.

### **Recommendations for Further Research**

1. The current research supported the development of a pre-service training specific to early intervention. Supplementary research on credentialing models in other provinces or comparative countries could provide a template from which to adapt for use in Nova Scotia.
2. The quality and effectiveness of early intervention may correlate to training. An in depth study of outcomes in early intervention service delivery as it relates to pre and post service training could assist with the design of training modules or relevant coursework.
3. This investigation demonstrated an interest in the development of legislation to support the profession. It would be useful to learn more about this process as well as the history and current status of related professions such as teaching, social work and physiotherapy to determine the benefits and restrictions of the legislative process.

### **Recommendations for Pre and Post Service Training**

4. Establishing a series of core competencies or an entry level program ensures there is a standard in training for those entering the profession.
5. A post graduate program specialization in early intervention should be established.
6. Offer University or college level courses for ongoing professional development requirements for early interventionists should be offered on regular basis.

### **Recommendations for Early Interventionists**

7. Awareness of early intervention was identified throughout the study as an area of concern. Early interventionists have the knowledge and are in the unique position to increase the profile of the profession and services in their communities.
8. The study highlighted the early interventionists dedication and passion for the work. Continued professional development in its current state, as well as increased opportunities for learning are critical for further professional growth and credibility.
9. Given the newness and recent establishment of the profession and its association, early interventionists are in the position to support an understanding of the importance of the professional association with volunteer Boards.
10. The current research acknowledged the unregulated practice of early intervention in Nova Scotia. Although there is no framework for monitoring or recourse at this time, early interventionists are asked to understand and adhere to the ECAINS Code of Ethics.
11. The study identified infrequent and informal opportunities for mentoring, mainly occurring during orientation in an early intervention program. Early interventionists are encouraged to set up more frequent and regular opportunities for mentoring and sharing skills by establish networks of professional development and support.

**Recommendations for the Professional Association: The Early Childhood Interventionists Association of Nova Scotia (ECIANS)**

12. The need for a regulatory body was strongly supported in this research. This was viewed as a primary function of the professional association. The association would strengthen its purpose by developing an advisory board that could assist in establishing credentialing standards.
13. The issue of awareness permeated the study. ECIANS and early intervention programs would benefit from an increased profile and community awareness of the field as a career option as well as a service.
14. Consultation with early interventionists and stakeholders was identified as a critical part of furthering the establishment of the profession. The association should meet with the early intervention community to determine support for topics such as legislation, and departmental jurisdiction.
15. The association could meet with the early intervention community to ascertain priorities for next steps for the association, setting goals and time frames for review.
16. Credentialing was seen as a priority for the profession. The association could develop partnership with educational institutions to explore options to support the development of courses and pre-service training
17. The study supported the need for regular and relevant professional development. The association could partner with the province on creating ongoing professional development opportunities at the annual conference or provincially hosted

meetings.

18. Early intervention overlapped with several government departments. The association could advocate with the province for interdepartmental support or to determine “best fit” for governing portfolio
19. The current research found that there was diversity in the educational background of practicing early interventionists. If standardization in pre-service training is established, the association would need to explore the process of grandfathering as it relates to the profession.

### **Recommendations for the Province**

20. The research highlighted the perception of limited support from the provincial government. The early intervention community would benefit from clearer policies for pre and post service training to practice as an early interventionist in the province.
21. The early interventionists commented on the lack of vision and direction from the province. Programs and families would benefit from clearer standards for service delivery.
22. The research emphasized the need to address appropriate compensation and lack of resources. Salary scales and funding for programs needs to be reviewed.
23. Credentialing was seen as a critical next step in establishing the profession. The province could have a key role in supporting the development of a credentialing process and would work in partnership with the early intervention community to develop related policy.

24. The topic of legislation was relevant to the research. The establishment of legislation could benefit the credibility and stability of the profession.

### **Summary**

Early intervention has grown rapidly as a profession in the province. Guided by models and research in other countries, early interventionists have carved out their place in the community. Known mainly by those who access the service, early intervention remains unknown by the broader society. With the current state of the economy steering the fate of many professions, the survival of early intervention in Nova Scotia relies on further establishing the role and identity of the profession. The findings of this study support the development of clear standards for pre and post service training, a regulatory body to assist with this process and to monitor practice, and a stronger vision and direction from the province in supporting a comprehensive early years system that includes early intervention as key component of service options.

There are approximately 600 infants and young children served in early intervention programs across Nova Scotia and fifty eight early interventionists to provide a program at a range of service levels (EINS 2010). Many children are waiting for services and are not accounted for in this statistic. There is a need for a review of the existing early intervention system and services model to ascertain service access and efficacy.

The current study has scratched the surface on issues related to the profession. Although the early intervention profession has made significant gains since its inception over thirty years ago in this province, there is much room for further establishment of key

aspects necessary to be truly considered a profession in its own right. The profession finds itself at a crossroad; the journey must continue and as urged by one early interventionist “we need to move forward...fast!”. Credentialing is a necessary step in the right direction and the research in this study is evidence that the early intervention community is ready for growth and will come together to make positive change for the profession, motivated by their primary passion, providing quality effective early intervention services to the families and young children of Nova Scotia.

