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PRESENTATION ABSTRACTS

This document contains abstracts for presentations within the Conference Program.

Abstracts are sorted in order of presenting authors' last name.

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Early Childhood Intervention: An integrated and multi-disciplinary approach

K. Adcock, Caboolture Early Years Centre, Queensland
A. Dawkins, Caboolture Early Years Centre, Queensland

The Early Years Centre is an initiative by the QLD government to provide universal and targeted early intervention and support for families with young children. This Early Years Centre is located north of Brisbane in an area identified as having a high proportion of vulnerable families with young children who may experience a variety of stressors bringing about risk factors that can affect family functioning effective parenting and best outcomes for children.

The Early Years Centre is unique in that it adopts an integrated service delivery model which is implemented through a multi-disciplinary team. This team consists of Family Support Workers, Child Health Nurses, Allied Health and Early Childhood Educators. Integration within our service is evident through our integrated facilitation model for universal and targeted programs and individual family support. Integration is supported by elements such as integrated case management, joint case conferencing, intake meetings, and professional development for the ECE sector and community engagement.

The process of achieving an integrated service has not been without its challenges. The coupling of dual bureaucracies differing cultures and medico legal implications have provided ongoing difficulties. However with an ever developing shared values system and applying a “no wrong door” approach for the families within our community, the team has achieved a highly functional service. In a recent evaluation conducted by an external company on behalf of the QLD government, the Caboolture Early Years Centre was noted for achieving high levels of integration.

This integrated model enables families to have access to holistic support regardless of their entry point to the service. The outcome of this is that families are provided with appropriate support that is related to the particular needs of the family at the right time by the right professional. This support may be in the form of general information and advice, individual intervention or being provided with an appropriate referral pathway. This offers the family a wrap-around service to support optimal parenting and best outcomes for infants and young children (0-8yrs).

Developing key worker skills and knowledge in early childhood intervention

S. L. Alexander, Noah's Ark Inc., Victoria

This paper will present the findings of a research and development project undertaken by Noah's Ark, Victoria's largest Early Childhood Intervention and Inclusion Support agency. The project culminated in the publication of *The Key Worker: Resources for Early Childhood Intervention Professionals* (Alexander and Forster 2012), which describes the family liaison part of the Transdisciplinary Key Worker role in Early Childhood Intervention and the development of a highly successful online course.

The Key Worker Online Course is an in-depth 18 week (1 hour per week) course which will run twice yearly from February 2014. The course has been designed using the Participatory Adult Learning Strategy (PALS) (Dunst and Trivette 2009) model of adult education. Throughout the course, participants complete reading and participate in online discussions about their practice. They are provided with tools and resources to support them to develop their skills, confidence and knowledge in this part of their role.

While the course is primarily for Early Childhood Intervention Professionals, it has also been highly valued by the Pre-School Field Officers, special school and early childhood educators and managers of Early Years services who have undertaken it so far around Australia and overseas.

The paper will discuss the five key elements of a key worker role, why and how each of these five elements support family functioning, enhance family well-being and build parenting skills, knowledge and confidence to enhance child development for children with a disability or developmental delay. It will present the findings from the review of the online course, providing both qualitative and quantitative data on the outcomes of this method of professional development.

Overcoming the tyranny of distance: Delivering services to families of children with ASD in rural and remote locations

J. Ashburner, *Autism Queensland, Queensland*

J. Beetge, *Autism Queensland, Queensland*

V. Preston, *Autism Queensland, Queensland*

S. Vickerstaff, *Autism Queensland, Queensland*

Autism Queensland offers short-term, intensive programs that deliver highly individualized, trans-disciplinary support to children with autism spectrum disorders (ASD), their families and local service providers throughout Queensland. They are conducted at the child's home and/or early childhood setting. The programs address social, emotional, communication, environmental and safety needs. They also include a significant component of parent and/or staff coaching as well as the creation of individualised resources. In 2013, Autism Queensland was funded by the Australian Government Department of Social Services to conduct a study that explored the lived experiences of parents and service providers of children with ASD who received an extension to their early intervention service via remote technology, with a focus on parent coaching. The participants included four parents of children with ASD and eight local service providers from rural and remote locations in Queensland, Australia. Using a qualitative content analysis, four key themes and associated subthemes emerged from the interview data: connection, support, convenience and stress. Remote technologies enabled services to be provided more conveniently in terms of cost, time and travel, and enhanced connections with and support of parents and local service providers. All participants suggested however, that remote technology should augment rather than completely replace face-to-face contact with clinicians. The results provide preliminary support for the use of remote technologies to extend early intervention services to children with ASD and their families and service providers using a parent coaching model.

Creating opportunities through partnerships for community inclusion

C. Atkins, *Family Insight Inc., New South Wales*
R. Callinan, *Weston Public School, New South Wales*
R. Dibley, *Hunter Prelude, New South Wales*
T. Silva, *Hunter Prelude, New South Wales*

Strong partnerships are crucial for the successful inclusion of children with developmental disabilities in their communities. This presentation will discuss the journey Hunter Prelude has taken over the past 3 years towards developing effective partnerships to create opportunities for children birth to six years of age with developmental disabilities and their families to participate in their everyday environments in the Hunter region in NSW.

Over the past 3 years, Hunter Prelude in collaboration with families has formed partnerships with a range of community organisations such as the Department of Education and Communities, Hunter New England Health services, Family support services and Aboriginal and Multicultural services.

These services work together in various parts of the Hunter to:

- Link families with others in their local community
- Strengthen family relationships
- Work alongside families to develop appropriate strategies to engage with their children
- Provide opportunities for play and interactions
- Support referrals and transitions

Hunter Prelude runs 7 community programs within local schools, local refuges, within a Multicultural women's group and an Aboriginal specific playgroup to provide prevention and early intervention support to young children and their families. These play sessions are facilitated by a multi-disciplinary team including family support and allied health staff.

This paper examines how partnerships enable the multidisciplinary team to support inclusion and the transitions of children and families within their community.

Growing Together: The working partnership between parents and professionals in an early intervention program for children with hearing loss

J. Balfour-Ogilvy, *Hear and Say, Queensland*
C. Fitzgibbon, *Hear and Say, Queensland*

Hear and Say is the largest paediatric Auditory-Verbal Therapy early intervention and implantable technology program for children with hearing loss and their families in Australia. The program has a strong research basis and clinical practice is guided by this research. The early intervention program is based on the 10 Principles of Auditory-Verbal Therapy, where the working partnership between parents and professionals is essential to achieve the desired outcomes for our children. Parents are coached and guided to develop Auditory-Verbal techniques that optimise their child's capability to learn to listen and use spoken language. Professionals are required to question and listen to the parents experiences and adapt therapy plans to suit the family and child. In a joint presentation, a parent and a professional will outline the 10 Principles of Auditory-Verbal Therapy and how the skills learnt in individual therapy lessons were carried over into meaningful everyday interactions at home and in the wider community. The presentation will also discuss how the development and maintenance of a strong and positive partnership between a parent and a professional can have amazing outcomes for a child with profound hearing loss. Video footage and photographs will demonstrate aspects of the program.

Generic behavioural support planning for children with Autism transitioning to school

W. Beamish, Griffith Institute for Educational Research, Griffith University, Queensland

Many young children with autism have serious levels of challenging behaviour, and when they commence school, the presenting behaviour not only impedes learning, but also causes teachers major difficulties and inhibits relationship building between the child, staff, and peers. At the present time, a functional behavioural assessment is typically carried out by specialist staff before an individualised behavioural support plan is put in place. This procedure takes time, effort, and expertise. A small action research project was established to investigate the possibility of developing a generic behavioural support plan (GBSP) to replace the individualised assessment-and-planning procedures. This paper reports on the process used to develop a GBSP and related materials for children with autism in Queensland Prep classes. The GBSP and materials were primarily shaped for use by early childhood teachers in regular schools, and examples of these materials will be presented. In this project, four teachers at primary and special schools acted as “critical friends” and their views on the value of the GBSP as a viable intervention will be shared.

Community, Connect, Collaborate. Oi! Oi! Oi!

S. Becker, *Lifestart Cooperative Ltd, New South Wales*

L. C. Wicks, *Lifestart Cooperative Ltd, New South Wales*

The prevalence of popular and accessible technology options within the community provides opportunities for organisations like Lifestart to utilise these innovations to effectively support the collaboration of Early Intervention professionals, service users and those living and working in rural and remote settings more effectively.

This interactive presentation will introduce 2 innovative projects both utilising popular technologies that Lifestart staff and service users have participated in and evaluated. Online blogs, created with a clinical focus for professionals and the development of a multi organisational online platform “Oi” (Online Inclusion). Key features and functions of the clinical blogs and Oi platform will be outlined and demonstrated.

The development of clinical blogs combined with targeted support and training for professionals to successfully utilise technologies has created more opportunities for them to connect, share ideas and post resources related to practice. In the initial phase of the project networking opportunities for Lifestart staff extended across Metropolitan Sydney. The key features of the clinical project will be outlined with the outcomes of the project evaluation and future directions summarised.

The Oi platform operates as a structured formal online platform. It is designed to provide information and interactive experiences for a range of users seeking information, resources and support on a variety of topics relevant to disability across the life span. In addition to accessing information and resources, online services include individual therapy, group sessions, chat groups, webinar and e-learning opportunities. The Oi project has a strong emphasis on collaboration, seeking to form partnerships with key organisations to make access to information and navigating support co-ordinated and streamlined for platform users.

Opportunities for expansion of both projects to include families, carers and early intervention providers including those operating in rural and remote areas will be discussed.

Investigating attachment and young children with complex needs

S. Bernardo, Faculty of Education and Social Work, University of Sydney, New South Wales

D. Evans, Faculty of Education and Social Work, University of Sydney, New South Wales

C. Little, Faculty of Education and Social Work, University of Sydney, New South Wales

M. Rennie, Royal Institute for Deaf and Blind Children - Matilda Rose Early Intervention Centre, New South Wales

The study explored how attachment developed in young children with complex needs. Such children and their families are under intense, emotional stress, navigating through the maze of early intervention providers, assessments, referrals, policies and funding. Due to the immediate health needs of their child, families often face frequent hospitalisations, with parents experiencing anxiety about welfare of their child. These factors all impact on the quality of the attachment relationship, and often this crucial relationship between child and caregiver does not develop into a secure attachment. It is proposed that service providers aware of the significance of developing secure attachment to the child's overall development will collaborate with the child and caregiver to ensure attachment security forms, whilst catering to the family and child's individualised, complex needs.

A multiple-case study research design was used to obtain qualitative and quantitative data from three children and their families attending separate early intervention centres. Interviews and videotaped sessions of the child, family and service providers were the primary sources of data, supplemented by site observations, a demographic questionnaire and assessment of family dynamics. A quantitative analysis of the videotaped data through video analysis software tracked attachment quality and development over a period of time. Results from the other sources of data converged to gain an in-depth picture of attachment development from each case study. A cross-analysis of results from each case study was conducted to establish trends across the three case studies. These trends will be discussed in terms of developing secure attachment with young children with complex needs, and implications for caregivers and service providers.

Drama as pedagogy in early childhood

B. Berrington, *The Song Room, Victoria*
T. M. Cronin, *Mount Ommaney Special School, Queensland*
J. M. B. Green, *Mount Ommaney Special School, Queensland*
L. E. Fincham, *Mount Ommaney Special School, Queensland*

Mount Ommaney Special School and Early Childhood Development Program caters for a diverse student population (birth-18 years), including students with severe multiple impairments and complex medical needs.

The Song Room is a national not for profit organisation that provides tailored, long-term music and arts-based programs for children in disadvantaged and high need communities. Programs are based on research and have been demonstrated to improve educational and social outcomes and to help schools sustain their own music and arts programs. The Song Room delivers its programs to around 250 schools and communities each year.

This presentation and interactive workshop demonstrates the benefits of drama as a pedagogy within early childhood intervention programs. Through a combination of data, research and lesson footage the presenters are able to demonstrate how the program has achieved significant learning and social outcomes including increases in class participation, ability to concentrate on tasks, enthusiasm for learning and levels of self-expression. The workshop will:

- Provide an overview of the positive outcomes to students, staff and the wider community that are being achieved through an effective school/community partnership
- Demonstrate the research based evidence that identifies drama as an inclusive pedagogy that is overcoming barriers to student engagement for diverse learners
- Investigate how drama supports students with disabilities to access and be assessed against the Australian Curriculum learning areas
- Explore how to embed students ILP goals including communication and mobility goals within drama lessons

Mount Ommaney Special School's drama program, designed in collaboration with The Song Room, engages students in education through storytelling and dramatic play. Students participate in regular drama sessions that provide innovative opportunities to create and connect with the world around them. This research based pedagogy assists students to engage in a fun and enjoyable manner

In 2011 the program received national recognition receiving a NAB Schools First Impact award. Additionally the program was featured in the 2013 documentary 'Just Imagine', which was selected for screening at the Brazilian International Disability Film Festival, while the partnership also features in the Australian Council for Educational Research publication 'Partnering for School Improvement'.

Are we forgetting parent occupations?

A. Bhojti, *Department of Occupational Therapy, Faculty of Health Sciences, La Trobe University, Victoria*
T. Brown, *Department of Occupational Therapy, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria*
P. Lentin, *Department of Occupational Therapy, Faculty of Medicine, Nursing and Health Sciences, Monash University, Victoria*

Having a child with disability is an unexpected event for most parents and can lead to consequences such as loss of engagement in activities that earlier gave meaning and purpose to life and loss of previous occupations for parents such as employment, leisure, daily living, rest and sleep. Almost 8% of children in Australia present with disability and 99.7% of them live in family households, needing assistance for most of the time with self-care, communication or mobility, provided mainly by their parents. Parenting is an important occupation and care-giving is an important occupational role for parents.

Parent occupations change after having a child with disability and this can have an impact on their family quality of life. Roles and responsibilities of being a parent of a child with disability can cause restrictions in parent occupations that were important for self-identity. Consideration of parents' occupations can enable early childhood intervention workers to better address family needs.

A literature review was conducted to find out if there was any evidence of changes to parent occupations following a child with disability and their family quality of life. Results were collated to correlate the impact of changed parent occupations on their family quality of life. This paper presents some findings and implications for practice.

Bridging the Research Practice Gap: Therapy Interventions - Is our practice evidence based?

***A. Bhopti**, Department of Occupational Therapy, Faculty of Health Sciences, La Trobe University, Victoria*

Practice has moved significantly ahead in early childhood intervention services. Evidence based approaches and models such as the ICF and the Canadian Model of Occupational Performance, guide our interventions. We don't even like using the word "Intervention" anymore.

Evidence guides practice; however is there a research - practice gap? Are we using interventions that have been accepted as being evidence – based or are we practicing techniques because they feel right and we have done them for years? Or because they seem so right for the children and their families? Or because we think they work? Do we really look for evidence?

Therapists, including physiotherapists and occupational therapists use a wide range of therapeutic interventions in their practice with children and families. Some of these interventions have been used for many years and some are fairly new.

This paper aims to present a guide to interventions that have evidence and are recommended for use in practice, interventions that are still gathering evidence and need to be used with caution and interventions that have no evidence or support and should not be used.

Overcoming the Challenges of Collaborative Planning with Families.

K. Braithwaite, North West Specialist Service, Scope, VIC
and C. Clancy, North West Specialist Services, Scope, VIC

Motivation for this paper came from the presenters developing a practical guide to developing plans for ECIS clinicians within Scope. Through conversations with practitioners it became clear that, although there are numerous useful tools and resources on how to develop a collaborative plan with families, practitioners still experience anxiety about how this may be translated into a working relationship when sitting in the family's home. They discovered that there is limited understanding and value placed on the skills required in finding the right path with a family who you may be meeting for the first time.

