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HEALTH & HUMAN SERVICES

Early childhood intervention – an overview of best practice

Final

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The ACT Government, engaged KPMG ('KPMG', 'us', 'we', 'our'), under an engagement contract dated 2 June 2014, to undertake a high level desktop review to identify best practice models for early intervention services, utilising literature sources that are publicly available and those provided by the ACT Government (the 'Services'), which would help to inform the ACT Government's consideration of next steps in the provision of early intervention services for children with disability or developmental delay in light of the changes brought about by the roll out of the National Disability Insurance Scheme. Our research was completed in June 2014 and our findings were presented to the ACT Government in our report dated July 2014 (the 'Better Practice Report'). The ACT Government requested the preparation of this Better Practice report to be released on the ACT Government website.

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1. Introduction

KPMG have been engaged by the ACT NDIS Taskforce, on behalf of the ACT Government, to undertake a high level desktop review to identify best practice models for early intervention services, utilising literature sources provided by the Directorate.

This review provides an overview of best practice within early intervention. It will help to inform the ACT Government's consideration of next steps in the provision of early intervention services for children with disability or developmental delay in light of the changes brought about by the roll out of the National Disability Insurance Scheme (NDIS).

1.1. Current context

The ACT Government currently delivers early intervention programs, such as small group education classes for children with developmental delay and disability through the Education and Training Directorate (ETD), and therapy through Therapy ACT (Community Services Directorate). As at April 2014, 302 children were accessing early intervention programs in 51 groups across 17 school sites. Group sizes vary depending on the disability and age of children, as does the length of time spent in early intervention programs –with the ultimate aim of these programs being to enable transition to mainstream education environments.¹

The programs currently run by the ETD vary in format, age of eligibility, and the level of developmental delay that is catered for. Some of the programs include Early Intervention Units, Early Intervention Playgroups, Language Intervention Units, Autism Intervention Units, Early Childhood Units, Hearing and Vision Units, and Early Childhood Centres.

Therapy which may be accessed in conjunction with the early intervention programs are provided through Therapy ACT (Community Services Directorate). These include speech pathology, occupational therapy, psychology and social work. Support for families is also provided through family group workshops, information sessions and parent networking.

Parents and carers of children participating in the early intervention programs provided through the ETD have spoken of their unique value, with feedback on the importance of these programs including:

- Support is provided in smaller, more structured settings as compared to the larger mainstream education settings
- Participation in the program gives parents and carers the opportunity to connect with other families in similar situations and build their own support networks
- Programs are delivered in a range of locations which improves accessibility
- Programs have close links with specialist services such as Early Intervention Psychologists and Therapy ACT Allied Health Professionals, and therefore streamline children's access to these services where required.

¹ ACT Government Education and Training Department, Early Intervention Programs delivered by ETD Factsheet, ACT Government, Canberra, May 2014.

1.2. Going forward

The roll out of the National Disability Insurance Scheme (NDIS) has significant implications for both government agencies and service providers. The Community Services Directorate (CSD) and ETD have recently announced its withdrawal of responsibility for the delivery of ETD Early Intervention Programs and Services in the transition to the NDIS. The Early Childhood Unit (ECU) programs (specialist school preschool programs) will continue to be run through the ETD.

In order to ensure that the ACT is best prepared for an NDIS environment, CSD are assessing the options to transition existing Early Intervention Services to the non government sector. A service transition will provide the opportunity to help establish greater choice for individuals with a disability, build a stronger and more sustainable service across ACT and ensure that high quality and safe services continue to be delivered.

This paper explores the critical importance of early childhood intervention (ECI), particularly for young people with disability and developmental delay. It provides a high level overview of the the current best practice models of care in early childhood intervention and explores the rationale for providing ECI activities within traditional early childhood education and care settings.

2. Early childhood intervention

Infancy and early childhood are important times in any child's life, and can provide opportunities for considerable growth, and conversely for vulnerability and harm. The experiences and opportunities children are provided in the early years set the foundations for future learning and development, and influence factors such as academic success, relationship building, health, and wellbeing.² The early years represent a unique opportunity for practitioners and families to scaffold children from factors and positively influence children's developmental trajectories.³

Recent years have seen the emergence of a robust evidence base around the benefits of early identification and intervention for children with disability and developmental delay. Early childhood intervention has been defined as "the provision of educational or therapeutic services to children under the age of eight."⁴ A more comprehensive definition is advanced by Dunst, who sees that:

"Early childhood intervention is defined as the experiences and opportunities afforded infants and toddlers with disabilities by the children's parents and other primary caregivers (including service providers) that are intended to promote the children's acquisition and use of behavioural competence to shape and influence their pro-social interactions with people and objects."¹

Children who access ECI supports are from diverse backgrounds, family structures and disability types, however the most common trait is that factors such as biological risk, environmental risk of established risk, their development has been impacted and they are experiencing a delay in what is 'expected behaviour and development.'⁵

2.1. Summary of the evidence base

For children already exhibiting developmental delay, effective early intervention strategies can both alter the course of their developmental trajectories and prevent the onset of secondary complications. For example, consistent evidence has shown that comprehensive early intervention programs have had success in preventing much of the decline that typically occurs for the first two years after diagnosis for children with Down syndrome.⁶

The earlier a child is identified as having a developmental delay or disability, the more likely they are to benefit from strategies targeted towards their needs. The success of early intervention strategies not only assists families through the provision of extra support for their child, but also decreases costs to schools and communities in the later years as children transition to school.⁷

Early intervention is critical to promote optimal development, enable meaningful participation, and foster more inclusive and supportive family environments. Intervening early to build the strengths

² Anderson., LM., Shinn, C., et al, 'The Effectiveness of Early Childhood Development Programs – A systemic review', *American Journal of Preventative Medicine*, 2003.

³ Muranick, M.J., 'Early intervention for children with disabilities: Current knowledge and future prospects', *Journal of Applied Research in Intellectual Disabilities*. Vol 18, 2004.

