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Early Intervention

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ISBN 0-88663-043-6



Production of this “Enhancing Personnel Preparation for Early Intervention in Nova Scotia” has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the official policies of Health Canada.

La production de ce document a été rendue possible grâce à une contribution financière provenant de Santé Canada. Les vues exprimées ici ne représentent pas nécessairement la position officielle de Santé Canada.

Enhancing Personnel Preparation for Early Intervention in Nova Scotia

Review and Recommendations

**Prepared for Early Intervention Services
Early Childhood Development Services
Nova Scotia Department of Community Services**

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March 2005

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Acknowledgements

The authors of the report wish to acknowledge the contribution of the many individuals in the field of early intervention who generously contributed to the development of this report and wish to specifically thank those mentioned below for their support.

Many early interventionists in the province contributed indirectly to the report through their comments and observations on personnel preparation. The story of two early interventionists, Wendy and Jennifer, is a fictional story based on those comments and observations. Their contributions helped to shape the content of the report.

Nancy Taylor, formerly the Program Administration Officer with the Community Services Early Childhood Developmental Services, was instrumental in the initiation of the project and her support and vision were valued at all stages of the project.

Adele McSorley, Site Coordinator of the Task Force on Early Intervention of the Centre of Excellence for Children and Adolescents with Special Needs at Mount Saint Vincent University worked collaboratively with the authors as a researcher and as a consultant. Her insightful questions throughout the report writing process helped to clarify issues addressed in the document. In addition, her dedication to the project resulted in its timely completion.

Early Childhood Development Services, Nova Scotia Department of Community Services provided a grant for the project and designed the project goals. This support is greatly appreciated by those in the field of early intervention.

The views expressed herein are the authors and do not necessarily represent the views of Mount Saint Vincent University.

Preamble

This report examines the qualifications and training required by early intervention personnel in Nova Scotia in order to deliver effective intervention services. Recommendations for changes in personnel preparation are made which, if accepted, would ensure the professional training of early interventionists and enhance core services for families and their children. Many of the 18 early intervention programs in the province were established between 1980 and 1998. In 2001, some early intervention programs were expanded and new ones implemented so that services would be accessible in all areas of the province. In the early years of development, each program established its own job descriptions and criteria for its early interventionists. As the knowledge and skills required became more apparent over time, guidelines for professional standards were recommended by the Department of Community Services but not required for hiring. Now after twenty-five years of experience in early intervention services, it is appropriate that the province mandate professional standards of training and qualification for early interventionists.

The main objective of this report is to make recommendations for a comprehensive system of personnel preparation from entry level to senior early interventionists.

The role of early interventionists has evolved over time to reflect changes in the field. Presently, early interventionists are required to have competencies in many areas as they must work collaboratively with other professionals and families to develop and implement appropriate interventions for infants and young children with widely diverse strengths and needs. Early interventionists in Nova Scotia come from a number of different academic backgrounds and from a variety of child related disciplines and they work with professionals from related disciplines in various settings.

This project has been designed:

- to examine the historical context for early intervention services
- to provide a rationale for change in personnel preparation
- to review approaches to personnel preparation in various jurisdictions
- to identify the core competencies required for early interventionists
- to identify components of quality personnel preparation and professional development
- to examine support structures for lasting improvements in personnel preparation.

Definitions of Early Intervention Terms in Nova Scotia

The following operational definitions are used in Nova Scotia for a specific service for infants and young children with special needs and their families and are described in the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004). Although the term “early intervention” is a general term used liberally in many

educational, medical and social programs, in this study the terms “early intervention” and “early interventionist” will have the specific meanings described below.

Early Intervention 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 each child’s home and may be extended to community-based programs.

An Early Interventionist is... 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 to design and implement a program to address the child’s individual developmental 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.

Family-Centered Practice is ... the philosophies, principles and practices that put the family at the heart of the service. This approach to service delivery recognizes the strengths and competencies that various family members bring to the discussion and encourages the capacity to label priorities and make informed decisions.

A Family is ... any configuration of adults and children that support and nurture one another.

Section 1: Historical Context of Early Intervention in Nova Scotia

Worldwide Trends in Early Intervention

The responses to infants and young children with special needs around the world reflect the expansion of early intervention services and the general movement towards inclusive societies.

As described in 2003 by Odom, Hanson, Blackman & Kaul:

Early intervention for infants and young children with disabilities is an emerging and growing worldwide effort. In developing countries with limited economic resources, early intervention originated and still exists within a medical model, with health concerns taking precedence. In other countries with greater economic resources, where medical concerns have presumably been addressed, early intervention approaches have at times followed a more educational, developmental, and/or social services model. Across countries, there is a general acknowledgement that interdisciplinary approaches are essential. In addition, there is an almost unanimous agreement that early intervention must involve the family as the center, and perhaps the mediator, of services for infants and young children. The early intervention efforts also are shaped to fit the cultural, demographic, and political context of the countries and local communities. In this way, early intervention is creating its niche in world society (p. 345).

International organizations, such as the World Health Organization (WHO) and the United Nations have played an important role in providing leadership to guide inclusive practices throughout the world. This leadership is particularly important in developing countries where governments often depend on international and Non Governmental Organizations (NGOs) to support programs and services for people with special needs and to sponsor prevention programs. These NGOs will be either domestic charitable societies or agencies, or international organizations operating in many countries.

At an international level, the most fundamental expression of human rights is found in the United Nations *Universal Declaration of Human Rights*. Member states who signed the *Declaration* are bound to respect the Conventions to which they are a party. One important international convention that directly addresses infants and young children with special needs is the *Convention on the Rights of the Child*, which was adopted by the United Nations in 1989 and ratified by Canada in 1991. Compliance binds all governments and members of Canadian society to the principles, goals and standards set out within the Convention. Adopted by all but two countries in the world, the Convention includes, among other fundamental rights, the rights to health, community services and education (Andrews and Lupart, 2000).

In 1980, the WHO developed a classification system for prevention programming at the primary, secondary and tertiary levels and further defined the differences among the words impairment, disability and handicap. The 1980 definitions reflected the understandings and practices of the time, which focused specifically on deficits in an individual without consideration of environment or prevention programming. This practice reflected a *deficit* or *medical model*. During the later part of the twentieth century there was a move away from the *medical model* towards an *ecological model* which viewed an individual with a disability in the context of the environment. From an ecological perspective then an individual with a disability is considered an integral part of a community: thus the disability becomes a community issue, not just an individual issue.

In 2001, the WHO revised the 1980 classification system to make it more inclusive and to remove the distinction between the medical and social or ecological models of rehabilitation services. This new classification system demonstrated the need for direct interventions and included intervention activities that would increase the community participation of an individual to the greatest extent possible. Odom, Hanson, Blackman, & Kaul, S., (2003, p. 4) noted that:

Certain treatments are aimed at reducing impairment at the Body Structure and Functions level, such as inhibiting primitive reflexes or reducing increased muscle tone. Various interventions are directed towards functional skill improvement and expanded activities. However, increased skills and activities mean little if they do not enable the child to participate in family and community activities.

This diagram captures the flow from health condition to community context through activities (planned interventions) using formats such as early intervention.

WHO Classification of Functioning, Disability and Health

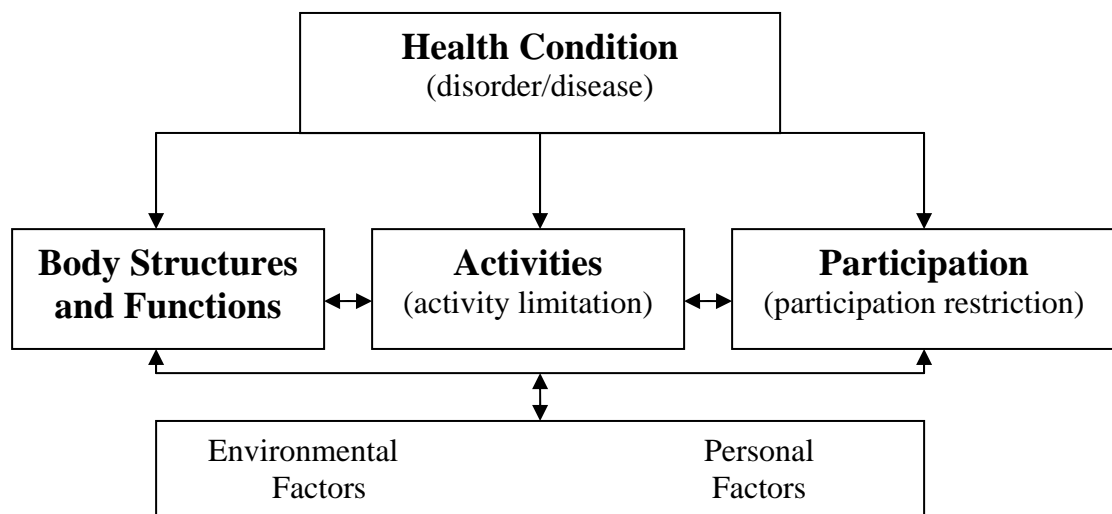


Figure 1. WHO Classification of Functioning, Disability and Health (From Odom, Hanson, Blackman, & Kaul, S., 2003, p. 4).

In addition to influences from international organizations, early intervention in Canada has been greatly influenced by the responses to infants and young children with special needs in both Europe and the United States of America (USA).

Canadian practices in all areas of programming and services have been greatly influenced by the Individuals with Disabilities Education Act (IDEA) in the USA which was first authorized under that name in 1990 and reauthorized in 1997 and 2003. This act requires all states to identify and track children and youth between the ages of 3 and 21, and to provide them with an individualized educational plan (IEP) that has been developed in collaboration with their families. In addition, infants and toddlers with developmental delays are eligible to receive early intervention services. IDEA legislation also describes conditions that are intended to make programs inclusive, collaborative, effective and accountable (Vaughn, Bos & Schumm, 2003).

Early Intervention in Canada

In Canada, each province or territory has the responsibility for early intervention programs for infants and young children with special needs.

One of the earliest programs in Canada was started in Vancouver in 1972 by the Home Care Committee of the Vancouver-Richmond Association for the Mentally Retarded. In 1975, a provincial coordinator for British Columbia was appointed to coordinate all provincial programs in the province. Programs in other provinces and territories began later in the 1970s and 1980s. Presently all provincial and territorial jurisdictions have early intervention programs, but the models of service delivery and methods of funding vary from jurisdiction to jurisdiction (SpeciaLink, 1996).

Although there is no specific federal legislation guiding programming and services to infants and young children, the *Constitution* of Canada, which includes the *Canadian Charter of Human Rights and Freedoms*, creates a set of rules that must be respected by legislation, acts, human rights codes, and directives from government agencies and departments in the provinces and territories. The following two sections of Article 15 apply specifically to people with mental or physical disabilities:

Article 15.