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**APPENDIX A**

**Early Interventionists Association of Nova Scotia  
Code of Ethics**



## APPENDIX A

### **Early Childhood Interventionists Association of Nova Scotia Code of Ethics adopted 2007**

The ECIANS Code of Ethics embodies the principles and values of professionals in the field of Early Intervention in the province of Nova Scotia. ECIANS strives to promote excellence in service provision and supports the ongoing professional development of its members. Emphasis on Family Centered Practice; respect for diversity including, but not restricted to, culture, race, religion, social factors, and ability/disability and adherence to sound practical and theoretical knowledge are cornerstones in Early Intervention practice.

The ECIANS Code of Ethics reflects the definitions and procedures as indicated in the Early Intervention Provincial Standards and Guidelines. Members of the ECIANS will adhere to and promote practices in Early Intervention that support the principles of the Code of Ethics.

*As I relate to Families, I will:*

1. Work to develop partnerships with families that are based on mutual trust and open communication.
2. Demonstrate my respect for families as they nurture their children and support them in achieving the outcomes they desire for both themselves and their children.
3. Provide families with full and unbiased information in a direct, transparent and sensitive manner, in order for families to make independent and informed decisions.
4. Respect the uniqueness of each family, acknowledging different family compositions, and the significance of culture, customs, language, beliefs and the community context in which it resides.
5. Respect each family's perspective, especially when their views differ from mine.
6. Assist each family to develop a sense of trust and connection to the services in which their children and family participate, and their right to be involved at the level they choose.
7. Respect each family's right to privacy and maintain confidentiality.

*As I relate to Children, I will:*

1. View each child as a child first, irrespective of abilities or disabilities.
2. Ensure my practices reflect consideration of the child's perspective.
3. Demonstrate, in my behaviour and language, that I respect and appreciate the unique value and human potential of each child.
4. Advocate on behalf of all children, irrespective of diagnosis or developmental status, race, colour, religion, language, sex, socio-economic status.
5. Base my work with children on sound practical and theoretical knowledge, as well as on my individual knowledge of each child's development, strengths and needs.
6. Acknowledge each child's needs and rights as a human being as well as the additional needs that result from his/her developmental challenges.
7. Acknowledge the major role of play in development and be sensitive of each child's right to play, his/her need for stimulation, enjoyment, choice and preferences.
8. Interact with children in ways that enhance their development and competencies and value their achievements.
9. Respect and foster the special relationship between children and their families and incorporate this in all my interactions.
10. Engage in and promote practices that are respectful of, and provide security for, children and in no way degrade, endanger, exploit, intimidate or harm them.
11. Act on behalf of children to protect their physical and emotional well-being, making referrals to protective services when necessary.

*As I relate to Colleagues, I will:*

1. Create and maintain a climate of effective teamwork and consultation based on trust, respect, open communication and professional conduct.
2. Acknowledge and support the personal and professional strengths of each colleague and team member, respecting the perspectives that different disciplines bring to the understanding of the needs of the child, family, service and community.

3. Maintain confidentiality.
4. Support and assist colleagues and team members in their professional development and adherence to this code of ethics.
5. Promote policies and working conditions that are non-discriminatory and that foster competence, well-being, and positive self esteem.

*As I relate to Community & Society, I will:*

1. Review and modify Early Childhood Intervention Programs in response to community needs.
2. Support the development and implementation of laws and policies that promote the well-being of children and their families within my community.
3. Participate in community education and advocacy for children and families.
4. Act in my community, in a way that promotes respect for the early childhood intervention profession.
5. Promote awareness of Early Childhood Intervention Programs throughout my community.

*In relation to Myself as a Professional, I will:*

1. Demonstrate the highest standards of personal integrity, truthfulness and honesty in all my professional activities in order to inspire the trust of the public and those with whom I work.
2. Strive for personal and professional excellence, seeking and utilizing new information, and responding openly to the suggestions of others.
3. Communicate with and consider the views of all families and colleagues with whom I work.
4. Fulfill my professional responsibilities, not allowing my personal values, beliefs or conduct to interfere with my professional judgment and performance.
5. Not condone any form of discrimination on the basis of race, sex, age, religion or mental or physical disability.
6. Not condone dishonesty, fraud or deception.

7. Initiate and support research to strengthen and expand the knowledge base of early childhood intervention.
8. Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications.
9. Recognize the particular importance of formal qualifications in early childhood intervention together with experience, personal characteristics such as openness to new ideas and a commitment to continued growth and development.
10. Maintain the standards values, ethics, knowledge and mission of the early childhood intervention profession.
11. Take action to prevent the unauthorized and unqualified practice of early childhood intervention.
12. Be an advocate for young children, services, education and therapies, and early childhood intervention.
13. Adhere to and reflect upon my commitment to the Early Childhood Interventionists Association of Nova Scotia and to its policies and positions.

**APPENDIX B**

**Nova Scotia Department of Community Services  
Early Intervention Program Service Agreement  
Schedule “A” Core Services**

## SERVICE AGREEMENT SCHEDULE “A”

### Core Services

Early Intervention is the provision of specialized services to families with children between birth and school age who are either at biological risk for or have a diagnosis of developmental delay. Early intervention includes consultation, information, support and services designed to meet the individual needs of each child and family and are delivered primarily in the child’s home.

