

WEBWORDS 26

Early childhood intervention

Caroline Bowen

Children are seen as having special needs if they are gifted, talented, disabled, developmentally delayed, or at risk for developmental problems in the future. A distinction is made in most early intervention (EI) circles between developmental delay in which infants, toddlers and young children are not achieving their milestones along age-typical lines, and developmental disability where they have a physical, sensory, intellectual or behavioural impairment affecting development.

For the speech-language pathologist employed in this area, early detection, assessment, prevention and intervention for communication and swallowing issues are all in a day's work. They practise individually or as trans-disciplinary team players, designing, managing and coordinating services, implementing programs, giving family or organisational support, and providing professional development. Integral to their modus operandi are the ideals, goals and principles of equitable, inclusive practice.

It is probably fair to say that most speech-language pathologists serving paediatric populations have some involvement with EI on a regular basis, even if it is only in a peripheral way: helping with goal setting or IEPs¹, providing reports or making telephone contact with a child's "official" EI team.

Research need

Early Childhood Intervention Australia: ECIA² stands for inclusion both in terms of the populations it serves, and with regard to who is eligible to join its ranks. Membership is open to anyone who is interested in participating in a state or territory chapter. ECIA believes that by involving a range of people, and enabling access to relevant current research, it will be better placed to inform public discussion, government policies and EI service choices. The data it aspires to disseminate are in the areas of early identification, effectiveness of intervention, family-centred practice, inclusion, recommended practices, rural and remote issues, service coordination, and service outcomes.

The pressing need for such information was made clear by Llewellyn, Thompson and Fante (2002) who reported³ that:

1. there is little to guide early childhood agencies in how to achieve successful inclusion;
2. there is little to assist families in choosing one service over another; and,
3. there is scant evidence of which inclusion practices are most effective for particular children with disabilities and their families.

Their Sydney study revealed, or perhaps confirmed, that when EI is delivered within mainstream early childhood services, the experience of children with disabilities and their families is essentially one of receiving "special treatment", and that this is compounded by the perception in the sector that including children with disabilities can happen only if funds are made available to support the child, the service, or both.

Professionals

There are many EI organisations that have an exclusively professional focus, whose members include clinicians,

researchers, program developers and policy makers. Among those with a web presence is the British Academy of Childhood Disability: BACD⁴, the only multidisciplinary professional body in childhood disability in the UK. Its site contains fascinating documents, like the National Autism Plan for Children and a helpful collection of links, including one to the European Academy: EACD⁵ another large organisation for professionals that represents 35 countries!

The BACD's United States counterpart, the Council for Exceptional Children: CEC⁶, proudly presents itself as the largest international professional organisation dedicated to improving educational outcomes for individuals with exceptionalities. The *Journal of Early Intervention* is an official publication of the *Division for Early Childhood*⁷ of CEC which also publishes a second journal with a practical focus, the inexpensive *Young Exceptional Children*.

A CEC site search using the Boolean string speech AND pathology yields a range of informative electronic documents which includes articles on autism spectrum disorders, communication disorders, developmental disabilities and traumatic brain injury, as well as copious information about evidence-based practice. A similarly rewarding search experience is available at the *CanChild Centre*⁸ with the string early AND intervention.

Politics

Almost anywhere you search and browse within EI topics the politics of policy, power, priorities, and professional territorialism are prominent. Throughout the world interested communities grapple with the realities of EI in under-funded, resource-scarce environments, having to accommodate to changing family structures, roles and values. Dogged by conflict and shortages of adequately prepared personnel, and limited by a lack of accessible research and training opportunities, they press on, constructing EI programs that vary remarkably in quality, philosophy and structure. These difficulties are particularly apparent at international levels.

A policy cornerstone of the *International Society on Early Intervention*⁹ is that issues relevant to EI go beyond national boundaries. It provides resources, links and sobering food for thought about the inadequacies that exist in international EI information sharing and collaborations. They note specifically the difficulties specialists from different disciplines, and specialists in basic and applied science, have in communicating with each other. Of even greater concern, they say, is:

the tendency of international organisations to focus on a specific group of children, such as individuals with established intellectual disabilities or children at risk for developmental problems due to prenatal exposure to alcohol, does not easily permit early interventionists to address the critical issues that transcend disability or risk status.

All a bit glum making, really.

All the important c's

But, you know, ever the optimist, when the dog bites, when the bee stings, when I'm feeling sad, I simply remember my favourite things, and then I don't feel so bad (Rodgers and Hammerstein, 1959).