⁴ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3, p.339.

⁵ Ibid, p.340.

⁶ Berry, P., Gunn, V., & Andrews, J., 'Development of Down's syndrome children from birth to five years', Prosoeives and Progress, University Park Press, Baltimore, 1984.

⁷ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3.

and skills of both children and their families has been shown to lead to better outcomes over the long term.⁸

2.2. Early childhood intervention and policy development

As the evidence on the effectiveness of early intervention activities has grown, early intervention models, programs and services have become part of the services provided for families of children with disabilities. However, Governments both within Australia and internationally are still grappling with the most effective means of delivering these services.

Current policy reform is being driven by two interconnected priorities: to build effective strategies and programs to provide children and families timely, comprehensive and integrated support, and to deliver services more efficiently, being mindful of consistent budget pressures and fiscal constraints.⁹

The increased emphasis on the development and delivery of early intervention and prevention activities is testament to these dual priorities. Another element of these reform initiatives is the provision of greater autonomy to the NGO sector. Governments are working to forge more cooperative and effective relationships to service providers by reducing red tape and allowing them to self-manage. Service providers are increasingly being given more control and flexibility to direct service provision, with the rationale that local services are best able to effectively and efficiently respond to local need.¹⁰

Further, with the introduction of the National Disability Insurance Scheme there is an increased focus on providing service consumers with more ‘choice and control’ in the services they access, which has seen the emergence of new service providers, enhanced competition between services, and has underscored the need to provide quality programs.

Best practice for ECI has been driven by a reconceptualisation of disability, and a change in goals, towards building strengths of children and young people and their families to enable them to participate meaningfully in society.

2.3. The social and economic rationale for early intervention

There is substantial evidence to suggest that investing in the early years improves individual educational, health and wellbeing outcomes as well as drives economic growth and productivity more broadly. Several studies contend that early childhood interventions can limit the impact of damaging environmental factors on childhood development, and close the gap between those children that are advantaged, and those experiencing disadvantage and risk factors such as abuse and neglect.¹¹

ECI activities are essential as the experiences we have in our early years shape our future physical, mental, emotional and social development. Learning starts from birth, and the experiences and environments to which young people are exposed shape their brain’s structure and function, and heavily influence their future development.¹² Lost opportunities in the early years (from pregnancy through to eight years) can prove difficult to overcome as learning is

⁸ Reynolds, AJ., Temple, JA., ‘Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools’, JAMA, May 2001.

⁹ Shergold, P., *Service Sector Project: A roadmap for community and human services reform*, Victorian Government, Melbourne, 2013.

¹⁰ Andrews., K, *Establishment of the Civil Society National Centre for Excellence*, Press release from Minister Kevin Andrews, 2013.

¹¹ Center on the Developing Child 2007, *A Science-Based Framework for Early Childhood Policy*, Cambridge, MA: Harvard University.

¹² Center on the Developing Child 2007, *A Science-Based Framework for Early Childhood Policy*, Cambridge, MA: Harvard University.

cumulative, and the skills developed in early years form the foundation of how children behave and learn into the future.¹³ ¹⁴ Prolonged exposure to poor environments and behaviors can therefore have significant detrimental impacts on children's development and future opportunities.¹⁵

The early years are characterised by rapid and dramatic development, with the experiences children have from birth to five years affecting longer term outcomes including ability to learn, form relationships, and interact positively with external environments.¹⁶ Governments and service providers have an opportunity to capitalise on this in order to set children and their families on more positive trajectories, and reap the social and economic benefits that come.

The social benefits that have been attributed to early intervention programs and activities include improved educational and employment outcomes, reduced interactions with criminal justice system, reduced rates of children placed in out of home care, improvements to mental health and health outcomes and reduced rates of risky behaviours.¹⁷

The economic benefits of early intervention have been a focus of the work of Heckman, who found that the younger the age group receiving targeted interventions, the higher the rate of return, with the highest rate of return achieved from interventions implemented during the zero to three years age period. Heckman used the evidence of the children's cumulative development to highlight the early investment in children's skills development forms the foundation for later skill development and acquisition, which in turns increases productivity.¹⁸

By investing early, substantial returns on investment can be achieved by preventing crisis situations from arising, reorienting children and their families on a positive trajectory, and reducing the need for additional services and supports over an individual's life span.¹⁹ Early intervention activities can address the uneven childhood development that can occur as a result of a range of factors, including socio-economic status, level of disadvantage, locations and address the cycles of entrenched disadvantage within families to drive better outcomes for children and their families.

Impacts of failing to intervene early

The detrimental impact of a negative environment on a child's development is well documented in the literature. If children do not experience attachment with their families and are not shown care and attention, it can have severe consequences. A lack of attachment with a nurturing carer during infancy can impact children's ability to form meaningful relationships into the future.²⁰ Further, a lack of stimulation during the early years can damage and diminish the neuronal pathways available for learning and cause development delay across a number of domains.²¹

¹³ Victorian Government Department of Education and Early Childhood Development, Victorian Early Years and Development Framework, Victorian Government, Melbourne, 2011.

¹⁴ Feinstein & Bynner, 2004; Lewis, 1997, 2005. Macmillan et al., 2004; van IJzendoorn & Juffer, 2006).

¹⁵ Moore, 'Rethinking early childhood services', Presentation to the Biennial National Conference of Early Childhood Intervention Australia', 2012.

¹⁶ Victorian Government Department of Education and Early Childhood Development, *Reform of early childhood intervention – strategies and actions*, The Victorian Government, Melbourne, 2009.

¹⁷ Heckman, J., & Masterov, D.V., 'The Productivity Argument for Investing in Young Children', 2007.

¹⁸ The Benevolent Society, *How prevention and early intervention saves money*, The Benevolent Society, October 2013.

¹⁹ Kilburn. M.R. & Karoly, L.A. *What does economic research tell us about early childhood policy?* RAND Research Brief, 2008.