Early Intervention Programs in Nova Scotia offer the following Early Intervention Core Services as a standard minimal level of service. Some of the services may be delivered in ways that are tailored to the community and depend on the individual program. These services may be extended to community-based programs.

These Core Services and activities are meant to demonstrate the breadth of the program and the activities listed may apply to more than one core service under which they appear.

#### 1. Home Visits

- *Initial Contact/Intake Referral*

Referral to an Early Intervention Program (EIP) can be made directly by the family or, with the consent of the family, a referral can be made on their behalf. Common referral sources include health service professionals, social services personnel and family members. If the child meets the eligibility criteria, the Early Interventionist arranges to visit the family in their home. During the visit, the Early Interventionist explains the purpose and specific services of the program and reviews the services/resources available in the community while building an interpersonal rapport with the family. The Interventionist also obtains more detailed information about the child’s needs and family’s priorities and establishes next steps.

- *Regularly Scheduled, Based on Family and Child’s Needs*

During these visits, the family and Interventionist cooperatively decide on goals for the child and family. The Interventionist plans activities to enhance the skills and abilities of the child and to promote development. Early Interventionists prepare and bring information to promote family capacity. By engaging the child in activities and building rapport with the family, Early Interventionists are able to provide information, support, encouragement and suggestions to family and caregivers, to encourage the child’s development.

- *Information Gathering and Observing*

Upon obtaining the child's profile, the family and Early Interventionist cooperatively develop an Individual Family Service Plan (IFSP). The IFSP outlines the plan for follow-through for family members and other team members until the next home visit. This is left with the family and may be distributed to other members of the child's team. The IFSP is reviewed and revised as appropriate to changes for the child or family. The information contained in the planning documents and IFSP includes:

- the identified child's abilities and needs;
- the identified family needs, interests and priorities;
- the outcomes that the family wishes to achieve for their child and/or family;
- actions to be taken to achieve the outcomes and identification of who is responsible for follow-through;
- a plan for review; and
- documentation of progress towards the achievement of the outcomes.

To support the family in achieving the outcomes they have identified in the IFSP, the Early Interventionist provides encouragement to the family as well as information and suggestions about the ways to enhance their child's development. The current needs of the child and interests of the family determine the specific content of each home visit.

- *Modeling Activities*

The Early Interventionist selects developmentally appropriate materials to lend to the family and also develops activities to utilize the selected materials that can be modeled for the family. The family follows through with the recommended activities between visits and reports on the child's progress during the next visit.

## 2. Family Support

- *Facilitates Service Co-ordination*

The Early Intervention Program is part of a range of community-based services and supports designed to strengthen families, improve parenting skills and foster healthy child development. The Early Intervention Program actively assists the family to identify and access other services that would benefit their child or family. The Early Interventionist will support and fully participate in ongoing service coordination and/or consultation with or on behalf of the child and family. The Early Interventionists collaborate with team members by actively working together to share information and resources, to identify and implement services options and interventions most appropriate for the child and family. Consistent communication between team members supports the family's role as decision-maker. This collaboration serves to maximize the utilization of precious financial and personnel resources for the child and family while achieving high quality outcomes.

For children in their last year of the Early Intervention Program, there is a commitment to assist the family to identify and plan for the transfer to other programs if appropriate and available in their community.

- *Resources, Information*

The Early Intervention Program organizes and maintains a resource lending library of books and toys that are made available for loan to the family. The program also maintains an up to date collection of handouts and pamphlets on services and topics relevant to families active in the program. The family is encouraged to seek referral to appropriate educational, social and health or disability related services in order to broaden their knowledge base.

- *Family Connections (Formal and Informal) and Education*

The Early Intervention Program provides opportunities to meet other families who share common experiences and information that may be of support. The program will connect families with other sources of information either formal or informal through workshops, playgroups and family support groups. Further, the program may provide information on family playgroups and information on a family with a child with a similar disability. The Early Intervention Program encourages families to attend



workshops, lectures and family meetings which will further their understanding and knowledge of child development.

- *Family Capacity Building/Advocacy*

At the heart of this family-centered process is the recognition that families can identify their own concerns, resources and priorities. Because families are the ones affected by the outcomes of all efforts related to their child, the Early Interventionist will ultimately support the family's role as the final decision-maker throughout the process. The Early Intervention Program will offer workshops that promote developmentally appropriate quality parenting skills and teach advocacy skills. Early Interventionists will also work to support the family and promote independent, informed decisions and also introduce families to other families who are successful advocates.

### **3. Develop and Implement Individual Family Services Plan (IFSP)**

Individual Family Service Plan establishes and strengthens the partnership between the parents and professionals. In developing an IFSP, the family and Early Interventionist build rapport and clarify expectations about their working relationship. The IFSP is a flexible document that is responsive to the declared needs, priorities and interests of the family. It identifies child and family information and develops an action plan for working towards achieving outcomes. This is a process that supports the family's progress towards the outcomes they wish to achieve.

