



# EARLY CHILD EARLY INTERVENTION (ECEI) GUIDELINES

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## **WHAT IS EARLY CHILDHOOD EARLY INTERVENTION?**

Early Childhood Early Intervention (ECEI) is the process of providing specialised support and services for infants and young children (0 to seven {7} years of age) with disability and/or developmental delay, and their families, in order to promote development, well-being and community participation.

The overall aim of ECEI is to ensure that the parents or other key caregivers are able to provide young children who have disability and/or developmental delay with experiences and opportunities that promote the children's acquisition and use of competencies which enable the children to participate meaningfully in the key environments in their lives (Tim Moore, 2012).

At Above & Beyond Disability Solutions (AABDS), we will work in partnership with parents/caregivers, families and other significant stakeholders to enhance their knowledge, skills and supports to meet the needs of their child, optimise the child's learning and development, and the child's ability to participate in family and community life.

AABDS considers early childhood intervention as supporting a child's development of functional skills that would enable them to participate meaningfully in everyday activities alongside typically developing peers. AABDS provides support in a way which is inclusive of the family so that activities are targeted to encourage the learning and development of the child and are reinforced and complemented in family settings. In this sense, the goals of the family, their values and priorities are integral to the developing early intervention approach to ensure that AABDS will make the most significant impact.

## **WHY ARE THE EARLY YEARS IMPORTANT?**

According to the Early Childhood Intervention Australia (ECIA) National Guidelines, the early childhood years lay the foundation for all future development. Recent scientific evidence shows that early experiences shape our lives by affecting the way the young brain develops. What happens to us in the early years has a major effect on our health and social development through to adulthood. Therefore, we must ensure that children's early experiences are positive - that they have a secure foundation for development.

The early childhood years are just as important for children with disability and/or developmental delay as they are for all children. All their future development is based on the critical learning patterns laid down during this period. The early years are also critical for the whole family. This is when families can best begin to learn how to support and nurture their child, how to meet their child's needs, and how to adapt positively to having a child with disability and/or developmental delay. The earlier a child is identified as having disability and/or developmental delay, the more likely they are to benefit from strategies targeted towards their needs.

## **THE SEVEN KEY PRINCIPLES TO EARLY INTERVENTION**

AABDS base all of its standards on ECEI key best practices to ensure the organisation and its professionals are accountable to continuous improvement and high quality services.

We adopt evidence-based practice which involves a balance of empirically supported interventions, clinical expertise or practice wisdom, and participant or family values, preferences and circumstances.

To ensure we are working from a base of evidence informed by the latest research and practice, AABDS will maintain knowledge and skills through lifelong continuing professional development and ongoing self-reflection, self-assessment and monitoring of practices.

### **ECEI Universal Principles**

1. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts.
2. All families, with the necessary supports and resources, can enhance their children's learning and development.
3. The primary role of AABDS in early intervention is to work with and support the family members and caregivers in a child's life.
4. The early intervention process, from initial contacts through to transition, must be dynamic and individualised to reflect the child's and family members' preferences, learning styles and cultural beliefs.
5. Individual Family Service Plan outcomes must be functional and based on children's and families' needs and priorities.
6. The family's priorities, needs and interests are addressed most appropriately by a primary provider who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research and relevant laws and regulations.

## AABDS's ECEI PRACTICES

### 1.0 FAMILY

Family-Centred and Strengths-Based Practice is a set of values, skills, behaviours and knowledge that recognises the central role of families in children's lives. For AABDS, this means we work in partnership with families to ensure family life, priorities and choices drive what happens in planning and intervention.

#### Family-centred practice

AABDS will build on family strengths and assist families to develop their own networks of resources – both informal and formal. Family-centred practice is made up of a set of values, attitudes and approaches for working in partnership with children and their families.

There is now strong evidence for this approach, including that it improves:

- Improves child behaviour and wellbeing
- Improved developmental outcomes for children
- Improves family functioning
- Increases levels of social support available to families
- Improves family satisfaction with services
- Contributes to increasing parental self-efficacy

Using the family-centred approach, AABDS recognises:

- Each family is unique and different
- The family is the constant in the child's life
- The family is the expert on the child's abilities and needs
- Optimal child functioning occurs within a supportive family and community context
- The child can be affected by the stress and coping of other family members.

AABDS's guiding principles of family-centred practice are:

- Each family will have the opportunity to decide the level of involvement they wish in the decision making for their child
- Parents have ultimate responsibility for their child
- Each family and family member will be treated with respect
- The strengths and needs of all family members will be supported and encouraged

A key role of AABDS in ECEI is to support parents/caregivers and educators to enable them to provide children with experiences and opportunities that promote using and developing their skills. Families, educators and community partners who feel respected and supported by ECEI practitioners and who feel competent in the skills needed to interact with the child are better able to promote a child's social, cognitive and behavioural developments (Gavidia-Payne et al., 2015).