²⁰ US Department of Health and Human Services, *Understanding the effects of maltreatment on brain development*, Child Welfare Information Gateway, 2009.

²¹ Ibid, 2009.

3. Overview of early intervention services

There are a number of strategies and practices that are driving improvements in outcomes for children and their families. These programs include both universal, and more targeted specialist services targeted towards children with disability and developmental delay.

It is important to understand the suite of programs offered across universal and specialist service sectors given the recent reform directions which promote the integration of traditionally specialist services with mainstream early childhood education and care programs. These programs outlined are considered to be part of a best practice approach across Australia.

3.1. Broad based programs

Universal early childhood education and care

Children who have access to high quality early childhood education and care have been shown to have higher levels of school readiness and academic performance in later years, with attendance at early childhood centres demonstrating particularly strong outcomes for children from disadvantaged backgrounds, where education is perhaps not as highly valued as in other households.²²

Parenting programs

Recognising the importance of the infant-parent relationship, many early intervention programs are targeted at supporting parents to develop their skills and confidence in their parenting role. Parenting programs can be delivered via a group based setting, or can be delivered one on one, with a focus on therapeutic intervention. One on one approaches are generally targeted towards families most at risk.²³

Facilitated playgroups

Facilitated playgroups are group based, led by an early childhood practitioner and aim to both build parenting skills and supports, and provide families with the opportunity to interact with other families and develop their own networks of broader support. Facilitated playgroups aim to provide benefits both for the child through their positive interactions with peers, and for parents and carers.

In the ACT, Facilitated playgroups are targeted at children with developmental delay/disability. They are run by Playgroups ACT and are separate from the general community playgroups example listed above.

Child and family centres

Child and family centres have grown out of the recognition of the fragmentation and complexity of the early childhood support system. These centres aim to provide a 'one stop shop' where families can access all the services and supports they need in one location. The drive for effective service delivery is underpinned by the evidence which highlights that it is not just the services that are being provided that influences a family's engagement, it is also how they are provided.¹⁴

²² Boethel, 2004; Elliott, 2006; The Future of Children, 2005; Heckman, 2008a; Magnuson et al., 2007; Melhuish et al., 2006; Sammons, 2010a, 2010b; Siraj-Blatchford, 2009, 2010; Siraj-Blatchford et al., 2002.

²³ Tweddle Child and Family Health Services, Annual Report, 2012-2013.

Early Childhood Intervention programs

Early Childhood intervention programs provide support to children with a disability or developmental delay their families through a range of programs, interventions and supports. These may include therapy, counselling, service planning and coordination, assistance and support to access services such as kindergarten and child care. These programs usually operate in conjunction with the other programs outlined above. These programs aim to provide parents and families with the knowledge, skills and support to meet the needs of their child and to optimise the child's development and ability to participate in family and community life.

The Murdoch Children's Research Institute (MCRI) highlights a number of principles of effective service delivery, including:

- Services are relationship based
- Service professionals are non-judgemental
- Service responses are build on partnerships between professionals and their clients
- Services work with clients to identify goals and put in place strategies to achieve these goals
- Clients are provided with choice as to when and how they access services
- Services are culturally sensitive.

The approaches to early intervention activities outlined above highlight the range of strategies that can be adopted to drive improved outcomes for vulnerable children and their families. They are underpinned by an understanding that all children should have access to universal early childhood education and care, with additional supports provided to those children and families in need.

This inclusive approach is prevalent in current best practice understandings of early childhood intervention activities for children with disability and developmental delay.

3.2. Specialist programs and services

A range of specialist programs and services have been available through the ACT Government for children who have disability or developmental delay in addition to the programs described above. All children enrolled in specialist programs have Individual Learning Plan's (ILP) in place to guide their interactions with, and development through, the specialist program.

Early Intervention Unit

Early Intervention Unit (EIU) programs are for children with, or at risk of mild developmental delay. EIUs are managed by the primary school where they are located. Assessment by a school psychologist is required to confirm eligibility.

Early Intervention Playgroup

Early Childhood Intervention Playgroups are provided for children with an existing developmental delay or disability and aim to give children opportunities to play, learn and interact with other children. Children attend weekly playgroup sessions along with their parents, and are supported by a teacher and an assistant.

Early Childhood Unit

Early Childhood Programs are provided for 3 year old children with moderate to severe developmental delay. An assessment by a school psychologist is required to confirm developmental delay, and ECU programs are run in specialist school settings.

Early Childhood Centre

Early childhood centres (ECC) programs are available for children from the age of three through to school age with mild to moderate developmental delay. Assessment by a school psychologist is required to confirm developmental delay. . ECCs are managed by specialist schools and located in mainstream school settings.

Autism Intervention Unit

Autism Intervention Units are programs for children from age three through to school entry who have been diagnosed with autism spectrum disorder. AIU programs are managed by specialist schools and operate in mainstream school settings.

Support Teachers – Vision

The Vision Support Team provides specialised support for children and young people from birth to year 12 who meet the ACT disability criteria for vision impairment. Specialist trained staff provide comprehensive support through a range of strategies, including direct teaching for students and consultative support to classes, schools and families. The Vision Support Team provides Braille and other resource production services and works collaboratively agencies such as the Guide Dogs Association.

Support Teachers – Hearing

The Hearing Support Team is a team of trained professionals that provides support to children and young people from birth to year 12 who meet the ACT Student Disability Criteria for hearing impairment. Hearing Support can be provided through direct teaching for students and/or consultative support to classes, schools and families. The team works collaboratively with the Australian Hearing Services and other agencies to provide comprehensive support to children and young people.

Language Intervention Unit

Language intervention unit programs are available for children from age three through to school entry who experience severe delay in the expressive and receptive language areas and have a formal diagnosis from a speech pathologist. As part of this program, students attend sessions in a small group setting with a speech pathologist. A teacher and a speech pathologist work together to develop a support plan for individual children's needs.