- *IFSP Preparation*

Early Interventionists explain the purpose and process of the IFSP. They discuss how the IFSP information will be used as a foundation to support and guide the subsequent activities with the family. Further, they ensure that the family has the opportunity to choose who is invited to participate in the IFSP process. Participants may extend to family members, friends, service providers or any other person the family identifies as providing emotional support or practical assistance.

- *Compile Child Profile*

Upon observing the child in various settings, the Early Interventionist will gather information regarding the child's strengths and needs based on the family report, observation, developmental checklist and reports from other team members and professionals involved with the child.

- *Family Identified Priorities/Goals Based on Family and Child Need*

The family is encouraged to indicate their interests for each home visit or other service activity. Upon summary of the key child and family information, the Early Interventionist will discuss the implications of this information on child development, family wellness and service delivery. This facilitates the family's work to further identify their priorities. The Early Interventionist collaborates with the family to develop strategies that best fit their child and/or family priorities and ensure that these are tailored to the family's environment and daily routine.

- *Routine Based Intervention Planning (RBIP)*

Routines are functional events of daily living in which the consistent procedures provide a familiar framework for caregivers and children to engage in teaching and learning. Routines are valued as a context for intervention with children who have special needs because they are so repetitive and predictable. Given that factors such as family history, culture, values, personality, physical and mental health and abilities and disabilities impact routines, these variables are essential for families and Early Interventionists to consider when identifying routines for intervention. The Early Interventionist helps the family to identify their routines through focused discussion, brainstorming and joint problem solving. Planning based on those variables ensures that the Early Intervention Programs remain responsive to the family and individualized to the child's priorities.

- *Regular Review and Revision with Family and Potential Team Members*

At least once every 6 months, the Early Interventionist discusses progress towards achieving the desired outcomes and how well the activities or strategies are meeting the family's expectations. The Early Interventionist observes and actively listens to the family at each contact for any emerging needs or potential changes to the IFSP and re-confirms the family's interests and priorities on a regular basis. Further, the

Early Interventionist identifies any new information pertinent to the IFSP from other sources. The information is incorporated and intervention activities and strategies are consequently adapted as necessary.

#### **4. Transition Planning**

- *From home to preschool child care, from childcare program to school*

When a child moves from home to a child care program or from one program to another, both the family and the child experience a transition. These experiences are different for each family, they commonly include missing the child who is away from home, dealing with their child's adjustment and their own personal responses to this transition. The Early Intervention Program can assist by providing appropriate materials and organizing services in ways to reduce pressures on the family. Early Interventionists often assist the family in understanding the benefit of early childhood programs, identification of an appropriate child care program and assist the family in developing advocacy skills.

When a child matures the family may want to look for an early childhood education program. Early Interventionists provide the family with information of the school transition process. With a family-centered philosophy, the Early Interventionists arrange, prepare for and attend meetings with the receiving school personnel. Other services provided by the Early Intervention Program include assistance with gathering current information from the team to prepare reports for the receiving school, supporting the child and family in school orientation and following-up with the child, family and school personnel after school entry.

- *Modeling activities*

The Early Interventionists develops a plan and strategies for the child and family before they enter a childcare program. The Early Interventionist models activities and outlines and explains methodology for family and staff within the daily routine of the home or early childcare program or school including siblings and peers if appropriate. In a collaborative fashion, based on feedback about the modeled activity, Early Interventionists will evaluate, modify or adapt strategies as needed.

- *Promoting skill development*

Early Interventionists assist in the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction. The Early Interventionist works with the child to enhance development. Team members also engage in curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan and providing families with information, skills, and support related to enhancing the skill development of the child.

- *Routine based planning*

Routines are functional events of daily living in which the consistent procedures provide a familiar framework for caregivers and children to engage in teaching and learning. Routines are valued as a context for intervention with children who have special needs because they are so repetitive and predictable. Given the factors such as family history, culture, values, personality, physical and mental health and abilities and disabilities impact routines, these variables are essential for families and Early Interventionists to consider when identifying routines for intervention. The Early Interventionists helps the family to identify their routine through focused discussion, brainstorming and joint problem solving. Planning based on those variables ensures that Early Intervention Program remain responsive to the family and individualized for the child's priorities.

**APPENDIX C**

**Current Status of Early Interventionists' Educational Background  
And Credentials in Nova Scotia Survey**

**Current Status of Early Interventionists' Educational Background  
And Credentials in Nova Scotia Survey**

**Demographic Information:**

Gender            Male                            Female

Age                  20-25                            26-30

     31-35                            36-40

     41-45                            46-50

     > 50

**Education:**

**Community College Diploma:**

- Early Childhood Development Certificate
- Human Development Certificate
- Early Childhood Special Education Certificate
- Educational Program Assistant Certificate
- Other: please specify \_\_\_\_\_

**Bachelor's Degree:**

- BA                                      Major : \_\_\_\_\_
- BSc.                                    Major: \_\_\_\_\_
- BA (CYS) or BCS
- BSW
- Other; please specify \_\_\_\_\_

**Master's Degree:**

- MA
- MSc
- MA(CYS)
- Other; please specify

Area of specialization: \_\_\_\_\_

## Specialized Post Secondary Certification:

- Infant Development Diploma  
 Other: please specify \_\_\_\_\_

## Occupation:

- Executive Director     part time     full time  
 Early Interventionist     part time     full time

## Length of Time Employed with Current Early Intervention Program:

- < 1 year     1-5 years     6-10 years  
 11-15 years     16-20 years     > 20 years

## Number of Years Working as an Early Interventionists

- <1 year     1-3 years     4-7 years  
 8-15 years     16-10years     >20 years

**Pre-service Training:**

During your undergraduate or diploma program, did you complete coursework directly on early intervention?

