

CONFERENCE PROGRAM and ABSTRACTS
Information as at 1st August 2006

WHAT WE KNOW AND WHAT WE DO
Celebrating Early Childhood Intervention in Victoria

PROGRAM

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Office for Children, Department of Human Services.

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University of Western Sydney

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Key Note Speaker

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Centre for Child Community Health

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Pre-schoolers with autism: A parent-based education and skills training intervention. Long-term follow up of a randomised controlled trial*

Dr Avril V Brereton, Prof Bruce J. Tonge, Melissa C Kiomall, Prof Neville King Monash University, Dept. Psychological Medicine, Centre for Developmental Psychiatry & Psychology, Monash Medical Centre

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Early G.O.A.L.S: A model of support for families of young children at risk of, or with problem behaviour.

Dr Susana Gavidia-Payne, Lana-Joy Duric, Kate Neilsen

Education Program for Infants and Children (EPIC), RMIT University.

An investigation of a home-based intervention program for children with developmental problems and their families

Dr Anne Rickards^{1,2,3}, Janet Walstab^{1,2,3}, Jacquie Simpson^{1,2},

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KEY NOTE ABSTRACTS

Robust Hope: Finding a home for early childhood intervention in the new early years landscape.

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Throughout its history early childhood intervention has sought to balance two seemingly contradictory aims: to differentiate itself as a separate system to mainstream early childhood services and to work towards the inclusion of its client group (young children with disabilities and their families) within their local communities.

The first has been necessary to ensure both a clear funding base for service delivery and recognition of the professional expertise needed for effective intervention. A separate, specialised system does, however, have its disadvantages. Issues related to identification, referral, effective collaboration with generic services and, not least, establishing the efficacy of early childhood intervention remains problematic. Furthermore, a name change from *early intervention* to *early childhood intervention* has not brought the level of public awareness and recognition it was intended to achieve. Indeed, it may be that the attempts to differentiate have resulted in early childhood intervention being marginalised within a landscape which seeks to assist all families deemed to be vulnerable. In this view the needs of families who have young children with disabilities may not be well-served. A redefinition of the boundaries of the field and a rethinking of its relationship to mainstream services is needed. The current dialogue on the primacy of the early years therefore presents both a challenge and an opportunity for those concerned with meeting the needs of young children with disabilities and their families. This paper will analyse the philosophies and policies underlying current notions of vulnerability and their implications for service provision to argue for a synthesis that acknowledges the uniqueness of the role of early childhood intervention whilst placing it firmly within the early years landscape.

Parallel Processes: Common features of effective parenting, human services, management and government.

Dr Tim Moore, Centre for Child Community Health, tim.moore@mcri.edu.au

This paper proposes that there are features that are common to effective relationships between parents/ caregivers and young children, human service providers and parents, managers and staff, services and communities, and governments and services. These form a cascade of parallel processes. These commonalities can be seen when one looks at the key features of effective parenting / caregiving of infants, interventions with children with disabilities, family centred practice, core helping and counseling skills, staff management and supervision, and community centred practice. The common features to all forms of effective relationships include attunement / engagement, contingent responding, emotional communication, empowerment and strength-building, managing communication breakdowns, moderate stress / challenges, and building coherent narratives.

The paper will describe what is known about the neurological bases for these parallel processes. These include the way young children's brains are programmed through relationship with parents and caregivers, and the key role that mirror neurons play. Later development continues to be intimately shaped by the nature of ongoing relationships, and therefore there is some scope for neurobiological / behavioural 'reprogramming' – early adverse experiences can be offset partially or wholly through subsequent positive relationships, including relationships with professionals.

Finally, the implications of these findings for early childhood intervention practice and services are explored. Understanding the key features of effective relationships will obviously help practitioner in their work with young children with disabilities, but also highlights the nature and importance of the relationships they build with parents. The principle of parallel processes also has profound implications for managers and policy makers.