4. Current and emerging practice

In the past, children with a disability were treated differently to other children, and the service response for these cohorts was distinct. Mainstream early childhood programs were developed as independent from specialist disability services, which saw the emergence of two separate sectors. While the Early Childhood Education and Care sector (ECEC) was a universal service targeted towards the mainstream, ECI was developed specifically to support children with disability and developmental delay.

Through ECI programs, children and their families are supported from birth through to school age to access services such as therapy, counselling, service planning and coordination and support to access preschool, childcare and respite services. Specialist services are tailored according to the needs and circumstances of individual families, and aim to provide families with the knowledge and skills they need to meet the needs of their child and optimise their child's development.

ECI programs are targeted at supporting infants and young children with developmental delays or disabilities to develop skills and participate more fully and enjoy everyday life. These programs are often premised upon a family centred approach, and aim to build their strengths and understanding of what they can do to support their child's development.²⁴

Providing timely and comprehensive supports for children with disability or developmental delay and their families is particularly important given the evidence around the disproportionate number of children with disability who have experienced abuse and neglect and as a result enter the statutory system, and the fact that families who care for children with disability are more likely to experience financial hardship and lower levels of workforce participation. This evidence highlights the critical importance of working with families to build their capacities to connect with and care for their child.²⁵

Recently, ECI programs have promoted their aims of enabling children to participate meaningfully in their environments and develop a sense of belonging and inclusion.²⁶ The following section will provide an overview of the range of early childhood intervention strategies and provide examples of elements of best practice.

4.1. Elements of best practice in early childhood intervention

Family-centered practice

The importance of developing early intervention programs and strategies around the family is well documented in the literature, based on the knowledge that infants and young people develop and learn in the context of their families.²⁷ The strength of relationship between caregivers and their children, and the subsequent positive environment that is fostered, represents a key foundation for successful ECI strategies.²⁸

²⁴ Early Childhood Intervention Victoria, 'What is early childhood intervention, accessed at <http://www.eciavic.org.au/abouteci/what-is-early-childhood-intervention>, May 2014.

²⁵ The Benevolent Society, *How prevention and early intervention saves money*, The Benevolent Society, October 2013.

²⁶ Moore, 'Rethinking early childhood services', Presentation to the Biennial National Conference of Early Childhood Intervention Australia', 2012.

²⁷ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3., 2010.

²⁸ Ibid, 2010.

Family interactions

Guralnick highlights the three key patterns of family interaction that can have a strong impact on a child's intellectual development, including:

- The quality of parent-child transactions, meaning the responsiveness with which parents interact with their child, and the non-obtrusive nature of these interactions
- The value of family-orchestrated child experiences, referring to the ways in which parents organise the home and community environment to drive development, by ensuring the presence of appropriate toys and learning materials, speaking in an engaging and diverse language, and exposing children to community activities such as child care.
- A focus on the child's health and safety, through the provision of adequate nutrition and preventative health strategies.²⁹

The importance of developing and maintaining effective family functioning and relations is prevalent in the literature. A 2013 report delivered by the Benevolent Society argues that:

"The strongest influence on children's development is the quality of the parenting they receive, and the nature of their home learning environments. These have effects on many areas of development, including self-esteem, academic achievement, cognitive development and behaviour."¹

It is this contention, widely supported in the literature, which has promoted the emergence of family centred approaches as best practice in early childhood intervention. This approach recognises the importance of professionals working with families to design, and deliver services that meet the needs of the child and their family.

Evidence base

Family centred practice is critical to ensuring that children are given support in line with their needs, and that families are supported to build their capacity to optimise their child's development to enable the child to meaningfully participate in their environment. Building parental capacity is essential given that formal early intervention activities account for less than 20 per cent of an infants or toddlers awake time.³⁰

Linkages between family support and progress have been established in various studies, including a study by Dunst, which found that the provision of support at the whole of family level fostered a sense of family well being and enabled families to better engage with their children in a responsive and interactive style.³¹ This is critical given the challenges often faced by families with disability and developmental delay, such as role restriction, increased stress, and the difficulties associated with matching interactions with developmental stage of the child.³²

²⁹ Mullan, M.J., 'Early intervention for children with disabilities: Current knowledge and future prospects', *Journal of Applied Research in Intellectual Disabilities*. Vol 18, 2004.

³⁰ Bruder, M.B., 'Transitions for children with disabilities', *Transitions in the early years: Creating a system of continuity*, Baltimore, PD, 2011.

³¹ Dunst, C.J., Revisiting "rethinking early intervention" *Topics in Early Childhood Special Education*, Volume 20, 2000.

³² Mullan, M.J., 'Early intervention for children with disabilities: Current knowledge and future prospects', *Journal of Applied Research in Intellectual Disabilities*. Vol 18, 2004.

EI practitioners undertake activities such as home visits, one on one sessions with caregivers, and with children to identify how the home learning environment can be enhanced, and how best to build capacity of family to support effective family functioning. They are often required to undertake sensitive processes such as working with families to re-evaluate and re-set family goals and routines to create the best environment for the whole family.³³

Muranick's conception of successful family centred early intervention programs is simple:

1. Identify stressors present within family environment (eg information needs, family stress)
2. Then design and implement a coordinated and comprehensive program to mitigate those stressors.

Evidence has shown that participatory help-giving practices can have a significant impact on parent's capacity, as well as building their beliefs and confidence.³⁴

Delivering family centered practice

In delivering family centered practices, practitioners must recognize and understand the diversity of family needs and priorities, and focus on working with the child and their family in their own environments and contexts to build strengths and address individual stressors.

Bernheimer and Weisner point to the importance of developing knowledge and understanding of the everyday experiences and family routines that take place in order to build successful strategies for individual families.³⁵ They point to the concept of accommodation to explain the process that is required to ensure appropriate and effective strategies are in place to support the whole family; it involves families and practitioners developing proactive changes to daily routines to improve the home environment. Accommodation strategies are responsive to daily routines, rather than being simply reactive to stressors or reliant on test scores. Strategies and routines are also developed in line with families' goals and child's aspirations, not to a one size fits all model.