I can always cheer myself up when the inconsistencies and irritations of the EI scene are irksome by simply remembering a fabulous spring morning at the impressive [Champion Centre](#)¹⁰ in Christchurch, New Zealand. It wasn't so much the crisp apple strudels, the enthusiastic welcome or my host's impromptu travelogue to and from this little oasis of creativity, skill and professionalism. No, it was the immense delight of seeing the dynamism, subtlety and finesse with which children were guided towards functional goals in enjoyable, challenging play contexts, the warmth and responsiveness of the interactions between the little clients, and parents, siblings, therapists, teachers, students and non-professional staff, and the absolute dedication with which the adults in the mix all went about their business. And it was the great satisfaction of realising that the program was theoretically grounded and evidence-based. All the important "C's" were there as they no doubt are in EI settings wherever you go: co-operation collaboration, communication, competency, and unswerving commitment. Champion!

SPOTLIGHT ON STUDENT WORK!

Early intervention as health promotion: A win-win partnership in regional and rural NSW

Ruth Beecham

Queues for 1:1 services get longer. The money gets scarcer. The resources go up in puffs of rationalised smoke. Such is our context of practice – and what a great opportunity for change!

In NSW, speech pathologists are not employed by the Department of Education and Training (DET). This means that children with communication issues get referred to other agencies for assessment and therapy. In our rural and regional area, there are two main results of this: first, the service delivery model is necessarily "pull-out" and 1:1, and second, the queues for these services get longer ... and longer ... and longer. It's just not a sustainable system, and obviously needs a radical re-think.

So enter the untapped workforce of speech pathology students at CSU, the incredibly motivated speech pathology team of Albury Community Health, and the dedicated language learning advisors of the Riverina region of DET: a partnership made in the heavenly world of thinking differently.

What has come to be known as the Schools Project (for want of a more creative moniker) is a marriage of early intervention and health promotion, where teams of students enter Riverina schools and respond to the needs of the teachers in their attempts to integrate the K–6 Talking and Listening Outcomes of the NSW curriculum. No specific children are targeted for assessment or intervention: this means no "pull-outs" and no traditional speech and language services. Instead, school-wide or classroom-based projects –

References

Llewellyn, G., Thompson, K., & Fante, M. (2002). Inclusion in early childhood services: Ongoing challenges. *Australian Journal of Early Childhood*, 27(3), 18–23.

Rodgers, R., & Hammerstein, O. (1959). My favorite things. *The Sound of Music*. Original Broadway cast – Mary Martin in "the sound of music" – my favorite things – Columbia Masterworks, 1973, KOL 5450 Vinyl LP, 33 1/3 R.P.M.

Links

1. <http://tinyurl.com/zc2zq>
 2. <http://www.ecia.org.au>
 3. <http://www.afdsr.org/families/completed/inclusion.php>
 4. <http://www.bacdis.org.uk/index.php>
 5. <http://www.eacd.org>
 6. <http://www.cec.sped.org>
 7. <http://www.dec-sped.org>
 8. <http://www.canchild.ca>
 9. <http://depts.washington.edu/isei/index.html>
 10. <http://www.championcentre.org.nz/>
- Find Webwords 26 with lots of live links at <http://speech-language-therapy.com/webwords26.htm>

customised to the needs of particular schools – are undertaken by students in the classic therapeutic sequence of needs analysis, planning, intervention and evaluation. Each project occurs over ten weeks, with one day per week in the school, and with a second day reserved for university-based planning and resource development. With teams of up to 5 second-year students, mentored by fourth-year students, these projects are thoughtfully developed and meaningfully executed and evaluated to meet the needs of individual schools. And because of the guidance, education and supervision by the DET language learning advisor, in addition to speech pathologists from Albury Community Health, the projects are theoretically creative, needs-driven, and result in permanent resources for each school.

As educators, therapists and teachers involved in the Schools Project, we have been stunned at the depth, engagement and sheer sophistication of many of the projects and resources developed by the students. While we are collating many of these for resource-based publication, we also wish to help our students understand their responsibility to communicate with the profession. Hence, we will encourage them to submit their work for possible publication in future issues of *ACQ*.

Correspondence to:

Ruth Beecham

*Clinical Coordinator, Speech Pathology Program
Charles Sturt University, Albury NSW 2640
email: rbeecham@csu.edu.au*