- (1) *Every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*
- (2) *Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*

In Canada, the federal government provides support for early intervention initiatives at the policy level. For example the Task Force on Early Intervention at Mount Saint Vincent University is part of the Centre of Excellence *for Children and Adolescents with Special Needs*, one of four *Centres of Excellence for Children's Well-Being* funded by Health Canada. This form of support provides opportunities for research and development in the field of early intervention.

Early Intervention Programs in Nova Scotia

In the late 1970s interest in early intervention programs began to develop in the province. During the 1980s, early intervention programs were established in: Sackville-Bedford, Halifax, Antigonish, Glace Bay, Liverpool, Truro and Shelburne. Funding for these programs came mainly from ad hoc government grants and local fundraising until 1988 when the Provincial Department of Community Services established a funding base for partial funding of early intervention programs.

In 1997, the Department of Community Services changed the funding arrangement and provided block funding grants for core program costs. This method of funding created some financial stability within the early intervention community by helping to reduce fundraising pressures. Programs were still required to fundraise about twenty percent of program costs, as the block funding covered only about eighty percent of the total costs.

According to the Early Intervention Association of Nova Scotia (2001, pp. 21-22):

Despite continual funding challenges, a period of expansion in the number and size of programs occurred between 1989 and 2000 and programs were established in Amherst, Lunenburg, Yarmouth, Lawrencetown, and New Glasgow. Part of the impetus for program growth was a 1993 policy shift from serving children birth to three years, to birth to six years. This change in mandate had significant effects on urban early intervention programs, as their numbers increased dramatically. Rural programs, on the other hand, were already providing services to children until school entry, due to the scarcity of placements in child care centers. With this shift in mandate, more early intervention programs were required to meet the increased need for their service Several other significant changes were implemented during this time of growth. First, in 2000 early intervention programs were granted "core ensured annual provincial funding. Second, the establishment of programs since 2000 in Clare, Digby, Inverness/ Richmond and Eastern Shore-Musquodoboit Valley increased the number of early intervention programs throughout the province. This expansion meant that early intervention services were now potentially accessible to all Nova Scotia children with special needs. Currently, these programs are funded partially through grants from the Nova Scotia Department of Community Services and occasional federal funds.

In 2004, there were 18 early intervention programs in Nova Scotia serving 475 children.

As each program developed in local communities, there were differences that reflected the communities in which the programs resided. However, all programs in Nova Scotia have features in common:

- voluntary participation of families,
- infants and young children between birth and school entry with a developmental delay are welcomed as a diagnosis is not required,
- parents, health care professionals, early childhood educators and others may make a referral as long as a parent has given his or her consent,
- services are provided at no cost to families,
- home visits,
- individual family service plan.

Some programs offer a wide range of activities that support child development and families, such as play groups, toy and educational resources libraries, summer programs, and recreational programs in collaboration with other agencies.

The development of programs and services for infants and young children with special needs in First Nation communities followed a pattern similar to the development of programs and services in other communities in Nova Scotia. When early intervention programs were first established, children and families from First Nations Communities living on reserves were included in some provincial programs. In the late 1990s, through tripartite agreements between federal, provincial and First Nations communities, the responsibility for early interventions programs and services was returned to First Nations Communities. Children and families are now served in their home communities through a variety of medical, social and educational programs and services which may include: home visits from community nurses, daycare placements and Aboriginal Head Start Programs. Presently, discussions for the development of early intervention programs are underway in some First Nations communities.

Early Intervention Association of Nova Scotia

The Early Intervention Association of Nova Scotia (EINS) was formed in 1996 to represent parents, early interventionists, professionals and others interested in early intervention. The mission of this provincial volunteer board is to promote awareness of the importance of early intervention, support professional and personal development and to advocate for infants and young children with special needs and their families.

EINS has been involved in many activities that support the mission of the organization. Among these activities has been the development of partnerships with many organizations, support for professional development and for parents, and public

awareness initiatives. The Association has also served as a liaison between the early intervention community and the provincial government.

In 2001, EINS conducted a study, funded by Human Resources Development Canada (HRDC), throughout Nova Scotia to help determine the future direction for early intervention programs. The report on the study titled: *Focusing On Our Future: Early Intervention Association of Nova Scotia Provincial Research Project Report*, contained 29 recommendations related to: family-centered practices, service delivery, funding, parental support, personal and professional development, research and policy development, board structure and relationships, interagency issues, information systems and data management, public relations and advocacy, and an appeal process.

In 2002, EINS with continued funding from Human Resources Development Canada (HRDC) was involved in a project designed to follow through with several of the recommendations from the report.

Development of University Programs for Early Interventionists in Nova Scotia

Early interventionists in Nova Scotia receive their training from a variety of institutions and hold degrees, college certificates and/or diplomas. Information presented in a report by the Task Force on Early Intervention at Mount Saint Vincent University in 2002, indicated that:

Most early intervention programs (92%) report full time coordinators/directors, 28% of whom work as early interventionists as well. Slightly over half of the programs (57%) have two or less early intervention positions. University (71%) or graduate degrees (7%) are held by 78% of coordinators, half of whom (50%) have specializations in early childhood education. Among early interventionists responding, 50% have completed a university degree and 14% hold a certificate or diploma. Specialization is highest in early childhood education (28%) followed by family studies (14%).

Although early interventionists come from a variety of educational backgrounds and experiences, the only degrees offered in the province that contain an array of courses specifically designed for early interventionists are those from Mount Saint Vincent University in the Bachelor of Applied Arts in Child and Youth Study and the Master of Arts (Child & Youth Study) degrees. These two degrees have evolved to respond changes in the field of early intervention and provincial government requirements. In addition to offering these degrees, the university maintains the Child Study Centre which provides opportunities for practicum placements and research.

Originally part of the Department of Education at Mount Saint Vincent University, the Department of Child Study became an independent department in 1981. The first offering was a two-year certificate program (Child Development Certificate). A four-year undergraduate degree (Bachelor of Child Study) was then instituted and the certificate phased out. In 1990 program offerings were extended to include specific youth-related courses and content to existing courses. A name change was instituted to

reflect this new emphasis and the Department of Child and Youth Study began to offer the Bachelor of Applied Arts in Child and Youth Study. Prior to 1997, students could complete an integrated degree with the Department of Education and be eligible for a teaching license. The elimination of this option, as a result of new provincial teacher certification legislation, allowed a major revision of the BAA(CYS). At this time, the Master of Arts (Child & Youth Study) also began operation. In 2003, the MA(CYS) was revised to provide a more integrated set of core courses.

The Department of Child & Youth Study is one of the professional programs administered by the Dean of Professional Studies. Administrative positions within the Department include the Chairperson and Practicum Coordinator. As well, the Department consults with an Advisory Board consisting of community and professional representatives semi-annually.

The Department also oversees the operation of the Child Study Centre. This Centre provides child care to the university and wider community. It serves as a practicum and observation site for Child & Youth Study students and as a research facility for faculty. In conjunction with a Board of Directors comprised of department, parent and Mount Saint Vincent University representatives, the Department provides governance, conceptual and program support for the Child Study Centre. Faculty are frequently consulted about programming at the Centre. In addition to being a practicum location for approximately 12 students per semester, students complete observation assignments for Child & Youth Study courses at the Centre. The Child Study Centre offers full day and part day programs; programs for children with special needs and a program for children with autism. This range of offerings provides students with experiences not typically found at child care centres. The Departmental Chairperson is the immediate supervisor of the Associate Director of the Child Study Centre and is, therefore, directly involved in the Centre's operations. The Chairperson is an ex officio member of the Board of Directors, sits on most standing committees and on all ad hoc personnel hiring committees.

In addition to providing educational opportunities for personnel preparation in early intervention, the Department of Child and Youth Study at Mount Saint Vincent University provides opportunities for research and development in the field of early intervention.

Provincial Vision for an Integrated Early Childhood System

In the Spring of 2001, the Nova Scotia Department of Community Services released a document: *Our Children...Today's Investment Tomorrow's Promise*. This report provided the framework for the province's response to the 2000, *First Minister's Communiqué on Early Childhood Development* (ECD).

The report described the following conditions:

In Nova Scotia we have a range of programs that support early childhood development (public health services, early intervention, child care, family resource programs, etc.). Often they were developed independently of one another and financed through various funding streams and levels of government. This has resulted in programs for young children and their families that are often fragmented, isolated, difficult to access, and in many instances, under-resourced. Programs have been built on a "program for problems" approach without the benefit of the new research on the health and well-being of children.

The ECD strategy presents an exciting opportunity to strengthen and re-shape our existing assets while investing our new resources towards a comprehensive and integrated early childhood strategy.

This provincial vision supports the inclusion of early intervention programs in building a comprehensive early childhood development system in Nova Scotia, although it does not fund early intervention programs through the ECD initiative.

Section 2: Ecological Perspectives in Early Intervention in Nova Scotia

A Story of Two Early Interventionists

Wendy's and Jennifer's Stories

Wendy is the executive director of the Bright Futures Early Intervention Program. In addition to her role as executive director, she also serves five families as an early interventionist. She works with Jennifer, a full-time early interventionist. Wendy's office is in a small town in Nova Scotia with a population of 5,000. The program serves children and families in a large rural municipality that encompasses four town and six villages within its boundaries. It takes three hours to drive from one end of the municipality to the other.

The program is managed by a volunteer board. The board is very active and supportive of the program, but because of the challenges associated with a volunteer board, Wendy performs many management duties that would usually be the responsibility of a management board. Each year she organizes the annual fund raising event.

Wendy began working in her position shortly after she graduated with a degree in Child and Youth Study from Mount Saint Vincent University 1985. She has attended many one or two-day professional development sessions on various topics. She has also been an active board member of the Early Intervention Association of Nova Scotia (EINS). She made many friends with other early interventionists over the years and relies on their calls and emails for support. A favorite event of Wendy's is the regular executive directors meetings in Halifax. The meetings

provide an opportunity for the early interventionists from the geographically separated boards to share experiences and work together on topics of mutual interest.

Wendy and her co-worker, Jennifer, presently serve 17 children from 16 families. For six years Wendy was the sole early interventionist in the program. Ann, a part-time secretary, was added to help Wendy one day a week in the second year of the program. During the years that she was the only early interventionist, Wendy developed Individual Family Service Plans (IFSPs) for children and families, made home visits, started a play group in the summer with the assistance of summer students, cooperated with others on transition plans for school, and assisted the board greatly in fund raising. For many of those years she had a waiting list and made numerous requests for an additional position. In 2000 with the increase in provincial funding, her program was expanded to cover a larger area and a new early interventionist, Jennifer, was hired.

