



National perspectives of early childhood care

Perspectivas nacionales sobre el cuidado de la primera infancia

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Abstract

The present systematic review is about concept of Early Intervention, philosophy, evolution, principles and achievements and the needs to consolidate this action recognizing the role of the family as the focus of this process. In this country, Professionals from three fields – Health, Education and Social services – with competence in early childhood matters assist children from 0 to 6 years and their families. It was carried out a Systematic review of early childhood care in Spain. In this manuscript, analyzed the elements that can interfere on early childhood attention, roles, competences and duties, existing resources, training, regulations and precedents that shows the need of coordination and the family attention as to improve the quality of the attention given. In conclusion, the attention of childhood requires the same conditions for all citizens, with services enough and professionals with a high qualification and also a coordinated job

Resumen

La presente revisión sistemática trata sobre el concepto de Intervención Temprana, filosofía, evolución, principios, logros en nuestro país y las necesidades para consolidar esta acción reconociendo el papel de la familia como el centro de atención de este proceso. En este país, los profesionales de tres áreas (salud, educación y servicios sociales) con competencia en asuntos de la primera infancia ayudan a los niños de 0 a 6 años y a sus familias. Se llevó a cabo una revisión sistemática sobre atención a la primera infancia en España. En este manuscrito, analizamos los elementos que pueden interferir en la atención, los roles, las competencias y los deberes de la primera infancia, los recursos existentes, la capacitación, las reglamentaciones y los precedentes que muestran la necesidad de coordinación y la atención familiar para mejorar la calidad de la atención prestada. En conclusión, la atención de la infancia requiere las mismas condiciones para todos los ciudadanos, con servicios suficientes y profesionales con una alta calificación y también un trabajo coordinado

Keywords

Coordination; Early childhood intervention; First infancy; Prevention; High risk; Interdisciplinary

Palabras clave

Coordinación; Intervención temprana; Primera infancia; Prevención; Alto riesgo; Interdisciplinaria

1. Introduction: at the origin of Early Childhood Intervention (ECI) in Spain

Taking as main contribution the studies of Dr. Lydia Coriat, we arrived in Spain in the seventies. The starting point of this discipline in our country was the introduction of the "short theoretical-practical course about early stimulation for children younger than five years old" from 1973 in the School of Physiotherapy in Madrid. This discipline develops the activity thought among groups of medical professionals (evolutionary neurology), psychologists (developmental psychology) and pedagogues (processes of teaching-learning) from the experience gained in psycho-pedagogic areas in Canada.

The experience has a reference to other European countries and also in United States, Argentina and Uruguay, among others (Soriano, 2000). Through these experiences the effectiveness of the early stimulation programs had been verified by different professionals and for the parents of the affected children.

The parents of these children looked for information and organized themselves in order to obtain treatment for their children, and this that led to the establishment of a network of early childhood centers in our country.

Into "The Plan of actions for the recovery of people with mental disability" (SEREM, 1979) was where appeared for first time the creation of centers of stimulation and individual assistance.

The programs of attention to children with disability / developmental disorders, were developed in our country, was started by private entities. Is the origin of the creation of centers backed by parents associations. In others cases, led to centers being formed in agreement with Social Services of Recovery and Rehabilitation of Physical and Psychic Handicapped persons (SEREM, 1979).

Another significant measure was The National Plan for Special Education and the National Plan for the Prevention of Subnormality, meant that in 1981 programs for Precocious Stimulation were started by the Institute of Social Services (Alonso, 1997) at its Base Centers. This plan was promoted in 1978 by the Royal Patronage for Education and Intervention among the people with disabilities.

With this measure, the concern in Spain for early childhood begins. From this moment on, many interventions will be developed, through which an early care system is consolidated, such as the one we currently have. For this reason, the article presents a systematic review of the main measures of care and attention to early childhood, carried out in Spain for 50 decades.

2. Method

A literature search was carried out in PsycINFO, Dialnet and Scielo databases. Using the combination of descriptors ("Early Care"), "and (" prevention programs ") in the search field" abstract "(summary) of these databases, a total of 5931 documents published between 1968 and June 2018 were obtained. At the time of the search, the Psycodoc database did not yield results on scientific and specific studies regarding the relationship between prevention and early childhood care, with which the bibliographic analysis of the present work will be limited to what was obtained through of Psycinfo, Dialnet and Scielo (see Table 1).

