

BRIEF**Department of Families, Housing, Community Services and Indigenous Affairs**

MaPS.Net PDR Id	BR08-001180		
Critical Date	27/8/2008 – Meeting DPM Gillard		
Consultation	Media		No
	Group Manager		No
	Deputy Secretary		No

To the Parliamentary Secretary for Disabilities and Children's Services
for information

cc: Minister for Families, Housing, Community Services and Indigenous Affairs

Subject: Meeting with Deputy Prime Minister Gillard - Disability Early Intervention

Issue: How to best maximise the inclusion of children with disability and their needs in the early childhood framework.

This briefing provides information on how to best maximise the inclusion of children with disability and their needs into the proposed Early Childhood Framework. The Early Childhood Development Framework seeks to develop a strategic policy framework which will provide a vision for the next ten years and beyond for outcomes for children in their early years.

022
Irrelevant
Material

The relevant branches within FaHCSIA and more widely across Commonwealth government and the States and Territories have been consulted to provide the information in **Additional Information**.

Best practice approaches for early intervention programs appear to be consistent across the different types of disability. Early intervention programs involve ensuring individualised programs are implemented as early as possible in the child's life. The need to ensure a wide range of specialists are involved in delivery of the programs together with parents and family members is also seen as a key step in the child's development.

The necessity to address the needs of children from birth to six years is important as this is considered the most rapid period of development after prenatal development.

A list of additional support and equipment required by children with disability is provided in **Additional Information**.

Recommendation:

1. Note the information provided in relation to early intervention programs and inclusion of children with disability in the Early Childhood Framework

Noted / Please Discuss

IN CONFIDENCE

Name: Phil Alchin. Date:
Position: A./g Branch Manager
Branch: Disability Policy and Coordination Branch

Contact Officer: Leanne Merrett
Ph: 6244 5766

or Irrelevant material

Comments (MO use)

Signature:

Date:

Ratings Box

Rating	Quality	Timeliness
Unsatisfactory		
Satisfactory		
Good		

Additional Information

Maximising the inclusion of children with disability into the early childhood framework.

Research has shown that children with disabilities benefit from participating in mainstream educational settings and do not necessarily learn any better, either socially or academically, in special schools.

Ways to maximise the inclusion of children with disability include:

- Ensuring appropriate education and training is provided to teachers and administrators of main stream education institutions;
- reduce red tape and confusion around entitlements to different benefits available to assist children with disability access main stream education options;
- target effective interventions at families most able to benefit from them; and
- ensure interventions are more closely integrated between suppliers of services and educators.

} 22
Irrelevant
material

Best practice approaches to early intervention for children with disability in general

From the available evidence the following key points have been identified as being applicable to all forms of early intervention for children with disability. These include:

- Comprehensive, multidisciplinary diagnostic assessment from an interdisciplinary team;
- professionals who work with young children require a sound grasp of development in the early years and the skills in talking with and listening to families;
- intervention needs to begin as early as possible in the child's life (between 2 and 4 years);
- individualised plans for education requirements should be designed to best fit needs and strengths;
- content and focus needs to be specific and tailored to the child concerned;
- program needs to be of at least 20 hours per week over an extended period of at least 2 years;
- delivery of programs in both centre-based and individual/home-based setting are valuable;
- highly structured program design is essential. Program needs to be well organised, regular and predictable, focused on specific objectives and consistently managed;
- low child/staff ratio with a maximum 4 children per teacher; and
- systematic connection and integration between early intervention programs and next stage of life.

Best practice approaches to early intervention for children with autism include:

- specific curriculum content focusing on attention, compliance, imitation, language and social skills;
- highly supportive teaching environments which deal with the need for predictability and routine, challenging behaviour, obsessions and ritual behaviours;
- support for children in transitioning from preschool to school;
- support for family members including partnerships with professional involved in treatment;
- functional approach to problem behaviours including positive behaviour support;

IN CONFIDENCE

- teachers, therapists and child care personnel require specialised training in working with children with autism;
- provision of information about Autism and services available at key times such as diagnosis and school entry; and
- Multidisciplinary collaborative teams such as speech therapists and counselling.

Types of educational interventions programs utilised for children with autism include:

- behavioural interventions which focus on application of learning theory and skill development;
- developmental interventions focused on building relationships and development of social emotional capabilities;
- therapy based interventions focussing on communication and social development or sensory motor development;
- combined interventions incorporating behavioural and developmental strategies;
- family based interventions focusing on working with families to develop skills; and
- other interventions such as music intervention therapy.