The role of EI providers is to support family functioning as a whole. Effective family functioning can be underpinned by both external environmental factors, family specific material factors, and personal factors, including:

- the supportiveness of their personal and community networks,
- access to community services and facilities
- the quality of their physical and built environments
- family income
- housing and access to transport
- presence of a history of mental health
- family and domestic violence

³³ Ibid, 2004.

³⁴ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children, Vol.76, No.3.*

³⁵ Bernheimer, L., & Weisner, T., 'Ecocultural Theory as a Context for the Individual Family Service Plan', *Journal of Early Intervention, 2007.*

- drug and alcohol abuse.

Increasingly, ECI practitioners are faced with families with complex and multiple needs. It is imperative that these risk factors and needs are addressed in a holistic manner in order to affect any meaningful and sustainable change, improve family functioning and ensure the child has the required supports. If these factors are not addressed, it undermines the families' capacity to put supports around their child and jeopardises achievement of positive outcomes.³⁶

The essential task for ECI practitioners in delivering family centred programs is in identifying the strategies and experiences that will suit the needs and circumstances of a particular family, and working with the family to then build these strategies into their everyday life.³⁷ This requires technical skills as well as interpersonal skills.

Odom and Walery put forward the essential practices for ECI practitioners in providing family centred practice as:

- Being positive with and about families
- Being responsive to families needs and priorities
- Having friendly interaction styles
- Being sensitive and empathetic
- Focusing on the whole family rather than a narrow focus on the child.³⁸

Early Childhood Intervention Australia (ECIA) promotes a tool which professionals can administer to families to measure their success against family centred practice. The Family Centred Practice Scale asks families to provide feedback on the practitioners' interactions and treatments of both the child and the family.³⁹

The importance of strong relationships

Just as building relationships between the families is a central element of best practice in early childhood intervention, recent studies have highlighted that fostering relationships between children with disability and their peers, and children and their ECI professional is particularly important to development.⁴⁰

Odom and Walery contend that the establishment of relationships with peers is essential to building social competence, and can be particularly effective when children are included in mainstream environments. However, the evidence also shows that children need to be supported in a mainstream environment, as there is a danger that they may not be accepted by peers.⁴¹

³⁶ Moore, 'Rethinking early childhood services', Presentation to the Biennial National Conference of Early Childhood Intervention Australia', 2012.

³⁷ Ibid, 2012.

³⁸ Odom, S., & Walery, M., 'A Unified Theory of Practice in Early Intervention/Early Childhood Special Education: Evidence Based Practices', *The Journal of Special Education*, Vol.37, No.3, 2003.

³⁹ Family Centred Practice Scale – ECIA <http://www.ecia.org.au/documents/item/63>

⁴⁰ Denham, S.A, 'Dealing with feelings: Foundations and consequences of young children's emotional consequences', *Early Education and Development*, Volume 12, 2001.

⁴¹ Odom, S., Zercher, C., et al., *Social acceptance and rejection of young children with disabilities in inclusive classes*, 2003.

Learning through action and interaction

Whereas previously, a child's ability to learn was thought to be influenced mostly by their genetics, their health and physiological functioning, and their exposure to risk factors present within their family and community environments, recent years have seen a shift in the evidence base, which has acknowledged the power of children's proximal environments and experiences in shaping their learning and development.

Researchers have found that infants and young children 'actively learn' to understand, master and control their social and physical environments, and as such, it is important to provide children with activities that interest them (such as responsive toys, physical environments and social interactions). It is thought that if ECI practitioners are successful in engaging children in activities that hold interest to them, this can lead to mastery, and promote additional interests.⁴² ECI activities should also be responsive to the active learning style and short attention spans of most children.

Empowerment and strength building approaches

Recent years have seen a move away from traditional goals associated with children with disability and developmental delay, such as remediation and rehabilitation towards a focus on strengths and capacity building. This means that ECI practitioners are now more focused on what each child can do, rather than what they can't do, and are focused on the opportunities this affords, as opposed to the barriers.

Current best practice in ECI promotes a move away from a rehabilitation focus towards an understanding and appreciation of individual diversity, strengths and capacity. Practitioners should build the skills and strengths of individuals and their families, and design supports based on context and need.

This shift in best practice towards empowerment and strengths based activities is premised upon a reconceptualisation of the understanding of disability, and the shift in goals – rather than identifying and addressing limitations, this approach promotes the identification of strengths. Practitioners have a responsibility to work with children and families to understand their strengths, and then develop and implement strategies to build their capacity to participate in their environment.

Moore argues that a strengths based approach is critical given that all human abilities can be placed on a continuum, with no clear distinction between 'normal' and 'abnormal' ability and behaviour and promotes the need to recognise the diversity of ability and skills across the continuum. Early childhood intervention activities should therefore seek to understand the skills of an individual and harness these to enhance functioning.

Shift away from traditional goals such as of remediation and rehabilitation, towards a strengths based approach aims to build individual capabilities - This means focusing what each person is actually able to do and to be, and what real opportunities are available to them.

Natural and inclusive learning environments

Inclusive practice in ECI advocates for the need to go beyond traditional notions of inclusion, and conceptualise practice in terms of creating environments that are able to cater for the individual and collective needs of all children and families. It is built on a solid evidence base which demonstrates

⁴² Dunst, C.J, Herter, S., & Shields, H., 'Interest-based natural learning opportunities', *Young exceptional children monograph*, Vol. 2, 2000.

that children with disability and development delay benefit from interactions with children without disabilities.⁴³

This approach means that all aspects of program design, including policies, laws, institutions, services, facilities and technologies – are developed on principles of universal design. Programs should be built to have the capacity to cater for everyone in society, and provide supports across the complete spectrum of abilities, cultures, and circumstances. This sort of universal service design imperative is driving policy to integrate ECI into ECEC settings.