This presentation will be a conversation between two ECI professionals about the challenges and benefits of collaborating with a family to develop a plan that is a working document. Using their experiences and case stories Kerrin and Celeste will chat about how they have incorporated the research and evidence around developing plans into relaxed and individualised interactions with families which provide a strong foundation for a collaborative working relationship. It will focus on the skills clinicians use to open up possibilities and explore the path with which intervention may proceed.

Possibilities and potential: Collaboration at first point of entry to ECIS

J. E. Brien, *Department of Education and Early Childhood Development, Victoria*

This paper will discuss key issues of support and collaboration with families, reflecting *National Quality Framework* (NQF) Practice Principles and the *Early Childhood Intervention Australia* Code of Ethics, and focussing on beginning the ECI partnership.

In Victoria, ECIS Central Intake is the first point of contact for families of children with a disability and/or significant developmental delay. During 2013-2014, a statewide ECIS Intake Improvement project has worked on developing consistency about processes, eligibility and priority to ensure that all families in the State may experience consistency and equality of opportunity at intake into ECIS.

Families' experiences at intake may set the foundations for their future expectations of and participation in subsequent services. At this earliest point of entry into ECIS, ECI professionals in the intake teams aim to collaborate with families, recognising and building on strengths, and working in partnership with families to assist in decision-making about their child. This commitment aligns with the NQF principle of respecting and supporting the role of parents and families. Shared conversations and the development of an initial Family Service and Support Plan focus on the identification of existing supports through universal services, information about additional supports and resources, elaboration on the role of ECIS, and documentation of initial goals or first steps linked to the family's aspirations for their child.

This early collaboration sets the scene for ongoing family-centred practice in ECIS. The NQF Principle of recognition of the rights and best interests of the child as paramount is reflected in a service provision model where ECI professionals and families collaborate on utilising naturally occurring routines and learning and development opportunities. The foundation for ECIS is based on the child's strengths, needs, capabilities, interests and real-life experiences...and this collaborative partnership reflects the aspirations of families and of the children themselves.

Parents' values and opinions of early storybook reading and current home reading practices

M. I. Brown, College of Education, University of Canterbury, New Zealand

G. T. Gillon, College of Education, University of Canterbury, New Zealand

M. F. Westerveld, School of Allied Health Sciences, Griffith University, Queensland

The benefits of storybook reading on children's language and social development has been well established. However, few studies have focused on very young children or on children who are at risk of language delays. This study addressed this gap in the literature by examining parents' current values, opinions, and home practices related to early storybook reading with young children below three years of age. Early storybook reading is one of the most effective methods to promote early communication and social skills (Fletcher & Reese, 2005). Therefore, gaining an understanding of what parents currently value and what reading activities they engage in is important in order to keep encouraging parents to read to their infants to enhance their communication skills and potentially prevent communication delays.

The following research questions were posed: 1) What are parents' current opinions on early storybook reading, 2) How frequently are parents engaging in reading activities with their young children, 3) What type of books do parents read to their young infants, and 4) Do parents use any reading techniques or strategies? To answer these questions, parents were asked to complete a questionnaire (either online or a paper copy) containing 46 questions. Participants were recruited from playgroups, childcare centres, mother and child exercise classes, baby rhyme time sessions at libraries, shopping malls and general practitioner offices. A total of 116 questionnaires were completed by participants from a range of low, mid, and high socio-economic areas from Brisbane, Queensland.

The presentation will provide an overview of the questionnaire and outline the parents' current beliefs and practices of early storybook reading. This study is one of the first studies to document the opinions of parents from differing socio-economic backgrounds and will provide important information to guide future general promotion or intervention services related to early storybook reading.

The importance of belonging

A. Bruce, Noah's Ark Inc., Victoria

"We all have one basic human desire to belong and feel significant" (Adler, A. 1938).

As one of the core values in the Early Years Learning Framework (EYLF), belonging is recognised as critical in a child's development; "...*the basis of relationships in defining identity*" (EYLF, 2010).

This presentation discusses the impact on belonging when a child has a disability. It will challenge participants to reflect on their childhood experiences of inclusion and disability and identify where core beliefs have stemmed from. How do our experiences shape our expectations?

Looking at preschool children we see that they have the innate ability to see their peers as capable individuals. Without trying they expect their peers to be able to participate; they have the highest expectations. How can we help support children to continue to see others as capable individuals?

Children with a diagnosed disability enter an early childhood setting and an assumption can be made of what they can and "cannot" do. Is knowledge always power? Does this determine their chances of true inclusion? Are we unintentionally isolating these children from their peers?

Participants will also cover topics such as:

- The importance of social inclusion and peer connectedness
- How to build children's skills in feeling safe around other children's behaviours
- How our expectations directly affect children's expectations and understanding of disability

To conclude, we will explore how to support the human desire to belong and recognise that belonging presents differently in all children. What would the future for people with a disability be like if we supported true inclusion now?

The social inclusion of children in everyday activities: A novel approach to measurement and its application for children with hearing loss

G. Constantinescu, *Hear and Say, Queensland; First Voice, New South Wales*

A. Davis, *The Shepherd Centre, New South Wales*

D. Dornan, *Hear and Say, Queensland; First Voice, New South Wales*

R. L. Phillips, *First Voice, New South Wales*

A child's participation in their community can be evaluated by measuring their social inclusion. Social inclusion is of growing interest to early intervention providers and is increasingly identified as a desired outcome in key policy documents, particularly for children with disabilities. Nevertheless, a common understanding has not been reached in relation to what the concept of social inclusion encapsulates and how it should be measured. This limits the ability of early intervention providers to measure the social inclusion of children who receive their services. The objectives of this study were to: 1) develop a framework for measuring social inclusion in children; and 2) apply the framework to benchmark the social inclusion of children with hearing loss receiving early intervention against typical hearing children. This presentation will provide an overview of the literature review which informed development of the framework that encompasses five key faces (perspectives) of social inclusion: economic participation; health and access to services; personal independence and self-determination; education; and interacting with society and fulfilling social roles. It will also describe how the framework guided the development of a survey to benchmark the social inclusion of children with hearing loss receiving listening and spoken language early intervention against typical hearing children. The benchmarking found that this cohort of children had comparable social inclusion levels to, if not better than, the typical hearing children, providing support for the positive influence that this early intervention approach has on the social inclusion of children with hearing loss. In conclusion, the conceptual framework developed and applied in this study can guide the comprehensive, holistic measurement of social inclusion in children across five faces. This framework enables the measurement of how connected children are in their environments through meaningful interactions and behaviours, rather than solely their physical presence in situations.

Learn through Play and Routines

Sue Davies, Education and Training Consultant, Canberra

Parents of young children with significant disabilities often wonder whether they are doing enough to encourage their children's development. They may be getting help and advice from early intervention professionals, but sometimes they wonder what more they could be doing. Professionals may also need help with strategies to support families to work effectively through daily routines and natural play activities in the home environment.

"Learn Through Play and Routines" is a New Zealand and Australian resource produced by the New Zealand Down Syndrome Association in collaboration with the Champion Centre and the University of Canterbury. Sue Davies, who is presenting this paper, has been involved with the making of this DVD to provide the Australian input. The DVD shows families how to support their infants and young children with disabilities to make the most of everyday life through exploiting and enhancing natural play activities and the day-to-day routines of home and community. Through the addition of music, visual supports and other strategies, activities such as getting dressed, having a bath and having a meal become enjoyable key moments of learning for the children.

In this presentation, excerpts from the DVD will be shown for the first time in Australia. Parents and their children will be shown engaging in natural authentic play activities at home and in the community and during predictable activities such as bed time, getting dressed and meal times. Early childhood intervention professionals will support these segments with commentary to extend learning about routines and play and then also look at trouble-shooting the challenges involved for families – *'well, that fine for that family, but my child would never.....'* It will also explore such issues of attention, regulation, compliance and expectations of parents.

Linking schools and early childhood: An overview of the Peninsula Early Learning Strategy - Pilot Project

F. Day, Education Queensland, Queensland
M. James, Education Queensland, Queensland

Objectives

Current research and policy suggests that an integrated and collaborative approach that forms strong links between schools, families, communities and early childhood services is most effective (*Rhode Island KIDS COUNT, 2005*). Therefore, the partnership vision was for **all students to be ready to engage with learning** as they enter their Prep year and for schools, early childhood providers, parents and communities to be able to provide support.

Summary

The Peninsula Early Learning Strategy (PELS) was a partnership between the Department of Education Training & Employment, Education Queensland, Early Childhood Education & Care sector, a cluster of primary schools, early childhood providers and local community support agencies facilitated by partnership broker Queensland Youth Industries Links. A working party was formed and collaboratively identified three priorities for the project: Increasing Parent Engagement, Enhancing Transitions into Prep and Building Effective Community Support Partnerships.

A series of forums were held to investigate needs relating to the key priorities identified by the working party, collaboratively gather information, strategies and current practice relating to the area of transition to Prep, provide professional development opportunities across sectors and build partnerships with community support services.

Conclusion

To date the project has resulted in a collaborative approach and positive changes to enrolment, orientation and transition practices from both Early Childhood providers and primary schools. This has assisted in the successful transition of students with high support needs. There has been an alignment of expectations for students entering Prep across the schools. Schools and Early Childhood providers have become more aware of available community supports. A communication strategy was established to ensure that these links remain strong and effective. The working party secured AEDI funding to be utilized in 2014 for future community and parent forums focused on students being ready to engage with learning. This project is ongoing but has already made a difference to students, families, schools and early childhood providers.

Disability funding in an individualised, market-based environment: Lessons from the Department of Social Services' early intervention programmes

***K. M. Delves**, The Department of Social Services, Australian Capital Territory*

***P. M. Miller**, The Department of Social Services, Australian Capital Territory*

The Australian Government administers two programmes designed to support the delivery of multidisciplinary, evidence-based early intervention to children with disability to facilitate improved cognitive, emotional and social development. These are the Helping Children with Autism (HCWA) package, introduced in 2008, and the Better Start for Children with Disability (Better Start) Initiative, introduced in 2011.

Both programmes provide families of children with eligible disabilities with up to \$12,000 to spend on eligible interventions up until the child's seventh birthday. Both rely on private service providers to supply intervention services to eligible children. Fees charged for services are determined by the organisation delivering services and not set by government.

By the end of 2013, more than 30,000 children have accessed over \$234 million in services under the HCWA package and more than 7,000 children have accessed over \$31 million in services under the Better Start initiative.

In addition to the direct service elements of the programmes, the Department provides funding for Early Days workshops for parents and carers, disability supported playgroups and community events and a website to provide information on early intervention approaches. The Department also supports six Autism Specific Early Learning and Care Centres (ASELCCs) across Australia, which provide early learning programmes and support to children with ASD in a day care setting.

This presentation will draw on data from recent projects commissioned by the Department including evaluations of both HCWA and Better Start and a Client Outcomes Survey of families on both programmes. Findings of these projects will be utilised to structure discussion about market based, child-centered approaches to administering early intervention support, including the advantages of such an approach as well as the ongoing challenges.

Mothers of children with special health care needs: Maternal well-being and engagement in work

J. A. Dillon-Wallace, *School of Early Childhood, Queensland University of Technology, Queensland*

L. A. Fordham, *Charles Sturt University, New South Wales*

S. H. McDonagh, *Charles Sturt University, New South Wales*

A. C. S. Von Behr, *School of Early Childhood, Queensland University of Technology, Queensland*

This study reports research focused on the well-being and employment experiences of mothers who have a child with special health care needs. Data are collected from 13 face-to-face interviews with Australian mothers who are currently engaged in paid employment outside the home and who also care for a young child with chronic health conditions and/or developmental challenges.

Thematic analysis is employed in order to explore child and family characteristics. Specifically, the health, well-being, quality of relationships and social supports of the mothers are considered. This study also examines their employment and work experiences, taking into account how care duties (alongside employment demands), affects work/life balance. The research model provides an appropriate lens to examine the range of external factors which directly or indirectly impact on mothers' well-being and their employment experiences. It allows judgments to be made about ways to effectively alleviate the impact of caring for a child with special health care needs, and engage in social and community contexts in more equitable ways.

This study reveals that in many ways, families who care for young children with special health care needs, may be similar to families of children who are typically developing. However, many mothers in this study reported diminished physical and psychological well-being across a range of outcomes. Many mothers reported high levels of social and partner support, however, employment experiences reveal difficulties in work/life balance. The findings of this study are discussed in terms of the implications for theory, practice and future research in an Australian context. Considerations for an expanded view of ecological theory in order to understand the well-being of Australian mothers who have children with special health care needs and their engagement in employment are highlighted.

Partners in change: Achieving more inclusive outcomes for all

***E. Dubber**, Early Childhood Intervention Australia, New South Wales*

Focus on Early Childhood Inclusion (FECI) is an Early Childhood Intervention Australia (NSW Chapter) project funded by the NSW Department of Family and Community Services - Ageing, Disability & Home Care, which aims to support the early childhood intervention sector (ECI) and wider community in promoting and sustaining the inclusion of children aged 0-8 years with developmental disabilities and their families.

The FECI project involves supporting the sector as ECI practitioners deliver services more inclusively, with a greater focus on ensuring that young children with developmental disabilities are given wide opportunities to learn and practise functional skills within everyday routines, and are supported to access and participate meaningfully in the community. These aims are consistent with the Early Years Learning Framework as well as the joint ECA & ECIA *Position statement on the inclusion of children with a disability in early childhood education and care*.

Evidence clearly demonstrates that families' goals for their child are best achieved when children are participating meaningfully in everyday environments. The process of supporting this participation will be explored in this presentation through a case study demonstrating how collaborative relationships can benefit ECEC and ECI professionals, as well as the lives of children and families. Practical examples will provide an opportunity for reflection on practices that respond to child and family needs.

The move towards more inclusive practices underlines the importance of strong relationships between all professionals in the early childhood sector. The presentation will explore the potential to improve outcomes for children by working together towards: common language, realistic strategies, collaboration and partnership, common goals and a mutual understanding of priorities and limitations. It will assist professionals to reflect on how they can enhance practices needed to support sustained inclusion of children with developmental disability. It will also showcase the tools, strategies and resources of the FECI project that are underpinning the collaboration between ECI providers and the ECEC sector.

I need you to give me more than blowing bubbles: What parents want from Autism therapists

C. M. Brebner, Department of Speech Pathology and Audiology, Flinders University, South Australia
A. G. Edwards, Department of Speech Pathology and Audiology, Flinders University, South Australia
P. F. McCormack, Department of Speech Pathology and Audiology, Flinders University, South Australia
C. J. MacDougall, Department of Public Health, Flinders University, South Australia

Parents of children with autism are often required to make decisions about which of a myriad of interventions to implement with their child. One of the factors influencing parental decision-making is their experience with autism interventions, and specifically with their child's therapists. Though there is some evidence outlining best practice for therapists when working with families of children with disabilities, few studies have examined this from a parental perspective.

This study investigated the qualities that parents want in autism therapists. Parents of children with autism (0-5 years post-diagnosis) were recruited from both public and private service providers in South Australia. Semi-structured interviews were conducted with 14 participants, as per the conventions of constructivist grounded theory. Thematic analysis was undertaken, which led to the emergence of two core themes; 'Partnership' and 'Effective Therapy'. The first theme reflected the participants' desire to work in partnership with therapists, and the need for therapists to collaborate and communicate openly, as well as forming a relationship with parents. The second theme reflected the participants' want for therapists to provide effective therapy that produces positive outcomes for their children, and the features that parents perceive as needing to be present in order for effective therapy to be delivered. The findings of this research have implications for how therapists work with families of children with autism, and ultimately the outcomes for children with autism, given that parental satisfaction can influence the therapy services accessed by families.