Jennifer graduated from a three year diploma program at the Nova Scotia Teachers' College in 1984. After teaching grade 1 for three years, she left the teaching profession to raise a family of 3 that included a Jack, a child with moderate special needs who received early intervention services. During her time as a home-maker she was actively involved on the board of the Bright Futures Early Intervention Program as a parent representative. Her experience as

a mother to Jack provided her with a wealth of information on the services for children with special needs in Nova Scotia.

In 2000, when the new position for an early interventionist was funded for the Bright Futures Early Intervention Program, Jennifer was interested in applying, but felt that she did not have formal training for the position of an early interventionist. After the board advertised the position twice and had not receiving suitable applicants, the personnel committee of the board approached her and asked if she would be interested in the position on a temporary basis. Jennifer accepted the position, and after two successful years as an early interventionist, is interested in furthering her studies. Although she took some computer courses and parenting courses during her years as an early interventionist, she now feels that she needs to direct her studies towards courses related to her role as an early interventionist, such as assessment, program planning and collaborative practices. When Jennifer works with professionals in related disciplines she feels that she does not have the depth of knowledge necessary to contribute to discussion to the extent that she would like. She feels very comfortable working with parents/guardians in their homes and is highly respected in the community. Sometimes she feels that she depends too much on Wendy on issues related to programming and would like to do more on her own.

When Jennifer was hired, Wendy was presented with challenges that added greatly to her already challenging job. She worried about working with Jennifer as a colleague even though she had

successfully worked with her as a parent and a board member. She wondered how Jennifer would react to her suggestions. In the past, Jennifer always presented herself as confident and sometimes outspoken on issues. Wendy was concerned that Jennifer would “over-power” her.

During her university education, Wendy had not taken courses on supervision and, she had not realized the extent to which she would be required to train and supervise the new early interventionist. Since both she and Jennifer did not live close to a university, she knew that she would not be able to rely on formal training methods. As time went by, Wendy became more comfortable working with Jennifer, but she wished that Jennifer knew more about assessment and program development. Some times she resented the close relationships that Jennifer had with parents and felt that maybe Jennifer was not spending enough time focusing on the needs of the children.

At a meeting, one of Wendy’s colleagues described a graduate program she was taking in Child and Youth Study at Mount Saint Vincent University. During discussion on the challenges facing executive directors, Mary described a course that she was taking on administration and leadership and how it was helping her to better understand her role and carry out her duties. Wendy wished that she could enroll in the same programs as Mary as she knew that she needed more professional development than she was getting during the periodic professional development days.

Wendy could not imagine where she would find the time or the money to do graduate work. On her low salary she had to make many sacrifices to pay off her first student loan. In addition, her car payments were always high as she felt that she had to maintain an all-wheel drive car in good condition to safely do her home visits over unpaved country roads in all seasons. If she did borrow the money and complete the graduate program that would suit her present professional needs, it would not be reflected in an increase in her salary. But, she made a promise to herself to look into something for the following year as she felt that she was ready for a new challenge.

Both Wendy and Jennifer feel that they are isolated and do not have the same level of support for their program or opportunities that the early interventionists have in the larger programs in urban settings. However, they are aware that larger programs had many of the same challenges as their program as they have long waiting lists and are often short of space because of the high costs of rent. They also know that programs in communities with universities and colleges often have additional responsibilities for student interns which increases demand on limited resources.

Wendy and Jennifer have been increasing involved with other professionals who provide programs and services to infants and young children. Both feel that more work is needed to

improve collaboration with other professionals so that children and families will be better served. Wendy, as executive director of the program, is often requested to go to regional meeting to discuss service delivery. Unfortunately when she does, she has to cancel or postpone her appointments with families as the caseload for an early interventionist in a program does not allow for time to attend meetings. Both Wendy and Jennifer are becoming increasingly frustrated trying to balance the need to attend regional meetings and carry their case loads.

Wendy and Jennifer expressed their concerns about professional development to the personnel committee of the Bright Futures Early Intervention Program board. Their concerns were acknowledged. The chair of the committee promised to support them in any way he could but, being unfamiliar with the system of personnel preparation in the province, was unable to provide tangible solutions.

Although Wendy and Jennifer face challenges in their profession, they both enjoy working with children and families and look forward to positive changes at the board and provincial levels. The main challenges that confront them fall into the following broad categories: assessment and programming, collaborative practices, community board management, funding, and opportunities for comprehensive professional development.

Ecological Framework for Early Interventionists

The fictional story of Wendy and Jennifer represents a composite of experiences of early interventionists in Nova Scotia. Although they would both like to improve their educational and work situations, they cannot change their situations significantly without major changes in other sectors that influence their practices. The role of the early interventionist is deeply embedded in a system of multiple services, mainly delivered through provincial agencies or organizations funded by the provincial government. The individuals who serve as early interventionists come from a variety of educational backgrounds and experiences. The system that supports their educational needs is also fragmented and not specifically designed to be responsive to the needs of adult learners in the rural areas of the province. The following framework encapsulates the ecosystem of the early interventionist and influences the training and educational opportunities needed to advance the profession.

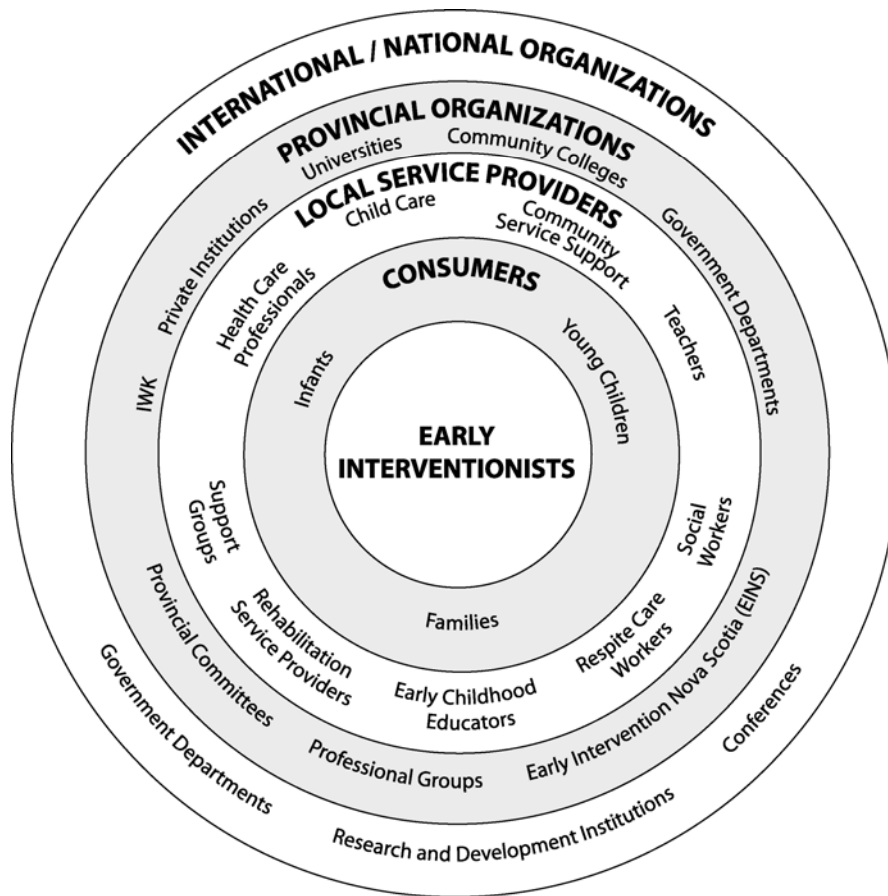
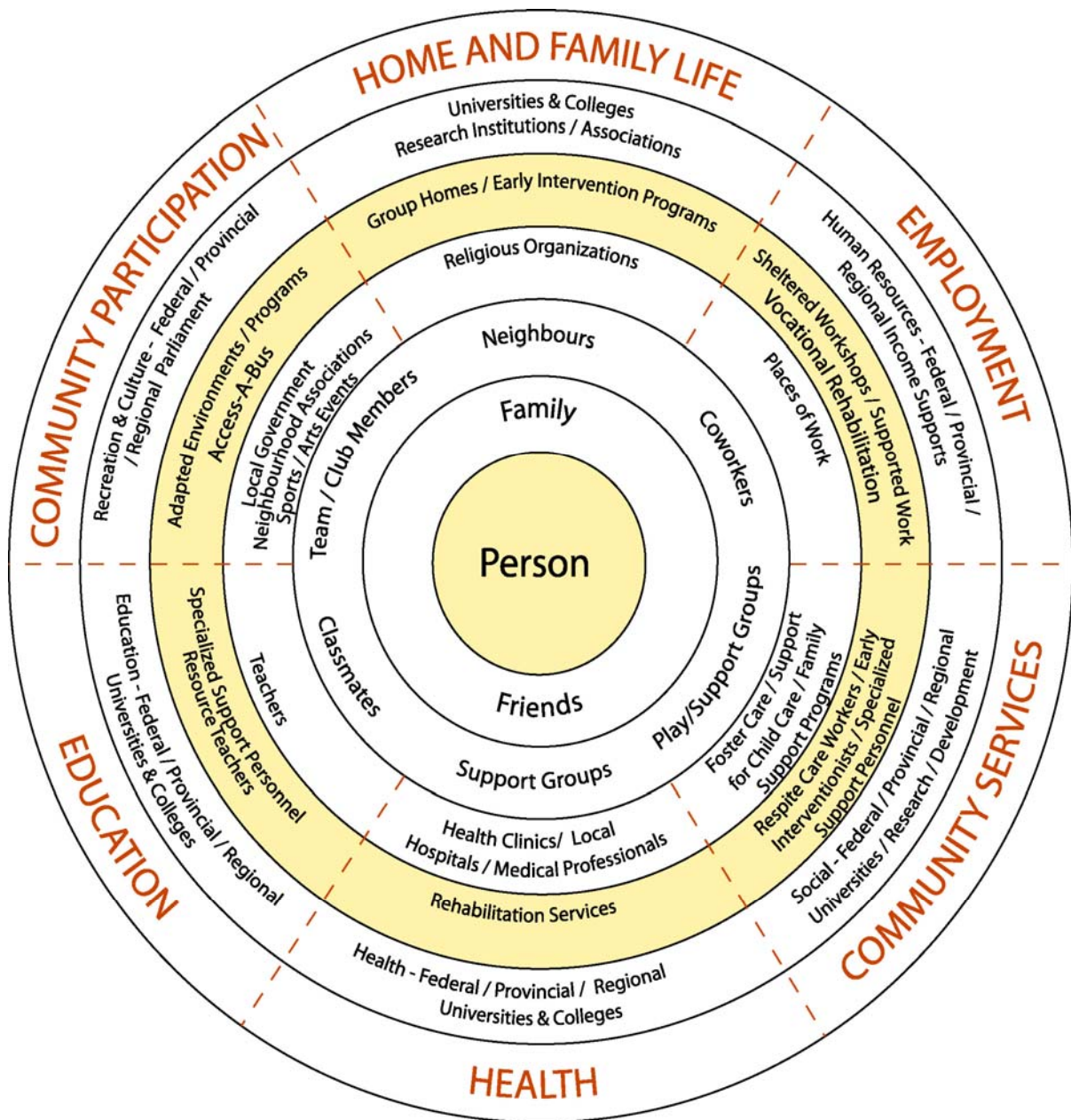


Figure 2. Potential Collaborators for Personnel Preparation in Early Intervention

Ecological Framework for Child Development

Early interventionists as professionals perform their main duties in the area of child development. By its very nature, child development is also embedded in a system of multiple interrelated components. This system was first described in *the Ecology of Human Development* by Uri Bronfenbrenner (1979). In this seminal work, he commented on his theoretical perspective for research on human development in the following passage: “This perspective is new in its conception of the developing person, of the environment, and especially of the evolving interaction between the two The ecological environment is conceived as a set of nesting structures, each inside the next, like a set of Russian nesting dolls.” (p. 3).