ABSTRACTS – concurrent papers

“I just want my child to be invited to a birthday party!” User Friendly Strategies to Promote Social Inclusion

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Have you heard the words of a parent “*I just want my child to be invited to a birthday party!*” A distinct lack of social interaction between children with a disability and their peers is prevalent, even in socially responsive and developmentally appropriate early childhood programs. Research emphasises that social inclusion cannot be maximised incidentally, without a planned approach using a range of validated strategies (Brown, Odom & Conroy, 2001). A peer mediated approach is generally supported as the most efficacious in promoting long term positive changes. Further investigation of the research confirms that identified strategies to promote peer mediation are not being transferred to practice within everyday early childhood programs (Brown & Odom, 1995; Odom et al., 1993).

This research was congruent with our own experience. A collaborative project was initiated by Broad Insight Group and conducted in a local kindergarten. The aims of the research were to investigate: (i) whether strategies designed to promote peer mediation could be readily adapted and applied within a range of early childhood settings (ECSs), and (ii) would these adapted strategies lead to positive social outcomes for a child with a disability and their peers. The outcomes supported our initial hypotheses, resulting in significant increases in social acceptance by the child’s peers, peer mediated interactions and in the frequency and quality of interactions by and towards the child. This research has been published in the Australian Journal of Early Childhood. A practical and user-friendly resource package has been developed from the research, and is now being implemented within a number of community services. We believe that this model positively impacts on the way in which children with a disability are supported within their community.

Pre-schoolers with autism: A parent-based education and skills training intervention. Long-term follow up of a randomised controlled trial *

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Early intervention is promoted in the management of autism but little empirical evidence exists to support which, if any, of its components might be effective. This project investigated a range of child and parent outcomes of a 20 week parent-based education and skills management programme for the parents of young children (3-5 years) recently diagnosed with DSM-IV Autistic Disorder.

Introduction:

The aims of this project were to determine (i) whether a parent education and skills training early intervention improved the outcome for preschool children with autism relative to either a general parent education and counselling intervention or control group of children who did not receive these interventions and (ii) to assess the maintenance of therapeutic gains over time. The families were recruited from consecutive referrals to the Melbourne southern region assessment service and to four other Victorian regional autism assessment services (Geelong, Albury, Wangaratta and Bendigo).

Method:

Subjects: The parents of children who met the criteria were randomly assigned to one of two treatment groups (a) parent education and behaviour management (PEBM) (N=35); and (b) parent education and counselling (PEC) (N=35) or a non – intervention control group (N=35). The early intervention comprised 10 small group sessions and 10 individual sessions which provide education on autism and parenting skills training. Outcome measures included assessments of parent mental health, family functioning, child psychopathology, cognitive, adaptive behaviour and language skills measured pre and post intervention and at 1 and 2 year follow up. Retention rates in the treatment and control groups were very high. Only 2 families recruited to the PEC group did not complete the parent intervention programme for personal reasons, not through dissatisfaction with the programme. One family attended half the sessions before a change in employment meant that they could no longer attend the sessions, the other family unexpectedly moved interstate for work after only 4 sessions. No control families were lost to 1 or 2 year follow up.

Results:

At 1 year follow up there were significant improvements in the treatment groups for:

- Parental mental health (total GHQ score, somatic symptoms, anxiety & insomnia and severe depression)
- Parental stress
- Family functioning
- Child adaptive behaviour (daily living skills, socialisation and communication skills)
- Self absorbed behaviour (DBC subscale)

At 2 year follow up improvements were sustained for:

- Parental mental health (total GHQ score, anxiety & insomnia and severe depression symptoms)
- Child adaptive behaviour (daily living skills, socialisation and communication skills)

Unresolved grief was significantly improved for parents in PEC treatment
Stress and family functioning improvements were no longer significant in treatment groups compared to controls.

Conclusion:

This randomised controlled trial produced evidence that either a manual based parent education and skills training or parent education and counselling intervention for parents of young children with autism are likely to improve parental mental health and adjustment in parents, particularly those with pre existing mental health problems. At least half of the parents had mental health problems therefore in situations of scarce resources perhaps they should be the ones who receive a parent education programme. However, parents who did not have mental health problems might have gained some unmeasured benefit and they all gave positive feedback about the experience. Their presence might also be an element that contributed to recovery in the parents who did have problems. The manuals for the programme have now been published.

Family Networks: When parents get together magic happens!