The iPad: Is it just a Fad?

P. Enright, Education Queensland, Queensland

Objectives

- To increase learning in the classroom
- To increase socialisation and peer acceptance
- To empower students' own learning and increase level of independence
- To increase level of access to the curriculum (including early concept development)
- To reduce cost of human / material resources for schools / families

Methods

1. To demonstrate how the iPad can be used to access to a variety of print materials (including epub, audio, and video).
2. Demonstrate how the iPad can be used to access the curriculum and to increase student participation to staff.
3. Work with students / families / staff on how to use the iPad to view the smartboard, enhance early concept development and encourage students to complete curriculum assessment tasks appropriate for the early years (e.g., review information displayed on a whiteboard / easel and view early readers).

Key Findings

Early indication show that students are:

- very keen to use the iPad in the classroom in preference to traditional technologies
- no longer limited that the type / style of media they can access
- able to play a leadership role in showing peers how the iPad is used.
- able to be more involved in peer interaction / discussions as they now speak the same language and can now share similar interests as their peers
- able to demonstrate more independence and take charge of own learning.

During the past 18 months, students have demonstrated how the iPad can be used to complete a wide variety of curriculum assessment tasks at a level dependent on their current core set of skills.

Developing the diagnostic protocol for infant and toddler abuse and neglect

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C. A. Essau, Department of Psychology, University of Roehampton, United Kingdom
J. Pithia, Department of Psychology, University of Roehampton, United Kingdom
F. Walji, Department of Psychology, University of Roehampton, United Kingdom

Domestic violence and neglect against infants and toddlers is rarely diagnosed before hospitalization. Even in hospitals, this form of violence against children is rarely recognized. The aim of this study, which is part of a large on-going project funded by the European Commission: Directorate-General Justice (DAPHNE III), was to examine mother-child interaction and to use that information to develop a diagnostic protocol for infant and toddler abuse and neglect. A total of 28 families, each with a child under 3 years of age, have so far participated in the present study. Ten of these families were recruited from clinical and 18 from community settings in the UK. Mother-child interaction during both free and structured play situations showed significant differences between mothers from clinical and community settings. Specifically, mother-child interaction among mothers from a clinical setting can be described as showing little reciprocity and little verbal elaboration. The mothers in this group also appeared insensitive to their child's behaviour and they tended to make significantly more negative expressions than mothers from community settings. Mothers from these two settings also differed in their sociodemographic characteristics, with mothers from clinical settings being significantly younger at the birth of their first child than mothers from community settings, and also more likely to not be in employment, more likely to have mental health problems (especially postnatal depression), and more likely to have experienced domestic violence. Based on these findings a diagnostic protocol for infant and toddler abuse and neglect is being developed so that infant and toddlers at risk of domestic violence and abuse could be identified.

One vision: Building consensus about inclusion across multiple stakeholders

***J. A. Forster**, Noah's Ark Inc., Victoria*

This session will be of interest to anyone working to build local, regional, state or national networks that support inclusion. At every level the achievement of high quality inclusion is impacted by whether there is alignment between the complex range of stakeholders involved, including parents, educators, early childhood intervention, inclusion professionals, training agencies, universities, policy makers and administrators. The process of building common understandings across stakeholders with different histories, expectations and expertise is highly complex. Building formal agreements on inclusion between key stakeholders, such as joint position statements between early childhood educators and early childhood intervention, is a recent phenomenon. This session will introduce one process for bringing together multiple stakeholders and give participants the opportunities to reflect on their own experiences and challenges.

In November 2013 Noah's Ark Inc and the Centre for Community Child Health, Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne convened a national Australian conference, called Reimagining Inclusion, with the express purpose of facilitating a national dialogue across stakeholder groups. The design of this meeting was critical. It combined traditional conference plenaries with a planning process. The plenaries built common knowledge on evidence, practice and collaboration and provided opportunities for the different stakeholders' perspectives to be heard. The planning process borrowed from search conference methodology, involving a smaller group of stakeholders meeting over three days. The process included discussion of: 'Where are we now?' and 'What do we imagine a desirable and feasible future to be?' It then addressed goals and priorities, constraints and blockages and future actions.

A number of cross sector working groups have continued this process after the conference looking at the broader promotion of inclusion, promoting inclusion in policy, clarifying roles and sharing and disseminating information. The conference design adds to our understanding of engaging stakeholder from different backgrounds.

Making the inclusion of all children in child care and early learning services a reality

***M. Fox**, Early Childhood Australia, Victoria*

***L. Matthews**, Early Childhood Intervention Australia, Victoria*

A universal systems approach is the way forward for guaranteeing the positive outcomes for children and families, however, as the Productivity Commission highlighted, significant gaps exist between ECEC opportunities for children with additional needs and those of other children.

This presentation will showcase the partnership between ECIA (VC) and ECA (Vic) to promote the Teaching Pyramid model as a way to focus on the inclusion of children with additional needs. The Teaching Pyramid was developed by Professor Mary Louise Hemmeter to promote social emotional development and prevent challenging behaviour in young children by promoting inclusion in universal ECEC settings and in broader family and community life.

New and innovative approaches that complement existing initiatives are required to facilitate a stronger focus on inclusion. The presentation will detail on how the Teaching Pyramid strengthens current practice and aligns with the NQF and EYLF through its focus on children's well-being and skills development.

ECIA VC and ECA's work to promote inclusion at both a State and National level will be interactively demonstrated through, using local practice examples, which highlight professional development and capacity building work undertaken with Professor Hemmeter and services to improve inclusion and to develop collaborations between ECEC and ECI professionals.

Learnings from other jurisdictions will be presented by Lauren Matthews who will discuss her April 2014 study tour to the US where she met with programs, communities, academics and States that have successfully implemented the Teaching Pyramid.

Finally, the presentation will look at where ECIA (VC) and ECA (Vic) will go next with this work through comprehensive Australian led training, field trials, leadership development and advocacy for comprehensive investment and support to ensure the inclusion of children with a disability and their families in not only ECEC but in all aspects of family and community life.

Don't forget the siblings

D. Fuqisang, Tasmania

Research consistently reveals that the lives of all family members who live with a child with disability are affected by the disability in diverse ways. It is also well recognised that health and educational professionals need to consider a family-based approach when supporting such families. Understandably, significant resources are spent on supporting the child themselves and to a less extent, the parents. However, the needs of the siblings are often overlooked - not only at government level, but in the community, at school and sometimes even at the family level.

Siblings often have a very close relationship with their disabled brother or sister, and positive things can evolve from this relationship. For example, the sibling can become more tolerant, patient and compassionate and be more sensitive to difference within the community. Sometimes however, the sibling will feel embarrassed, isolated, angry, resentful and sad and may suffer periods of withdrawal or even depression as a result of the pressure on the family as a whole.

This presentation will attempt to answer the question of why and how we should support the siblings, who will share with the parents many of the same experiences, but at a time of their lives when they may lack adequate coping mechanisms because of emotional and cognitive immaturity. It will examine this question alongside one family's experience, told through the eyes of the mother of four daughters, the youngest of whom, Isobel, has a severe intellectual disability. Isobel's three sisters were 12, 10 and 7 years old respectively when she was born and the presentation will explore, with honesty and humour, the needs, the signs of stress, the ultimate adjustment of the siblings and how each of the three relationships has developed from the very early days until today.

Sing and Grow Together: Powerful collaborations between professionals and families in early intervention

A. Fuller, Sing & Grow Australia, Queensland
S. Schoeler-Jones, Sing & Grow Australia, Queensland
K. Teggelove, Sing & Grow Australia, Queensland

This paper demonstrates Sing & Grow's capacity to empower families to support their child's progress and development in Early Intervention. Particular focus is given to the value of collaboration between Sing & Grow staff, other professionals and parents, highlighting the impact of successful partnerships on easing transitions and reducing the pain, uncertainty and frustrations of required routines for the child.

Sing & Grow Early Intervention Services are designed to support children with disability, and their families, by offering motivating music therapy techniques that complement existing therapy and intervention programs. Music is introduced to accompany tasks that promote optimal development in areas including communication and language, fine and gross motor skill acquisition and social skill development. The inclusion of parents and carers in the therapeutic setting enhances the experience for a child and strengthens the impact and sustainability of outcomes.

To highlight the process, we present Holly's year Sing & Grow journey prior to her transition to school. Diagnosed with ASD and presenting with violent, aggressive behaviours, limited capacity to self-regulate and delayed speech and motor development, Holly (*and her mum*) began Sing & Grow observably drained and distressed. Following a period of assessment, a plan was developed jointly by the Sing & Grow facilitator, staff of the host organisation (Early Intervention Practice) and mum, aimed at maximising Holly's time in the group Sing & Grow setting: to firstly establish a sense of security in the sessions before introducing specific music-based techniques to encourage practice and mastery of basic language and physical skills. Social stories, routine, and the addition of music-led instructions to undesirable tasks motivated Holly's participation over time to assist her increased acceptance, confidence and eventually enjoyment of the setting. Gradually the plan was amended to include a transfer of skills to other environments and this paper will in conclusion highlight the benefits of this process for assisting Holly's transition to school.

Capability building on community early intervention program for infants and children in Singapore

L. Clark, Department of Child Development, KK Women's & Children's Hospital, Singapore

W. Goh, Department of Child Development, KK Women's & Children's Hospital, Singapore

M. Mahesh, Child Development Centre, National University Hospital, Singapore

C. M. Soong, Department of Child Development, KK Women's & Children's Hospital, Singapore

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Introduction

This paper presents how community service providers can be further equipped by entering into joint partnership with tertiary institution specialists.

Methods

A baseline study was conducted in 2009 to identify the service standards of community early intervention service providers. The results have shown that there are uneven service standards ranging from a lack of evidence base early intervention principles in practice, to high staff turnover. A consultancy team consisting of a paediatrician and allied health professionals from two Tertiary institutions were then formed to enhance the capability of these service providers. The initial process involved eight weeks of onsite observation of all operations, surveys and focus group interviews. Thereafter, recommendations were made by the team on evidence base service delivery (Centre Development Plan). Finally, the implementation phase consisted of 20 weeks of intensive collaboration between the consultants and the various centres where different strategies are used to help centres take ownership in the change of service delivery model. Each centre had to ensure that these changes are sustained, and a review of the services will be conducted one year later.

Results

Five centres have completed the consultancy process. Focus group and surveys revealed that the consultancy team was able to impart its knowledge and skills to the centre staff. Centre staffs are able to take ownership of the change in processes to embed evidence base approach. A review of work processes at these centres showed a significant change of service model towards evidence base practices.

Conclusion

A joint collaboration approach with tertiary institutions is effective in capability building for community service providers. Such collaboration enables the translation of knowledge into practice while equipping community partners. Tertiary institutions should also take the lead in influencing policy changes by recommending to government funding agencies the minimum framework required for service standards.

Early intervention services training and mentoring: A dynamic person centred approach to maintaining a high standard of service

H. Griffiths, Autism Association of Western Australia, Western Australia

Background and Aims

At the Early Intervention Centre of Western Australia's Autism Association, a successful two part Training & Mentoring Program has been effective in developing staff skills.

The twin aims of the program are to enable new and existing Intervention Assistants to implement the Early Childhood Service Delivery Model to a high standard, and to develop the supervisory, mentoring and leadership skills of Mentors.

Methods

The training and mentoring program has been running for 4 years. Currently, the success of the program is being evaluated through the use of feedback evaluation forms and ongoing feedback from colleagues, clinicians, senior staff and management.

The mentoring program is a partnership between two people. Senior staff act as mentors who share experience, guide them and further develop the mentees' knowledge. Mentoring provides the mentee an opportunity to reflect about practices, review progress and adapt. The process is interwoven with, and implemented in conjunction with the training program.

Results

Innovations in the training and development of staff have resulted in increased retention of Intervention Assistants and the transfer of knowledge and skills in working with children with Autism, using a number of evidence based approaches, has also improved.

Conclusion

This topic will provide managers, trainees, coordinators and other professionals with an overview of a unique training and mentoring program that will benefit the staff, the clients and families, and the organization.

Working with young children with ASD in natural settings in the ACT

J. Griffiths, *Autism Service Therapy, Australian Capital Territory*
E. Jordaan, *Autism Service Therapy, Australian Capital Territory*

Young children with autism spectrum disorder typically exhibit difficulties in communication, sensory processing, social development and information processing. These difficulties significantly impact on their capacity to participate and engage in activities both at home and in the community.

In the ACT, a Government early intervention service in an interdisciplinary model provides an integrated service focussed on the individual needs of the child. Therapists from key disciplines collaborate with families and teaching staff to provide support across different environments, including home, childcare, pre-school, school or early intervention programs.

An analysis of the service has been conducted, using a client centred approach with a criterion referenced outcome measure to provide pre and post outcome measures of individual programs implemented in natural settings. Parent and teacher perspectives using this approach are discussed. The outcomes of the analysis are presented with consideration of the challenges and benefits of working in natural settings with children with autism spectrum disorders.

Parents: True partners and participants in learning

***T. Haney**, Tracy Infant Center, United States of America*

The earlier in a child's educational process parent involvement begins the more powerful the effects (Cotton, K., Wikeland, K.) which demonstrates that partnership between a teacher and parent is a vital relationship to enhance the development of infants and toddlers. This workshop will examine how to build a working relationship with parents to provide them with direct interactive resources and precise tools to assist in their child's development. An immense amount of suggestions shall be provided on collaborating with parents in the classroom and/or at home along with communication strategies, providing feedback, and setting goals. Through printed examples and videos attendees will gain a deeper understanding and appreciation of utilizing parents as a partner and participant within the child's development. Attendees will be equipped to incorporate parents within all levels of participation from in the classroom to specific activities at home, as they instill knowledge and confidence to work with their child within the developmental milestones. Additionally, attendees will develop communication systems to include parents in everyday learning such as working toward attainment of goals and developmental milestones. Whether the child is typically/atypically developing their parent can learn to handle challenging behaviors, set appropriate goals, useful communication strategies, and play techniques. The partnership with parents is a twofold paradox benefiting the teacher and parent. Parents hold the gateway of information regarding family life, goals, and specific child related facts. Equally important, the teacher has an understanding of developmental milestones and theories, educational goals, and developmental strategies. Bronfenbrenner (1979, 1988) argues that early childhood programs need to involve the children's parents to be effective and have a lasting impact as all environments affecting the children foster similar goals. Research has provided teachers the necessary groundwork to work collaboratively with parents; however, putting ideas into action can be difficult.

The importance of training, motivating and validating Paraeducators

***T. Haney**, Tracy Infant Center, United States of America*

Being a teacher is not an easy job, it includes successes, challenges, moments of vigor and tiredness, innovation and monotony; however, with a supportive team including paraeducators the job load lightens. Paraeducators work directly with our students though as Grieco, Edelman, and Broer (2001) found they receive the least amount of training and ongoing support. Training paraeducators is inevitable as we aim to accomplish high outcomes for our students. Once a paraeducator is properly trained they have the ability to propel the class forward and truly assist the teacher and enhance the education of the students. Training does not just happen or happen overnight as it's a continuum that is cultivated over time; consistently growing and expanding. Teachers have a vast amount of knowledge regarding development, theories, and strategies, that can be taught to paraeducators on a daily, weekly, and/or monthly basis to further their skills and knowledge and directly impact the students. From note taking to learning games, your paraeducators will continue to learn helpful tips and strategies and seamlessly apply new information within practical settings. Clearly defined expectations, roles and open communication are three proponents a teacher must navigate to collaborate effectively with paraeducators. Motivation and validation have the ability to turn the most difficult job into a pleasurable experience and can be utilized to show appreciation as well as improve dedication, drive, and the overall feel of work. Training, motivation, and validation do not require tons of time only a commitment to incorporate daily, weekly or monthly. Through invested time and dedication to excelling the role of a paraeducator, a teacher will observe the growth of her students as well the growth of her coworker.