COMMUNITY (Microsystem)

Circle 1 Inner circle: family, close friends

Circle 2 Friends and acquaintances

Circle 3 Participation: acquaintances in local stores, community groups, or associations

PAID HELPERS (Mesosystem)

Circle 4 Paid helpers that serve the general population: doctors, teachers, dentists

Circle 5 Special services: special education, early intervention, mental health

ADMINISTRATION AND POLICY (Exosystem)

Circle 6 Policymakers and administration: provincial governments, community boards

SOCIETY AND CULTURE (Macrosystem)

Circle 7 General activities in which all citizens participate

Figure 3. Ecological Framework for Child Development

Adapted from Peterson & Hittie (2003)

The writings of Bronfenbrenner and his conceptual framework for human development have not only influenced the direction for research in child development, but the framework has been used by many who work in the field of child development to consider their place in the child's environment and the interconnecting components of the system. In addition, many frameworks have been adapted from Bronfenbrenner's conceptual framework to describe the relationship of other human activities and their interactions with the environment. Figure 3 is an example of one such adaptation that helps to explain the interactions of infants and young children and their families with their environment.

The literature on the delivery of services and programs to children with special needs for many years tended to focus on the intrinsic features of the child and described practices in controlled settings or clinics that were designed to "remediate" or "cure". These practices often led to the isolation of children in special, segregated settings in early childhood educational centers, schools, rehabilitation centers, and institutions. The influence of the works of Bronfenbrenner and others contributed to a move away from these traditional practices towards more family-centered, inclusive practices.

Challenges and Opportunities: Implications for Personnel Preparation and Rationale for Change

The movement towards family-centered practices in Nova Scotia is reflected in the 2004 version of the *Draft Early Intervention Programs in Nova Scotia Standards & Guidelines Manual*. This manual provides an operational framework for early intervention programs in Nova Scotia which are funded under the Department's discretionary grants program.

In mandatory public education in the province, inclusive practices have been described and supported in the *Education Act* (1995-1996), the *Special Education Policy Manual* (1996), and supplementary documents. *The Education Act* in Nova Scotia and *Regulations Under the Education Act* apply to children over 5 years of age. Children between the ages of six and sixteen are required to attend school.

It should be noted that although the Nova Scotia Departments of Community Services and Education provide a framework for family-centered, inclusive practices for children and adolescents, the implementation of effective practices that flow from these philosophies are still in the early stages of development. The effort to move from a fragmented, under-resourced system to a comprehensive, collaborative, adequate system presents many challenges.

The establishment of the Children and Youth Action Committee (CAYAC) in 1997 was an attempt by the government at interagency collaboration that would lead to more effective services for children and youth. An example of a CAYAC initiative was Early Identification and Intervention Services (EIIS) established in 2000 to serve children birth to six with autism spectrum disorders.

It was the intent when EIIS was designed that services would be family-centered. Since common understandings of the practices that flow from the philosophy were not well established, the EIIS initiative accentuated the debate as to what practices constitute family-centered practices. Before describing family-centered practice, it may be useful to review what is considered traditional practices in the form of system-centered and child-centered practices.

Table 1. Models of Service Delivery

SYSTEM-CENTERED	
Description	Example
The needs of the system drive the delivery of services	An interdisciplinary assessment of psychological, cognitive, personality and motor skills is required before a child in need can receive special services and assistance.
CHILD-CENTERED	
Description	Example
The strengths and needs of the child drive the delivery of services.	A therapist designs a program for a child. The materials to deliver the program are sent to the child's home, but the parent or guardian is not consulted on the features of the program in a meaningful way.
FAMILY-CENTERED	
Description	Example
The priorities and choices of the family drive the delivery of the services.	Meetings are organized in a way in which the needs of the family are considered. The parents are essential collaborators with service providers in planning a program for the child. The views of the parents or guardians are requested and respected.

Adapted from Peterson & Hittie (2003, p. 65).

The following definition of family-centered practice in the *Early Intervention Programs in Nova Scotia Standards & Guidelines Manual* (draft 2004) is the definition adhered to by early intervention programs in Nova Scotia:

Family-Centered Practice is ... the philosophies, principles and practices that put the family at the heart of the service. This approach to service delivery recognizes the strengths and competencies that various family members bring to the discussion and encourages the capacity to label priorities and make informed decisions.

Influences on Personnel Preparation in Nova Scotia

In recent years many factors have influenced the delivery of early intervention programs and services to infants and young children with special needs and their families in Nova Scotia. These factors have had a direct effect on all aspects of personnel preparation. The most notable of these factors are:

General Factors

- The inclusion movement in all sectors of society and the resulting efforts to provide services and programs for people with special needs closer to where they live,
- An increased awareness of the importance of the early years (birth to six) in child development on desired child outcomes,
- The emphasis on *family-centered practice* as a core belief in service delivery,
- The changing structures of families,
- Influence of brain research,
- Influence of current and creditable research into best practices for service delivery,
- The efforts to develop definitions of quality in all areas of the public sector,

Specific Factors

- The 2000 *Federal/Provincial/Territorial Early Childhood Development Agreement*, which provided for new and enhanced programs and services for infants and young children and their families, but not to early intervention programs
- The establishment of new programs, such as EIIS and Healthy Beginnings, in early childhood with professional salaries, while not fully funding established early intervention programs,
- The expansion of early intervention programs to all areas of the province in 2000 which saw a doubling of the number of early interventionists,
- The attempts at interagency service collaboration through the establishment of CAYAC and programs such as the EIIS,
- The trend towards declining populations in rural areas and an increase in population in the area around Halifax,

Professional Factors

- An increased demand in the areas of recruitment and retention of qualified staff brought about by increased hiring in the child care sector and new openings in competing professions, such as education,
- The high cost of a university education which often leaves graduates with large student loans that are difficult to repay with the relatively low pay and job insecurity in early intervention,
- The challenges associated with collaborating with credentialed professionals in areas such as speech-language, and noncredentialed professionals such as early childhood educators,

Other

- The governance model of early intervention programs which relies on volunteer community boards to manage and raise funds for essential components of early intervention program,
- The change in the ages of children served through early intervention programs and the growing tendency of parents/guardians to delay school-entry,
- The increased number of children with special needs in the province being diagnosed with autism,
- EIIS in some regions have hired workers who duplicate part of the role of early interventionists at higher salaries and better benefits than early interventionists.

The earlier story of Wendy and Jennifer is a story of two professionals in a system that is in the process of significant changes because of the above factors. This multidimensional change is occurring at the community level, the professional level, the administrative and policy levels, and in society and culture.

Professionally, the main issues that confront Wendy and Jennifer fall into the following broad categories: assessment and programming, collaborative practices, community board management, funding, supervision and accountability, and opportunities for comprehensive professional development. To address these professional issues requires actions by the Department of Community Services, community early intervention programs, training institutions and early interventionists as an organized group.

Section 3: Selected Approaches to Personnel Preparation

Personnel Preparation in Canadian Institutions

In Appendix 1 there is a listing of the personnel preparation programs at Canadian universities and colleges. This listing provides a description of program content and contact information as was accurate as of April 2004.

Section 4: Curriculum Issues in Personnel Preparation in Nova Scotia

Curriculum to Develop Required Competencies

One of the mandates of this study is to review curricula at the preservice and inservice levels to determine if it is meeting the current and anticipated personnel preparation needs of early interventionists in Nova Scotia. As indicated in Chapter 2, personnel preparation in early intervention is embedded within a broad array of influences. Curricula must reflect and respect these influences and acknowledge the interdependence of all the components of the ecological framework as shown in Figure 2.

In Nova Scotia the curriculum for early interventionists must specifically support the acquisition of competencies that are necessary for early interventionists to perform the professional duties outlined in the *Early Intervention Programs in Nova Scotia: Standards & Guidelines Manual* (draft 2004). The effectiveness of the curriculum will be directly influenced by the quality of the curricula design, appropriateness of the setting, medium and time-frame in which curricula will be delivered, and the professional attributes of the teachers and learners.

Theoretical Frameworks

Effective curriculum has three essential components built into the program design: rationale, content and process. Rationale is the *why*, content is the *what*, and the process is the *how*. Another component to be considered in personnel preparation is the stage in the professional life of the early interventionist in which the curriculum will be delivered, or the *when*. The *when* could be either at the preservice or inservice stages, or at the certificate, diploma, undergraduate or postgraduate levels. For the purposes of this document, the *when* will be considered to be at all stages since many aspects of training are blended. Issues related to inservice and professional development will be the topic of Section 5.

The rationale for the content and processes in curricula for early interventionists is based on desired outcomes and best practices in the field of early intervention. These are described as recommendations in the document *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (2000). These comprehensive recommendations, based on current and credible research, describe five strands for services: assessment, child-focused interventions, family-based practices, interdisciplinary models and technology applications. Cultural and linguistic sensitivity and practices related to learning environments are recommended to cross all strands. In

addition, the document suggests two strands of indirect support: policy, procedures and systems change. The practices that flow from these recommendations are considered best practices in early childhood education. The implementation of these practices by appropriately trained early intervention personnel would presumably help children and families achieve desired outcomes (Sandall, McLean & Smith, 2000, p. 11).

The main components of curriculum development have traditionally been considered content and process. It is often the effective interaction of the two that creates high quality curriculum. McCollum and Catlett (1997, pp. 115-117) described a model for matching process to content which was first outlined by Harris (1980) and expanded by Walker (1982).