Table 1.
Documents found in the different databases consulted

Database	Number of documents
Dialnet	2304
PsycINFO	1927
Scielo	1700
Total	5931

Of the 5931 documents found, 2988 repeated works were discarded (see Figure 1). Of the 2943 remaining unique documents, 2903 were excluded, because they fulfilled the following exclusion criteria: articles that, based on their approach, did not provide essential and useful information to make the review and moved away from the objective proposed by the authors for our work, were not studies empirical (comments, opinions, books, etc.) or they were case studies or review articles indirectly related to the topic. Finally, 40 papers were selected and their bibliographic references were analysed. All of them written in Spanish (see Figure 1).

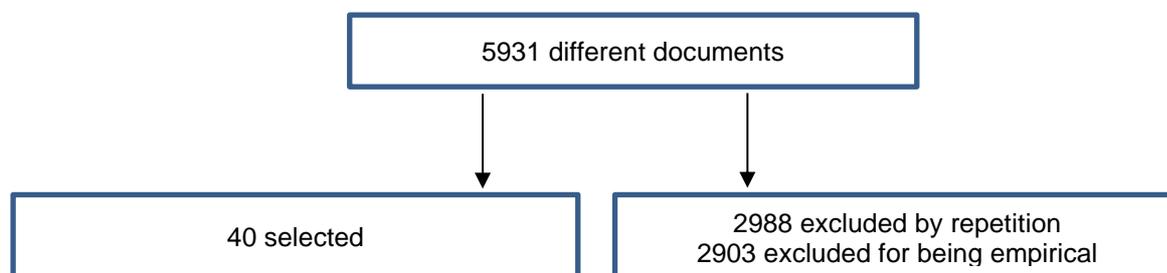


Figure 1. Flow diagram about the document selection process

3. Results

3.1. Factors technical and professional groups of early care

In the origin, different professional groups contributed to strengthen the ECI system with the support of the Royal Sponsorship.

These professional groups are those who have contributed to the foundation and consolidation of Early Care in our country. It should be noted:

The Neonatal Study Commissions in the Community of Madrid (GENMA)

The start of the activity was motivated by the responsibility to study and analyze the problems related to the organization, perinatal care, function, welfare and collaboration with administrations in the Neonatal Services of the public sector of Hospitals of the Independent Community.

The neonatal study groups and intervention services (GENYSI) emerged as an initiative, promoted by Dr. Arizcun Pineda, from the fields of health, rehabilitation, education and social services (Ministry of health and consumer affairs, 1991).

The objective was to coordinate and strengthen the work and the interdisciplinary relationship. The different actions carried out by this group (creation of a WEB on the Internet, Annual Interdisciplinary Meeting on Populations with High Risk of Deficiencies, open to health, education and social services professionals, since 1990, and training actions) were essential reference in Early childhood intervention.

Group of Prevention and Attention to Child Development (PADI)

This group was made up of professionals from the Early Intervention Centers, Health Administrations, Social Services, Educators and Associations related to the prevention and care of children with disabilities and in situations of risk. The objective was to coordinate the services and centers to make the best use of existing community services (Alonso Seco, 1997; Grupo PADI, 1999).

The Early Intervention Group (GAT)

Representatives of the professional group of Early Intervention in the State are constituted to elaborate, by consensus, the White Paper of the Early Intervention. The main objective of this document was to establish a reference to public administrations, professionals, associations and families to promote the resolution of deficiencies in resources, organization and incoordination. The G.A.T., has a representation of specialists from various autonomous communities.

As a result of this group work, the agreements reached by the Early Attention Group professionals, we found the definition by consensus, elaborating the "*White Paper on Early Intervention*" (2000). The concept, accepted by consensus was:

"By early intervention, we refer to the joint intervention, aimed at the child population from 0 to 6 years of age, to the family and the environment, and the objective is to respond, as soon as possible, to the transitory or permanent needs that they appear in children with developmental disorders or who are at risk of suffering them. These interventions, which must consider the child at a global level, must be planned by a team of professionals with an interdisciplinary or transdisciplinary orientation" (GAT, 2000, p. 12).