AABDS recognises that the ability of our professionals to support families depends not only on their technical knowledge and skills in working with children with disability and/or

developmental delay, but also on their personal qualities and skills in building positive working relationships with parents and supporting family's choice and participation.

Family-centred practice does require a shift in power and authority away from the professional as 'expert' and key decision-maker and towards the family. In fact, additional expertise is required to empower families. AABDS's ECEI professionals will share their professional expertise and knowledge with the family and at the same time regard the family's expertise as valid, significant and valuable.

### Strength-based practice

AABDS will also build on family members' competencies, support families to make decisions for themselves and focus on empowering families to do things for themselves within their social communities.

Rather than focusing on correcting peoples' weaknesses or problems, capacity-building and strength-based strategies recognise the assets and talents of people and help them use these competencies to strengthen functioning.

For the child, strengths-based practice means AABDS's practitioners focus on what each child can do, or shows emerging ability to do in different contexts, and on the opportunities these afford, rather than what the child is not able to do and potential barriers to development.

AABDS will build on the existing strengths of children, families and the communities in which they interact as we understand that focusing on existing strengths promotes an individual's sense of control and is integral to facilitating empowerment.

AABDS acknowledges and understanding that all families are resourceful but do not always have the ability or knowledge to access the resources and supports they require. AABDS's practitioners will identify the strategies and experiences that will suit the needs and circumstances of a particular family, and work with the family to build these strategies into their everyday life.

### Culturally Responsive Practice

AABDS will actively respond respectfully and skilfully to the needs of all diverse communities. We will endeavour to create welcoming and culturally inclusive environments where all families are encouraged to participate in and contribute to children's learning and development. Our practitioners will be knowledgeable and respectful of diversity and provide services and supports in flexible ways that are responsive to each family's cultural, ethnic, racial, language and socioeconomic characteristics.

Culturally responsive practice and family-centred practice are deeply linked because culture profoundly shapes both human development and family structures, whatever a family's culture. Children's personal, family and cultural histories shape their learning and development (DEECD, 2011). A family's culture may also affect attitudes, values, beliefs and

capacities across a number of areas including child-rearing practices; health practices; meanings of disability; perceptions of education and ECEI.

Translation and interpretation services for families where English is not their first language is an important part of being culturally competent. Where possible, AABDS will offer an appropriately skilled interpreter to avoid difficulties that might arise from having family members or friends interpret. However, AABDS acknowledges that family preferences must be considered and there may be occasions where it is most appropriate for a family member or friend to interpret.

## 2.0 INCLUSION

AABDS recognises that every child regardless of their needs has the right to participate fully in their family and community life and to have the same choices, opportunities and experiences as other children. All children need to feel accepted and to have a real sense of belonging. Children with disability and/or developmental delay may require additional support to enable them to participate meaningfully within their family, community and early childhood settings.

### Participatory practice

AABDS acknowledges that a child's main learning environment is the family, with community settings and early childhood programs playing an increasingly important role as they grow older. Inclusion is not just about children with disability and/or developmental delay attending mainstream programs, but about creating environments for all children to be able to develop relationships, have opportunities enabling meaningful engagement and participation in all activities.

Children with disability and/or development delay benefit from interacting and participating in activities and settings with children without disability (Bruder, 2010; Case-Smith & Holland, 2009; CCCH, 2011). Research has demonstrated that children with disability are more interactive in inclusive settings than in segregated settings providing greater opportunities for children to develop friendships (Antia et al., 2011; Case-Smith & Holland, 2009).

AABDS will use a range of intervention approaches to promote engagement and a sense of belonging for each child, including assisting caregivers to develop positive and responsive relationships with their child, ongoing professional development, and collaboration and co-ordination among key stakeholders.

### Engaging in Natural environments

AABDS also acknowledges that engaging the child in natural environments promotes children's inclusion through participation in daily routines, at home, in the community, and in early childhood settings. These natural learning environments contain many opportunities for all children to engage, participate, learn and practise skills, thus strengthening their sense of belonging.

Natural environments are settings, where children learn and develop everyday abilities and skills, including the home, community, and early childhood centres (Dunst & Bruder, 2006).