Recent years have discredited the traditionally siloed approach to supporting children with disability, and highlighted the importance of ensuring that ECEC settings have the capacity and willingness to provide learning environments for all children regardless of their background or ability. The focus on 'inclusive practice' represents a shift in perception with respect supporting children with disability, as traditionally, they were considered as separate from the mainstream.

Inclusive practice ensures that children and their families are not isolated from everyday community activities, and provides children with rich learning opportunities. It is argued that inclusive practice provides children with the opportunity to learn through developmentally advanced environments, which provides a more socially stimulating environment, and accelerates learning. A study undertaken by Guralnick found that children with disabilities that integrated in inclusive play groups engaged in more advanced forms of play and more frequent social interactions than when they engaged in the play group that comprised only other children with disability.⁴⁴ However, it is important that children with disability or developmental delay are provided with the supports necessary to ensure their meaningful participation, such as ensuring activities are matched to the needs of an individual child.⁴⁵

Principles of social inclusion and social justice underpin this understanding. Implementation of inclusive programs in ECEC requires both a change to policy and practice, and also a change to societal attitudes.

Integrated service and supports

Recent trends in service delivery have magnified the importance of services working together to provide timely and comprehensive supports for vulnerable and disadvantaged people. As children develop over a number of behavioural and developmental domains, there is a need to ensure that the services that are delivered across such domains are integrated, and premised upon a team approach and cross-disciplinary functions.⁴⁶

Early childhood intervention programs and practitioners must recognise the importance of being aware of, and being able to link up with key service providers that will have contact with families in need of additional support, such as maternal and child health practitioners, child protection services etc.

As an example of best practice, the ECI works collaboratively with universal and primary services to facilitate early identification, referral and secondary consultation and to ensure access and

⁴³ Campbell, P.H., Sawyer, L.B., & Muhlenhaupt, M., 'The meaning of natural environments for parents and professionals', *Infants and young children*, Vol. 22, No. 4, 2009.

⁴⁴ Guralnick, M.J., 'The nature and meaning of social integration for young children with mild developmental delay inclusive settings', *Journal of Early Intervention*, Vol. 22, 1999.

⁴⁵ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3, 2010.

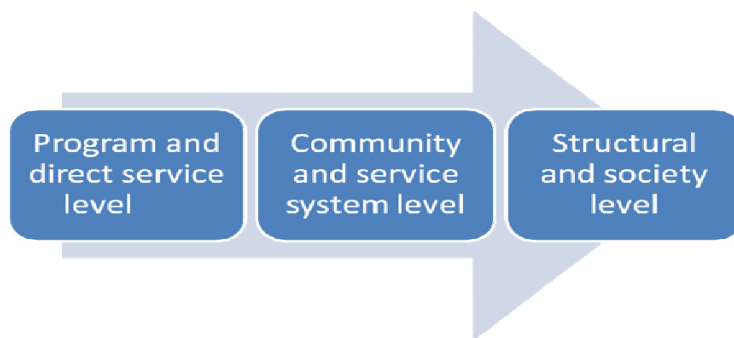
⁴⁶ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3, 2010.

participation in a broad range of family, community and professional resources available for all children and families.

This approach not only streamlines support provided to families in need, it reduces confusion and complexity that has been associated with a traditionally complex social support system, and ensures that families have the access to the services they require when and where they need them.

To take this argument further, a 2013 Report by the Benevolent Society argues that while early intervention in early childhood sector has been traditionally understood at the individual program level, these initiatives alone will not deliver the type of holistic support required to address vulnerability and disadvantage and sustain outcomes for the longer term. The report proposes a 'multilevel ecological approach' that drives intervention at three levels, as illustrated in Figure 1: Levels of early intervention:

Figure 1: Levels of early intervention:



Source, KPMG, 2014.

The levels of early intervention activities described outline that the program and direct service level provides early intervention activities targeted directly at children and their families – ie parenting support programs, programs for at risk families etc. At the community and service system levels, interventions target the nature of individual communities and aim to build social cohesiveness and support (ie through the facilitation of community meetings and the development of place based approaches to build community service cohesiveness and ensure that service access). The structural and society level system interventions refer to the wider social interventions that aim to address the negative social environments that fuel and sustain vulnerability and inhibit family functioning including government policies, funding, housing affordability, domestic and family violence.⁴⁷

This approach recognises the complexity of risk and protective factors to which children are exposed, and takes a comprehensive approach to early intervention – this multi-tiered model follows the strong evidence base on the range of factors at play in children’s broader social environments and the impacts that this can have on their development and wellbeing.

Culturally inclusive practice

The literature also refers to the importance of recognising the cultural and linguistic diversity of children and families and designing interventions to suit the needs and preferences of families. Best practice has resulted in the development of culturally appropriate practices for inclusive programs, as well as the development of ECI services for families from particular cultural groups.

⁴⁷ The Benevolent Society, *How prevention and early intervention saves money*, The Benevolent Society, October 2013.

4.2. The benefits of teamwork in early childhood intervention

Children with development delay or disability often require support from a number of professional services across disciplines, including medical personnel, therapeutic practitioners, and educational and development experts. The provision of services by multiple agencies with different procedures, processes and personnel can be daunting for children and their families. For this reason, best practice in ECI program delivery involves a cross-disciplinary integrated team approach. There are a range of approaches to 'teamwork' that are in place across the ECI sector, with each model representing a place on the continuum of best practice.⁴⁸

Figure 2: Continuum of best practice - teamwork models



Source: KPMG, 2014.

These models are explored below.

Multidisciplinary teamwork

Under this model, a range of professionals work independently with a family but do not have interactions with one another. Each specialist conducts their own assessment, develops own set of goals and works directly with the child. While this facilitates one on one support and ensures that particular specialists can apply their key skills – there is a lack of coordination between services, which can lead to conflicting advice, a lack of consistency, repetition, and frustration on the part of the family.