Doing research in 'real settings': Evaluation of the implementation of the Routines-Based Early Childhood Intervention (RBECI)

K. Davis, EPIC Centre, Victoria

S. Gavidia-Payne, School of Health Sciences, RMIT University, Victoria

C. H. Hughes-Scholes, School of Health Sciences, RMIT University, Victoria

N. Mahar, EPIC Centre, Victoria

The aim of the pilot study was to evaluate the implementation of a *routines-based model of early childhood intervention* (RBECI) by an early childhood intervention service provider and its impact on the practices of Early Childhood Intervention (ECI) professionals and Early Childhood Education and Care (ECEC) professionals (i.e., child care and preschool), and families. The RBECI model consisted of four intervention practices: (i) routines-based interviews, (ii) participation based goals, (iii) home visits, and (iv) community consultations. Five Key Workers and 8 families were recruited from EPIC, an intervention service for children with developmental delays, located in the Northern Metropolitan area of Melbourne. The competency of Key Workers was assessed immediately before and 6 months after receiving training in the RBECI model of practice. Pre- and post-assessment of families' daily accommodations as well as families' and ECEC professionals' routines and teaching and learning opportunities was conducted. Finally, families' satisfaction with the intervention practices was assessed. The results revealed that Key Workers' knowledge, understanding, and confidence in implementing the RBECI model, and their home visiting skills, significantly increased from pre- to post-intervention. However, their community consultation skills did not improve over time and there were some limitations in the implementation of the routines-based interviews and the development of participation based goals. The results also demonstrated a significant improvement in the extent to which children were taking advantage of teaching and learning opportunities in the home and childcare/preschool pre- to post- intervention. Finally, families' daily accommodations did not change from pre- to post-intervention, although families reported being satisfied with the intervention practices. The findings of the pilot study provide support for the RBECI model of practice to be implemented across other ECI programs. However, further training of Key Workers is required to address limitations in the implementation of the model.

Improving home visit practice: The HOVRS tool

***M. S. Innocenti**, Utah State University, United States of America*

This session builds on the Developmental Parenting keynote session. This session will address the following questions: What behaviors can you, as a home visiting practitioner, engage in that lead to greater child, parent, and child-parent engagement during the home visit (i.e., have more positive home visits)? How can you become more aware of when you are engaging in these positive home visiting practices? We will examine these questions through the use of the Home Visit Rating Scales (HOVRS; Roggman et al., 2006, 2013).

Many programs use home visits to deliver services for parents with young children. Emphasis and targeted outcomes may vary, but several specific practices have been identified in the research literature as reflective of effective home visiting in early intervention, infant mental health, and developmental support programs. To ensure program quality, most home visiting programs require reflective supervision but an observation tool of home visit practices has not been available. The HOVRS (Home Visit Rating Scales) is an observational tool to measure the quality of home visits to families with infants, toddlers, and young children.

Using the HOVRS helps practitioners and their supervisors track their progress toward home visiting that effectively supports developmental parenting. The HOVRS tool includes four rating scales that measure home visiting process quality—Responsiveness, Relationship, Facilitation, and Non-Intrusiveness—and three rating scales that measure parent-child interaction, parent engagement, and child engagement. In this session, home visiting practitioners and supervisors will learn about HOVRS, how it was developed, its reliability and validity, and supporting research. The latest version of the tool, HOVRS-A+, has been adapted for easier use and for observing indicators of excellence. Short video clips of home visits will provide opportunities to practice scoring HOVRS-A+ and to observe examples of indicators of home visiting excellence.

Support, learn and grow: A graduate's journey in community based early childhood intervention

***C. Jaffe**, EPIC Centre, Victoria
S. J. Tavrou, EPIC Centre, Victoria*

In recent times, early childhood intervention (ECI) in Australia has moved from being largely conducted directly with children in centre-based settings to moving towards coaching and consultation models of practice with families and community members in natural environments. This has led to significant changes in the way ECI has been able to attract and support existing and new practitioners to the profession. The current paper presents a case study detailing a graduate and their supervisor's experiences over the course of three years, highlighting the processes that have facilitated professional growth in capacity and confidence. Challenges encountered will also be discussed including practitioner identity (particularly relating to discipline specific practice), supporting family well-being and managing risk, and working in a transdisciplinary team in a community setting. The opportunities and threats that this can pose to professional well-being and work-place satisfaction and implications for the sector will be considered.

NDIS: The first 12 months. Noah's Ark's experience in the Barwon region

V. Johnson, Noah's Ark Inc., Victoria

This presentation describes the first 12 months experience of participation in the NDIS by Noah's Ark, Victoria's largest Early Childhood Intervention provider. It will discuss the role of transdisciplinary practice in providing holistic services, that allow choice and control for participants. The paper will analyse processes of intake, entry, assessment, intervention and transition, comparing NDIS experience with the prior system, identifying the impact of the change on Noah's Ark, families, children and staff. It makes some recommendations to assist providers that have not yet been involved in any of the NDIS trials to prepare for the NDIS.

Maintaining and utilising expertise and the NDIS: Not so much robust hope as robust need!

***C. F. Johnston**, School of Education, University of Western Sydney, New South Wales*

The launch of the NDIS would seem to confirm on-going Government commitment to individualised funding and brokerage models. These models offer exciting opportunities for individuals with disabilities and their families but they are not without their challenges. Not least of these are the implications for the maintenance and continuing development of expertise in the field.

This issue is of particular importance in early childhood intervention since it is here, for the most part, that children with disabilities and their families first make contact with the service system. If individualised funding is to be effective it is critical not only that parents and carers are able to make considered choices for their child and family but that they have access to professionals who can work in partnership with them to build their capacity to do so. Furthermore, there is the danger that individualised funding may result in a proliferation of private, single service providers. In this landscape, the mentoring of less experienced professionals may become problematic and the dissemination of practice-based evidence more difficult. Service delivery models must therefore be developed which enable these roles to be fulfilled.

It is with considering this proposition that this paper will be concerned. In doing so, I will draw on the research I have conducted on the meaning of expertise and the role of the expert with Helen Lunn and on a recent study on the implications of the NDIS with respect to information provision and decision making (with Danielle Tracey, Fiona Papps and Sylvana Mahmic).

Getting the best from individualised funding: Families, information and decision making

C. F. Johnston, School of Education, University of Western Sydney, New South Wales

S. Mahmic, Pathways Early Childhood Intervention, New South Wales

F. A. Papps, Australian College of Applied Psychology, New South Wales

D. K. Tracey, School of Education, University of Western Sydney, New South Wales

This paper reports on a study which explored how best to provide information to families of young children with disabilities so that they can effectively utilise the individual funding model adopted by the NDIS. Specifically, it examined how the internet can be used to build the capacity of families who have young children with disabilities to make effective decisions.

The Australia-wide study, which was supported by ECIA, utilised a two stage, mixed method approach. In Phase 1, the quantitative stage, a questionnaire (available both on-line and in hard copy) was completed by 306 parents who had a child with a disability.

Preliminary data analysis of the responses to the questionnaire informed Stage 2, the qualitative phase, where 14 focus groups were conducted with parents and carers to enable issues to be explored in greater depth. The views of parents/carers who had experience of individualised funding through either the Helping Children with Autism or Better Start programs were compared with those who had not.

Major findings were that:

- A significant minority of families are not comfortable in internet use and would need training in it or information being made readily available in other forms.
- Parents/carers argued the need for a key worker or case manager skilled in and knowledgeable about early childhood intervention who could assist them in navigating the system and coordinating services.
- The need for websites to be interactive and jargon free.
- The need for information to be available in multiple forms and in multiple languages.
- Greater clarity and ease of access to information about eligibility.

The results of the study clearly point to the need for ongoing consultation with parents/carers of young children with disability around information provision if the NDIS is to be effectively used.

Distracted Body, Distracted Mind: Keeping distracted kids engaged in the classroom

***F. Jones**, OCC Therapy, Queensland
E. Kelly, OCC Therapy, Queensland*

Children need to be able to focus and pay attention to learn, and to participate in the classroom. Many children have difficulty concentrating and keeping their body still, including children with ASD, ADHD, high intelligence or other developmental conditions. The complex interaction between motivation, skill competence, distractibility, physical and sensory development, memory and cognition can create difficulties in establishing an inclusive environment for children with attention deficits. Children who can focus and work independently are more likely to be able to participate in learning activities with their peers.

This presentation will address the key components of attention, and practical strategies to support children with attention difficulties. Participants will develop skills in observing the breakdown in attention, and determining an appropriate intervention.

When it comes to goal setting, professionals shouldn't hold all the cards: The Family Goal Setting Tool - ASD Version

J. L. Jones, Autism Queensland, Queensland

S. Rodger, School of Health and Rehabilitation Sciences, University of Queensland, Queensland

A. Walpole, School of Health and Rehabilitation Sciences, University of Queensland, Queensland

The importance of collaborative goal-setting with families is well recognised. Despite this, tools to assist professionals facilitate a process which enhances family “ownership” and reduces stress are few. The Family Goal Setting Tool (FGST) developed by the presenter (Jones) was found to be a highly effective facilitator of goal-setting with families of children with disabilities (Rodger, O’Keefe, Cook & Jones, 2012¹). This study evaluates a version of the FGST adapted specifically for families of children with ASD, and its utility in short and long-term trans/inter-disciplinary early intervention models.

The FGST-ASD Version consists of sixty eight illustrated cards, sorting templates and manual. The cards were designed as prompts to assist families identify, articulate and prioritise goals and are divided into eight colour-coded domains including communication, social participation, emotional regulation, play and learning, self-care, community access and participation, information and support.

This study (2013) explored parent and practitioner perceptions of efficacy. Participants included nine parents/carers from metropolitan, regional, and rural areas of Queensland who accessed programs from Autism Queensland, and who used the tool during goal setting, and ten Autism Queensland practitioners (occupational therapists, speech pathologists and teachers) who facilitated goal-setting using the tool. Qualitative data was collected following the use of the tool, via semi structured telephone interview for parents and focus groups/individual telephone interview for practitioners. Questions explored the tool’s utility, the content and process, and the experience of goal-setting using the tool. Emergent themes were generally shared by parents and practitioners. The tool was found to facilitate a comprehensive approach, inviting consideration of both child and family focused goals. Goal prioritisation and collaboration between caregivers (partners) and caregivers and practitioners was enabled and the stress commonly associated with goal setting reduced. Feedback was used to refine the tool further prior to its publication by Autism Queensland in late 2013.

Reference

- Rodger, S., O’Keefe, A., Cook, M. & Jones, J. (2012). Parents’ and service providers’ perceptions of the Family Goal Setting Tool: A pilot study. *Journal of Applied Research in Intellectual Disabilities*, 25, 360-371

Joining in - everybody's business: Capacity building for inclusion

***J. Kemp**, Lifestart Cooperative Ltd, New South Wales
E. McAlpine, Lifestart Cooperative Ltd, New South Wales*

As we move towards the NDIS, specialist services have an increasing role in building the capacity of mainstream and universal settings to include children with disabilities and diverse learning needs and their families in their everyday ebb and flow of activity. In this context, inclusion encompasses not only real opportunities for participation for children and families. It also infers a commitment by specialist services, mainstream settings and the community in general to fully include themselves in the process of change so that the best outcomes for children can be achieved.

Lifestart is a specialist early childhood intervention and school years service providing supports to children living with disability and their families. This paper reports and reflects on some of the ways that Lifestart has engaged with its local community partners to develop shared understandings of inclusion, to build skills together and to shape community attitudes. Our practice has been informed by the work of Moore, King, McWilliam, Dunst and other practitioners who have led the thinking in the reform of the early childhood intervention sector.

Real life examples of local collaborations and partnerships will be presented, including opportunities for capacity building and meaningful supports: community outreach services, community development services, sharing of knowledge and resources and centres as community facilities. Stories, photos and qualitative evaluation will ground the presentation in the real experiences of children, families, specialist staff and community agencies such as preschools, schools, recreation providers and playgroups.

Joining in is everybody's business. By continuing the conversation and finding meaningful ways to model service delivery, this paper aims to make a contribution to our knowledge about building capacity for inclusion from the ground up.

Community approaches to responding to the Australian Early Development Index

***L. Lauer**, Office for Early Childhood Education and Care, Queensland
M. Lincoln, Office for Early Childhood Education and Care, Queensland*

The Australian Early Development Index (AEDI) data is collected nationally every three years and provides a snapshot of how children are developing by the time they reach school. Results are available from data collections in 2009 and 2012.

The AEDI assesses overall developmental status and functioning in five domains: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, communication skills and general knowledge. Overall, the latest results from 2012 collection show Queensland children are developing well before starting school. The greatest determinant of a child's future health and overall development is their experiences in the first five years of life.

By providing a common ground on which people can work together, the AEDI results can help build and strengthen communities to give children the best start in life. To support responses to vulnerabilities identified by AEDI data, funding has been approved for 48 projects across the state through the Queensland AEDI Community Action Grants Program. Organisations applied for grants of between \$5,000 and \$20,000 to implement projects that respond to local needs in communities with a higher proportion of developmentally vulnerable children than the Queensland average. Funded activities prioritise raising awareness of issues relevant to early childhood development, engaging with community members in delivering solutions and enhancing community capacity to support early childhood development.

The presentation will showcase some of the approaches that the Community Action Grant recipients have used to address vulnerabilities in their community.

The list of approved organisations and the projects that are being implemented can be found at: <http://deta.qld.gov.au/earlychildhood/pdfs/aedi-community-action-grant-projects.pdf>

Contemporary Applied Behaviour Analysis (ABA) for Children with Autism Spectrum Disorders

***M. Mackay**, Autism Partnership, Queensland*

Applied Behaviour Analysis (ABA) is an intervention that many families undertake for their children with ASD and is deemed “effective based on established research evidence” by the Australian Government (Prior & Roberts, 2012).

Despite the evolution and strong evidence-base of ABA over the past 40 years, many myths and misconceptions remain. Contemporary ABA differs in many fundamental ways from the traditional view of a rigid and non-generalisable approach. Some of the hallmarks of contemporary ABA include the application of an objective and systematic but creative and flexible approach to teaching functional skills and reducing behaviour problems; recognising individual learning styles and strengths and a focus on teaching behaviours in naturalistic settings such as home, community and educational settings.

This presentation aims to dispel some of the myths and provide an overview of the application of contemporary ABA for individuals with Autism Spectrum Disorder. How the objective and systematic approach of ABA can be applied within natural settings such as home, community and educational settings will be discussed with case presentations and evidence-based and practical strategies.

Home is where the heart is: Strengthening the guiding relationship to remediate ASD

N. Maclean, *Connect and Relate for Autism Inc., Queensland*
B. Parsons, *Connect and Relate for Autism Inc., Queensland*

The Relationship Development Intervention program is a cognitive developmental approach to remediate the core deficits that exist for all people on the Autism Spectrum. Certified RDI Consultants implement family based coaching to reduce the impact of ASD on the parent-child relationship. In families who have a child diagnosed with ASD, this relationship is skewed by the failure to develop the three Rs of relationship - Reciprocity, social Referencing, and Resilience. The presentation explores how using the rich, readily available resources of the child's family home and routines constitutes best practice.