This concept of early intervention:

- Assumes that different health, education and social science professionals are directly involved and should focus on the child and its development, including the family and the community.
- Allowed The prevention of damage at an early age, avoiding putting in danger the future possibilities of life.

Also, Early intervention differs from other tasks:

- Its activity occurs in the early stages specifically, the first stage of the child's development.

The complexity of the task. Requires

- The joint work of several professionals.
- The interaction of different participants.
- The collaboration and coordination of all the services involved.
- The direct participation of the family. (AEDEE, 2005).

Further shaping the term, in recent years there are many definitions that are given about it. Thus, according to the group of experts of the European Agency for the Development of Special Education, hereinafter referred to as AEDEE, Early Attention is conceived as:

"These set of interventions for young children and their families, offered upon request at a particular time in the life of a child, covering any action taken when a child needs special support to ensure and improve their personal development, reinforce their own competences the family, and promote the social inclusion of the child's family" (AEDEE, 2005, p. 17).

For all this, the Early Intervention has as a principal objective that the children who present disturbance in their development or have risk of suffering it, receive, the attention that they need

(Dunst, 1985; Sameroff & Fiese, 1990). The needs and demands of the family must be attended and the environment in which the child lives, for to reduce the effects of a deficiency, to optimize the course of development and introduce the necessary compensating mechanisms, to eliminate barriers and to adapt to specific needs and to reduce to the appearance of secondary or associated effects or deficits produced by a disorder or a high risk situation (GAT, 2000).

The basic principles that are considered essential are dialogue, participation and integration, Free, equal and universal opportunity (Guralnick, 2001; 2004).

3.2. Description of the early care situation in Spain

The introduction in Spain of Early Childhood intervention has been through the social Services System and health service. The Health services are responsible for the prevention of illnesses and disabilities, Early Childhood-maternity intervention, early detection, pediatric treatments and rehabilitation.

From this situation requested from the Health field to intervene in implanted pathologies and in those of the so called "*high risk*" and was did from the Health service (rehabilitation, pediatric and maternity services).

At the beginning, the common feature was, both limit their activities with children with disabilities, was basically clinical and therapeutic. This has been the most significant characteristic of Early Childhood intervention in Spain (Alonso, 1997).

In the seventies the first services that focused on development were created, and with them, it started and developed basically in Madrid, Barcelona, Pamplona and Murcia. The ministries of the different areas (Labor and Social Affairs) were responsible for the Early Intervention Services.

In 1979 SEREM (1979) (Service for the Rehabilitation of people with disabilities) created nine pilot services for Early Stimulation in the Base Centers of several communities (social services). It was between 1980 and 1985 when most of the centers that exist today were created and began to function systematically (VVAA, 1993).

The model used in Spain by INSERSO was a phyco-pedagogical model. It was designed from previously tested models, and also as a reaction to the deficiencies of the initial clinical model. It offered global attention to simultaneously attend to the child and the parents and to understand the Early Intervention with actions directed to the child, the family and the community, not only addressing the child.

Its services were information and detection, diagnosis and counseling, psychopedagogical-educational treatment and rehabilitation, evaluation and support for parents and technical assistance and support for nursery schools and for children at risk.

So, offered global attention in order to simultaneously attend the child and the parents and to understand Early Intervention with actions addressed to the child, the family and the community, not only addressing to the child (GAT, 2000).