Interdisciplinary teamwork

This model involves a number of professionals that may work independently with families to conduct individual assessments and develop goals; however the professionals meet regularly to conduct and coordinate service planning activities. This approach reduces some of the overlap and conflicting advice that may be present under the previous model, however there are often still issues in a lack of continuity of care, with families feeling some stress from the myriad of professionals working with their child.

⁴⁸ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children*, Vol.76, No.3, 2010.

Transdisciplinary teamwork

Under the transdisciplinary model, a team of professionals works collaboratively with the family and share responsibilities for planning and implementing service responses. Families themselves are also valued members of the team and are involved in all aspects of the process. One professional from the team is nominated as the primary provider of care. Their role is to both ensure that families have one point of consistent contact, and that the broader team is updated and involved in supporting the family where required.

There are challenges inherent in this model as it involves a 'new way of working' for professionals in that roles are shared across transdisciplinary boundaries. As it requires a certain level of trust between the team it often works best with experienced practitioners.

This model is built on evidence that has seen transformation of human service sectors around a 'single case worker' model – and operates on the evidence that families more comfortable with one key worker. A consistent point of contact and support enhances coordination and is less stressful and confusing for families. Having a case worker to navigate through what is a complex system can reduce the strain on families and ensure that they remain engaged with the service system.

This model, and particularly its family centred approach aligns with best practice in early intervention services- it recognizes that families and caregivers need to be supported to provide the environment and experiences necessary for their child's optimal development, simplifies the families relationship with the team through single case worker, ensures that advice is well planned, considered and coordinated, involves family on all decisions, and reduces stress. Evidence shows that this approach can lead to less stress on the family, leading to better outcomes.⁴⁹

Primary service provider/key worker model

This model is similar to the transdisciplinary model, in that it involves professionals from across disciplines to work collaboratively, meet regularly and develop coordinated and comprehensive service responses. The aim of the model is to pool the skills of team members to ensure comprehensive assessment and intervention and drive efficiencies in the delivery of services.⁵⁰

A key worker is nominated to work in partnership with both the team, and with parents to build their capacity to support child's development. Their key role is to build a supportive relationship with the family, focusing on the child in the context of their family and their community.

The key worker aims to gain in depth understanding of families' context, circumstances and daily routines to inform the approach to developing capacity through everyday activities and environments. They have a secondary focus on building the confidence of parents and promoting participation and development through a strengths based approach.

This model is best practice, and represents' an enhanced version of the transdisciplinary model- and builds on this model in several ways: First, the focus is of support is broader than in transdisciplinary teamwork as it has usually been described. In the primary care provider model, the focus is on the environments in which children spend their time, and how these can be enhanced to promote the child's development and participation.

⁴⁹ Moore, 'Rethinking early childhood services', Presentation to the Biennial National Conference of Early Childhood Intervention Australia', 2012.

⁵⁰ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children, Vol.76, No.3, 2010.*

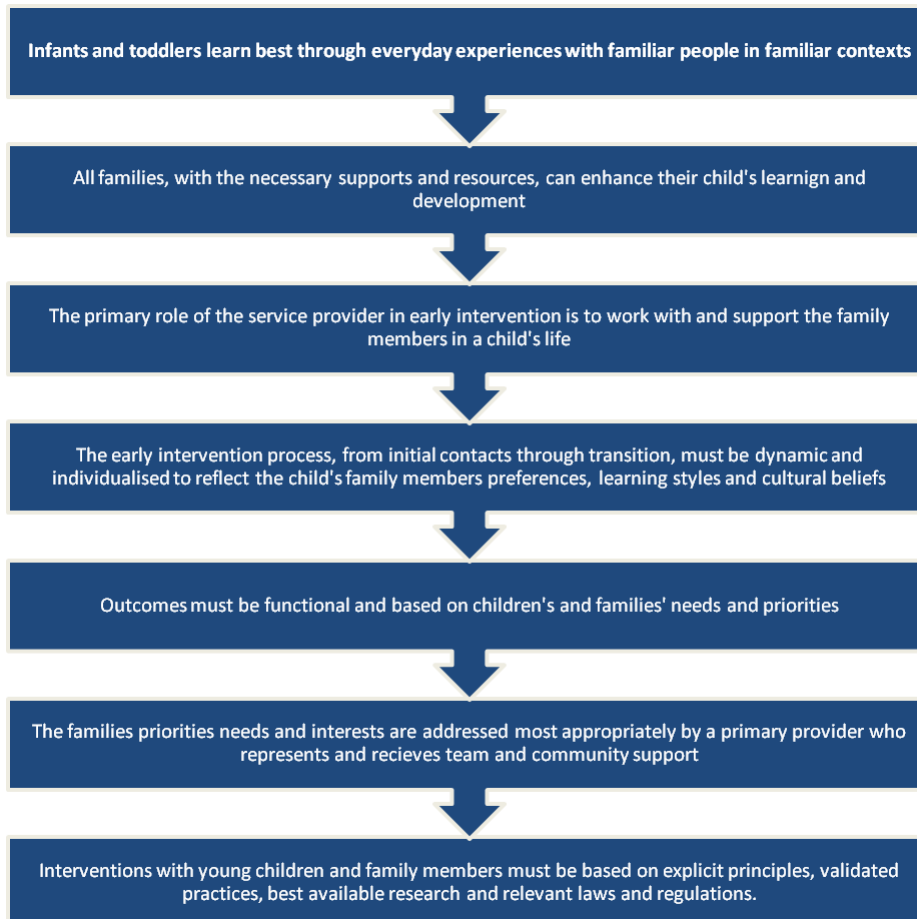
Further, the primary service provider model does not require role transfer or role release for the purpose of implementing interventions that would traditionally have been undertaken by other disciplines. If such interventions are required, the relevant team members should be involved; however the primary care provider still acts as the conduit for the expertise of the whole team in most situations.