What is the Guiding Relationship?

What obstacles exist for the child and parent?

How does the parent consultant coaching relationship empower parents?

The parent child relationship presents the first opportunity for a child to learn how to be a competent social partner. Children learn to make meaning of their world through sharing experiences with a more competent adult guide who mindfully scaffolds and supports the introduction of one-step-ahead challenges. A child's emotional self-regulation is developed through firstly learning to co-regulate with an available care-giver. Research evidence supports that working in natural environments assists children to achieve functional outcomes and transfer their knowledge into real world settings like school and their wider community. The consultation process involves assisting parents to slow down, alter their communication, make mindful decisions and see opportunities for remediation in everyday family life. The presentation will involve some hands on learning for participants and video examples of RDI skilled parents in action. RDI® trained families report increased quality of life, reduced parental stress and better learning outcomes for their children (Gutstein, 2006).

Conceptual framework guiding routines-based intervention practice and evaluation

K. Davis, EPIC Centre, Victoria

S. Gavidia-Payne, School of Health Sciences, RMIT University, Victoria

C. H. Hughes-Scholes, School of Health Sciences, RMIT University, Victoria

N. Mahar, EPIC Centre, Victoria

In Australia, young children with developmental concerns and their families generally experience the provision of *early childhood intervention* (ECI) programs in community settings. Locally, ECI programs are seen by governments and communities as positively addressing children's developmental concerns as well as supporting families. Despite the wide acknowledgement of their efficacy, little is known about the child and family outcomes that are promoted, and the processes involved in achieving such outcomes in ECI service delivery. The EPIC Early Childhood Intervention service and research partner RMIT University developed a conceptual framework to describe outcomes in children and families participating in ECI programs that adopt a *Routines Based Model of Early Childhood Intervention (RBECI)*. This framework explores the influence of a range of child, family and program factors on child and family outcomes and is based upon careful analysis of the literature. Additionally, the framework serves to link ideas about what is important and conducive to child learning and development to ECI program characteristics and evaluation methods that permit us to examine practices, process and outcomes at service, child, family and community levels. It is argued that for ECI to move towards an outcomes based model of service delivery clear articulation of conceptual, practice and evaluation models are needed to inform our community of practice.

Partnership and the NDIS - What it means for ECI and the way we work

A. McCracken, *Early Childhood Intervention Australia, Victoria*

L. Matthews, *Early Childhood Intervention Australia, Victoria*

The National Disability Insurance Scheme presents a once in a generational opportunity to fundamentally improve the outcomes and opportunities for people with a disability in this country. This is a time of incredible and exciting change of Early Childhood Intervention (ECI). This presentation will examine the current trial of the NDIS and the implications and learnings that have come through in relation to ECI.

Anna McCracken, Policy Assistant at ECIA VIC has been working extensively with both the NDIA, trial sites, service providers, peak bodies and other jurisdictions to ensure that the needs of young children and their families accessing ECI are adequately met using a best practice approach.

Anna's presentation will draw extensively on her work on the NDIS and will address:

- the shifting service delivery and policy context;
- the lead up to the launch of the NDIS and the important role of ECIA;
- the development of best practice frameworks and the importance of quality;
- learnings from the launch sites in Barwon, Hunter & SA;
- the ECI model and pricing;
- the importance of collaboration;
- the implications for universal early childhood services; and,
- what we all need to be doing moving forward to ensure that best practice in ECI can be delivered as part of the NDIS.

Participants in this workshop will take away a better understanding of the NDIS and the realities of implementation, along with some key questions to take back to their own organisations to think about the realities of the full scheme roll out of the NDIS for their organisation and what they can be doing now to prepare.

Collaboration for improved outcomes: How early childhood professionals can work in partnership to support children's mental health and wellbeing

A. McAtamney, Hunter Institute of Mental Health, New South Wales

E. Newman, Hunter Institute of Mental Health, New South Wales

C. Rae, Hunter Institute of Mental Health, New South Wales

K. Stafford, Hunter Institute of Mental Health, New South Wales

Objectives

Successful partnerships amongst early childhood intervention professionals, early childhood educators and families, enable the adults in a young child's life to work together to best support children's development, mental health and wellbeing.

This presentation explores the importance of partnerships and examines practical ways in which early childhood intervention professionals, educators and families can develop successful partnerships to promote positive mental health for young children.

Summary of Work Presented

Developing and maintaining effective professional partnerships between early childhood professionals and families is especially important in enhancing the mental health outcomes of children.

Early childhood educators play an important role in promoting and supporting the social and emotional development of infants and children; and together with early childhood intervention professionals they can make a positive difference to the lives of children who have additional needs. Successful partnerships enable educators, families and professionals to share information about a child's needs, development, strengths and interests; to collaborate and work together to support the best outcomes for mental health development, and to provide consistent, predictable and individualized care to each family.

A report commissioned by the Australian Government Department of Education in 2012 identified five key domains of early childhood practice associated with improved mental health outcomes for children. One of these domains was partnerships. Drawing on this evidence-based work, this presentation will explore how partnerships can be fostered among professionals and community members within the early childhood space, in order to enhance the mental health and wellbeing of all children, including those who have additional needs.

General Conclusion

Developing collaborative partnerships is an important part of effective early childhood mental health promotion, prevention and early intervention, and contributes significantly to improved outcomes for infants and children, now and into the future.

The experiences of teachers teaching children with Down Syndrome in the early years of schooling

A. McFadden, Office of Education Research, Queensland University of Technology, Queensland

This qualitative research examined teaching children with Down syndrome in the early years of schooling in general education classrooms, utilising a collective case study approach. Data collection consisted of observations, interviews and a mind-mapping technique. Results indicated teachers are more likely to effectively include children with Down syndrome if they operate within more contemporary understandings of disability.

Professional development and school leadership were identified as critical to supporting teachers' experiences: however, barriers included the prohibitive cost of professional development, teachers being out of their classrooms for extended periods, the timing of professional development and the relevance of it to their role in supporting individual students. Further to this, resourcing and support models and effective collaborative partnerships were identified as critical to supporting teachers' experiences.

Three case studies are provided with each study providing descriptions of the teacher's teaching approach, school context and classroom context positioning the teachers within their wider cultural, social and political contexts. Findings from this study describe how the three teachers varied in their conceptualisation of their students with Down syndrome and how these variations impacted the way the student was included (or excluded) in the class.

Findings from this study provide illumination on the challenges teachers face in the inclusion of diverse learners within their classrooms. The research has implications for teachers' professional learning, school leadership and support personnel.

Maximising both the efficacy and the 'take-up' of services: A framework for early childhood intervention service delivery

***T. Moore**, Murdoch Children's Research Institute, The Royal Children's Hospital, Victoria*

In delivering early childhood intervention and other forms of child and family services, there are two major concerns. One is how to ensure that the interventions we use are based on sound evidence and therefore likely to be effective. This concern is being driven by the evidence-based practice movement, and stresses the importance of program fidelity. The other major concern is to how to maximise the 'take-up' of our services, that is, how to ensure that the interventions we offer are relevant to families and therefore likely to be used. This is driven by the family-centred practice approach, and highlights both process fidelity and values fidelity. There is a tension between these two concerns that can make them hard to reconcile in practice. This presentation will outline a framework for service delivery that shows how this can be done. In this framework, relationship-based and family-centred practices constitute the medium through which evidence-based interventions can be delivered, and represent a necessary but not sufficient condition for positive change to occur. Evidence-based interventions are also essential, but are insufficient on their own: even the most proven interventions are ineffective if they are not seen as relevant or useable by families. The framework also includes ways in which the various forms of fidelity can be monitored, thereby maximising both efficacy and 'take-up' of services.

Early intervention for mental health

***E. G. Newman**, Hunter Institute of Mental Health, New South Wales*

When a child is identified as experiencing emotional, behavioural or mental health problems they may require additional support or early intervention. Early intervention for mental health is important because of the potential impact on outcomes in childhood and later in life.

To optimise outcomes for infants and children, professionals need to work together to develop a common understanding around early intervention for social and emotional wellbeing. Early childhood educators play a key role in early intervention for mental health, which can involve working directly with children and in partnership with other early childhood professionals and families.

This presentation will draw on the findings of a report prepared for the Australian Government Department of Education in 2012. Based on research, theory, policy and consultation, five domains of early childhood practice were identified which are associated with improved mental health outcomes for children. One of these domains was early intervention.

The report found that overall early intervention was the area educators received the least pre-service information and training. In addition, educators identified a desire to receive more assistance in early intervention for mental health including information on identifying issues and how and where to access support.

This presentation will explore various aspects of early intervention in the context of mental health, including concepts, key principles, partnerships, early childhood education and care practices and supporting knowledge. It will also explore the potential benefits of promoting a common language and shared understanding about this important issue, and how this might be achieved.

Early childhood educators play a pivotal role in early intervention for mental health. Working with other early childhood professionals to develop shared strategies and a common understanding can enhance the mental health outcomes for infants and young children.

Inclusive food exploration and cooking for children with Autism

***C. M. Nickerson**, Autism Association of Western Australia, Western Australia*

***A. J. Renz**, Autism Association of Western Australia, Western Australia*

Objectives

A pilot project was initiated within the Early Childhood Services team of the Autism Association of Western Australia to increase interest and participation of the children attending in an inclusive, everyday experience: mealtimes. Children with autism often experience difficulties when it comes to mealtimes and eating, which can include restricted diets, adverse reactions to specific foods, and fear of exploring new foods. These difficulties may be a result of several different factors including sensory sensitivities to texture, taste, and smell, anxiety and previous negative food experiences. It is important when working with this population group to consider the need of routine and predictability as well as developing and building upon positive experiences through a personalised approach to mealtimes. It is also important to look at the broader experiences of food exposure in general by incorporating food-based activities into everyday play and learning so the child is exposed to food in a fun, interactive manner and positive associations can be developed. Providing teachers with insight into strategies to assist when there are deficits can allow grading and adaptation of the mealtime and food experiences in the school environment to best suit the child's sensory needs as well as provide knowledge to inform and up-skill parents so that strategies can be generalised to the home environment.

Summary and Conclusions

A successful cooking program was developed, trialled, and implemented into a skill-based early learning program. A clinical team developed it with accompanying resources tailored to the needs of a child with autism to facilitate enjoyable food experiences. The program incorporates fundamental self-care skills including hand hygiene and food preparation as well as targeting developmentally appropriate social, language and cognitive skills for the children, who are encouraged to participate in the program to the level they are able to tolerate. Activities are graded in accordance to the skill level of the group to ensure maximum participation and success for all involved. After implementation of this program, children have been observed to try foods which have previously been avoided, engage in spontaneous communication through commenting and requesting, and increase their independence and participation during mealtimes.

Back to basics: Increasing awareness of Autism in indigenous communities in Western Australia

R. E. Renwick, Autism Association of Western Australia, Western Australia

Background and Aims

Often in remote areas of Western Australia, the signs of Autism in a child of Aboriginal descent aren't recognised until they attend full time school. With long waitlists for diagnostic assessments, these children aren't often diagnosed until after the age of 6, and missing out on vital early intervention programs. The Autism Association launched a project in 2013 aimed at increasing the awareness of Autism within the vast range of indigenous communities living in W.A. The aim was to ensure children are diagnosed early in life and able to access appropriate early intervention programs.

Methods

We will discuss the steps taken to network with local communities to provide culturally appropriate resources, the workshops delivered and the feedback received from local families and professionals who participated in the project.

Results

The workshops that were delivered in the Kimberley and Pilbara regions of Western Australia in 2013 were a great success. Participants indicated an increased level of awareness of autism, and more confidence in supporting a young child to be referred for an autism diagnostic assessment. Our longer term goal is to decrease the average age of Aboriginal children in WA being diagnosed with Autism over the next five years, to ensure children are detected early and receiving appropriate support.

Conclusions

This presentation will discuss the steps taken to launch the project, and summarise its effectiveness in increasing autism awareness in the local Indigenous communities of WA since its launch at the beginning of 2013.

Tele-Practice: Delivering early intervention and audiology services to families in rural and remote areas

B. Atkinson, Hear and Say, Queensland

L. Close, Hear and Say, Queensland

G. Constantinescu, Hear and Say, Queensland

E. Rushbrooke, Hear and Say, Queensland

M. Ryan, Hear and Say, Queensland

Advances in technology are changing the way health and educational practitioners are able to provide quality services to children with hearing loss. In order to benefit from the early diagnosis of hearing loss, professionals need to seek innovative ways of providing effective Audiology and Auditory-Verbal Therapy for all children, regardless of geographical location.

Tele-Practice is providing professionals with exciting and rewarding opportunities to disseminate their services to all clients, wherever they may be throughout the world. It is changing the face of how professionals at Hear and Say interact with children with hearing loss and their families.

This presentation will describe two aspects of the Hear and Say eMPower model of Tele-Practice: early intervention using Auditory-Verbal Therapy (eAVT) and remote MAPping (programming) of cochlear implants using videoconferencing (eAudiology). Video footage will be used to demonstrate these two programs.

Research outcomes will be tabled from:

- A validation study of the eAudiology program, conducted with 40 children
- A survey of parent and professional satisfaction with the eAVT program
- A pilot study, showing the feasibility of the eAVT program, comparing a group of seven children in the eAVT program matched with seven children in the face-to-face program. This is the first comparison study of its kind world-wide.

Supporting the use of iPads/tablets in schools and community settings for individuals with ASD

S. Slater, *Autism Association of Western Australia, Western Australia*

This paper aims to provide a summary behind the development and implementation of the Autism Apps website recently launched by the Autism Association of Western Australia.

Due to an overwhelming number of inquiries into iPad/tablet use, the Association responded by collating information related to evidence based practise and the use of technology to support independence and functional skill development for individuals with Autism Spectrum Disorders. This information has been considered along with elements of the General Capabilities section of the national curriculum in order to support families and schools in developing the use of technology within the classroom environment in areas such as 'personal and social capability' and 'critical and creative thinking'.

This website promotes the importance of personal goal setting and planning to introduce technology that will support individual learning. It also highlights the importance of monitoring of the skills being learnt and generalisation of these skills into real life situations.

Along with goal setting and planning documents, we present a range of application reviews categorised according to areas of skills development, relation to the curriculum, relation to areas of evidence based practise, age ranges and motivating features. The reviews promote individuals to evaluate the use of applications for their specific needs and consider elements related to the use of the applications in everyday situations. Guidelines related to self-evaluation of applications have also been included in order to empower individuals to make informed choices when using iPad or tablet devices.

The information is presented in a user friendly, interactive and clear manner for families, educators, employers and individuals with ASD to access and integrate into their daily practise.

Using the Coach Approach in early intervention

J. Snider, Scope, Victoria

The objective of this paper is to share my experience of using the Coach Approach with a broad range of Early Intervention Stakeholders.

Summary of Work Presented

Working as an Early Intervention practitioner and team leader, I have been using and sharing with other practitioners, the use of the Coach Approach. I have used coaching and the coach approach with a number of Parents and Early Intervention workers, including Occupational Therapists, Speech Pathologists, Physiotherapists, Preschool teachers, Preschool Field Officers and Kinder Assistants.

This approach has provided the recipient with the benefits of coaching as well as the transference of expert knowledge in a way that is respectful and empowering.