- Yes     No

If yes, please list:

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Have you taken other courses that you saw as relevant to early intervention?

- Yes     No

If yes, please list the relevant courses:

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Did your per-service training include a mentorship program or practicum related to the practice of early intervention?

Yes       No

If yes, please describe, including number of hours:

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**Post-service Training:**

Ongoing Professional Development Participation:

1. Have you taken any recognized courses or certification specific to early intervention once working in the field?

Yes       No

If yes, when:

within past year       over 2 years ago

1.b. Please describe:

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2.a Listing of Professional Development related to practice taken in the past 12 months:

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2.b Level of Courses taken in past 12 months:

- university credit       community college credit  
 DCS recognized       Community Based Workshop/Conference

2.c Province or area where courses or workshops were taken:

- local       Maritime Provinces  
 Other: please specify \_\_\_\_\_

2.d Were you provided opportunities for formal mentorship once working in the field?

- Yes       No

If yes, please describe:

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2.e What barriers do you feel impact your ability to further your professional development?

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2. f What supports are available to support ongoing professional development?

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General:

1. What is your opinion on the need for core competencies in early intervention? Please provide examples of what you feel would be core competencies.

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2.a Should early intervention have a recognized credential or certification?

Yes       No

b. If yes, please describe.

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3. What do you feel is necessary to improve the status of early intervention as a profession in Nova Scotia?

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4. What is your view on the need for a Code of Ethics for early intervention?

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5. What is your view of the status of the profession in Nova Scotia?

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6. What is your view on the future development of the profession? I.e. remain as currently stands or move towards recognition by the province of Nova Scotia?

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Thank you for your participation.

If you are willing to participate in a Focus Group discussing the professional status of early intervention in the province of Nova Scotia, please provide the following contact information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**APPENDIX D**  
**Focus Group Questions**

**Early Interventionists Focus Group  
Questions:**

- 1) Please share with me your experiences with early intervention. Tell me about your training to become an early interventionist.
- 2) Please share your experiences with pre-service and post service training as it relates to being an early interventionist. What opportunities have you had to develop skills specific to your professional practice?
- 3) What is your understanding of the professional requirements to become an early interventionist in Nova Scotia?
- 4) How do you feel the profession of early intervention is perceived in the community?
- 5) What barriers do you feel impact your ability to further your professional development?
- 6) What is your opinion on the need for core competencies or credentialing in early intervention?
- 7) What do you see happening in the next ten years for the profession of early intervention in Nova Scotia?
- 8) What would you recommend as core competencies or professional development for pre-service education in early intervention?
- 9) What would you like to see made available for post-service professional development requirements?

Please add other comments on the profession of early intervention in Nova Scotia.

**Parent Focus Group  
Questions**

- 1) Please share with me your experiences with early intervention.
- 2) What is your understanding of the professional requirements to become an early interventionist in Nova Scotia?
- 3) Based on your experience, how is the profession of early intervention perceived in the community?
- 4) In your opinion, what is the role of an early interventionist?
- 5) Do you feel there is a need for core competencies or certification to become or to practice as an early interventionist? (If just a yes/no response, seek elaboration)
- 6) What barriers do you perceive as impacting the professional development of early interventionists?
- 7) What would you recommend as core competencies or professional development for pre-service education in early intervention? For ongoing professional development?
- 8) What do you see happening in the next ten years for the profession of early intervention in Nova Scotia?

Please add other comments on the profession of early intervention in Nova Scotia.

**Partner Professionals Focus Group  
Questions:**

- 1) Please share with me your experiences with early intervention.
- 2) What is your understanding of the professional requirements to become an early interventionist in Nova Scotia?
- 3) How do you feel the profession of early intervention is perceived in the community?
- 4) What is your understanding of the role of an early interventionist?
- 5) What is your opinion on the need for core competencies or certification to become an early interventionist?
- 6) What do you perceive as barriers to professional development for early interventionists? What do you view as resources to support educational opportunities?
- 7) What would you recommend as core competencies or professional development for pre-service education in early intervention? For ongoing professional development?
- 8) What do you see happening in the next ten years for the profession of early intervention in Nova Scotia?

Please add other comments on the profession of early intervention in Nova Scotia.