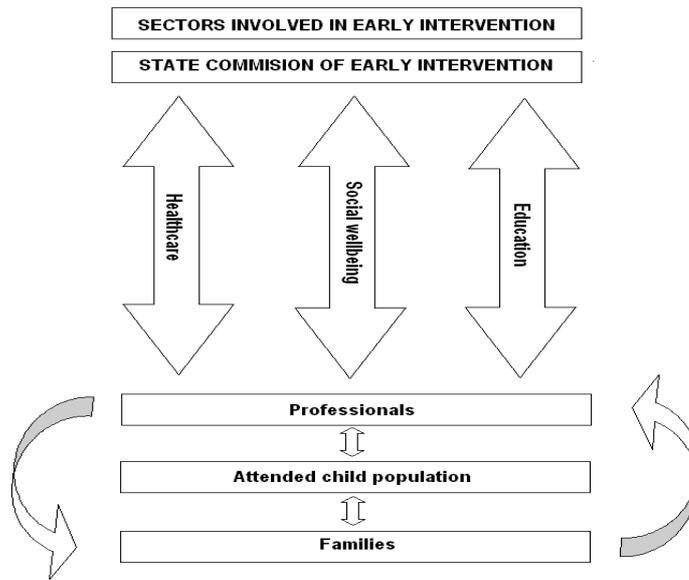


Figure 2. Sector involved by early intervention in Spain

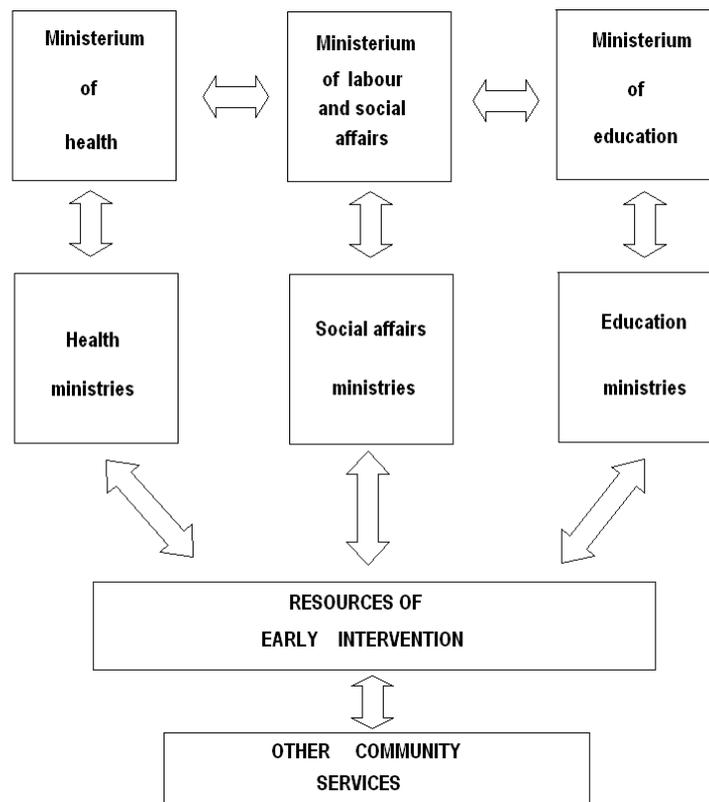


Figure 3. Coordination in early intervention in Spain

As you can see in figures 2 and 3, there are conceptual differences, in the regulation, procedural and development of the ECI, in the different autonomous communities. The regional administrations must identify the regional needs of Early Intervention. They are responsible for planning, managing, financing and allocating the necessary resources to ensure an adequate response to the needs of children.

3.3. Areas of action

In our country maintains the existence of the three types of services related to Early Intervention: Health, Social Services and Education. There are a big variety of professional profiles, with very different training, that intervene in the processes of Early Intervention (Andreu, 1997).

Is necessary an organized collaboration between different departments with competence in childhood into the Health Services. The program for the healthy child, the neonatal examination, the therapeutic application of treatments or procedures that the child needs, as well as the rehabilitation (Alonso Seco, 1997).

The Health system has: Hospitals: with services or departments (Obstetrics Service, Neonatal Service, Units for the pursuit of maturation, pediatrics in primary attention, neuro-pediatrics, child rehabilitation Services, Infant-Juvenile Mental Health Services, ophthalmology, ORL, Primary care, or Mental Health Services). Notably, the most of Detection and referral cases is done mostly from the health sector (54,85%).

The Education Ministry considers Early intervention as its own service or eligible to be subsidized. Early childhood intervention is contemplated from the moment that it is considered necessary, whatever the age is, or if there is risk of the appearance of deficiencies. Into the Educational system has infant school, Children's Homes, Teams for Early Intervention, Specific Teams for every type of disability (serious alterations to development, auditory deficiency, visual handicap and motor deficiency, Centers of preferred integration, referent Centers for Infant education and Centers of special education.