The process has resulted in participants making many rapid, powerful shifts following the opportunity to participate in solutions focused self-reflection. Coaching provides the time and space for parents and workers to explore their daily practice, as well as facilitating the exploration of thinking and reflection on various aspects that are presenting as challenges in everyday working and family life.

In my experience of coaching ECIS stakeholders I have found that practitioners and parents can learn the coach approach by experiencing being coached themselves, then reflecting on the process and exploring its use in their work in Early Intervention.

Conclusion

The Coach Approach is an extremely powerful tool in facilitating the conversations that build the rapport and connection that is intrinsic to the keyworker model. An extension of this approach is the Expert Coach Approach.

A child's sense of self and inclusion in early childhood settings

K. Stagnitti, *School of Health and Social Development, Deakin University, Victoria*

Objective

This paper examines how a child's sense of self can impact on inclusion in early childhood settings, particularly childcare and kindergarten.

Summary of Work Presented

Harter's work on the development of the self in childhood is the background to this paper. From Harter's work, the autobiographical narrative of a child is examined and how this can impact on the sense of self, play ability, and how a child behaves and interacts within their social world. Examples of how a sense of self can impact on a child's behaviour is given through a story of a child who has been in an environment with non-responsive parents and a child who has been nurtured. Children who have a poor sense of self may find inclusion in early childhood settings a challenge by either acting out or withdrawing from peers and staff. A child with poor sense of self in an early childhood setting will be used as a case example to show what staff and parents can do to increase a child's sense of self and hence impact on their ability to be included with peers in early childhood settings.

General Conclusion

The paper gives practical activities for staff and parents that would be applicable to children with poor sense of self who come from homes with non-responsive parenting as well as children who have a developmental delay.

Secret Men's Business... A father's perspective on parenting

B. Sullivan, Queensland

So what do men usually talk about? Footy... yes... work... yes... cars... yes... parenting... NO! Not because we don't ever talk about it but rather we don't talk about it enough or even at times know where to start! Parenting is hard work regardless of gender and in our busy lives making the time to purposefully discuss, explore and question what we do as parents rarely makes it to the top of our must do list.

In the most part, we know what we should be doing however we all have times when the world seems to take over and we just can't muster the motivation to do anything! Of course no child or childcare worker is the same and that goes for parents too.

Despite our modern age where men generally want to be more actively involved in parenting, there is still an unspoken "understanding" amongst the community that parenting is still really a mother's work! SO how does that play out for us Fathers when we believe that we are equally up to the task?

In this entertaining, thought provoking and challenging session Bruce will share with us his perspective on what it means to be a father of two children and with his eldest child having a "disability".

Leading change: iPad integration in an early childhood setting

S. J. Thomas, Western Australia

Twelve special education teachers who have instructional experience using iPads with children with special needs completed a survey that queried their practices and perceptions. In general, teachers were positive about the value of iPads for children with special needs, particularly for children with autism, attention deficits and limitations of fine motor control. Special education teachers reported most frequently using iPads to promote student language and literacy skills, although mathematics learning activities were also commonly reported. Enhanced student motivation was the most frequently reported benefit of using tablet computers in school followed by instructional planning advantages. Tablet computers appear to have the potential to be an essential aspect of individual program plans.

Through reflecting on this paper's investigation into education practices, the catalyst of leading a 'Change Management Process' in an Early Childhood Education Support setting began. The aim of this guided process was to effectively build a more inclusive culture through the use of iPad technology. Creating sustainable best practice was a major focus, involving the connection and education of all parties involved. Learn of the strategies used as well as the educator and family community growth that took place, bringing this early intervention group to a one to one iPad program. By implementing a whole community approach where the integration of iPads is across every learning area, it is ensured that every child is included. Children are supported by trained educators and carers while being provided with the power to demonstrate their true abilities. Find out how you could lead this change in your own setting and to advocate for this movement in education to take place, bringing our children into more current educational experiences.

The basis of this presentation comes from the following paper:

- Johnson, G., Davies, S. & Thomas, S. (2013). iPads and Children with Special Learning Needs: A Survey of Teachers. In . Jan Herrington et al. (Eds.), Proceedings of World Conference on Educational Multimedia, Hypermedia and Telecommunications 2013 (pp. 1022-1026). Chesapeake, VA: AACE. Retrieved from <http://www.editlib.org/p/112086>.

Transition of children with disabilities into early childhood education and care centres

***J. Warren**, School of Education, University of Wollongong, New South Wales*

My recently completed doctoral research was titled 'Transition of Children with Disabilities into Early Childhood Education and Care Centres', and sought to understand, in the New South Wales (NSW) context, the factors impacting on the transition into early childhood education and care centres for children with disabilities. Underpinned by Bronfenbrenner's ecological theory, this study used a mixed-method design involving questionnaires, interviews and focus groups, to determine the perceptions of key stakeholders in the process of transition into early childhood education and care centres for children with disabilities.

An initial questionnaire was completed by parents of children with disabilities, and was followed by focus groups to gain insight into the lived experience of participants in relation to the transition into early childhood education and care centres for children with disabilities. Three significant issues provided the focus for the discussions, namely, factors that contributed to positive transition experiences, negative experiences that occurred during transitions, and the main concerns parents held in relation to enrolling in an early childhood education and care centre.

Questionnaires were also distributed to early childhood education and care centres in the Illawarra region and were followed with interviews with ten educators to gain more in-depth understanding of their viewpoints. Issues explored in the interviews were areas of disability that educators found more challenging, educator attitudes to enrolling children with disabilities, procedures that had been used during transitions, what educators wished they knew more about, and their experience of communication with parents during this time.

Findings from the research will be discussed, as well as a number of recommendations in relation to practice, policy and theory. These will be presented at the conference.

Involving families in designing changes to ECI services

S. Watt, *Noah's Ark Inc., Victoria*

Noah's Ark recognises that family input into service improvement is vital to quality Early Childhood Intervention (ECI) service delivery. Over the past 8 years, Noah's Ark has been trialling a number of methods of obtaining family input. Initially this involved distributing surveys; in the beginning "home-grown" surveys, then validated instruments such as the Measures of Processes of Care (M-POC) and the Family Outcomes Survey (FOS). In the past, when services were centre based, instruments were handed to families attending Noah's ark venues. Mail and email distribution has been utilised more recently.

There are a number of problems with these early efforts, including:

- Response rates to surveys were generally very low
- The data obtained was considered unreliable
- We experienced ceiling effects with some instruments; in particular the M-POC
- It is suspected that there may have been sample bias in the families who were able to complete and return surveys
- Early surveys were not tested for validity and reliability.

In more recent times Noah's ark moved to collecting family feedback via structured telephone interviews with families who were exiting ECI services to enter school. It was felt that, in this way, families were able to speak more freely given they had exited services, and the interview format allowed for more in depth discussions. This method has resulted in very useful data that has assisted Noah's Ark to improve its ECIS.

This paper will present:

- An overview of the literature on family feedback
- A history of Noah's Ark's efforts in obtaining family feedback
- What has been learned from these efforts
- Recommendations for involving families in designing changes to ECI services in the future.

Natural Models for Intervention for Young Children. Using Intensive Interaction as an approach to supporting young children in developing communication and understanding communication in an early childhood development program

J. Williamson, *Education Queensland, Queensland*

This presentation will consider the approach *Intensive Interaction* as a 'Natural Model' for learning communication and the early understandings of pre-speech communication. The speaker will demonstrate how Intensive Interaction has influenced the intervention styles of staff working with young children in an Early Childhood Development Program (ECDP) and how this approach is meeting the early communication, play and developmental needs of the young children who attend.

Intensive Interaction is designed to support people who are at the earliest levels of development to learn the Fundamentals of Communication (Hewett, 2008). Intensive Interaction develops dynamic, free-flowing pleasurable communication opportunities where the learner is a full and active participant in the communication learning process. The approach has been adopted at Geebung ECDP as a way of working that supports open-ended, process approaches to intervention rather than an objective-focussed, goal oriented style. The presentation will demonstrate how the use of Intensive Interaction has supported the importance of play for learning fundamental early developmental concepts and understandings. The notions of learning through play and teaching through play are explored and this presentation identifies how these two ideas are intertwined when Intensive Interaction guides how one supports the young child with intervention needs.



Wednesday 27 - Saturday 30 August, 2014
Brisbane Convention & Exhibition Centre, Brisbane, Australia

POSTER PRESENTATIONS

This document contains abstracts for poster presentations within the Conference Program.

Abstracts are sorted in order of presenting authors' last name.

** The Conference Program and presentation abstracts are subject to change*

www.eciaconference2014.com

Using the VEYLDFs in an early intervention setting with a group therapy focus - A quality project

P. Antonio, Irabina Childhood Autism Services, Victoria
T. McGuire, Irabina Childhood Autism Services, Victoria
D. Stephens, Irabina Childhood Autism Services, Victoria

The Victorian Early Years Learning Development Framework (VEYLDF) underpins early childhood programs throughout Victoria. Irabina is an early intervention provider, specializing in intervention for children on the autism spectrum. Approximately 70% of the children who attend Irabina, attend our trans-disciplinary group programs. The programs, which run on a school term basis for a year, are based around the key elements of best practice intervention for children with autism as described by Prior, Roberts, Rodger, and Williams (2011), and includes; autism specific program content in a highly supportive teaching environment; a functional approach to challenging behaviours; transition support (e.g., to pre-school and school); use of visual supports; a collaborative approach, and a focus on assisting children to become independent. Irabina, an autism specific service provider for more than 40 years, is an expert at providing this type of support to families and their children with autism.

As a service which provides intervention in an early education context, we aimed to integrate the five VEYLDF principles into our group programs in a way which was consistent with the VEYLDF, but which also met the specific goal setting requirements of early intervention for children with autism. We wanted the tool to be visually easy to interpret, and simple for parents and staff to understand with capacity to change goals mid-term or earlier as required. It also had to be underpinned by the VEYLDF principles. We developed this tool, and in addition also developed a Family Support Service Plan Tool (FSSP) which is integrated into the VEYLDF goal setting process. These tools are used in conjunction with the Family Outcomes Survey (FOS) Tool (ECU, 2010). These tools will be introduced into our group program in term 1 2014, and reviewed at the end of term 2, 2014.

We will be presenting the outcomes of an evaluation of our suite of VEYLDF based tools, based on survey results from staff and parents. The evaluation will include overall satisfaction with the tools (parents and staff), and perceptions of the ability of the tools to integrate family goals from the FSSP process, and more specific group intervention goals. The evaluation will also consider whether the tool was effective at measuring change over time (i.e., increased or decreased incidence of targeted behaviors, plus number of goal changes as a measure of progress over time).

Toilet Training. A systematic approach for young children with a developmental delay

D. Atkins, *Disability Services - Child and Youth Service*

Developing toilet independence is a milestone in any child's life. This independence becomes very important in enabling the child's inclusion in different school, social and community activities. Toilet training is a process that requires active child and parent participation and presents challenges for many families.

However, for families with a child with a developmental delay, toilet training can seem a difficult and overwhelming task. Many of these families experience challenges with toilet training. Traditional toilet training approaches may need to be modified, and parents and other carers can be left with insufficient information and support.

A collaboration between families with health and educational professionals can assist with the implementation of a toilet training program, using knowledge of child development and an understanding of the medical, emotional, language, sensory and motor needs of individual children.

This poster aims to provide a broad overview of a systematic approach to toilet training that encompasses assessment, preparation, toilet training methods and monitoring progress. This approach could be used in home, community, education and hospital settings and aims to promote healthy toileting habits and facilitate positive skill development.

This poster also aims to promote the importance of initiating a developmentally appropriate toilet training program with all young children to facilitate their independence and inclusion.

Toilet Training. Management of difficulties for young children with a developmental delay

D. Atkins, *Disability Services - Child and Youth Service*

Developing toilet independence is a milestone in any child's life and involves the mastery of a complex range of motor, language, cognitive and social skills. This independence becomes very important in enabling the child's inclusion in different school, social and community activities and is an important learning goal for all children. Toilet training is a process that requires active child and parent participation and presents challenges for many families. However, for families with a child with a developmental delay, toilet training can seem a difficult and overwhelming task. Many of these families experience specific challenges with toilet training and traditional toilet training approaches may need to be modified and additional information and support provided.

A collaboration between families with health and educational professionals can assist with the management of specific issues with toilet training, using knowledge of the health, emotional, language, sensory and motor needs of individual children. Early and effective management that addresses the individual needs of the child and family is essential to promote healthy toileting habits and facilitate positive skill development.

This oral presentation aims to provide a brief overview of the challenges that can occur with toilet training, and a systematic guideline for the management of toilet training difficulties. A range of health, developmental, sensory, behavioural and communication aspects of toilet training will be presented.

The management of specific challenges with toilet training is commonly overlooked. It is important for families and other carers of young children, as well as health and education professionals to recognize the importance of implementing timely and effective approaches to best manage these toilet training difficulties.

Building Resilient Children and Families: Perspectives from an early intervention program for children with hearing loss

E. Alexander, Hear and Say, Queensland
J. Balfour-Ogilvy, Hear and Say, Queensland
J. Brown, Hear and Say, Queensland
C. Flanagan, Hear and Say, Queensland
P. Newsome, Hear and Say, Queensland

Hear and Say strives to stay relevant to the needs of the ever changing, growing and maturing demographics of the infants, children and families under its care. Age-appropriate speech and language outcomes and exceptional use of hearing technology are not the only outcomes desired for children with hearing loss in order to achieve their full potential in today's world. Social competency and a feeling of self-worth are highly desirable and present challenges for many young people.

In response to a perceived need, Hear and Say has developed a comprehensive Social Skills Program for children with a hearing loss, from birth through to Prep entry. In this presentation we will outline the defined programs (Listen Little Stars, LEAP, LAUNCH PAD & ROCKET) that aim to provide a safe environment for infants and children with hearing loss and their families to explore and share feelings and emotions, increase parent/peer support, develop clear and effective communication skills, venture to challenge themselves and develop teamwork and trust.

Examples of sessions and video footage will demonstrate aspects of the programs. Surveys, both oral and written, were administered pre and post participation in the programs. Data from these surveys will be presented to validate the need for, and demonstrate the benefit of, dedicated social skills programs across a range of age groups.

The Goannas Group: A 'School Readiness' program for pre-schoolers with ASD

A. S. Brown, Autism Association of Western Australia, Western Australia

Objectives

The paper outlines a 'school readiness' program for pre-schoolers with Autism Spectrum Disorder (ASD), and how this program supports children with ASD and their families for a successful transition into the primary school environment. Fundamental elements of the programme and barriers to implementation will be discussed. Feedback from parents will be presented, and future directions for programming will also be touched upon.

Summary

A programme for preschoolers with ASD was designed to develop social and school readiness skills to prepare the children and their families for a smooth transition into the primary school environment. The program included elements of typical school routines and procedures, participation in group activities, initiation and maintenance of conversations with peers, and development of emotional awareness skills. Children attended one three-hour session a week, for a 10-week term, and their progress across key goal areas was monitored each session. Individual priority areas identified by parents and clinical staff were specifically targeted and monitored throughout the term. Parents were provided with weekly information sheets to help consolidate and generalise their child's social and emotional skills worked on throughout the programme. Termly evaluations indicated that participants displayed increased independence within key goal areas, and qualitative reports from parents indicated increased participation in social and group activities across school, home, and community settings.

Conclusion

The transition into the primary school environment can be a challenge for many children with ASD due, in part, to their difficulties with social communication, cognitive processing, and generalisation of skills between settings. It is therefore important that early intervention services actively look to support children with ASD to develop necessary skills in preparation for the school environment. Furthermore, it is important that families of children with ASD are supported to practice and consolidate these skills in both home and community settings.