**Educational Institutions Focus Group**  
**Questions:**

- 1) Please share with me your understanding of the professional requirements to become an early interventionist in Nova Scotia?
- 2) What are your thoughts about the perceptions of early intervention as a profession in the community?
- 3) Please share with me your understanding of the role of an early interventionist?
- 4) In your opinion, is there a need for core competencies or certification to become an early interventionist?
- 5) Where and how do you see certification taking place? What possibilities could be provided to enable pre and post service training to practice as an early interventionist?
- 6) What do you see as the role of the provincial government in the standardization of certification to become and practice as an early interventionist in Nova Scotia?
- 7) What role do you see educational institutes having in the development of potential pre and post service training for early interventionists?
- 8) What is your opinion on the establishment of a regulatory body for the profession of early intervention? What role could an educational institution have in this process?
- 9) What would you recommend as core competencies or professional development for pre-service education in early intervention? For ongoing professional development?
- 10) What do you see happening in the next ten years for the profession of early intervention in Nova Scotia?

Please add other comments on the profession of early intervention in Nova Scotia.



**Provincial Representatives Focus Group  
Questions:**

- 1) Please share with me your perceptions of early intervention in Nova Scotia.
- 2) What is your understanding of the professional requirements to become an early interventionist in the province?
- 3) How do you feel the profession of early intervention is perceived in the community?
- 4) What is your understanding of the role of an early interventionist?
- 5) What is your opinion on the need for core competencies or certification to become an early interventionist?
- 6) What do you see as the role of the provincial government in the standardization of certification to become and practice as an early interventionist in Nova Scotia?
- 7) What is your view on the need for legislation for early intervention services and requirements to practice as an early interventionist?
- 8) Tell me your views on the need for a regulatory body for the profession of early intervention. What do you think the role of the province could be in this process?
- 9) What do you see happening in the next ten years for the profession of early intervention in Nova Scotia?

Please add other comments on the profession of early intervention in Nova Scotia.

**APPENDIX E**  
**Letters to Participants**

## Survey Cover Letter

(letterhead)

Dear Early Interventionist:

My name is XXXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners the field.

I am interested in learning more about the backgrounds and educational training, pre-and post services of those practicing early intervention in Nova Scotia. In order to do this research, I am asking you to please complete and return the attached survey. If you are willing to participate, please complete the survey within two weeks and return to me in the stamped, self addressed envelope. The survey should take approximately 30-40 minutes to complete.

Participation in this research is completely voluntary. You may skip or decline to respond to any questions that you are uncomfortable answering, and may withdraw from the study at any time without penalty. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey will be numerically coded and destroyed after it has been transcribed. Only my supervisor and I will have access to the surveys. Data and potential quotes from the survey will be used in the thesis and may be used in future publications and presentations to illustrate themes arising from the data, no names or identifying information will be reported. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected. The results will be presented as group data only and no individual participants will be identified. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email at XXXXXX or you may contact my thesis supervisor, Dr. XXXX XXXX at (XXX) XXX-XXXX or (email address). If you have any questions and would like to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX) XXX-XXXX or by email at XXXXXXXX .

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXXX XXXX  
Graduate Student  
Mount Saint Vincent University

## Early Interventionists Focus Group

(Letterhead)

### *The Current Status of Early Interventionists in Nova Scotia: Perceptions of the Professions*

Dear Early Interventionist:

My name is XXXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners the field.

Thank you for submitting your name for selection for an upcoming Focus Group through the survey "*Current Status of Early Interventionists in Nova Scotia*". You have been chosen through a random selection process. I appreciate your willingness to participate in the study. I will contact participants to set up a common date and time. There will be from four to six participants in the group and the forecast time expectation is approximately an hour and a half and will be audio taped. The focus group will be held in XXXX and those unable to travel can be accommodated by telephone conference call or individual interview. Prior to the focus group discussion, you will be asked to sign an informed consent form. You do not have to respond to any questions you may not feel comfortable answering, and may withdraw from the study at any time without penalty.

Participation in this research is completely voluntary. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey and used for the focus group will be numerically coded and destroyed after it has been transcribed. Once the transcriptions have been completed, you will be given the opportunity to review the transcriptions to determine if it reflects your perceptions accurately and to suggest changes if required. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected.

The results will be presented in group data only and no individual participants will be identified. Quotes from the focus group discussions or interview will be used in the thesis and in future publications and presentation to illustrate salient findings. Quotes will not be accompanied by any identifying information. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email at XXXX or you may contact my thesis supervisor, Dr. XXX XXXX at (XXX) XXX-XXXX or at (email address) If you have any questions and would like to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX)XXX-XXXX or by email at XXXXXX.

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXXX XXXXX  
Graduate Student  
Mount Saint Vincent University

## Parent Focus Group

(letterhead)

Dear (insert name):

My name is XXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners the field.

Thank you for agreeing to participate in a parent focus group. I will contact you to set up a common date and time for the group discussion and interview. There will be from four to six participants in the group and the forecast time expectation is approximately an hour and a half and will be audio taped. The focus group will be held in XXXX and those unable to travel can be accommodated by telephone conference call or individual interview. Prior to the focus group discussion, you will be asked to sign an informed consent form. You do not have to respond to any questions you may not feel comfortable answering, and may withdraw from the study at any time without penalty.

Participation in this research is completely voluntary. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey and used for the focus group will be numerically coded and destroyed after it has been transcribed. Once the transcriptions have been completed, you will be given the opportunity to review the transcriptions to determine if it reflects your perceptions accurately and to suggest changes if required. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected.