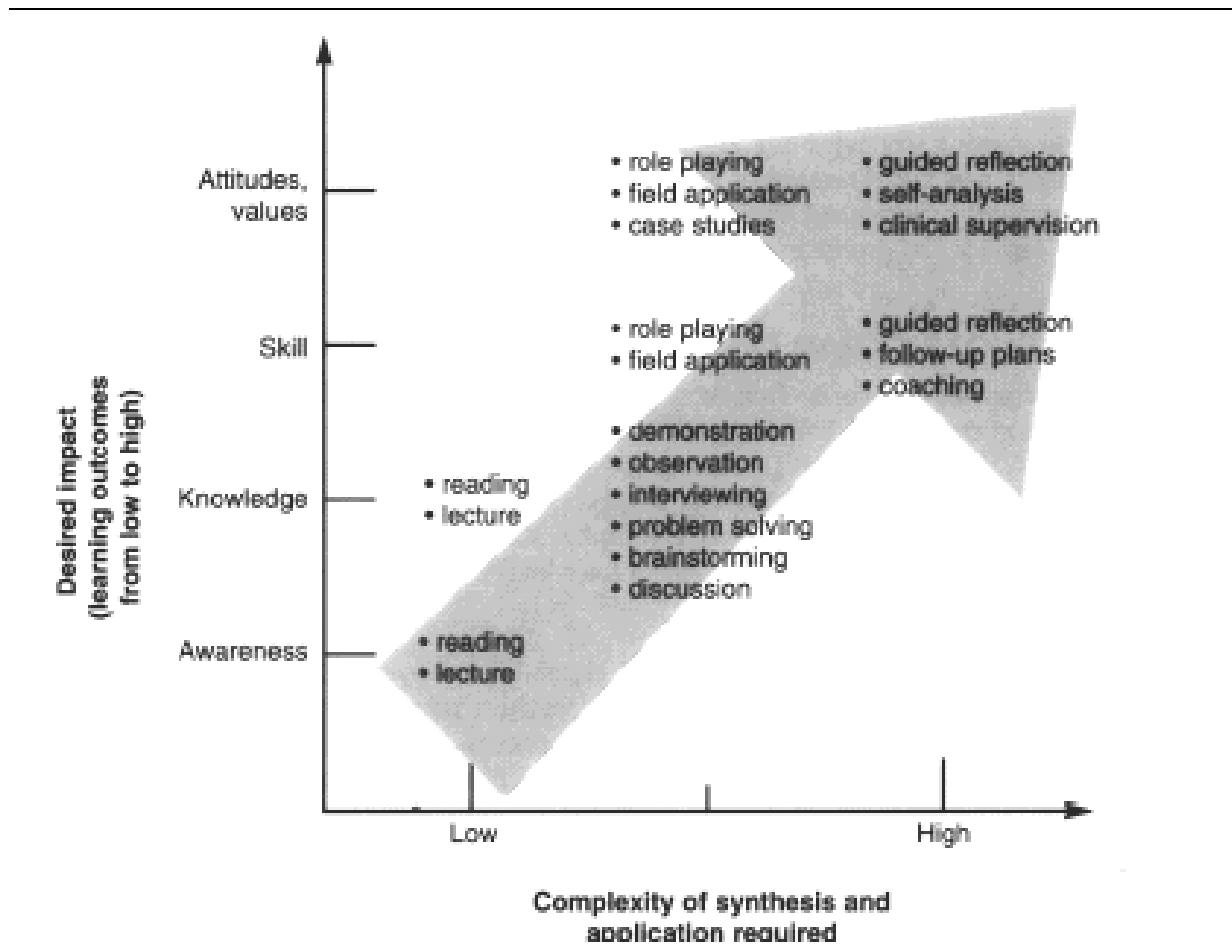


Figure 4. A Model for Matching Training Approaches to Desired Training Outcomes and Complexity of Application

(McCollum & Catlett, 1997, p. 116.)

Three basic components, each representing a different continuum, are described by McCollum & Catlett, (1997, p. 115.) in the following way:

The first two components relate to the outcomes desired from training. On the vertical continuum, different types of outcomes are conceived as representing differing degrees of change required of the learner, with awareness outcomes requiring the least change and attitude outcomes requiring the most. A second, (horizontal) continuum, representing complexity of the outcome, expands on the first and represents the extent to which different outcomes must be integrated with other outcomes or units of information and then applied within the context of the particular workplace. The third (diagonal) continuum organizes training processes according to their match with desired levels of impact and differing levels of complexity and synthesis necessary for application to early intervention settings. The degree of impact is assumed to be related to the degree of active involvement that the participant has in the training process, with active involvement defined as the extent to which the learning activity allows the participant to experience knowledge, skills, and attitudes in the same way they will require in the work setting. For instance, if the participant will need to lead an interdisciplinary team through the process of developing individualize family service plans, then the participant should engage in (and reflect on) this role within the context of training. The greater the personal involvement, the more the impact. As shown in Figure 5.1, lectures might be expected to have the least impact, approaches such as role play and guided practice to have more, and learning situated in everyday experience the most.

Standards and Outcomes in Early Childhood Education

In addition to the Atlantic Provinces, other educational jurisdictions in Canada are part of the North American standards-based movement. Since most literature referenced in academic works in Canada intermingles references from USA studies with Canadian works and experiences, caution must be exercised when applying these academic works to Canadian conditions as significant differences exist in societal and government structures between the two countries. An example of this would be USA literature in early childhood education which reflects federal IDEA legislation. Under this legislation, early childhood ranges from birth to age eight, with children with special needs over the age of three having their mandated services and programs delivered under the jurisdiction of education. Early intervention programs which serve children with special needs from birth to three are also mandatory services under IDEA legislation.

In Canada most services to children under the age of five fall under provincial departments responsible for social services. In Nova Scotia, early intervention services for children under six are discretionary services. That being said, the quality and quantity of academic work being done in the USA is of great importance in the field of early childhood education in Canada and can be successfully adapted to Canadian experiences, if caution is taken to adjust for differences between the two systems.

Designing Personnel Preparation in Early Intervention

The same standards-based framework for designing curricula for early childhood education and school systems can be applied as a framework for curriculum development for early interventionists. The advantage of a standards-based conceptual framework is that it provides a general structure which can be used to integrate and align various forms of assessment with curriculum content, and provide direction for focused curriculum planning.

The definitions of standards in designing curriculum for personnel preparation in early intervention can be adapted from the definitions for early childhood education with one exception. *Early Learning Standards* would need to be replaced by a term such as *Essential Professional Learnings* (EPLs).

Questions for Evaluating Current Curricula

An evaluation of current personnel preparation curriculum is necessary before initiating reforms. It may be determined that some aspects are working very well and others in need of limited modification to reflect recommended standards. McCollum and Cartlett (1997) suggested ten guiding questions for determining content for personnel preparation for early interventionists:

- 1. Do desired knowledge and skill outcomes reflect current and expected early intervention roles and functions?*
- 2. Do desired outcomes include professional orientations and attitudes reflective of recommended practices in early intervention?*
- 3. Do desired outcomes include processes such as decision making, problem solving, and reflection on practice?*
- 4. Are similarities and differences between within- and cross-discipline roles and desired outcomes clear?*
- 5. Do the array and organization of content areas match desired outcomes?*
- 6. Do the breadth and depth of content match desired outcomes?*
- 7. Is content organized to maximize linkages among knowledge, skills, and professional dispositions?*
- 8. Are areas of content organized to maximize linkages among them, as well as with existing knowledge?*
- 9. Does the sequencing of content reflect systematic building towards desired outcomes?*

10. *Is transfer of desired outcomes to practice reflected in the selection, organization and sequencing of content?* (p. 108).

To answer many of the above questions in personnel preparation design, a needs assessment involving the direct stakeholders in personnel preparation in early intervention should be conducted. In Nova Scotia, this stakeholders group is comprised of early interventionists, the Department of Community Services and organizations that provide educational opportunities.

Other more specific issues related to a needs assessment are addressed in Section 5 in a subsection on the identification of personnel preparation needs.

Issues Related to Personnel Transitioning from Related Professions

In Nova Scotia some early interventionists enter the profession with training in areas related to early intervention. In the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004) the requirement for an early interventionist is “a degree from a recognized educational institution in one of the following fields of study: early childhood care and education, special education, psychology, physical or occupational therapy, speech language pathology or nursing.”

While many of these professionals have the competencies required for the profession for which they were trained, they often lack core competencies in essential areas in early intervention. This point is illustrated in the story of Wendy and Jennifer. Jennifer acquired many competencies as a teacher and parent, but lacked age-appropriate assessment and programming competencies. It was necessary for Wendy to provide training for Jennifer. This situation arose because appropriately trained early interventionists were not available for the position of early interventionist when it became available in the rural community where Wendy and Jennifer reside.

While the supervision, mentoring or coaching methods of training may be appropriate in some circumstances, it can be problematic if the trainer has does not have time for training, or if the trainer is not well informed of current best practices in the profession. Since assessment and child-focused interventions delivered in a collaborative, family-centered context are central to early intervention services, it is of paramount importance that timely and appropriate opportunities to acquire essential competencies be made available for all early interventionists. By defining EPLs for early interventionists and aligning curriculum, assessment and practica to them, the process of acquiring essential core competencies will be transparent when professionals from related disciplines wish to be inducted as early interventionists.

Determining Essential Core Competencies for Early Interventionists

Developing essential core competences for early interventionists cannot be done in isolation as core competencies are intimately entwined with program standards and the education and training of early interventionists.

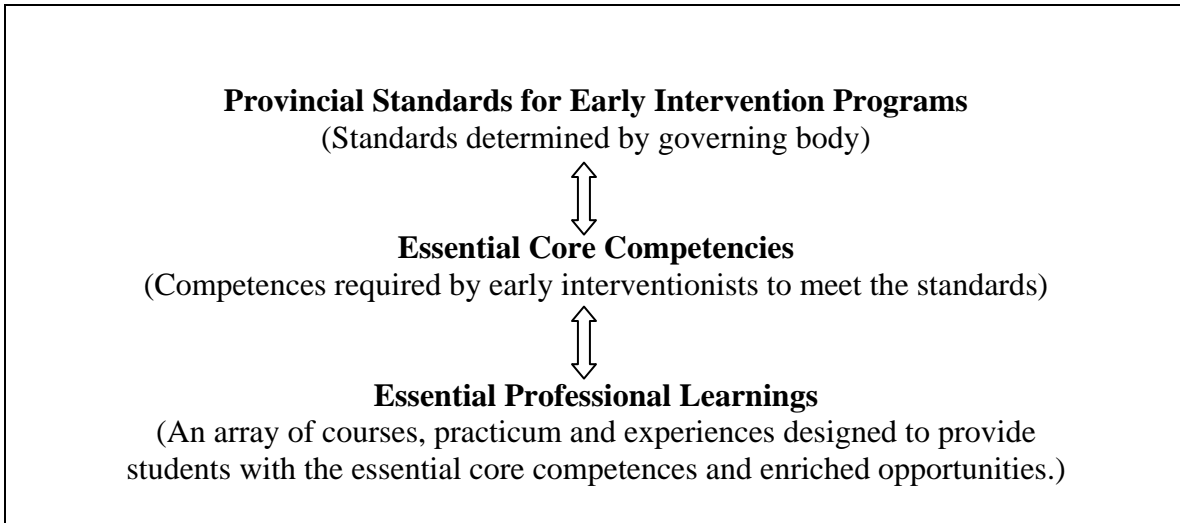


Figure 5. Determining Essential Core Competencies for Early Interventionists

The following three steps are usually followed when developing standards for early intervention programs, and core competencies and educational opportunities for early interventionists.