Facilitating language and social communication in children: Can early childhood educators improve their skills with training?

H. Campbell, *Uncle Bob's Child Development Centre, Royal Children's Hospital, Victoria*

A. S. Rabba (Aroutzidis), *Graduate School of Education and Department of Paediatrics, University of Melbourne, Victoria*

M. Randall, *Graduate School of Education and Department of Paediatrics, University of Melbourne, Victoria*

T. Van Meggelen, *Uncle Bob's Child Development Centre, Royal Children's Hospital, Victoria*

Objectives

This paper will present research undertaken on the Hanen® *Learning Language and Loving It*™ (LLLI) training program for early childhood educators. Trainees received instruction in how to: be responsive to children's initiations, engage children in interactions, model simplified language, and encourage peer interactions. The overall aims of the research project were to:

- 1) Assess the efficacy of the program to inform ongoing service provision for a specialised early intervention setting;
- 2) Provide pilot data about recruitment, applicability of training methods, effectiveness of the LLLI™ program and suitability of outcome measures used in an Australian context.

Summary of the Research

This study was a non-randomised control trial where the LLLI™ program was administered to nine educators (training group) and an additional nine educators (control group) received no training. The *Teacher Interaction and Language Rating Scale* (TILRS) was used to rate educator's interactions with children pre-, immediately post- and at one month following training for the training group and at equivalent time intervals for the control group. Educator's perceptions of their own level of abilities were also measured at all time points using a self rating scale.

Conclusions

Immediately post training, the training group demonstrated improvement in use of two interaction strategies taught as rated by the TILRS, while the control group showed no change in TILRS ratings. However, at one month follow-up gains demonstrated by the training group were not maintained. With the self-rating scale, educators in the training group rated themselves higher on all questions post-training. Though this study involved a small number of educators, the findings suggest that: (i) development of educators' skills may be optimised if educator learning is focused on two strategies and (ii) educators may require ongoing support to establish skills learnt in the long term.

Creating collaborative teams in government health services: Team around the child

***S. L. Deeth**, Campbelltown Hospital, Sydney South West Local Health District, New South Wales
K. J. Moseley, Campbelltown Hospital, Sydney South West Local Health District, New South Wales*

Many children with complex needs receive services through NSW Department of Health. Services are often fragmented with separate appointments and families needing to coordinate multiple health plans for their child. The Team Around the Child (TAC) model was trialled in two government sites and found to increase collaboration from a clinician and family perspective. Subsequently the TAC model was implemented in seven additional NSW Health sites between 2012-2013. Teams voluntarily took part in the project. Teams had different clinical purposes, members, leadership models and philosophies.

Objectives

This paper will discuss team factors that impacted on the success of a collaborative team work model (TAC) in seven government health services.

Method

Sixty-five staff completed a two day training module in the TAC model. Thirty-five families were involved in evaluation of implementation of the model. Pre and post evaluations for clinicians (Measure of Process of Care – Service Provider, questionnaires and interviews), families (Measure of Process of Care -20 and questionnaires), children (SMART goal attainment) and time spent in implementation was completed.

Results

Evaluation of the model indicated that across the sites:

- 72% of SMART goals set were achieved.
- Family-centred practice increased from both a clinician and family perspective.
- There was no overall increase in the time spent with families pre- and post- implementation.

Discussion

Although there was an overall increase in collaboration across the sites, there were team variations that impacted how successful clinicians felt the implementation was. These included:

- Management engagement
- Team purpose and goals
- Team understanding of collaborative practice
- Opportunity to engage in team building activities
- Practice using the TAC model

Building blocks for learning success

***B. Fisher**, CHI.L.D. Association, Queensland
V. Rose Graydon, CHI.L.D. Association, Queensland*

The purpose of this presentation is to present a model of learning which has been used by CHI.L.D. Association over many years. This model is used by staff to assist educators in early childhood and school settings to understand the needs of individual children whose disabilities and developmental difficulties may present barriers to optimal learning success. When children enter early childhood settings, there are many assumptions we make about their skills, experiences and capacities which will enable them to successfully participate and access the learning opportunities provided. However, for a significant minority, substantial challenges in the developmental period result in barriers to learning and much different experiences to their peers. The challenge for early educators is clearly understanding the gaps in development which impact on learning in the more formal sense. The model assists in identifying individual strengths and weaknesses for these children, and assists therapists in highlighting for teachers the ways to support and/or compensate for weaknesses and the impact of this intervention on formal learning. Participants will improve their awareness of the complexity of children's development from 0 to 5 years of age, and how they can best support the huge variety of developmental gaps to ensure a positive learning experience for all.

Sensory patterns in children and strategies for learning

***C. Hamilton**, Mount Ommaney Special School, Queensland*

Everyone has particular ways to responding to sensory events in everyday life. Sensory input from the environment and from the body provides information the brain uses to understand experiences and organise responses. Your senses integrate to form a complete understanding of who you are, where you are and what is happening around you. Dr. A Jean Ayres recognised that impaired sensory integration interferes with learning and development in children. Young children who experience these challenges in sensory processing have diverse educational support needs. Sensory processing differences can occur across all impairments and are specific to that child. Occupational therapists provide expertise in understanding and addressing the sensory needs of children. They use best practice guidelines when supporting children with sensory processing challenges and must always be consulted as the first step in understanding a child's sensory need. By using Dunn's Model of Sensory Processing parents and early childhood professionals can interpret children's behaviour using 4 patterns of sensory processing and gain an understanding of the child's neurological threshold. This will assist them to interpret children's behaviours from a sensory processing perspective. By doing this parents and early childhood professionals will be able to programme appropriate intervention strategies to encourage successful learning. It is important to understand a child's sensory processing pattern and select and design activities and environments that will accommodate his/her sensory needs. It is critical that the sensory program is child- directed, engaging and creative based on the child's individual strengths. Selection of appropriate and practical activities is an important focus so that the sensory program can be integrated across the child's home and school life. When an understanding of a child's sensory pattern is gained we can better empathise with the child and provide meaningful intervention to assist in helping young children become successful learners.

Governance in early childhood intervention services: A parent's perspective

K. Kaletta, Victoria

Since October 2009 I have participated in a collaborative cross agency Partnership Group responsible for the delivery of Early Childhood Intervention Services in North East Victorian Rural Region, formally Hume region. During this time the region, which includes 7 service providers, has undertaken a profound change in the way services are delivered to embrace a key worker transdisciplinary model. My role on this group is to represent the voice of parents whose children receive ECIS. My son Adrian was an ECIS client from 2009 until March 2012 so I have the benefit of not only experiencing the old way of doing things versus the new way of doing things, but also seeing how such changes are put into place from the inside out.

My experience has highlighted the importance of families and professionals working as collaborative partners not only in providing services but also at the planning and governance levels. Having the opportunity to tackle some of the big picture issues has enabled me to have a different perspective on the needs of my own child. It has become clear to me that the success of service delivery is dependent on many factors.

My presentation will discuss the positive aspects of participating in a professional group, the importance of the consumer voice, what I have learned about how services are funded and delivered and the necessary ingredients for success at all levels from policy discussion to positive outcomes for individual children.

Addressing perceived determinants to improve early childhood care for development (ECCD) practices of caregivers of 0-5 year children in a rural community in Anuradhapura district: Evidence based health promotion interventions in Sri Lanka

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Objective of this study to address the perceived determinants of poor ECCD practices of caregivers in a rural community in Anuradhapura district using a health promotional intervention. Caregivers were identified through village clinic center (n= 70). Rapport was built with them by doing home visits. Perceived determinants of lack of ECCD practices were identified through a cross sectional study. Then Caregivers were met twice a week and conducted discussions with them about ECCD and the importance of practicing it. Then their own methods to address the identified determinants were questioned. Maintaining ECCD record books to mark the number of stimulations they gave, maintaining a hand crafts tree or wall papers and making play houses in garden were finalized as activities for addressing determinants and conducted by them over 9 months and changes of determinants were analysed. Poor enthusiasm of caregivers 74%, poor attention on children 67%, poor knowledge on ECCD practices 90%, busy life style of caregivers 65%, lack of fathers' support 89% were identified as determinants in the pre situation. In final evaluation determinants were changed by 40%, 32%, 10%, 51% and 45% respectively. After health promotion interventions 30 (42%) ECCD record books, 27 (38 %) wallpapers, 32 (45%) Hand crafts trees and 14 (20%) Play houses were made and maintained by caregivers. Hence, ECCD record book, wallpaper in home and hand craft tree are decent interventions for addressing above determinants of ECCD and Health promotion interventions are effective in addressing determinants of poor ECCD practices.

A collaborative approach to self regulation in the classroom using the Sensory MATEs framework

E. Lewis, *Therapy Focus Inc., Western Australia*
J. Morgan, *Therapy Focus Inc., Western Australia*

The Sensory MATEs framework was developed to support families and teaching staff to implement effective strategies for children to self regulate and reach their full potential. This is achieved through upskilling the adults in the child's environments, to create opportunities throughout the day for the child to feel calm, alert and ready for learning. The framework supports teaching staff and parents to understand the key concepts of sensory processing and self regulation.

Sensory MATEs stages:

Monitor sensory needs

This stage encouraged parents and ECI professionals to work collaboratively to explore the children's sensory needs. It provides tools for all adults to use to assess the impact sensory needs have on the children's ability to participate in daily routines.

Add regular sensory activities

This stage enabled parents and ECI professionals to trial programs, strategies and resources to help children to self regulate based on their findings from the previous stage.

Take a step back and follow the child's lead

When children are requested to complete everyday activities, their sensory needs are not always taken into consideration. This may result in the child feeling overwhelmed and will have an impact on their ability to learn and develop. This stage of MATE highlights that it's necessary to take the child's lead where appropriate. The child's behaviours provide adults with information about the activities that help them to learn and what activities impact their ability.

Evaluate and Evolve

The framework identifies that children have individual sensory needs and therefore the programs and strategies we select to help them self regulate need to be trailed and constantly evaluated by all adults across their environments.

We will outline the outcomes of the implementation of the Sensory MATEs framework in the Kindy and Pre-Primary classes of an Education Support Centre over the past 6 months.

Developmental outcomes and predictors for a community-based early intervention preschool in Singapore

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EIPIC is a community-based government-funded ECI program that serves young children with moderate to severe disabilities in Singapore. EIPIC centres provide centre-based early childhood special education in groups with therapy support services, and are known to be specialized preschools for children with special needs. Although considered to be an effective program, outcome data for EIPIC has not yet been published in peer-reviewed journals. The purpose of this study was to provide a program description for one of the EIPIC centres in Singapore, as well as report on the developmental outcomes and predictors for a group of children who had attended this centre. The records of 193 children enrolled at this EIPIC centre for at least a year between January 2008 and June 2013 were reviewed. Developmental Growth Points (DGP) were derived by subtracting each child's AEPS scores at program discharge from the child's AEPS score at enrolment. Findings from factor and multiple regression analysis with regards to social economic environment (i.e. paternal and maternal education, means test tier, gross family income), centre assignment (i.e. centre assignment, hours of intervention per day), intervention dosage (i.e. number of days of intervention per week, duration of intervention in months), and child demographics (i.e. age at enrolment, age at discharge, diagnosis) are reported. All children studied had a gain in DGP. Children with greater DGP were younger at enrolment, older at discharge, and spent more months in enrolment. Children with higher AEPS scores at enrolment were older at entry, received more intervention hours per day, spent fewer months enrolled in the program, and discharged at a younger age. Results are consistent with existing EIPIC baseline surveys and reports. The findings support the effectiveness of EIPIC programs, and the need for early referral into such programs. The challenges of inclusion are discussed.

Naturalistic functional skill-building, learning opportunities interventions for special education children in Botswana

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K. D. Mpuang, Department of Education Foundations, University of Botswana, Botswana

Children's participation in everyday activities and routines in home and community settings is an important focus of services for young children with disabilities. Botswana Special Education is perceived in conventional terms, and is mainly restricted to those children of school going age. The functional skill-building, learning opportunities are designed for mentally handicapped and retarded, those with visual and hearing impairments and the physically handicapped. (Ministry of Education, 2001: 29). In practice the principal focus is to ensure that those covered have: equality of educational opportunity; are prepared for social integration through being in mainstream schools; are assessed at an early stage so that they receive individualized education. Community and parental support is included when educating the special ed. children. Gifted and talented learners are not included.

In providing places, the Government's commitment is primarily to the mentally retarded and the mentally handicapped. Some provision is now being made for children with visual and hearing impairments in units in a few state primary and community junior secondary schools. The focus of interventions is on these special children's daily routines and activities. Research show that best practices in early childhood education support the notion that young children learn best from naturalistic learning opportunities. Naturalistic learning opportunities for young children occur in the context of real life experiences, especially in everyday routines and activities. Over the years there has been a strong push for serving children in their natural environments. The move in some places resulted in the terms being interpreted differently by different individuals. The purpose of this evidence-based case study is to explore the research literature to clarify these terms and determine operations supporting the concepts from literature and the Government policy related to serving young children with disabilities and their families in their natural environments. The study asks: Does the policy of the Government of Botswana towards Special Education commit to social inclusion interventions, are its operational practices effecting naturalistic learning? Based on the results we recommend methods and operations for functional skill-building, learning opportunities, and stimulation of development in a natural setting. We also recommend a new direction for further research.

Professional training in Relationship Development Intervention® (RDI)

N. Maclean, *Connect and Relate for Autism Inc., Queensland*
B. Parsons, *Connect and Relate for Autism Inc., Queensland*

This presentation is for professionals working with children who have neurodevelopmental disabilities, who are ready to expand their knowledge base and broaden their skills to improve their effectiveness as practitioners. Relationship Development Intervention® (RDI) Consultants will outline a training program for early childhood practitioners focused on understanding how the Guiding Relationship supports learning for children with special needs. RDI involves parent coaching to increase mindful decision making promoting growth opportunities for a child to develop dynamic thinking skills. RDI was developed in Houston, Texas by clinical Psychologist Dr Steven Gutstein and is an emerging evidence based treatment approved under the HCWA funding. There are currently over 20 certified RDI consultants practicing in Australia with numbers growing in 22 other countries. An Australian RDI training centre was established in 2013 to support local trainees. The RDI® Professional Certification Consultant Training Program is a unique educational program available to those with credentials in a broad range of professional backgrounds and specialty areas. This innovative training comprises elements or components such as on-line self-paced learning, face to face lecture, practice and discussion, as well as supervised clinical practice with families.

The following topics are covered:

- Autism Pathogenesis
- Dynamic Intelligence
- Goals and Objectives of The Family Consultation Program
- The RDI Learning Community and peer support
- General consulting principles (sensitive clinical interviewing, avoiding the 'instant expert' trap)
- Mindful decision making about guiding opportunities
- Framing, scaffolding and productive support
- Regulatory interactions
- Assessment, observation, evaluation and analysis

Trainee supervision is provided by experienced practitioners to mentor and support the candidates' practical implementation of their knowledge over 14 projects. This part of the training provides experience and guided learning while working practically with two focus families. Certified consultants work in a variety of settings once qualified.

Outcomes of consultancy efforts to build capability to enhance transdisciplinary practices in Early Intervention Programme for Infants and Children in Singapore

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Introduction

A baseline study on the Early Intervention Programme for Infants and Children (EIPIC) in Singapore found that the service delivery model was predominantly multidisciplinary. Hence, this study aimed at building capability of EIPIC centres in adopting a transdisciplinary approach to service delivery.