The results will be presented as group data only and no individual participants will be identified. Quotes from the focus group discussions or interview will be used in the thesis and in future publications and presentation to illustrate salient findings. Quotes will not be accompanied by any identifying information. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email at XXXXX or you may contact my thesis supervisor, Dr. Carmel French at (XXX) XXX-XXXX or at (email address). If you have any questions and would like

to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX) XXX-XXXX or by email at XXXX.

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXXX XXXX  
Graduate Student  
Mount Saint Vincent University



## Partner Professional Focus Group

(letterhead)

Dear (insert name):

My name is XXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners in the field.

Thank you for agreeing to participate in a focus group for partner professionals. I will contact you to set up a common date and time for the group discussion and interview. There will be from four to six participants in the group and the forecast time expectation is approximately an hour and a half and will be audio taped. The focus group will be held in XXXX and those unable to travel can be accommodated by telephone conference call or individual interview. Prior to the focus group discussion, you will be asked to sign an informed consent form. You do not have to respond to any questions you may not feel comfortable answering, and may withdraw from the study at any time without penalty.

Participation in this research is completely voluntary. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey and used for the focus group will be numerically coded and destroyed after it has been transcribed. Once the transcriptions have been completed, you will be given the opportunity to review the transcriptions to determine if it reflects your perceptions accurately and to suggest changes if required. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected.

The results will be presented as group data only and no individual participants will be identified. Quotes from the focus group discussions or interview will be used in the thesis and in future publications and presentation to illustrate salient findings. Quotes will not be accompanied by any identifying information. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email at XXXX or you may contact my thesis supervisor, Dr. XXX XXXX at (XXX) XXX-XXXX or at (email address). If you have any questions and would like

to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX) XXX-XXXX or by email at XXXX.

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXX XXXX  
Graduate Student  
Mount Saint Vincent University

## Provincial Representative Focus Group

(letterhead)

Dear (insert name):

My name is XXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners the field.

Thank you for agreeing to participate in a focus group for provincial government representatives. I will contact you to set up a common date and time for the group discussion and interview. There will be from four to six participants in the group and the forecast time expectation is approximately an hour and a half and will be audio taped. The focus group will be held in XXXX and those unable to travel can be accommodated by telephone conference call or individual interview. Prior to the focus group discussion, you will be asked to sign an informed consent form. You do not have to respond to any questions you may not feel comfortable answering, and may withdraw from the study at any time without penalty.

Participation in this research is completely voluntary. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey and used for the focus group will be numerically coded and destroyed after it has been transcribed. Once the transcriptions have been completed, you will be given the opportunity to review the transcriptions to determine if it reflects your perceptions accurately and to suggest changes if required. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected.

The results will be presented as group data only and no individual participants will be identified. Quotes from the focus group discussions or interview will be used in the thesis and in future publications and presentation to illustrate salient findings. Quotes will not be accompanied by any identifying information. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email

at XXXX or you may contact my thesis supervisor, Dr. XXX XXXX at (XXX) XXX-XXXX or at (email address) If you have any questions and would like to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX) XXX-XXXX or by email at XXXX.

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXX XXXX  
Graduate Student  
Mount Saint Vincent University

## Educational Institutions Focus Group

(letterhead)

Dear (insert name):

My name is XXX XXXX and I am a graduate student in the Master of Arts (Child and Youth Study) program at Mount Saint Vincent University in Halifax, Nova Scotia. As part of the degree requirement, I am conducting research to investigate the status of the profession of early intervention in Nova Scotia, focusing on topics related to credentialing and pre-post service education. The aim of this research is to gain a deeper understanding of your perceptions of early intervention as a profession and your insight into the concept of standard training for practitioners the field.

Thank you for agreeing to participate in a focus group for educational institutions. I will contact you to set up a common date and time for the group discussion and interview. There will be from four to six participants in the group and the forecast time expectation is approximately an hour and a half and will be audio taped. The focus group will be held in XXXX and those unable to travel can be accommodated by telephone conference call or individual interview. Prior to the focus group discussion, you will be asked to sign an informed consent form. You do not have to respond to any questions you may not feel comfortable answering, and may withdraw from the study at any time without penalty.

Participation in this research is completely voluntary. All information in this study will be kept completely confidential and will not impact your employment within an early intervention program. Any demographic information collected through the survey and used for the focus group will be numerically coded and destroyed after it has been transcribed. Once the transcriptions have been completed, you will be given the opportunity to review the transcriptions to determine if it reflects your perceptions accurately and to suggest changes if required. All data will be stored in a locked file cabinet in the researcher's office and electronic files will be password protected.

The results will be presented in group data only and no individual participants will be identified. Quotes from the focus group discussions or interview will be used in the thesis and in future publications and presentation to illustrate salient findings. Quotes will not be accompanied by any identifying information. A summary of the findings will be shared with you and your early intervention program through the address you provided when the thesis is complete.