The Educational Services support activities the child and the family from the infant education centers. The prevention of disturbances in development that can be fundamental to populations of high risk. The school offer a stable environment, stimulating and normalized, to the infant population on risk (Peterander, 1998).

Regarding social services, since 1979 the SEREM, initiated a program for the creation of Early Stimulation/Early Intervention services.

Social system has Programs of promotion and social wellbeing for the families, of prevention directed in the contexts of "*with difficulty or social risk*", and intervention in base centers., the BASE CENTERS, Early Intervention Centers (CAT), Centers for Infant Development and Early Attention, etc.

The Base Centers are dependent on the social services and work on Detection of the child, evaluation of the case, diagnosis, support for the child and His family, and also, they are given orientation and treatment is indicated (Casado, 2005). They have the responsibility of assessing the degree of handicap (33%) that allows them access to the Early Intervention Service. The teams from the Base Centers of Social services have played a very important part in pushing the programs of Early Intervention.

In the most of autonomic communities sectorization isn't adequate, especially rural not cover basic needs. Only 7.09% of ECI care resources are located in rural areas. Families have to travel long distances to receive the services. The lack of sectoring is also a difficulty in coordination with the various areas where it serves the child and family (hospital, paediatrician, nursery school or kinder garden (GAT 2010).

3.4. Target population to receive early intervention

We considered as suitable subjects to receive Early Intervention are all those children from 0 – 6 years of age who show any kind of deficiency and those from the so called high risk group (biologically or socially). The Spanish population in January 2018 was 45.838.118 people, with approximately 6% in the age group of 0 to 6 years or those that are affected by ECI (around

2.003.112 children). The estimated incidence of children with limitations in Spain, 2.5 and a 4% of the population between 0 - 6 years, 2,5 % ,is (around 81.397 kids and population served) (46.316 children) and with high risk around 150.000 children. All of them are included in the following groups:

- a) Children at high biological risk. In this group are included premature babies, of low weight, those proceeding from neo-natal intensive care units, children who have suffered asphyxia at birth, with alarm of semiology, etc. (Guralnick & Bennett, 1987; Pallás, 1994, Ruíz Veerman, 2011)

Table 2.
 Factors of the newborn of neurological risk (GAT, 2000)

Factors of the newborn of neurological risk
Newborn with weight < P10 for its gestational age or with weight <at 1500 grammes or Gestational age <32 weeks.
APGAR < 3 at the minute or <7 at 5 minutes.
Newborn with mechanical ventilation for more than 24 hours.
Hyperbilirubinemia needing exanguinotransfusion.
Neonatal convulsions.
Sepsis, meningitis or neonatal encephalitis.
Persistent neurologic malfunction (more than seven days).
Brain damage evidence by ECO OR TAC.
Malformations of the central nervous system.
Neuro-metabolopathies.
Cromosomopathies and other dismorphic syndromes.
Child of mother with mental pathology and /or infections and/or drugs that can affect the fetus.
RN with brother with neurologic pathology not clarified or with risk of recurrence.
Twin, if the brother or sister presents neurologic risk.
Whenever the paediatrician considers it appropriate.

Table 3.
 Newborn of sensory-visual risk (GAT, 2000)

Newborn factors of sensory-visual risk
Prolonged mechanical ventilations.
Highly preterm.
Newborn with weight <to 1500 grammes.
Hydrocefalia.
Congenital infections of the central nervous system.
Craneal pathology detected byECO/TAC.
Malformative syndrome with visual compromise.
Postnatal infections of the central nervous system.
Severe asphyxiation.

Table 4.
 Newborn of sensory –auditory risk (GAT, 2000)

Newborn factors of sensory –auditory risk
Hyperbilirubinemia which needs exaguinotransfusion.
Highly preterm.
Newborn with weight < 1500 gramme.
Congenital infections of the central nervous system.
Ingest of aminogluocosidos during a prolonged period or with levels, plasmatic elevates during pregnancy.
Malformative syndromes with auditory compromise.
Family records of hypoacusia.
Postnatal infections of the central nervous system.
Severe asphyxiation.