Natural environments are full of opportunities for children to practise, master and expand their skills and learning. According to Case-Smith & Holland (2009) learning skills in a natural environment is more effective than practising a new skill in an isolated setting once or twice a week. Delivering interventions in natural environments involves the people who are part of the children's lives. Children's ongoing learning depends upon having repeated opportunities to practise developmentally appropriate skills in everyday situations with support from caregivers and community members

AABDS employees will incorporate additional learning opportunities reflecting individual goals and interests and implement interventions that are meaningful, easy to do, fit into the participant (and their family's) daily lives, and support the child in learning skills that help them be part of family and community life.



### 3.0 TEAMWORK

AABDS will work with the family as a collaborative and integrated team around the child, communicating and sharing information, knowledge and skills, with one team member nominated as a key worker and main person working with the family.

#### Collaborative Teamwork Practice

AABDS adopts a flexible, holistic model of teamwork interaction that best meets the needs of families and is similar to the 'Team around the Child' (TAC) model developed in the UK. We incorporate capacity building and evidence-based practices including family-centred practice, strengths and interest-based practices, and the natural learning environment.

AABDS understands that children with disability and/or developmental delay may require the combined expertise of a range of practitioners and specialised services including medical personnel, therapeutic practitioners and educational and developmental experts. This is one of the reasons the organisation has been established to provide a range of service offerings. AABDS has the advantage of maximising the specialist skills of different professionals, who can then work together as team to produce a holistic outcomes for the child. AABDS's professionals will work together with the family as a collaborative team to share information, knowledge and skills across disciplinary boundaries, with a key worker coordinating and doing most, if not all, of the intervention. AABDS will always view the family as a valued member of the team and ensure they're involved in all aspects of the process.

AABDS will also include and work as a team with other professionals and organisation in the child's life. We will draw on the skills and knowledge of other team members and share knowledge and expertise that informs implementation, planning and monitoring of services.

The benefits of AABDS's teamwork approach include a coordinated approach; service efficiency; cost effectiveness of services; less confusion for the family; more coherent intervention plans and holistic service delivery and the facilitation of professional development that enhances therapists' knowledge and skills building collective competence.

#### Capacity-Building Practice

AABDS will work to build the capacity of the child, family, professionals and community through coaching and collaborative teamwork. The goal is to build the knowledge, skills and abilities of the individuals who will spend the most time with the child in order to have as great an impact as possible on the child's learning and development. Capacity-building practices support parents, caregivers, professionals and communities by using their existing abilities and developing new skills (Dunst & Trivette, 2009; CCCH, 2011).

For families, this means that AABDS's professionals will work in a collaborative partnership recognising what families do well already, and progressively building their capacity to meet the needs of their children and other family members. We will build on their existing skills, knowledge and abilities through coaching and collaborative teamwork which will then increase their capacity to work with the child with disability and/or developmental delay.

## **4.0 UNIVERSAL PRINCIPLES**

### Evidence Base, Standards, Accountability and Practice

AABDS has practitioners with appropriate expertise and qualifications who use intervention strategies that are grounded in research and sound clinical reasoning. Standards based on ECEI key best practices will ensure AABDS is accountable to continuous improvement and high-quality services.

### Outcome Based Approach

AABDS focuses on outcomes that parents want for their child and family, and on identifying the skills needed to achieve these outcomes. AABDS's practitioners must share their professional expertise and knowledge to enable families to make informed decisions. AABDS will focus on participation in meaningful activities in the home and community with outcomes measured and evaluated by AABDS from a child, family and community perspective.

## CONCLUSION

Legislation underpins all the Best Practice Principles of Early Childhood Intervention. The UN Convention on the Rights of the Child (UNICEF, 1990) states that children with disability share universal rights with all people, and additional rights accorded to all children. The specific rights of children with disability are expressed in the UN Convention on the rights of persons with disabilities (UN, 2006). Among other international statements, the UNESCO Salamanca Statement (UNESCO, 1994) on inclusive education recognises the importance of inclusion of children with disability in mainstream education. Australia has its own legislation, at both national and state and territory levels, which supports both the rights of children with disability and the inclusion of children with disability (HREOC, 1986–2004).

AABDS prides itself on being participant focussed; that is focusing on the impact our services are having on children, parents/caregivers and families. AABDS aims to achieve social-emotional wellbeing; acquisition and use of knowledge and skills; and use of appropriate behaviours to meet needs.

By assisting the child participant, we hope our services will also help those people around the child (family) by improving everyday routines; developing greater advocacy skills; providing/sourcing sufficient family and social supports; decreasing parental stress; improving the family's quality of life; greater empowerment; and more information about and access to other community services and resources.

To ensure AABDS's services are effective, we will measure and evaluate the impact of our strategies and procedures on both child and family outcomes. Any identifiable gaps in our service delivery will be included in the organisation's Continuous Improvements register.

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