Step 1: Developing Standards and Guidelines

A standard for a program can generally be defined as an expected level of desirable performance that can be used as a criteria to determine if the goals of the program are being met. Each jurisdiction in Canada determines the standards required for early intervention programs in their particular jurisdiction. These standards and guidelines respond to the specific needs of their respective populations. Although standards in various jurisdictions may vary, most jurisdictions will have many standards in common. An example of a standard would be: Parents and guardians will be meaningful partners in the development of Individual Family Service Plans.

Step 2: Identifying Essential Core Competencies

Once provincial standards and guidelines have been established, the core competencies for early interventions can be determined. These competencies will be aligned with the standards so that early interventionists with the essential core competencies can perform the functions required to meet the standards. An example of a core competency derived from standards would be: Early interventionists will be able to develop, implement and evaluate Individual Family Service Plans.

Step 3: Designing Essential Professional Learnings

Once core competences have been established, learning opportunities can be designed to provide people wishing to be early interventionists with the opportunities to

acquire these competencies. Many educational institutions follow the *DEC Personnel Preparation in Early Childhood Special Education* (2003) when developing learning opportunities for early interventionists. Professional development seminars could provide instruction on the theory and practice of Individual Family Service Plans.

Developing Standards and Essential Core Competencies Using a Collaborative Process

The process of developing standards should be a collaborative endeavor that includes families and relevant professionals, educational institutions and professional bodies. Literature in the field and models in other jurisdictions should inform the process.

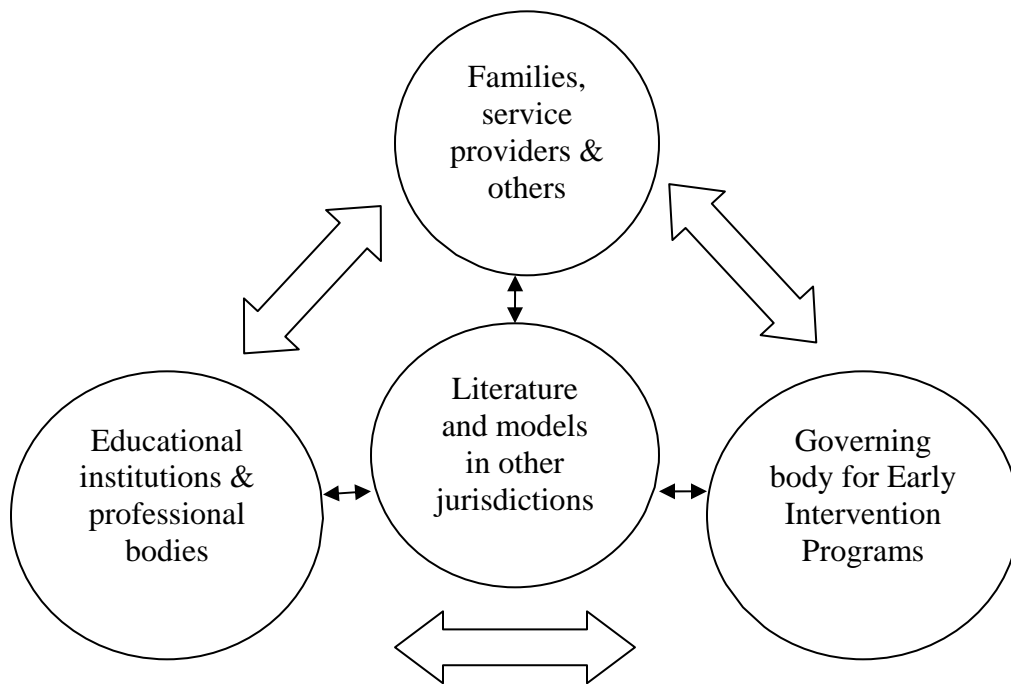


Figure 6. Collaborative Model for Developing Standards and Essential Core Competencies for Early Intervention Programs

Once standards have been developed, the essential core competencies required by early interventionists can be identified. The standards, essential core competencies and educational offering for early interventionists should be aligned. Although not the topic of this paper, such an alignment provides a mechanism for evaluation and accountability.

Designing Essential Professional Learnings and Enriched Learning Opportunities

When step 2 is completed, with the identification of the essential core competencies as a priority, other components that will enrich professional learnings can be added. As shown in Figure 7, these enriched activities are: information and tasks that are important to know and do; and information and tasks that are worth being familiar with.

An example of how priorities are set using this diagram is as follows. First, it is an essential core competency that all early interventionists be able to work collaboratively to develop, implement and evaluate an IFSP. It is important for early interventionists to have knowledge of other programs and services available in the local community and region in the areas of health, community service and education. Early interventionists would benefit from being familiar with knowledge of IFSP practices in other jurisdictions and professions.

In addition to being useful in designing learning opportunities, Figure 7 can be helpful when considering the competencies of people from other profession who wish to become early interventionists. The diagram provides a way to conceptualize essential core competencies while acknowledging the importance of other information. A speech-language pathologist who wishes to be an early interventionist may have most of the essential competencies and knowledge that is important to know and worth being familiar with. However, he/she may not be competent developing, implementing and evaluating an IFSP for a home setting.

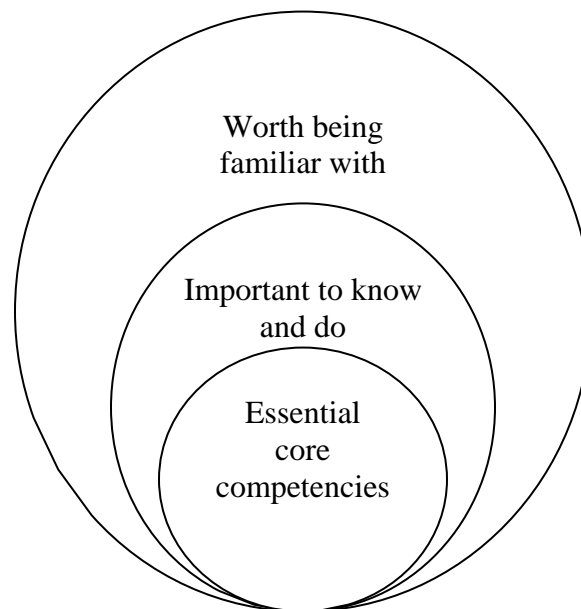


Figure 7. Establishing Learning Priorities for Early Interventionists

Adapted from Wiggins, G. & McTighe, J. (1998).

Standards and Guidelines for Early Intervention Programs in Nova Scotia

In Nova Scotia the *Early Intervention Programs Standards and Guidelines Manual* (draft 2004) contains standards which outline the terms and conditions under which Early Intervention programs are established and operated in the province. The following definitions in the draft define the terms *standards* and *guidelines*:

1) *standards* - are used as measures of comparison to evaluate service delivery. The purpose of a standard is to support a policy of an agency and is supported or complimented by a procedure or a guideline.

2) *guidelines* - are used to provide additional clarification and/or advice. The purpose of a guideline is to assist agents of an agency to carry out the actions described in a policy or a procedure.

The standards fall under the headings of program management and service delivery.

Early interventionists are required to have the essential core competencies to perform the standards outlined in the service delivery section. In addition to the core competencies for early interventionists, executive directors are required to have the essential core competencies to manage the programs.

For the purpose of this study the essential core competencies for early interventionists in Nova Scotia will not be identified at this time as the *Early Intervention Programs Standards and Guidelines Manual* (draft 2004) is in the process of being revised. Although it is near completion and used in draft form, to develop essential core competences will require a collaborative effort that would be premature at this time.

Section 5: Supporting Early Interventionists through Quality Personnel Preparation

Professional Structures

In Nova Scotia, the early intervention profession is in the early stages of development and is not registered as a recognized profession with the province. Early interventionists do not have an organized structure to address credentialing issues such as certification, registration or licensure.

Without a provincial professional structure, individual programs determine the qualifications of early interventionists in their employment and they are expected to follow the guidelines in the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004) p. 22:

A degree from a recognized educational institution in one of the following fields of study: early childhood care and education, special education, psychology, physical or occupational therapy, speech language pathology or nursing. Competency in early childhood development, family centered practice, family systems theory, developmentally appropriate practices, adult education and community based programming must be demonstrated. Experience working with infants, preschoolers and their families preferably where the children have developmental disabilities is recommended. Strong communication skills (both written and oral)/interpersonal and organizational skills are essential to this position.

This document also describes the desired education, experience and qualifications of the executive director and administrative assistants. As a document designed to guide practices in service delivery, it does not address issues related to personnel preparation.

Many individual early intervention programs have personnel policy that address professional development issues from an administrative perspective, but they do not have policies to support comprehensive professional development plans for early interventionists. In March 2004, EINS released a draft of *Personnel Policy for Early Interventions in Nova Scotia*, which contains policies to support comprehensive professional development plans. The policies could support professional development planning at the provincial level.

The Department of Community Services provides support to programs through the office of the Coordinator of Early Childhood Special Education. This support is in the form of funding, organization and support for provincial meetings of executive directors, occasional professional development sessions, consultation on programming and board issues, as well as the maintenance of the *Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004) to guide the implementation of community programs. In

addition, methods to conduct evidence-based evaluations of programs, based on the standards in the manual, are being developed.

Mount Saint Vincent University supports the early intervention profession by providing degrees in Child and Youth Study at the undergraduate and graduate levels. These degrees can be designed to provide graduates with the competencies to perform the duties of early interventionists.

Defining qualifications for the profession is a necessary step in the process of becoming a recognized profession. As many other professions went through the process of professionalized and the development of professional support structures, a system was developed to ‘grandparent’ people who were working in the field without the required qualifications. Many of these professionals had developed the competencies for their jobs through a combination of professional development and experience. Some professions developed a point system for the grandparenting process, while others simply granted professional status to those in the field at the date legislation was passed.