- b) Children in a situation of social or environmental risk. In this case we are going to refer to those children who come from poor environments, with a low socio-economic status, when there is absence of father/mother, when they are abandoned or when the mother is still adolescent or shows mental health problems. The socio-family risk is maybe the risk variable that most affects acute perinatal mortality and also perinatal morbidity at long term. The criterion of socio-family risk to be followed up is as follows (see table 4) (De Andrés, 2011).
- c) Children with documented alterations or handicaps: For children with retardation, documented alterations or disabilities, of cognitive type, of mobility, of communication or sensorial disabilities. The programs of Early Intervention are not only necessary, but also an irrefutable right. This is about initiating the educated intervention from the moment of the birth or from the moment that a deficit is detected. In this group are included children with retardation, documented alterations or disabilities, of cognitive type, of mobility, of communication or sensorial disabilities (Samerof & Chandler, 1975).

In this case, the programs of Early Intervention are absolutely necessary, but also an irrefutable right. Is necessary initiating the intervention from the moment of the birth or from the moment that a deficit is detected.

In most of the autonomies the recognizing of the 33% of disability is a requirement to access to the Early Intervention system (16) and served children with risk factors. Differentiate the needs for ECI gives the degree of disability qualification as requirement for treatment is still an unresolved issue.

This fact means that you can only include to children diagnosed with a development disorder that involves a handicap. This leaves out all those who hasn't accurate diagnosis but need ECI. Request to the family of this requirement as a condition to start, is an element of added stress for the family leading to more difficulties in the whole system.

Table 4.
 Social risk factors (GAT, 2000)

Factors of the newborn of socio-environmental risk
Accused economic deprivation.
Accidental traumatising pregnancy.
Unsettled coexistence in the family group.
Traumatizing separation in the family group.
Parents with a low I.C./Non. Stimulating surrounding.
Severe illnesses / exitus.
Alcoholism / Drug addiction.
Prostitution.
Crime / imprisonment.
Adolescent mothers.
Suspicion of maltreatment.
Children taken into homes for children.
Families who repeatedly do not observe health controls.

3.5. Achievements achieved

Everything described above, and the results of the experiences and work groups have led to the design, development and implementation of Early Childhood Intervention systems and the generation of public policies in the different communities.

Likewise, new target groups such as disadvantaged families or the population of premature babies (Gómez Esteban, 2017), among others, are being considered. It is also detected that in all cases, there are problems related to prevention, to the absence of real data on the population served and on the waiting lists to attend to these children.

On the other hand, the training, preparation and qualification of Early Childhood Intervention professionals continues to be a pending challenge.

Despite the high qualification of many of its professionals, there are no access requirements in all communities.

Coordination is another problem that still needs improvement. Also, the number of places is clearly insufficient to meet the demand of a population that increases considerably, as a more rigorous detection is made.

4. Conclusions

The Early Intervention is necessary service, who must be offer to the entire population in need and not conditioner by birthplace, political model or distribution of resources in the different community in our countries.

We can't allow that some children to benefit ahead of others. All of them must have the same attention possibilities which must be provided by Interdisciplinary team of professionals whit and professional qualification (Garrido & Madriz, 2015).

The work of this professionals is of great complexity and this requires high qualification and dedication to achieve results. Their functions, competence, and working environments have been growing as much in educational teams, as in the centers for development as the health and social institutions.

It is essential coordination among institutions of the different services for Early childhood Intervention (interchange of information through registers and protocols). This is an essential part of the work in developing E.I. and is the responsibility of all the institutions which attend the child

in this stage to achieve optimum utilization of resources, both human and economic (García Grau, 2015).

The decentralization and sectorization are others important aspect. The services must be organized in the area of the child's life development, facilitating equal access in each geographic zone, facilitating the inclusion of all kinds of health, educational and social services (López Bueno, 2011).

The main difficulty, with which we have in our country, is that most communities provide Early Intervention for children ages 0 t- 6 years old (16),But now we can observe the tendency to withdraw this service to children starting school, restricting this service to children 0-3 years (Jemes, Romeo-Galisteo, Labajos & Moreno, 2018; GAT, 2010).

As a final conclusion, it should be noted that in our country Early Childhood Intervention is an essential resource to meet the needs of children, which allows all children reach their optimum level of development. To this end, it is essential to unify the regulatory, budgetary and service regulations, as well as to eliminate the territorial inequality that exists at this time.

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