STOP PRESS - July 4
KPMG has been engaged to undertake the Early Childhood Intervention Reform Project consultancy. The team is led by Liz Forsyth, Tracey O’Halloran and David Kay, and they will advise as soon as possible regarding the consultation schedule.

Inside this issue:

Welcome to Part 2 of the bumper double issue of Early Talk. This issue is dedicated to the Early Childhood Intervention Reform. The ECI Reform Advisory group has been established. As well as DEECD members, representation of the group includes a paediatrician, parents from Association for Children with a Disability, principals of Special Developmental Schools, a Preschool Field Officer, and Centre for Community Child Health. Early Childhood Intervention agency representatives include Susana Gavidia-Payne, Merrin McCracken Marlene Fox and Sue Bray.

Initial meetings discussed the terms of reference, and confirmed the process of appointing a consultant. The May meeting included a presentation by Dr Tim Moore to share the background and context of early childhood intervention. At the June meeting, the Advisory Group was updated regarding the interview of candidates for the review tender. Part of the process is an extensive literature review, and the Centre for Community Child Health and ECIA(VC) will be involved in writing this literature review. The steps in the consultation process are being approved by the Minister. ECIA(VC) will continue to update members regarding expected forums, once the consultant and process are both confirmed.

Terms of Reference, as confirmed by the Minister – page 2

Feature - page 4
Early Childhood Intervention Services in Victoria: Where they have come from, where they are now, and where they are heading. Paper presented by Dr Tim Moore to the DEECD ECIS Reform Project Advisory Committee, May 2008.

Early Childhood Intervention Australia (Victorian Chapter) (03) 9509 5584 www.eciavic.org.au
Early Childhood Intervention Reform Project
Terms of Reference

Background

A range of child and family universal services are funded through the Victorian and the Commonwealth Governments, including maternal and child health, community health, child care, kindergarten, and family and parenting support.

In addition, there are a range of services targeted to children aged 0-6 with a disability or developmental delay and their families. These include:

- the Early Childhood Intervention Services (ECIS) program – including Specialist Children’s Services regional teams and funded non-government early childhood intervention agencies and Community Health Centres
- early education programs funded by the DEECD Program for Students with Disabilities
- Kindergarten Inclusion Support Services (KISS) – supporting children with severe disabilities and complex needs to assist their participation in kindergarten, and
- the Preschool Field Officer program – providing information, assessment and strategies for kindergarten staff to respond to the needs of children with developmental concerns.

Victoria’s Plan to Improve the Outcomes of Early Childhood, released in 2007, recommended a comprehensive review of ‘services and support for children with developmental concerns, including Early Childhood Intervention Services’ (action 14).


The Minister for Children and Early Childhood Development, Maxine Morand MP, has requested that an options paper on early childhood intervention services be provided to her by September 2008.

Role of Advisory Group

The role of the Early Childhood Intervention Reform Project Advisory Group will be to provide advice on the project to the internal Steering Committee, including on consultation and other review processes, key issues for the early childhood intervention service system, possible options to further develop this system, and implementation requirements.

Scope

The scope of the Early Childhood Intervention Reform Project includes an examination of:

- the ECIS program, the Kindergarten Inclusion Support Services (KISS) program for children with severe disabilities and the Preschool Field Officer Service program
- linkages between the ECIS program, the KISS program and early education programs funded by DEECD’s Program for Students with Disabilities, and
- linkages with the Maternal and Child Health Service, Primary School Nurse Service and relevant services funded by the Department of Human Services (Disability Services).
**Terms of Reference**

The proposed Terms of Reference for the review are as follows:

1. To investigate the following issues arising from the current models/range of services:
   - the adequacy of early childhood interventions for children aged 0-6 with a disability or developmental delay
   - demand pressures on early childhood intervention services and variations in access by region and equity group (indigenous, migrant and refugee children)
   - the adequacy of early childhood intervention funding arrangements and, where applicable, unit prices
   - transition issues into, and linkages between, early childhood intervention, kindergarten, school and other relevant service providers
   - workforce development issues.

2. To propose ways to address short-term issues as well as longer term requirements through the development of a Ministerial Options Paper, including an Action Plan.

**Guiding Principles**

Investment for children aged 0-6 with a disability or developmental delay will be guided by the following principles:

- a child- and family-centred approach which is strengths-based and solutions-focused
- provision of appropriate, high-quality and timely early intervention services and support for both children and their families
- a life-cycle approach to the planning and provision of services to address the specific needs of each developmental stage and the transitions between them
- high-quality and timely individualised planning with a focus on achieving measured outcomes
- improved integration and coordination of service delivery across government
- building the capacity of mainstream services to successfully include children aged 0-6 with a disability or developmental delay, and
- cost-effective activities that provide the best return on investment measured against outcomes.