Method

A team of paediatrician and allied health professionals evaluated the service delivery approach of two EIPIC centres over an eight week period. A centre development plan was agreed upon and two consultants worked collaboratively with each EIPIC centre over a twenty-week planning and implementation period, which aimed at establishing an understanding and initiating key elements of Transdisciplinary practice and modifying the centre's processes from intake to intervention. Following this phase, the two centres proceeded with the implementation independently over a twelve-month period, after which the consultancy team evaluated the progress and effectiveness of their Transdisciplinary practice in each centre. Focus group discussions with staff and/or parents were conducted immediately after the twenty-week consultation period, at six- and at 12-months post consultation period.

Results

Preliminary findings showed that transdisciplinary initiatives were adopted within their workflows and roll out in phases helped centres to trouble shoot and sustain initiatives. Factors such as Centre staff composition, family involvement and presence, experience, leadership, EIPIC structure, workflows and organisation seemed to have an impact on the success of transdisciplinary initiatives. Changes to practices that reflect Transdisciplinary practices after the consultancy efforts included increase in ongoing communication among team members, collaborative efforts in setting goals and implementing IEP, use of common assessment tools and empowering of teachers by allied health team members.

Conclusion

Training, effective leadership and a collaborative effort between the centre and consultancy team help build capacities for adopting transdisciplinary practices in service delivery and in navigating change across the team's mindset and processes within the centre.

Animal Fun: Improving the motor skills and social skills of young children

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Objective

Animal Fun is a fully researched and evaluated program which can be used effectively by families and ECI professionals as collaborative partners to improve motor skills and enhance social/emotional development in young children.

Animal Fun is an innovative evidenced based program developed by a team of psychologists, physiotherapists and occupational therapists - designed to improve both motor and social skills of children aged 3-6 years. Making use of children's love of animals and pretend play, the movement activities imitate animals. From the child's perspective they are having fun by engaging in dramatic play, whereas from the specialist's perspective the children are practicing and developing key physical skills identified by the Australian Curriculum for Health and Physical Education (Foundation Year). The program also maps well into the Early Years Learning Framework by allowing children to develop skills and build their confidence in a fun, non-competitive environment. Animal Fun is suitable for children of all abilities, but is particularly useful for children who may have motor and/or social emotional difficulties.

There are few programs designed specifically for this very young age group which have been evaluated for effectiveness. Animal Fun is simple to use and does not require any specialist training or expensive equipment. The range of activities lends themselves to a variety of curriculum areas and can be seamlessly embedded into the everyday routines of the child – automatically increasing their daily physical activity. The fun, social aspect of the program helps children to build confidence and engage with their peers in a positive way.

Animal Fun is designed to be a collaborative program – with educators, parents and children sharing knowledge and building skills together. The resources include a comprehensive manual and flashcards for educators and an Animal Fun@Home book to provide parents with some activity ideas the whole family can enjoy together with some developmental information on why the skills we are targeting are important for their child's development.

Readiness to change

M. McLennan, *Fielding Graduate University, United States of America*

Objectives

Early childhood intervention practitioners will explore:

1. What is readiness to change
2. What makes change difficult
3. Stages of change
4. Implementation process that supports readiness to change

Summary of Work

Early childhood intervention practitioners who work with educators, families, and community members will benefit from learning research-based strategies specially designed to increase readiness to change BEFORE practitioners start working on behavioural changes. These strategies include attitudes and communication skills that develop through training, coaching, and practice. They will learn about the implementation processes that support readiness to change.

General Conclusion

Early childhood intervention practitioners will learn about the effective implementation processes for meeting people where they are and how to effectively implement change.

Partnering for improved outcomes - An ECIS capacity building initiative

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M. Roberts, EACH Social and Community Health, Victoria
N. Wendt, Biala Box Hill Inc., Victoria

Objectives

To present information about how, in order to improve outcomes for children and their families, a partnership of three small agencies in the North East Victoria Region (NEVR) has been developed.

To share how a partnership has helped build capacity and facilitate efficiencies in transdisciplinary keyworker service provision, resulting in improved outcomes for families.

Summary of Work

Recently in Victoria, there has been a shift away from providing ECIS services in a centre-based group model to providing service in the child's natural environment through a transdisciplinary, keyworker model. The time taken to move toward this model has varied from agency to agency.

The partnership is made up of three neighboring ECIS providers who have clients across the outer and inner eastern region. Two of these agencies are embedded within Community Health Services and one agency is stand alone. As three ECIS providers covering a broad geographical area it is recognized that through working together, the capacity to deliver quality, evidence based, coordinated services to families is strengthened.

The partnership improves outcomes for children and families by facilitating efficiencies in service provision and simplifying pathways to services. All families who are engaged with any partnership agency benefit from shared resources and expertise. Details of these will be elaborated on in the presentation.

The move away from delivering a therapeutic, group program to children to working in a partnership with families in their natural environment has required considerable adjustment for a number of ECI professional in ECIS services. Within smaller agencies the opportunities for discipline specific peer-support and the understanding and acceptance of the transdisciplinary keyworker role is limited. Details of how the partnership has strengthened the capacity of the ECI professionals within the partner agencies to work as collaborative partners with families will be provided.

Conclusion

A recent partnership between three neighboring Victorian agencies has strengthened the capacity of the ECI professionals to work as collaborative partners with families.

Supporting and extending your child's communication

***S. O'Brien**, Woody Point Early Childhood Development Program, Queensland
D. Simpson-Saxil, Woody Point Early Childhood Development Program, Queensland*

Our aim at Woody Point ECDP is for AAC intervention to be user-friendly, to be able to be used successfully by the student in an interactive manner with a variety of stakeholders and in the students' natural environment. Through careful and responsive planning of our learning environment we are able to encourage communication opportunities. Through exposure to a range of strategies from low to high tech separately and in combination, in consultation with our speech language pathologist and families, we are able to establish which method(s) best suit individual students and their family. And, as the skill of the communicative partner "is one of the most critical contributors to the success of AAC" (Wilkinson & Hennig, 2007, 590) we include and build capacity in families and other stakeholders as required.

In late 2013 we began the process of creating a resource for our ECDP families as another way of building capacity. The resource, now in its final stages of development, is a self-paced PowerPoint which defines "communication", introduces a variety of communication devices we may trial at ECDP and outlines some simple ways that families may support and extend their child's communication. The resource also includes an optional section where families may explore more theoretical information regarding communication and devices/tools.

The resource will be available to all Woody Point ECDP families early 2014. The completed product will be a useful resource which provides families with basic information about the importance of communicating and of giving their child a "voice". The resource will not only build familial capacity but will lead to greater interconnectedness between the child, their home and the school.

Development, readiness and vulnerability - Findings from the AEDI

A. T. O'Donnell-Ostini, School of Education, University of New England, New South Wales

The Australian Early Development Index (AEDI) provides a snapshot of young children's readiness following their commencement at school. This population wide dataset of Australian children depicts significant variations in children's readiness and vulnerability across regions. An analysis of this variance and accompanying mitigating factors will form the basis of this paper.

The AEDI's annual report purports to stimulate "crucial conversations about children's development." The AEDI is synonymous with a philosophical perspective based on theorists such as Piaget and Gessell (Agbenyega, 2009). It is the researcher's view that a sociocultural perspective of the child would identify the child's strengths and competence reflective of the community in which the child lives (Dockett, Perry & Kearney, 2010). The incidence of percentages of children's development classed as "at risk" and "vulnerable" is unexpected within certain geographical areas. Factors of cultural learning, ways of knowing, skill acquisition and cultural competence inform a strength based view of the child's identity, consistent with children being, belonging and becoming (DEEWR, 2009). By situating learning and development contextually, a realistic and holistic view of the child is given visibility (Agbenyega, 2009).

Data will be examined of sample regions. Differences and similarities affecting young children's growth, development and wellbeing will be explored. Community partnerships and engagement will be discussed in the light of being a protective factor of children's wellbeing and continuity of learning (Dockett et al. 2010). The implication of children within localities determined to have higher levels of vulnerability, yet not receiving support cannot be ignored. Conversations within the profession need to occur. The AEDI results and criteria as a population data tool must capture a realistic picture of Australia's child.

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Is it Autism? Educating and empowering early childhood teachers and educators to identify signs of Autism in young children

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R. Renwick, Autism Advisor Program, Autism Association of Western Australia, Western Australia
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Through funding from the Non-Government Centre Support, the Autism Association aims to educate staff working in early childhood settings to be better able to identify the signs and symptoms of Autism in the children they teach, in the hope that families will seek professional advice and an early diagnosis for their child. In April 2014, during Autism Awareness Month around 2000 information packs and posters were delivered to every kindergarten and day care centre across Western Australia.

If a child's Autism is diagnosed before they begin formal schooling, the child can be eligible to access early intervention services which aim to help children reach their developmental milestones, and more importantly teach the skills required for school. Many children who receive this early intervention are able to integrate successfully into mainstream schooling. Often child care educators and early childhood teachers are new to the understanding of Autism as a spectrum of different behaviours, strengths and difficulties. Staff in early childhood settings who may not have an understanding of these diagnoses may fail to notice the subtle signs and symptoms, and as a result, children are not identified as at risk of autism in the crucial early years.

The free Is it Autism? Pack includes a poster identifying the early signs of Autism in young children and how families can seek help and support. The pack also contains a booklet that dispels common myths and misconceptions about autism, whilst also providing practical tips on how to support children with autism in their early childhood settings.

The poster will be displayed at the ECIA 2014 Conference as well as information regarding the distribution of the posters and packs, and feedback received by schools and day care centres.

Music helps us shine - Collaborations between music therapists and early childhood educators

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***J. E. Rimmer**, Broad Insight Group, Victoria; Dianella Community Health, Victoria*

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Dianella Community Health's early childhood intervention program, Broad Insight Group (BIG) is based in the North Western suburbs of Melbourne, and provides therapy and specialist teaching programs for children with significant developmental delays and disabilities. An objective of the BIG program includes developing collaborative partnerships to increase the capacity and skill of staff from early childhood settings. Now into its' third year, the data is showing that the use of music across all areas of the program is not only increasing the skills of the professionals but having positives effects on the goals set for the BIG child and the enjoyment and learning for all children.

This 3 year project is titled 'Music Helps Us Shine' (MHUS).

MHUS involves music therapists working in collaborative partnerships with early childhood professionals in settings where there is a child attending who receives early childhood intervention support from BIG. One early childhood professional in each setting works with a music therapist once a week over an eight-week period. During the first two sessions the music therapist observes the environment and enquires about music activities already being used, goals for the professional's own development and enhancement of the use of music within their specific setting. The music therapist and early childhood professional collaborate and develop a music program that is specifically tailored to the needs of the early childhood professional primarily, while taking into account the needs of the child/ren being supported by BIG as well as the needs all of the children attending this setting. Over the next 6 sessions the music therapist first facilitates, then co-facilitates with the early childhood professional, and finally observes the music activities being conducted by the early childhood professional. This critical and collaborative approach ensures that the music programs will be relevant to each professional and setting, and therefore be sustainable after the music therapist has ceased her involvement. Additionally, the music program is developed in consultation with the early childhood professional to match the objectives outlined in the Victorian and Early Years Learning and Development Framework.

Data has been collected through qualitative and quantitative surveys to investigate the effectiveness and sustainability of the music programs. The overall project, case studies and results will be presented.

Nurturing Firm Foundations: Cultivating caregiver attachment in infants with hearing loss

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Study Objectives

To evaluate the results of a parental attachment program for infants with permanent congenital hearing loss.

Summary

This paper discusses the implementation of the 'Make the Connection' program which seeks to strengthen the parent-infant relationship and foster two-way communication between caregiver and infant following neonatal diagnosis of hearing loss. The program is currently offered through an early intervention centre based in metropolitan Melbourne, Australia and makes use of hands-on activities, parent reflection and discussion as well as personalised video feedback to support bonding and attachment.

Following diagnosis of hearing loss, families are invited to attend the centre with their children for a total of 9 weekly sessions of 90 minutes duration.

Results from the program's evaluation will be discussed. To date, approximately 15 families have attended 'Make the Connection'. Evaluation was carried out using a mixed-methods approach. Existing questionnaires in the attachment field – the Maternal Postnatal Attachment Scale and the Paternal Postnatal Attachment Scale (Condon & Corkindale, 1998) – have been selected to evaluate parental attachment pre- and post-attendance of the program. In addition, a smaller number of families were interviewed about their experiences of the program.

Conclusions

Early intervention providers should take into account the role of attachment and the establishment of pre-communication skills, in addition to listening, when providing assistance for children with hearing loss. Considering the significance of successful parental attachment on a host of child development outcomes in the early language, social and emotional domains, we argue the importance of supporting parents in the early stages of hearing loss diagnosis.

Reference

- Condon & Corkindale (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive and Infant Psychology*, 16(1), 57-76.

Outcomes of consultancy efforts to build capacity to enhance family-centered practice in Early Intervention Programme for Infants and Children in Singapore

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Introduction

A baseline study on the Early Intervention Programme for Infants and Children (EIPIC) in Singapore found that intervention approaches were predominantly child-focussed and therapist-driven, whilst family-centred practices (FCP) were lacking. Hence, this study aimed at building capacity of EIPIC centres in adopting FCP.

Method

The practices of two EIPIC centres were evaluated, by an EIPIC consultancy team consisting of a Paediatrician and Allied Health professionals over an eight-week review period. Two EIPIC consultants subsequently worked collaboratively with each EIPIC centre over a twenty-week consultation period, which aimed at establishing understanding of the key elements of FCP and modifying the centre's processes from intake, assessment, intervention to parent-teacher conference, to incorporate more FCP. Following this phase, the two centres proceeded with the implementation independently over a twelve-month period, after which the consultancy team evaluated the progress and effectiveness of their FCP of each centre. Focus group discussions with staff and/or parents were conducted immediately after the twenty-week consultation period, at six- and at 12- months post consultation period. Measures of Processes of Care (MPOC) and Family Outcome Survey (FOS) questionnaires were completed by parents during the review period and at 12 months post consultation period.

Results

Preliminary findings showed that more FCP were adopted and that these practices were sustained at 12 months post consultation period. Changes to practices that reflect FCP after the consultancy efforts included increase in caregiver's participation such as, identifying the family's concerns and priorities at intake, empowering caregivers in making decisions in their child's intervention, providing help-giving practices ranging from facilitating problem-solving to caregiver coaching and facilitating active caregiver engagement during the intervention process. There was a significant increase in parents' perception on FCP received and family outcome reported from the review period to 12 months post consultation.

Conclusion

The EIPIC centres were able to implement and sustain FCP within their service delivery as a result of the capacity building consultation efforts.

The importance of partnerships between families and early childhood professionals

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The key principles of the Early Years Learning Framework include the importance of both secure, respectful and reciprocal relationships; and partnerships with families (DEEWR 2009). While this framework relates specifically to centre based early childhood education and care, these principles are essential for anyone working with children and families. When a child presents with a disability, these relationships and partnerships can be even more crucial.

This presentation will show case two separate examples of partnerships between families of children with a disability, and early childhood professionals in two separate contexts. One example will be the inclusion of a child with a disability in a mainstream early childhood education and care centre, and how these partnerships were established and maintained. The second example will be between a parent and an early childhood educator who met in a supported playgroup when the child was two years old, and will reflect the journey of this partnership through until the child started formal school. These examples will highlight how the relationships developed, how appropriate parameters were maintained while still strengthening the relationship, and specific strategies that were used to develop these important partnerships. In addition, perceptions of both the parent and early childhood professionals will be presented for both examples. Links will be made to the Early Years Learning Framework and National Quality Standards.