Since early interventionists do not have a provincial professional body that administers the credentialing processes, personnel preparation does not have a focused direction, or a system that connects credentials to a salary scale. If early interventionists acquire new degrees that directly relate to the requirements for their position, this increased educational attainment is not reflected in their salaries. This directly influences decisions in personnel preparation as the relatively low pay of early interventionists prevents many from affording the high cost of university tuition.

If early intervention is to advance further as a professional occupation, support for personnel preparation is required at all levels of involvement.

Identification of Personnel Preparation Needs

In order for early intervention programs to successfully deliver appropriate professional services to infants and young children with special needs and their families, early interventionists and potential early interventionists must have access to opportunities for quality preservice and inservice training. This training must match the identified needs of all stakeholders. Training must also address evolving future needs such as interagency collaboration, which is now an essential component of service delivery in Nova Scotia.

Identifying personnel preparation needs presents challenges at several levels. Table 2, identifies three general types of need that can help guide discussions on the topic.

Table 2. Types of Personnel Preparation Needs

Felt needs	Felt needs arise in situations where individuals sense the absence of something important to them in doing their jobs.
Attributed needs	Attributed needs originate when one individual believes another individual has a particular need.
Organizational needs	Organizational needs are those things the organization must have or must do to continue to exist and fulfill its mission.

Bertcher (1988, p. 150) in Winton, McCollum and Catlett (1997).

Looking back to the story of Wendy and Jennifer, we can see that they both express *felt needs*. Wendy, as a supervisor, noted that Jennifer had a particular need for more in-depth knowledge in the areas of assessment and programming, which would be *attributed needs*. The need for the personnel committee of the *Bright Futures Early Intervention Program* to be knowledgeable of personnel preparation alternatives for staff was an illustration of an *organizational need*.

Many different methods can be used to determine these three types of needs such as questionnaires, portfolio reviews, prior learning assessments, surveys, checklists, focus groups, interviews, and document analysis. Once personnel preparation needs have been identified, a process can be established to clarify the needs and to determine if the needs identified by the various stakeholders are congruent. Once the needs have been established and clarified, a process can be developed to determine priorities (Snyder & Wolfe, 1997).

When personnel preparation needs have been clarified and prioritized, training institutions should have access to the information, if they are not involved in the needs assessment process. It is the role of training institutions to develop and implement the curriculum. This will require collaboration among institutions that share a common course credit system.

The process of determining the needs of personnel preparation through a needs assessments of all stakeholders is time consuming and expensive in a relatively small jurisdiction such as Nova Scotia. For these reasons, organizations involved in personnel preparation can rely partially on the *DEC Recommended Practices in Early Intervention/Early Childhood Special Education* (2000) which have been developed using current and credible research in the field, and partially on information gained from various sources in the province.

Assessment of Prior Learning

Many early interventionists in Nova Scotia entered the profession from other professions and gained competencies through on-the-job training and experience. The on-the-job training often included conferences, visits to other early intervention programs and/or course work in a recognized program.

When determining the current needs of individual early interventionists, a method must be chosen to assess individual needs in relationship to the required competencies for the position using the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004) as a guideline. Two common methods, which are sometimes combined, are portfolio assessment and prior learning assessment.

Which ever method is chosen, the early interventionist must make a decision whether or not to pursue course work, which would lead to a recognized credential, or to pursue a variety of professional development opportunities that will lead to increased competencies, but not to a credential.

As noted in an earlier section, in the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004), the requirement for an early interventionist is “a degree from a recognized educational institution in one of the following fields of study: early childhood care and education, special education, psychology, physical or occupational therapy, speech language pathology or nursing.” This broad approach is necessary as there are not enough qualified early interventionists available throughout the province to fill positions.

When a professional enters the early intervention field without training or experience working with infants and young children and their families in their homes, a plan must be put in place so that they can acquire the necessary competencies. At present this is the responsibility of the community program and usually rests with the executive director of the program. A formal process has not been established for prior learning assessment in early intervention.

In Nova Scotia, several programs have been developed to assist in the identification of prior learning in a number of jobs and professions. Participants are encouraged to develop portfolios and reflect on how past experiences and training have helped them to develop skills that can be transferred to particular jobs in their chosen profession or in other professions.

An example of such a program would be *The PLAR Practitioners Program* available at the PLA Centre in Halifax. Components of this program include a portfolio and a guided practicum. According to information from the PLA Centre the purpose of the program is to ... “significantly enhance participants’ awareness of their own past learning accomplishments and to enable them to utilize PLAR principles and practices with others. Thus it constitutes a major leadership and capacity-building initiative designed to increase the understanding and application of PLAR as a key human resource development tool in Nova Scotia.”

The PLAR Practitioners Program is an excellent example of a method to identify prior learning needs and to develop personal competencies that can be transferred to many jobs through the use of a portfolio. Portfolios can have various other functions such as: professional development, evaluation and career advancement.

In Nova Scotia the only formal system that exists to determine the competencies of early interventionists is at Mount Saint Vincent University where a degree is offered in Child and Youth Study. The Department also has certified PLAR practitioners. Mount Saint Vincent University's Prior Learning Assessment policy enables students to present portfolios to be assessed for academic credit. The university determines the credits that would be accepted to apply to a degree. A university can accept transfer credits from other universities or community colleges, or transfer credits from other programs within the university if they fit the requirements for the program. This process follows established procedures.,

If a formal system were developed using a prior learning assessment portfolio, points could be given for training and experience similar to the model in Table 3. This system could be used to determine equivalency. Although this system is useful, it is not comprehensive and it does not specifically connect prior learning to the required competencies for early interventionists.

Table 3. Sample Portfolio Credit Point System

Activity	Credit points	Maximum points
Experience as an early interventionist	1 year = 1 point	4
Early intervention inservice sponsored by the Department of Community Services	10 contact hours = 1 point	5
Conference sponsored by an early intervention program or EINS	1 credit hours = .10 point	5
National/international conference	1 credit hours = .10 point	5
Staff mentoring process	10 contact hours = 1 point	5
Course work	1 semester hour = 1.5 points	no maximum
Other proposed tasks	(proposed by individual)	2

Adapted from Yates & Hains (1997, p. 33) in Winton, McCollum and Catlett (1997).

If a portfolio with a point system similar to the one in Table 3 were to be used, the credit points awarded for activities over a specific period of time would be determined by the body responsible for the task. For example, if a similar system were to be used to “grandparent” early interventionists in Nova Scotia into a new personnel preparation model, a specific point system could be designed that reflected the history of personnel preparation in the province.

It should be noted that a portfolio system is not a “stand alone” credentialing mechanism as it must be linked to approved university programs as is the case in the state of Illinois (Yates & Hains, 1997, p. 33).

Activities that Support Personnel Preparation

Once program standards and guidelines, essential core competencies and the professional development needs of early interventionists have been identified, the activities that would best support personnel preparation must be identified.

Possible activities to support personnel preparation are: course work in an organized program, on-the-job training, orientation to the job, staff development, course work not directed towards a program, an organized array of courses in a program, transition/advancement work, professional development days, core competencies course work, activities to support professional development, prior learning assessments, and formal and informal training for personal development. These activities, the purpose of the activities, the agent, the credential to be acquired, and the responsibility for provision of the activity are described in more detail in Table 4.

The methods through which these professional development activities could be delivered would depend upon the nature of the topic, the length of time available, resources, location of participants, interests of participants, organization, and the commitment of stakeholders. Activities could be at a central site or at various sites throughout the province and directed/taught by a person face-to-face or electronically. The challenge of providing various professional development activities to small numbers of early interventionists throughout the province will require creativity, commitment and resources. The story of Wendy and Jennifer illustrated the challenges associated with the various activities.

Preservice Education: Course Work in a Planned Recognized Program

Wendy and Jennifer received their preservice education in different ways. Wendy graduated from a degree program in Child and Youth Study at Mount Saint Vincent University in which she gained the entry level competencies for the profession. This program is the only degree program designed for early interventionists in the Maritime Provinces.

On-the-Job Training – Orientation to Job

Although Jennifer had teacher training and experience, this did not include children birth to five. She did not have specific training as an early interventionist or formal education to work with children with special needs and their families in their home. She received her education before inclusive practices were developed in most schools. In addition to providing orientation to the job for Jennifer, Wendy was required to provide her with training to develop entry-level competencies as an early interventionist.

Staff Development

When the employer develops and introduces new policies, procedures and guidelines, the employees must receive training. The responsibility for this training rests with the employer. An example of this would be staff development to inform early interventionists in Nova Scotia regarding new changes in the *Early Intervention Programs in Nova Scotia Standards and Guidelines Manual* (draft 2004). Wendy and Jennifer both attended sessions sponsored by the Department of Community Services to inform them of changes to this provincial government document.

Course Work Not Directed towards a Program

Often early interventionists identify a specific area for professional development and take a course or courses in a certificate, diploma or degree program, but do not seek approval to take the full program. While these courses can be valuable professional development opportunities, they may not be acceptable for transfer to other certificate, diploma or degree programs.

Organized Array of Courses in a Program

Jennifer is interested in an organized array of course work in a recognized program that would provide her with competencies in the areas of assessment and programming. She did not indicate whether or not she wished to apply the course work towards a degree, but she would be well advised to explore all options available to her before beginning to take courses.

Transition/Advancement Course Work

Wendy and Jennifer both identified the need to take more courses and were planning to investigate ways to do so. Wendy felt that as an executive director she needed new competencies in the area of supervision; competencies that she did not need where she was the sole interventionist in the program. A graduate degree in Child and Youth Study would provide her with the opportunities that she seeks.

Although Jennifer has acquired many of the competencies that she needs as an early interventionist, she would have benefited from formal course work to help her in the transition from a teacher to an early interventionist.

Professional Development: Workshops, Seminars and Conferences

Various professional development activities have provided Wendy and Jennifer with opportunities to pursue their interests. Some have been organized by early interventionists in areas where they felt a need for professional development, while others have been organized by other professionals. Although these professional development days are extremely valuable, they tend to be random and are not integrated into a formal, individual, comprehensive plan for professional development.

Essential Core Competencies Course Work

When Jennifer was hired as an early interventionist, she would have greatly benefited from course work designed to give her the essential core competencies required for her job from an educational institution. Instead, Wendy was required to provide on-the-job training for Jennifer. While this may have been adequate response to meet an identified need at the time, it is not a desirable method of induction into a profession.

Activities to Support Professional Development

Wendy provided Jennifer with a combination of mentoring, peer review, coaching, and supervision in a collegial manner. It is sometimes difficult for one person to combine all these functions well. Unfortunately, the distance from other programs made it difficult for Jennifer and Wendy to receive direct support from other early interventionists or to access educational opportunities.