Best practice approaches to early intervention for hearing impaired and deaf children and vision impaired and blind children

With the advent of Newborn Hearing Systems, more babies are now being identified with deafness or hearing loss earlier than ever before. With the newborn hearing screening system, parents who had no concerns about hearing are finding out through a simple and routine "test" that their child is deaf or hard of hearing. Most States and Territories have centres for the hearing impaired that provide early intervention programs including preschool programs.

In relation to children with hearing impairment, research has shown that:

- children who are early identified and receive intervention prior to six month of age have significantly better receptive language, expressive language, personal-social skills, receptive vocabulary, expressive vocabulary and speech production.
- the benefits of early identification and intervention (prior to six months of age) can be demonstrated from 12 months of age through seven years of age.
- language development of children who are early-identified and receive early intervention services does not differ by degree of hearing loss, from mild through profound.
- both children who use speech as their mode of communication and those who use sign language benefit from early identification and intervention.
- parents of early-identified children report significantly less stress than parents of later-identified children.

Early Intervention programs can include a mix of any of the following services:

- assessment and planning – to determine the future needs of each child;
- individual teaching/therapy sessions for children and parents;
- group sessions for children and families; and
- courses and workshops for families

The Royal Institute for Deaf and Blind Children (RIDBC) design programs to foster children's social and emotional development, and to enhance their initiative, self-esteem and independence. RIDBC preschools provide as many first-hand experiences as possible to help children develop an awareness and understanding of the world.

IN CONFIDENCE

This is especially important for children with vision impairment – for example, when you have vision impairment it's very difficult to understand what a chicken is, unless you have a chance to touch one. Parents are an integral part of the preschool program and are kept up-to-date with their child's progress. Families enrich the program by sharing special skills, interests and knowledge with the children. RIDBC preschools maintain a high ratio of staff to children.

Best practice approaches to early intervention for children with Down Syndrome

Best practice for children with Down Syndrome includes providing extra assistance in areas such as:

- speech pathology;
- physiotherapy; and
- stimulation through many types of experiences with different people, places, toys, sounds, feelings, etc.

This is in addition to the general best practices as outlined earlier.

Best practice approaches to early intervention for children with Cerebral Palsy

Family-centred, early intervention programs applying principles of conductive education for families who have a child aged twelve months to six years with physical and/or multiple disabilities (in particular Cerebral Palsy) have been effective in addressing a range of developmental areas including:

- communication,
- physical,
- sensory,
- cognitive,
- social and
- emotional.

These programs need to include opportunities to participate in a variety of activities which are readily accessible to able children of similar age.

Conductive education is an educational system developed by Andreas Peto, a Hungarian physician who recognised that a physical disability is a learning difficulty to be overcome rather than a condition to be treated. Conductive education is basically a system for teaching children and adults with a physical disability that they are able to participate in the opportunities of life. One of the keys to the success of the early intervention programs is that the children's progress is being continually monitored and the programs are adjusted to meet their needs.

Extra Support/Equipment required by children with disability

The AIHW report on Children with Disability in Australia found that the most common type of support arrangement provided was special tuition, which was provided to 64% of students in special schools and special classes and 17% of students in ordinary classes. Another relatively common form of support was the provision of a signing interpreter, counsellor or disability support person.

- Closer support from teaching/child care staff including higher ratio of staff to children and better educated providers;
- specialised training of staff and ongoing skill development, not only in meeting social and educational needs, but also in use of specialised equipment;
- early assessment and identification of children with disability;

IN CONFIDENCE

- specialised equipment for visually and hearing impaired children, including computerised equipment and specialised software such as voice recognition and screen reading software;
- appropriate facilities such as lifting equipment, appropriate changing facilities, fencing, ramps, rails and playground equipment;
- transportation to and from services including for children outside normal catchment areas; and
- better induction and transition to and from childcare and to mainstream or special schooling.

Other areas currently being developed that impact children with disability

The Government is currently developing a *National Child Protection Framework*. Consultations have been undertaken with state and territory government agencies involved with child protection, a range of community organisations, peak bodies, academics and members of the public. It is expected that the framework will be finalised at the end of the year and that it will be a practical, action-focused document that takes a holistic approach to child safety and wellbeing.

The Government provides a number of early childhood programs that are directed towards supporting and strengthening the capabilities of parents and communities, with a view to ensuring positive early environments for children. These programs encompass both universal and targeted approaches to early intervention for children 0-5 years, their families and their communities.

- Universal approaches encourage optimal development in all Australian children. An example is community playgroups, which provide a stimulating environment for children and their parents that promote children's cognitive, social, physical and emotional development.
- Targeted approaches redress the effects of different forms of disadvantage. Examples include music therapy sessions for young children and Intensive Support Playgroups, which provide structured support through qualified expertise to young Indigenous children and their parents.