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What implications does the new paradigm of Early Attention have in the professional practice of the Early Childhood Education Teacher in Spain?



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Abstract

Studies on Early Attention (EA), in terms of significant changes linked to the concept, methodology and population served, in the two decades that it has undergone study are reviewed. The implications/repercussions that the new paradigm generates, with respect to the objectives and content proposed in the curricula of the subject Fundamentals of Early Care (area evolutionary psychology and education) in the Spanish Universities, specifically at the University of Valladolid, are presented. and, to the conceptual and methodological changes that will directly influence the way teaching professionals work in Early Childhood Education.

Keywords: Early Attention, paradigm, subject, Evolutionary Psychology and Education, Early Childhood Education, University of Valladolid, Spain.

Abbreviations: EA: Early Attention

Introduction

The beginnings of EA in Spain are in the late 1970s, followed by a large emergence of services in the 1980s. An evolution that has been characterized by having followed different rhythms between the different autonomous communities and even within each autonomous community. The difficulty of locating EA in Spain has been given by factors related to its appearance and development in the Rehabilitation Units, in the initiatives of the Parent Associations, etc. and with a dependency mostly associated with Social Services, having a perfect fit in the health field, as is already the case in some autonomous communities [1]. In the 1970s, privately and under the name of Early Stimulation, EA focused on the desire to correct the child's deficit, focusing solely on him [2-5]. In the late 1970s, the Eurlyaid-The European Association on Early Childhood Intervention (EAECI) manifesto, together with other relevant publications, is highlighted as an innovation in EA, which, together with other relevant publications, offer a broad perspective on the evolution of this topic at the theoretical,

practical and political level. In the 1990s, the responsibility for EA was shared among different institutions—health, educational and social services—without a clear distribution of competences between them and with a large disparity of situations between the different autonomous communities. That is why the EA White Paper, prepared by the Early Attention Group (GAT) and published in 2000 by the Royal Board of Trustees of Prevention and Care for People with Disabilities [6], is published. In this space of time, discipline had been moved from contemplation as a medical-rehabilitative, welfare and compensatory function that focused mainly on the child, to incorporate a more inclusive and interdisciplinary approach. So, it was defined as the set of interventions aimed at children aged 0 to 6 years, the family and the environment, aiming to respond quickly to the needs of children with disorders or at risk of them. These interventions should consider the overallity of the child and be planned by a team of interdisciplinary or transdisciplinary guidance

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professionals [7]. In this sense, and establishing parallelism, EA in Spain has evolved together with society and scientific advances, experiencing a series of conceptual and methodological changes that have directly influenced, both the way professionals work, as well as the organization and functioning of the centers themselves [2].

Discussion

Before considering the new paradigm that underpins EA in Spain, it is important to note that, within the curricula of Spanish universities, specifically, at the University of Valladolid, the subject "Foundations of Early Attention", is contextualized as a mandatory subject in the area of Evolutionary Psychology and Education and as part of the basic training module of the official university degree that enables the exercise of the profession of Teacher in Early Childhood Education. In this subject, basic competencies for future professional exercise are included, as well as instrumental skills that allow it to acquire other professional skills, related to prevention, detection and early intervention in developmental disorders. In this sense, the revised studies show that the approach of EA has been changing over the years, so this would involve modifying the guides or teaching projects in terms of the situation, the meaning, the structure (objectives and contents), and in what of the study of EA in the Child Education Teacher's Degree. Being a relatively new discipline, it is an arduous task to find studies focused on early care, due to the rambling that has been had in the terms used for its definition [4-7]. In years after 2014, better quality information is found since with the prevailing paradigm, the concept becomes more important and research (theoretical in its entirety) is more focused on the object of study of EA, so that professionals have the possibility and ability to cause changes in adults and, therefore, in the children themselves [4]. If university students are properly trained to do so, children's learning will be done in environments that can become competent because they typically, on their own, already have certain competencies and have rich and varied scenarios contextualized for the learning of the child, including social skills, and with multiple possibilities of generalization [3-10]. Research in recent years has highlighted the key role of the family in EA, as it would not be possible to pay adequate attention to the child, without the proper collaboration of the family throughout this process; crucial family involvement to promote affective and emotional interaction, as well as for the effectiveness of treatments [4-7]. Hence, EA in Spain is getting closer to the use of practices focused on family and natural environments, which is a paradigm shift since it proposes the

family as an active agent against the outpatient treatment model that focused only on a rehabilitative perspective and took the family as a passive agent. In the current model, professionals consider families equal in order to improve the child's developmental possibilities. In this model, the intervention is individualized and adapted to the needs of the child and the family in a consensual way and through a shared commitment to the family member. In addition, interventions should be based on principles and practices validated and based on scientific evidence [4]. In this sense, the Child Education Teacher must develop emotional skills and social skills to encourage parental behaviors and reach the solution/intervention/strategy with the child [8,9].

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