This is not to say that other team members never have any direct contact with the child and family. They may be involved in a number of ways, including through joint visits for consultation or assessment purposes. The other team members are also responsible for providing an ongoing oversight of their specialty area in regard to the particular child, and for coaching the primary care provider in strategies that are relevant to the child and family.⁵¹

Best practice – a snapshot

The Workgroup on Principles and Practices in Natural Environments has developed a useful summary of the seven key principles that inform current best practice in early childhood intervention activities as highlighted in Figure 3: Principles and practice in natural environments (overleaf).

Figure 3: Principles and practice in natural environments



Source: Workgroup on Principles and Practices in Natural Environments, 2008.

⁵¹ The National Disability Insurance Scheme, 'Teamwork in early childhood intervention: recommended practices', www.ndis.gov.au, accessed 26 May 2014.

5. Integrating early childhood intervention within ECEC services

In 2012, Early Childhood Intervention Australia (ECIA), the national peak body for early intervention in Australia, conducted a stakeholder consultation process to gauge views on the inclusion of children with a disability into early childhood education and care settings. The consultation process revealed significant concerns amongst stakeholders in regards to the current level of quality, and inclusiveness that are present in ECEC settings.⁵²

Their report acknowledged the underlying tension between the two sectors that had been driven by the historical and professional divergences in their foundations. It also argued the critical importance of bridging the gap between the sectors through enhanced collaboration and a common purpose. Collaboration will lead to inclusive practice, and ensure that all professionals are equipped to effectively support all children regardless of their background and ability. ECIA made a number of recommendations to support collaboration of ECEC and ECI sectors, to move towards inclusive early childhood education:

- Need to effect professionals' attitude change through enhanced training opportunities and ensure staff feel supported to provide inclusive programs.
- A strong and skilled workforce is critical to effective and inclusive programs – there is a need to build workforce capacity through multi-layered and mandatory training, the addressing of staff shortages, funding and on-going commitment to best practice.
- Early childhood education providers and ECI specialists need to work together to share skills and knowledge- build common purpose and understanding.
- The need for all people working with and around a child with disability in an ECEC setting to operate as part of a team and collaborate to ensure that individual needs and circumstances are considered and addressed, and that the family is actively involved in the support.
- Need to address key barriers including a lack of collaborative skills, a lack of time for collaboration, negative attitudes towards collaboration and a lack of a common knowledge.

Viability of inclusive practice in ECEC settings

The central tenet of current best practice in ECI is meaningful participation. It therefore follows that children with developmental delay or disability should be included in mainstream ECEC settings and have access to the same services and opportunities as other children.

As a key rationale underpinning ECI activities is to enable children to participate meaningfully in their external environment, exposure to universal programs provided through ECEC settings can facilitate valuable interactions with other children and provide an opportunity for children to develop their functional skills.

⁵² Early Childhood Intervention Australia, 'Joint position statement with Early Childhood Australia', accessed at www.ecia.com.au, May 2014.

There are a number of challenges associated with ensuring that ECEC programs have the capacity and capability to provide inclusive and quality support services for children with disability and developmental delay, including:

- Challenge in ECI and ECEC practitioners working together
- Challenge in helping ECEC professionals to develop caring and responsive relationships with children with disability and developmental delay- responsiveness to cues- etc
- Additional resource needs to ensure children provided with level of care required – need for information sharing to give ECEC full information required.⁵³

⁵³ Moore, 'Rethinking early childhood services', Presentation to the Biennial National Conference of Early Childhood Intervention Australia', 2012.

6. Challenges and next steps

The best practice elements in early childhood intervention are clear, and include family centred care, team processes and natural inclusive environments. While these strategies are widely accepted in the literature, there are a number of barriers to their comprehensive implementation.

This section will highlight some of the challenges experienced by early intervention service providers, and propose some ways of addressing these challenges to ensure that ECI services are efficient and effective.

Diversity of children and families needs

Service providers are experiencing an increase in the number of children identified as eligible for ECI services, and have reported the increase in the complexity of needs of these families. The sheer volume of consumers, coupled with the diversity of needs that these families present, has placed strain on the ECI service sector. It has highlighted the difficulties in providing individualised tailored service responses in the context of limited staff capacity and limited funding.⁵⁴

Variability of service system

Currently, the quality of early childhood intervention services differs broadly across locations and service providers. This lack of consistency means that families' experiences can be determined by their physical location, which jeopardises the achievement of positive outcomes. This lack of consistency and information sharing also poses a barrier to the spread of information on best practice strategies, a key method for driving improvements across service sectors.

The need to increase accountability

Governments across Australia are looking to transition responsibility for ECI services to the non-government sector to align with the NDIS. While this approach will establish greater choice and control for individuals with a disability, build a stronger and more sustainable service system and drive improvements, there is a need to ensure that service providers are accountable to a consistent set of standards, and have responsibility for tracking and reporting on child and family outcomes.

An outcomes focus will ensure that services are accountable to consistent improvement with respect to individual family and child goals and aspirations, which is a central tenet of best practice.

Increase professional development opportunities

The ECI sector is under pressure with high numbers of families with high needs and children entering into the service system. A current lack of availability in comprehensive professional development activities translates into inconsistency in service quality and achievement of outcomes. There is a need to upskill existing ECI practitioners, as well as professionals working in ECEC settings to ensure that programs are inclusive and able to be tailored to individual need.

⁵⁴ Bruder, M., 'Early Childhood Intervention: A promise to children and families for their future', *Council for Exceptional Children, Vol.76, No.3, 2010.*

Driving integration with ECEC sector

Evidence base has consistently demonstrated the value of inclusive and natural settings for all children. Integrating programs traditionally understood as ECI within universal ECEC settings will enhance the sustainability of programs, increase efficiencies and improve outcomes. Bruder proposes a model whereby all children participate in quality early childhood education – with children demonstrating behavioural or learning difficulties then provided additional support and increased intensity as they need.⁵⁵ The key elements of this model, including early identification of need, responsiveness, and evidence based responses will benefit all children through an inclusive and natural setting.

⁵⁵ Ibid, 2010.