Sue Bray, Ann Slater

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In 2001 Yooralla Early Childhood Services commenced our *Family Networks* pilot project running groups for families attending our service in Narre Warren. Since then *Family Networks* has evolved into a variety of different peer-support groups for various members and for families from a diverse range of backgrounds.

Family Networks aims:

- to build the capacity of all family members to develop their own coping-strategies, access community resources and develop their own support networks.
- to listen and learn from families that attend our services in order to foster innovative local community approaches to delivering family support and Early Childhood Intervention.
- to support ECI professionals and teams to change the focus of their service provision from the child to the family through developing equal working-relationships with parents and by helping family members identify, use and develop their own strengths and resources.

Family Networks is built on community development practice, peer-support models, strength-based practise and adult education theory. Care and support from professionals can only do so much; the family must do the real work in order to establish a long-term platform for enhanced family functioning. *Family Networks* activities (so far) have included parent support groups and workshops (including dad's groups), Siblings groups, Grandparent groups via the telephone, groups for specific culture and language groups, parent-leader training and training of professionals as facilitators across Victoria. Every group provides a new opportunity to learn from families and to develop new ECI service models.

The following outcomes have been reported:

- Families of children with a disability feel less isolated.
- Families feel more informed about early childhood intervention and community resources.
- Professionals feel more comfortable helping parent's identify their child's and family's strengths and goals.
- Parents feel more in control of their situations and more assertive with professionals.
- Professionals report feeling they now have more of an equal partnership with parents, having a greater understanding of the parents as experts on their child and not feeling like they have to have all the answers.
- Parents learn more when information came from other parents.
- Families and staff involved in our preschools and Early Childhood Intervention services have created their own caring community through getting to know each other better and supporting each other when needed.

An investigation of a home-based intervention program for children with developmental problems and their families

Dr Anne Rickards^{1,2,3}, Janet Walstab^{1,2,3}, Jacquie Simpson^{1,2}, A/Prof Dinah Reddihough^{1,2,3}

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Objectives. There is ongoing debate about the type and intensity of service that is most helpful to assist children with developmental problems. This study aimed to (1) investigate whether the provision of a home based program in addition to the program at a Centre improves development in the children and the coping ability of their families and (2) describe the characteristics of the children and families who benefit most from the intervention.

Method. Subjects were 59 children, aged three to five years with no physical disability attending one of two early intervention centres in Melbourne, Australia. Half of the group was randomised to receive an additional program in their homes. A special education teacher provided 40 visits over 12 months working with the families to help generalise skills to the home environment and work on issues as determined by them.

All children were assessed before and immediately after completion of the intervention. At both times families completed questionnaires assessing family stress, support and empowerment. Differences in change over time between the intervention and control group were analysed by t-Test and the association between characteristics of children and families with improved outcome by Chi Square test or Fishers Exact probability test.

Results. Change in cognitive development and behaviour (in the Centres) over time favoured the children who received the extra intervention ($p = .002$ & $p = .007$). The groups did not differ on any of the family measures of change. Improvement in outcome in the intervention group was significantly associated with younger age, higher level of functioning, higher family stress and less social support.

Conclusions. Results suggest the importance of involving families, especially those with few supports, in early intervention programs. Younger children and those functioning at a higher level appeared to benefit most from the extra intervention.

PaPa Bear – our experiences of developing (or making it up as we go along!) a playgroup for dads and their young children with additional needs

Ann Slater

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'Excuse me this is my Daddy'... Samuel age 5 years on arrival to PaPa Bear group with his Dad.

For the past three years our Yooralla Family Networks parent support programs have offered many opportunities for mothers who have children with additional needs to meet together, to share resources, their thoughts and feelings as well being able to spend time with a group of people who share similar experiences. Many times within these groups 'Dads,' and their role within the family, were discussed. Our Family networks groups identified that, within the working week, and the timetable of Early Childhood programs there are few opportunities for Dads, who worked, to access E.C.I. programs, Specialists and to seek answer to their own questions. All too often the Mother of the child with additional needs is the bearer of news and Dads receive information second hand.