Please do not hesitate to contact me if you have any questions or concerns regarding your involvement in this study. I can be reached by phone at (XXX) XXX-XXXX or by email at XXXX or you may contact my thesis supervisor, Dr. XXX XXXX at

(XXX) XXX-XXXX or at (email address). If you have any questions and would like to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at (XXX) XXX-XXXX or by email at XXXX.

Thank you once more for considering this research study. It is my hope that the information gathered during this process will positively impact the professional status of early interventionists in our province. This in turn will influence practice in the field for the families and children served through the early intervention system in Nova Scotia.

Sincerely,

XXX XXXX  
Graduate Student  
Mount Saint Vincent University

**APPENDIX F**

**Consent Forms**

Early Interventionists:

(Letterhead)

### **FREE AND INFORMED CONSENT**

The Current Status of Early Interventionists in Nova Scotia: Perceptions of the Profession

I am a graduate student in the Department of Child and Youth Study at Mount Saint Vincent University. As part of the requirements to fulfill a Masters in Arts degree, I am conducting research under the supervision of Dr. Carmel French. I am inviting you to participate in my study, *The Status of Early Interventionists in Nova Scotia: Perceptions of the Profession*. The aim of this study is to examine the background and training required to be an early interventionist and the perceptions of the profession related to credentialing and professional development.

The study requires participants to complete a survey with the option to engage in a focus group. The focus group will be audio taped and will take up to 1 ½ hours. The results of the study will be presented as group data only, and no individual participants will be identified. Quotes from the surveys and/or focus groups may be used in the thesis and future publications and presentations to illustrate important findings. Quotes will not be accompanied by any identifying information.

Your participation is completely voluntary. You may decline to respond to any questions you may be uncomfortable answering, and are free to withdraw from the study at any time without penalty or repercussions.

All efforts will be made to maintain participants' confidentiality. The researcher will not identify the participants on any taped recordings by name. Tapes and transcripts will be coded using a number system to ensure anonymity is maintained. In the event that names are mentioned during focus groups, they will be omitted from the transcripts, and therefore from quotes that may be used.

The survey responses will also remain anonymous with demographic information being used to add context to the data. Individual responses or statements will not be linked with demographic information. No participants will be identified without their permission.

The focus group will be audio-taped and may be turned off upon request at any time. Once the data has been transcribed, the participant can review their input to ensure it reflects their views and suggest modifications if necessary. The tapes and surveys will be destroyed once they have been transcribed and data has been entered and coded. Transcripts will be shredded five years after the completion of the study.



A summary of the research findings will be sent to participants when the thesis is completed.

If you have any questions about this study, please contact XXX XXXX at XXX-XXXX (email address) or my thesis supervisor, Dr. XXX XXXX at XXX-XXXX (email address). This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or wish to speak with someone who is not directly involved with the study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at XXX-XXXX or by email at XXXX.

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**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

---

**Participant's signature**

---

**Date**

---

**Researcher's signature**

---

**Date**

*One signed copy to be kept by the researcher, and one signed copy to the participant.*

Other Focus Group Participants:

(Letterhead)

### **FREE AND INFORMED CONSENT**

The Current Status of Early Interventionists in Nova Scotia: Perceptions of the Profession

I am a graduate student in the Department of Child and Youth Study at Mount Saint Vincent University. As part of the requirements to fulfill a Masters in Arts degree, I am conducting research under the supervision of Dr. Carmel French. I am inviting you to participate in my study, *The Status of Early Interventionists in Nova Scotia: Perceptions of the Profession*. The aim of this study is to examine the background and training required to be an early interventionist and the perceptions of the profession related to credentialing and professional development.

The study requires participants to engage in a focus group. The focus group will be audio taped and will take up to 1 ½ hours. The results of the study will be presented as group data only, and no individual participants will be identified. Quotes from the surveys and/or focus groups may be used in the thesis and future publications and presentations to illustrate important findings. Quotes will not be accompanied by any identifying information.

Your participation is completely voluntary. You may decline to respond to any questions you may be uncomfortable answering, and are free to withdraw from the study at any time without penalty or repercussions.

All efforts will be made to maintain participants' confidentiality. The researcher will not identify the participants on any taped recordings by name. Tapes and transcripts will be coded using a number system to ensure anonymity is maintained. In the event that names are mentioned during focus groups, they will be omitted from the transcripts, and therefore from quotes that may be used.

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The focus group will be audio-taped and may be turned off at any time upon request. Once the data has been transcribed, the participant can review their input to ensure it reflects their views and suggest modifications if necessary. The tapes and surveys will be

destroyed once they have been transcribed and data has been entered and coded. Transcripts will be shredded five years after the completion of the study.

A summary of the research findings will be sent to participants when the thesis is completed.

If you have any questions about this study, please contact XXX XXXX at XXX-XXXX (email address) or my thesis supervisor, Dr. XXX XXXX at XXX-XXXX (email address) . This research activity has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or wish to speak with someone who is not directly involved with the study, you may contact the University Research Ethics Board (UREB) c/o MSVU Research and International Office, by phone at XXX-XXXX or by email at XXXX.

---

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

\_\_\_\_\_  
**Participant's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Researcher's signature**

\_\_\_\_\_  
**Date**

*One signed copy to be kept by the researcher, and one signed copy to the participant.*