Prior Learning Assessments and Academic Consultation

Since Jennifer and Wendy are just beginning to seek opportunities for course work, they may benefit from a prior learning assessment and a consultation with an official representative from the academic department in the educational institution of their choice. This consultation would help to determine if the courses they wish to take can be applied to a specific program and if previous credits will be accepted for transfer or for prerequisites.

Table 4. Personnel Preparation Activities

Personnel Preparation Activities

Activity	Purpose	Agent	Credential	Responsibility
Preservice Education				
Course work in planned recognized program	For early interventionists to acquire the core competencies to perform entry-level functions	Community Colleges Private Institutes Universities	Certificate Diploma Degree	Individual
On-the-job training Orientation to job	For early interventionists to acquire entry-level competencies and/or become acquainted with specific features of program	Employer	Non-credit	Employer Individual
Inservice Education				
Staff development	For early interventionists to acquire new information on policies, programs, procedures, required to perform job	Gov. Dept. Employer	Non-credit	Gov. Dept. Employer
Non-program directed studies	For early interventionists who have identified specific areas in the discipline of early intervention for study, but are not in a planned approved program	Community Colleges Private Institutes Universities	None, but may be applied later	Individual
Organized array of courses in a recognized program	For early interventionists who have identified specific areas in the discipline of early intervention for studies that will lead to completion of a recognized program	Community Colleges Private Institutes Universities	Certificate Diploma Degree	Individual
Transition/advancement course work	For early interventionists to acquire new information/skills required to perform a new role in early intervention that may or may not be applied to the completion of a recognized program	Community Colleges Private Institutes Universities Gov. Dept. Employer	Certificate Diploma Degree Non-credit	Individual Employer Gov. Dept.
Professional development seminars, workshops, etc.	For early interventionists to acquire new information on topics of interest and/or areas of need	Professional bodies, universities, etc.	Maintenance of registry/license	Individual Employer
Courses to acquire essential core competencies	For professionals from other disciplines who wish to become early interventionists	Universities	Credit	Individual Employer
Activities to support professional development	This may include mentoring, peer review, coaching, and/or supervision activities that support the development of early interventionists in a collegial manner	Professional organizations Other professionals	Non-credit	Individual Employer
Prior learning assessments & academic consultations	For early interventionists to identify areas of competence and/or areas to develop and/or enhance with the advice of appropriate representatives from educational institutions.	Formal or informal process	Non-credit PLA Credit	Individual Employer
Personal Development				
Formal or informal training sessions not directly related to early Intervention	For early interventionists to develop underlying interests and skills that can enhance general performance. Examples: courses on technology, stress reduction, drug addiction, public speaking, etc.	Community Colleges Private Institutes Universities	Non-credit, if not part of a formal program	Individual Employer

Methods of Supporting Professional Development

In addition to acquiring professional competencies through course work and professional development opportunities, other methods have been developed to support professional development such as coaching, supervision and mentoring.

Gallacher (1997), elaborated on these methods in the following passage:

Supervision, mentoring, and individualized personnel development strategies such as coaching are processes that share foundations and whose purposes, elements, and competences overlap....All three support personnel development; however, supervision is broader in scope, incorporates administrative functions, and may entail performance evaluation. Mentoring often is an informal process, narrower in scope than supervision, and does not include the evaluative function (p. 192).

Of the three methods, supervision by executive directors is the method used in most early intervention programs in Nova Scotia to support professional development. Wendy, as many executive directors, did not have formal training in this method of supporting professional development.

In summary, the activities that support personal preparation are many and varied. The résumés of early interventionists in Nova Scotia reflect the variety of approaches to acquiring professional training and qualifications. A comprehensive system of personnel preparation should provide systematic opportunities for acquisition of professional competencies throughout a career in early intervention.

Premises

The recommendations in this report are based on the following premises:

1. Early intervention services for children with special needs and their families are a core program of the Nova Scotia Department of Community Services.
2. Historically the seventeen community-based early intervention programs in Nova Scotia are separated geographically and organizationally. Although all programs have common components, many programs have unique features that reflect the communities in which they reside.
3. The Department of Community Services has the responsibility to establish the standards and guidelines for early intervention services in Nova Scotia. This includes the responsibility to define competencies required for early interventionists.

4. The Department of Community Services as the lead organization in the delivery of early intervention services has the responsibility to ensure that transparent processes are developed to enhance management functions and service delivery.
5. The management boards of community based early intervention programs are partially funded by the Department of Community Services to manage early intervention programming in their communities. This management responsibility includes the hiring of personnel, providing opportunities for inservice education, staff evaluation and the development of policies to guide management responsibilities. The management responsibility is shared by the executive director of the early intervention program.
6. Mount Saint Vincent University as the lead university in the personnel preparation of early interventionists in Nova Scotia plays a significant role in determining the educational opportunities that will lead to the acquisition of the essential competencies and other professional capabilities for early interventionists.
7. The Early Intervention Association of Nova Scotia (EINS) as a volunteer provincial body represents parents, professionals, early intervention boards and those interested in early intervention on issues of general concern. However, EINS has neither the mandate nor the capability to represent individual groups such as community boards on specific issues such as personnel preparation.

Recommendations

A. Essential Professional Competencies and Capabilities for Early Interventionists

- A 1. It is recommended that the essential core competencies required by early interventionists in Nova Scotia be defined and affirmed in the Standards & Guidelines document.
- A 2. It is recommended that the suggestion in the Standards & Guidelines document that all early interventionists have a university degree be a made a requirement in the hiring of future early interventions.
- A 3. It is recommended that Mount Saint Vincent University as the lead university in the province for the personnel preparation of early interventionists, identify core courses and programs that lead to the acquisition of the essential core competencies and professional capabilities.

B. Opportunities to Acquire Essential Professional Competencies

- B 1. It is recommended that Mount Saint Vincent University identify innovative ways to deliver courses to early interventionists in all areas of the province.
- B 2. It is recommended that the Department of Community Services establish an Early Interventionists Bursary Fund of \$90,000.00, managed by Early Intervention Nova Scotia, for early interventionists who are employed in community early intervention programs.
1. Each early interventionist could receive an amount of up to \$2,000.00 which could only be applied to university tuition costs upon the completion of a course identified as providing competencies for early interventionists.
 2. As a condition of receipt of a bursary, a recipient would be required to give a minimum of one full year of service after completion of the last course.
 3. The fund would be established for a five year period, after which the unused funds would revert back to the Department of Community Services.
- B 3. It is recommended that the Early Intervention Association of Nova Scotia approach private sources to establish a permanent bursary fund to be used for the professional development of early interventionists.
- B 4. It is recommended that graduate work for early interventionists be made available. This is necessary for the advancement of the profession and within the profession.

C. Organizational Framework for Personnel Preparation Accountability

- C 1. It is recommended that a Committee for the Registration of Early Interventionists (CREI) be established.
- the CREI committee would consist of not less than one representative from each of the following categories: Department of Community Services, Mount Saint Vincent University, community early intervention boards, and early interventionists,
 - The administrative costs of the committee should be funded by the Department of Community Services.

The mandate of CREI would be:

1. to register early interventionists deemed to meet the competencies for early interventionists in Nova Scotia,
2. to establish categories to reflect education, experience and professional development,
3. to develop guidelines for professional development activities that are acceptable for registration purposes,

4. to keep abreast of new developments in personnel preparation and best practices in early intervention,
 5. to review annually professional development offerings for early interventionists.
- C 2. It is recommended that early interventionists be required to take a specific number of hours of professional development each year to maintain their registration and that the criteria for the activities and the number of hours be established by CREI.
- C 3. It is recommended that certificate, diploma and degree programs are considered in the registration process.
- C 4. It is recommended that an appeal process be established to review decisions of CREI that early interventionists deem unfair. The first step in the process would be for the early interventionists to meet with a representative(s) from the CREI. If the disagreement cannot be resolved, a formal appeal process could be initiated by the early interventionist or CREI.

Procedure:

- A written request for an appeal would be made by the early interventionists within ten working days of the written receipt of the decision.
- A date for a hearing of the appeal committee would be set within 20 working days from the date of the written request for an appeal.
- The appeal committee would consist of three people, one appointed by the person appealing, one appointed by the CREI and a chairperson appointed by the Department of Community Services.
- The decision of the appeal committee must be issued in writing within 15 working days from the date of the hearing. The decision of the committee would be final.

D. Individual Professional Development Portfolios

- D 1. It is recommended that portfolio development be the medium through which prior learning assessment for early interventionists will be conducted.
- D 2. It is recommended that each early interventionist have a professional development portfolio. This document should show the necessary evidence for registration and maintains of registration with CREI, using the criteria, process and content developed by CREI.

E. Board Manual for the Management of Early Intervention Programs

- E.1 It is recommended that the guidelines for the management of community boards be separate from the Standards & Guidelines and be placed in a board manual for the management of early intervention programs.

E. 2 It is recommended that a board manual for the management of early intervention programs contain a section that gives guidance to the personnel committee with respect to:

- Composition of personnel committee
- Mandate of personnel committee
- Procedures for developing a program professional development plan
- Guidelines for staff evaluations
- Job descriptions
- Defined relationship between the board and the executive director of the early intervention program

F. Community Board Program Professional Development Plan

F 1. It is recommended that as part of the personnel committee responsibilities each community board develop a program professional development plan in keeping with provincial standards and guidelines. This plan would include a needs assessment based on the individual professional plans of staff, the current program needs and the mission of the program.

G. Grandparenting Early Interventionists into the New System

G 1. Early Interventionists presently working in the field will be registered with CREI, but will be required to take professional development as outlined by CREI for maintenance of registration.

H. Professional Associations

H1. Early interventionists should form a professional association to represent their interests.

H2. Community boards should form a provincial organization to assist them in their work.

Conclusion

This document has reviewed the history of early intervention and its practitioners in Nova Scotia. As services have developed so too has the understanding of the skills and knowledge required for early interventionists. A system of professional credentialing is proposed based on mandatory provincial standards. Recommendations are made for establishing the framework for personnel preparation. Such a framework would provide opportunities for professional development from entry level candidates to career practitioners. It would provide a mechanism for the evolution of training standards and qualifications in tandem with emerging practices in early intervention. The process of maintaining and reviewing professional training would strengthen the relationship among the parties involved: early interventionists, training institutions, and the Department of Community Services. Ultimately, advancements in professional preparation for early interventionists may contribute to the quality of services for children and families.

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Appendix 1 Credentialing Institutions

This document is intended as a resource providing an overview of the courses and training available in early childhood education from recognized Canadian institutions. Information has been modified or copied from institution websites for the time period 2003-2004 for this purpose. Please note that individual listings are samples only and should not be construed as course calendars for any institution. Users are advised to check institutions for current course information.

This information is available online in a searchable database, pdf and Excel formats:

http://www.msvu.ca/child_youth/coeei/cred_main.asp