In 2004, with support from 'The City of Casey access and equity grant' we piloted our first PaPa Bear group. These groups were initially offered 4 times each term on a Saturday morning. Over the past 12 months we have established a core group have 10-12 Dads and their young children, with new families joining us each session. Within this presentation we will share with you our reasons why we chose a playgroup forum for a Dads group, our program design and how the program has been marketed. We will discuss how the program is staffed, evaluated and adapted in response to feedback from the Dads and our families within our E.C.I. programs. For example we now have included family get togethers and are inviting guest speakers along to our groups. Siblings have also been invited to join us to play, offering their mothers a morning of time to themselves. In this session I will discuss what we have learnt in developing our PaPa Bear program, share our written evaluations from our Dads and the Mums, what it has meant to their family. PaPa Bear will now continue and is to be funded through 'Local answers' Commonwealth funding. PaPa Bear enables our E.C.I. programs to offer a genuinely more holistic service in which all members of the family can be actively involved and benefit.

Final words from Samuel as he woke his Dad

'Daddy today we go to PaPa bear

You can be Daddy bear, I can be Baby Bear and Mummy can stay home and be Goldilocks!'

Inclusion in children's services: Next Steps

John Forster, June McLoughlin
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Do policy and service systems support best practice in inclusion?

This paper will report on a Victorian based project funded by the William Buckland Foundation to promote the ongoing inclusion of children with disabilities and the development of inclusive practice more generally. Its focus is on the policy and systems context in which we try to implement best practice.

The project has three components:

- To map the range of programs that support inclusion in Victoria across three very different departmental structures in child care, kindergarten and school through consultation with key government departments;
- To undertake a series of three regional forums through which to present a summary of the literature on approaches that improve inclusion and debate the strengths and challenges of the current service system to respond appropriately; and
- To prepare a final report for key decision makers in government that identifies the next steps to designing the future development of inclusion and which supports regional initiatives.

Introduction: Next Steps

This report follows on from previous work funded by the William Buckland Foundation which reviewed the research, international and national policy and the local situation in Victoria regarding the inclusion of children with disabilities. The earlier project identified that significant knowledge was available regarding how to practically promote inclusion. In the local context a set of poorly integrated government programs did not support consistent good practice. Service networks were heavily influenced by the way in which funding to agencies was configured.

The policy review indicated that there was little State/Territory policy to support inclusion. The lack of children's policy more generally meant that there was limited context in which to promote inclusion. There were significant gaps in both regional planning and professional development. The current project will take this work into the local service system and identify strengths and challenges.

From Neural Plasticity to Family Centred Practice: An Occupational Therapist's journey...

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What We Know:.....

Neural Plasticity:

- The brain development begins within a few weeks after conception and continues through adolescence.
- The most dramatic development occurs during the first few years of life.
- There is never any completion of brain development, due to its nature of plasticity. .
- The evidence on neural plasticity demonstrates that the developing brain is capable of being modified by both harmful, and beneficial (rich environments) experiences.
- The nervous system is essentially prewired and small but significant portions are constantly reforming.

•How do we, as Therapists cause a plastic change???

Learning has repeatedly shown to involve changes like increased branching of dendritic spines and migrating of presynaptic terminals.

The important criteria to bring about this plastic change is the quality and the strength of the stimulus, or environment

•The Basis of Early Intervention

Many studies and literature reviews report that the earlier the intervention, the more effective it is. With intervention at birth or soon after the diagnosis of a disability or high risk factors, the developmental gains are greater and the likelihood of developing problems is reduced (Cooper, 1981; et al)

The Basis of Family Centred Practice

•The family plays the central role in the development of the child, and the family, rather than the child is the unit of assessment and intervention, and the parents are the ultimate decision makers in identifying goals and determining intervention strategies (Bailey 1987 & Simeonsson, 1988: Dunst, Trivette & Deal). The child, nuclear family, extended family, friends, neighbours and the larger community are all viewed as different levels of a complex, interconnected system (Bronfenbrenner, 1979).

What We Do?

How has our intervention delivery changed?

- From individual, child - focused, to group, family - focused and the new models!
- What do parents feel about this? Evaluation questionnaires - 20 parents
- What do therapists feel about this? Evaluation Questionnaires - 10 therapists

Stretching Expertise and Dollars: Communities of Learning for ECIS Practitioners

Julie Barber (Scope) and Jeff Tyson (DHS)
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In the first half of 2006, the "Excellence in ECI" project researched and documented **common staff competencies** relevant to any practitioner (that is, therapists AND teachers) in Melbourne's Northern Metropolitan Region ECIS sector. These competencies have been content validated with approximately 60 staff and linked to a set of core **learning needs**. The next steps are to establish highly cost-effective **communities of learning** which motivate practitioners and create high levels of ability in working within socially and emotionally complex family and community environments.