**Next Steps**

The proposed next steps include:

- request for tender/appointment of consultant
- literature review and analysis
- benchmarking early childhood intervention practice in Victoria for children aged 0-6 with a disability or developmental delay against national and international practice
- consultation with stakeholders
- analysis of program data/ABS data
- analysis of possible alternative funding models, and
- development of a Ministerial Options Paper, including a proposed Action Plan.
Early Childhood Intervention Services in Victoria: Where They Have Come From, Where They Are Now, and Where They Are Heading

Background paper prepared for
DEECD ECIS Reform Project Advisory Committee

Tim Moore
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May 2008

Outline

- Where we have come from – the origins of early childhood intervention services (ECIS) for young children with developmental disabilities and delays
- Where we are now – the nature of the current ECIS system of service, prevailing philosophies and forms of service, strengths and weaknesses of
- Where we are heading – evolving philosophies and emerging practices, and the challenges to be faced in realising them
- Conclusions and implications

Where we have come from

The first early childhood intervention services were developed in the late 1960s and early 1970s. Prior to that time, there were very few, if any, services for children with disabilities who were below school age. The drive to create such services reflected changed thinking about the learning capacities of young children but was also the result of pressure from parents who were not prepared to wait until their child reached school age to receive help.

There was rapid but unplanned growth in the number of ECI services during the 1970s / 80s before the situation stabilised. Some of the funding for this expansion was provided by the government (although not in any systematic or consistent way), and some through fund raising. Many of the early services were developed exclusively for specific disabilities (eg. deafness, visual impairment, autism, cerebral palsy, Down syndrome).
Although there was no standard model of service, most programs were

- centre-based (rather than home- or community-based),
- child-focused (rather than family-focused),
- multidisciplinary (rather than interdisciplinary or transdisciplinary),
- professionally-directed (rather than family-centred), and
- involved professionals working directly with the child (rather than providing parents with the skills to support their children’s development).

**Where we are now**

**The nature of the current ECIS system of service**

Over the past 20 years, the ECI service system has consolidated considerably, both in terms of its practices and its service infrastructure.

Currently, the bulk of ECI services are provided by non-government agencies and government teams (DEECD Specialist Children’s Services), with additional services provided by some special developmental schools, some community health centres, and a smattering of private practitioners.

Although ECI services dedicated to specific disabilities still exist, there has been a general trend for agencies to broaden their eligibility criteria and accept a wider range of developmental disabilities. This is partly borne of necessity (it is not economically or logistically feasible to provide disability-specific services to children everywhere in Victoria) and partly the result of the recognition that there is a great deal of commonality in the strategies and supports needed by children with different disabilities and their families.

Funding is provided from a variety of sources. The main sources are the following:

- Dedicated ECI services, both non-government and government, are funded by the State government through the DEECD Office for Children
- State government also supports the inclusion of children with severe disabilities in preschools through its Kindergarten Inclusion Support Service
- Federal government supports the inclusion of children with developmental disabilities in child care settings through its Inclusion Support Program
- State government provides additional support to families of children with developmental disabilities through its ECIS Flexible Support Packages program

Funding for the non-government ECI services has been regularised, although the base unit rate is not necessarily consistent with other forms of service (eg. special developmental school programs). Moreover, although there have been increases in overall level of funding over the years, these have only kept up with inflation and have not matched the growing numbers of children eligible for ECIS. As a result, waiting lists have grown, and many children have to wait months or years before they can receive service.

The reasons for the growth in numbers are complex, but partly reflect a greater public awareness of the importance of early intervention and greater demand from families for specialist support. It is not clear if there has also been any real increase in the incidence of disabilities.
Another factor contributing to the increase in numbers has been the improvement in the identification of some forms of developmental disability (eg. in the screening for children with hearing impairments). However, there are still no systemic whole-of-population surveillance and screening processes that would ensure that all young children with developmental disabilities are promptly identified.

There are also problems in ensuring that such children, once identified, have prompt access to ECI services. The establishment of regional referral procedures has provided a more consistent route for children to access ECI services, but the growth of waiting lists has meant that this does not necessarily lead to prompt provision of service.

**Prevailing philosophies and forms of service**

There is still no standard model of service, but there is greater agreement across the field regarding service philosophies and some procedures. As the ECIS field has matured, its practices have evolved and become more evidence-based. This evolution has seen ECI practice moving from

- professionally-directed to family-centred practice,
- a child-focused to a family-focused approach,
- an isolationist model of family functioning to a systemic ecological model,
- simple linear causal models to complex transactional models,
- multidisciplinary to interdisciplinary teamwork,
- segregated centre-based services to inclusive community-based services, and
- norm-referenced assessment methods to functional assessment approaches

Many of these changes have been reflected in State and Federal government policies and procedures. Of particular significance have been the adoption of family-centred practice as the prevailing service philosophy for ECI services, and the greater use of inclusive settings. However, while the general trend to adopt these practices is clear, the application appears to be inconsistent, and it is doubtful that any of these practices is applied with all children and families. Some forms of service delivery (eg. programs in special developmental schools) appear to be out of step with the general direction that ECI services are moving.