Early G.O.A.L.S: A model of support for families of young children at risk of, or with problem behaviour.

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Existing knowledge about how to effectively support families of children with delays/disabilities who are at risk of, or present problem behaviour has a long research tradition. Studies have generated valid and reliable supports and interventions, especially for families of school-aged children. It is argued that the practice of such knowledge 'early' and in 'natural' situations with families of young children in ways that are preventative and actively promote social and emotional development is yet to be accomplished. Further, the characteristics of children during the early childhood period and those of their family contexts have often been ignored in the development of behavioural supports. In a time when 'evidence-based' practice is the required ruling, there is an imperative for professionals to devise supports and strategies that are specifically usable, accessible and tailored to families of young children. At the same time, these need to have stood rigorous examination in the early childhood intervention field. This is particularly important when recent studies reveal that 7% to 24% of 2-3 year old children have social emotional or behavioural problems (Briggs-Gowan, Carter, Skuban, & Horwitz, 2001). The aim of this paper is threefold: (1) to present a model of support and intervention for families that incorporates existing research in the early childhood field; and (2) to report on the pilot implementation of the model, including the materials used, outcome measures, and preliminary findings; (3) to report on future program development and implementation.

Early intervention with premature infants and their parents: Three information-based approaches.

Carol Newnham, (The Parent-Infant Research Institute)
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Very preterm children are at high risk for developmental difficulties; almost half of these children will have mild-moderate problems. Early intervention has been shown to be efficacious in improving short and medium term outcomes for high-risk children and also for those with known difficulties.

There is often a long time lag between parents first becoming concerned about their children, raising these concerns with health care providers, being referred for assessment and the commencement of services. These factors in combination can mean that at-risk children do not receive intervention during critical periods in development.

It is argued that the wide range and severity of future developmental problems of preterm infants occur as a consequence of both medical complications and the parental and infant social/emotional factors.

This presentation will describe three ways in which we at the *Parent-Infant Research Institute* are intervening at the parent level: (i) an intense one-to-one program with parents of still-hospitalised infants (ii) therapeutic playgroups and workshops for parents and their infants between 4 and 12 months, and (iii) a research and information-based magazine for parents. All three approaches begin with the assumption that parents need and want to be educated in ways to help their premature infant.

Gus: An Early Intervention Story.

Dr Jane Collins and Di Chandler (Elwyn Morey Centre)
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As a parent, Jane will talk about her reasons and experience in making a film about her journey through early childhood intervention services. Di will talk about her response to the film from a professional perspective - the journey of seeing how valuable the material was, and how it could be applied as an inspirational resource in the wider community.

What are the Challenges and the Choices for Early Childhood Intervention Services in implementing change?

Pauline Kleinitz, Leonie Symes

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Early Childhood Intervention services face the challenge of improving service delivery in a manner that will better meet the needs of children and families. Broad Insight Group, an early childhood intervention agency based in Melbourne, undertook this challenge and made significant changes to their model of service delivery during 2000 and 2001. Part of this re-development was an extensive review of current research and evidence as well as an evaluation of its service from the viewpoint of all stakeholders. While there were many aspects to this re-development, overall the result was a service model which shifted from a less flexible model of centre based groups to one which is driven fundamentally by the needs of the children and their families.

This paper introduces participants to the process of change undertaken by Broad Insight Group, and the Challenges and Choices Handbook that has been designed to assist other organisations undergo such change. Key aspects of change within early childhood intervention services are explored and the role of 'critical reflective practice' during change is highlighted. An overview of the key shifts required from a model of service delivery in order to achieve better outcomes is offered. The integral role that partnership plays in all aspects of practice is explored and the common barriers to successful partnership touched upon. Finally a framework by which Early Childhood Intervention services can commence a successful change program is outlined and Broad Insight Groups' own key learnings are shared with participants.