**Strengths and weaknesses of ECIS system and services**

The current ECI system has many strengths. These include:

- Its services are highly valued by parents
- It has a well-developed philosophy for working with parents (family-centred practice)
- It has some well-developed procedures (such as Family Service and Support Plans) for applying this philosophy
- There is a strong rationale for the provision of specialist support for children with developmental disabilities and their families early in life
- It has begun work on an outcomes-based framework for service planning and delivery
- It has a body of experienced and well-trained practitioners
However, there has been very little study of the nature and quality of the services provided, and the current data collection methods are not able to capture basic information about the children and families receiving or awaiting service. As a result, we do not have an accurate picture of the current ECI sector or the services it provides. Specific questions that need to be answered include:

- how many young children with disabilities there are,
- what services they are using / receiving,
- what models of service provision are being used and whether these are best practice,
- how many children are on waiting lists, and how long they have waited,
- what the average age of identification is,
- how many EFT staff are involved in providing services to children, families and mainstream services, and what disciplines they represent, and
- what pre-service training and professional development support staff need and receive.

The current ECI system lacks many of the key features one would expect to find in a fully mature service system (such as the school sector). These include:

- A service framework / model that describes what children and families receive and what principles, practices and procedures are followed
- A professional development framework that covers pre-service skills, knowledge and values, induction procedures for new staff, and a in-service professional development program (incorporating supervision and mentoring)
- A career structure with sufficient depth to attract and retain capable staff
- Remuneration levels and staff working conditions to match other comparable service sectors
- A quality assurance system to monitor service delivery
- An outcomes-based funding framework
- An appropriate unit cost funding level to cover the provision of all of the above

**Where we are heading**

ECI practice continues to develop as research accumulates and philosophies evolve. New practices that are currently emerging involve shifting from:

- a clinical approach to a natural learning environments approach,
- a direct service delivery model to indirect and consultative forms of service delivery,
- fragmented services to seamless service integration,
- interdisciplinary to transdisciplinary teamwork and key worker models,
- a service-based to an outcomes-based approach,
- a tradition-based approach to an evidence-based approach to service delivery,
- a deficit-based to a strength-based approach,
- a focus on parental grief and adaptation to a recognition of the positive aspects of having a child with a developmental disability,
- a professional skill-based approach to a relationship-based approach,
- a focus on differences between children with and without disabilities to a recognition of the commonalities between them,
- an authoritative expert stance to reflective practice, and
- a deficit-based approach to eligibility assessment to a response-to-intervention approach.
The ECI sector cannot transform itself in the ways just outlined without there being a matching change in the mainstream service system. Traditionally, the ECI service system has functioned as a segregated system that could be difficult to enter (because of eligibility requirements and inefficiencies in identification and referral) but could also be difficult to get out of (because of the mainstream perception that only specialist providers could meet the needs of children with disabilities). As ECI philosophy and practice moves towards inclusive practices, it becomes increasingly important that specialist ECI and mainstream early childhood services seek to synchronise and blend their practices.

Both sectors stand to gain considerably from such an integration of philosophies and practices. Specialist ECI service providers bring an understanding of the vicissitudes of development and how one can individualise and adapt programs to meet the particular needs of children. Mainstream service providers have an understanding of how to create safe and stimulating learning environments and activities that promote the development of young children. Combining these two complementary sets of knowledge and skills has the potential to create high quality early childhood programs that benefit all children.

As it happens, the trend within early childhood services is towards a blending of early learning and care services, and the development of integrated early childhood and family support services and systems that are inclusive of all children and families. This movement fits neatly with the ECIS agenda outlined above. However, there are other aspects of the way that the general system of early childhood and family support services functions that affect how effectively the ECIS sector can develop this new role. What the early childhood service system also needs is

- an efficient universal program of developmental surveillance and screening that identifies children and families with additional needs at the earliest opportunity,
- efficient referral pathways to specialist services (including early childhood intervention services) for children and families identified as having additional needs,
- a system of integrated universal child and family services matched by a tiered system of specialist services, and
- collaborative service arrangements that enable the multiple support needs of families to be met in a holistic fashion
- a system that responds promptly to the emerging problems of children and families, providing preventative help rather than waiting until the problem worsens and they become eligible for specialist treatment services.

**Conclusions and implications**

- For a variety of reasons, both the mainstream early childhood service system and the specialist ECIS system need to be redeveloped, and moves to do both of these have begun.
- The reform of the ECIS sector needs occur in parallel with the overall redevelopment of the early childhood system.
- The ECIS sector has the knowledge and tools to help mainstream early childhood services become truly inclusive, while the mainstream services can provide settings and experiences vital for the development of young children with disabilities.
Readings

On the evolution of ECI practices and the training needs of ECI practitioners:

On the importance of relationships in ECI services:

On family centred practice:

On the efficacy of ECI services:

On outcomes-based practice in ECI services:

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