

early childhood choices

Annie Williams, early childhood teacher and mum to Nick on choosing the right daycare centre. Another mother on her bumpy journey through the preschool years

Before having Nick my check list would have been

- Qualified/trained staff members
- Good staff to child ration
- Good hygiene/cleanliness standards
- Well resourced centre
- Safe environment
- Welcoming and friendly staff
- Good educational programme

since having Nick I would add

- Do the teachers have first aid certificates and an accident and emergency procedure?

- What does the ero report on the centre say? (Ask the centre for a copy or go to www.ero.govt.nz)
- Can you have orientation or arranged visits prior to starting?
- Will you be a real part of the team setting up the IDP and will your concerns be listened to?
- What is the centre's expectation of you as the parent/caregiver? How much involvement do they want?
- Will the centre provide you with detailed information about your child's day?

- What are the behaviour management policies & procedures?

Talk to the supervisor, staff and parents already using the centre. It is important that you can communicate your needs, information about your child and what you want for your child.

When you visit the centre, look at the children. Check that they are happy. Look at the staff. Check that they are interacting with the children, not just standing back supervising.

Above all go with your gut instinct.

Happy early childhood days.

Over the last four years I've had to swap my early childhood teaching hat for a nurse's cap as my family and I deal with my son's many ongoing medical issues; duodenal atresia repair at five days of age, tracheostomy and oxygen dependent for the last three and a half years, a small ASD, recurrent chest infections which meant frequent hospital admissions to treat pneumonia, very poor low muscle tone so that at age three he's still not walking only bum shuffling and a little bit of crawling. But that's OK, one day we'll get there.

The biggest milestone to date happened this year in March, when Nick after failing three previous trials at removing his trachy, had a successful decannulation. We were very happy. Even the ENT surgeon and entire respiratory medical team at Starship were very happy!

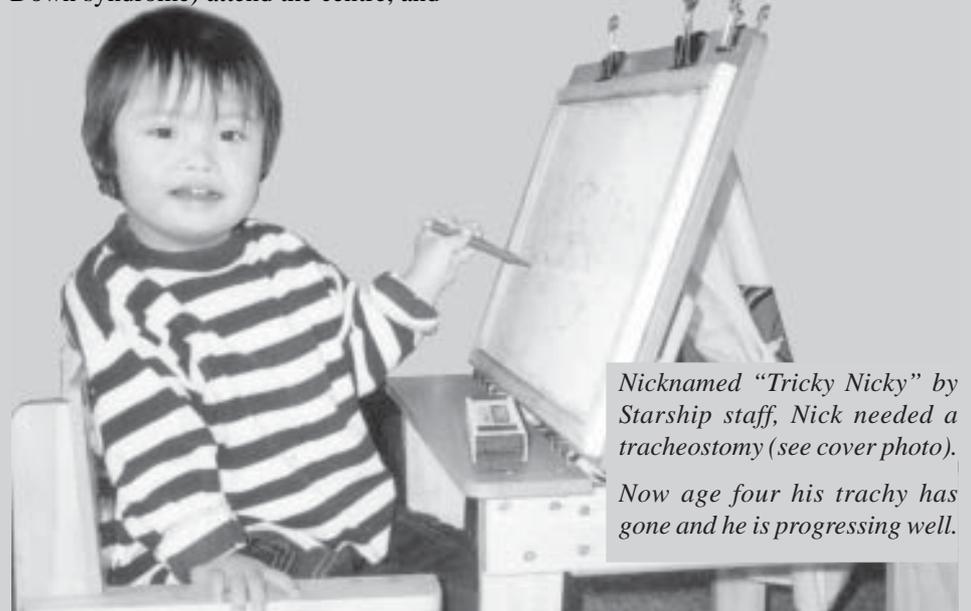
For me and my family, it changed our whole lives; no more suction machines, oxygen tanks, oxygen tubing, CPAP machine, humidifier, oxygen concentrator machine or emergency trachy kit. Less clutter in my farm house; less clutter in my car. For a day trip or visit to the shops now, all I needed to pack in the car was Nick and his day bag.

Since his trachy removal, Nick has come along in leaps and bounds. He has so much determination, that when he wants to do something or get somewhere or have something, there is no letting up until he achieves his goal. We have been looking at enrolling Nick into a daycare centre for a couple of sessions per week. Because I have worked with the same day care centre provider for years my choice has not been hard.

I have also talked to two mothers from our coffee group whose sons (who have Down syndrome) attend the centre, and

I have watched the boys and seen first hand how well they have settled into the routines and environment. The staff are very positive and accepting of children with special needs. They can communicate by using basic makaton signs which they've been taught by the speech therapist.

I feel confident that Nick will also benefit and grow to reach his full potential. So now all I have to do is bite the bullet and let him experience this new environment so that he can explore and succeed in the challenges ahead.



Nicknamed "Tricky Nicky" by Starship staff, Nick needed a tracheostomy (see cover photo).

Now age four his trachy has gone and he is progressing well.



**she's excluded because
"she doesn't know how
to turn around to come
back down a ladder"**

**- a mother's battles with her
daughter's kindy**

It's a beautiful spring day, as I pack my son's bag for his first day at kindergarten, I can't help thinking about the arrival of his baby sister, who is due to be induced later that day.

My son returns home later that afternoon, full of smiles telling me how great his day was. This is the life I think to myself, what perfect timing. Later that evening after a very quick labour our little girl arrives, and our life is shattered as we are told she has Down Syndrome.

One and half years later after a trouble free journey through the kindergarten system, our eldest is off to school.

Now, most parents cry because their children are going to school. Me; I am crying as I listen to what my son is being taught wondering how his sister will ever cope.

A few months later and my daughter with Down syndrome is a very active and demanding 20 month old, she is walking, starting to say some words and craving the interaction of other children, so I enrol her at a former special needs pre school, which now also takes mainstream children.

Although the centre is great and the

premises ideal, I feel that my child would be better suited to a fully mainstreamed environment, so I go in search of the ideal kindergarten. First and only stop really is the kindergarten my son attended, after all I had no problems with them when he was there. Why should there be problems now?

The teacher in charge recognises that special needs children need greater input, the rules can be bent so my child can start at a public kindergarten at two and half years - ahead of much older children. Great I think we are off to a good start.

Good start is short lived. From day one I have problems with the communication between teacher aide and kindergarten. Problems go on and on until the final straw, it's suggested to me that my child doesn't attend kindy as ERO (education review office) are doing their assessment.

What exactly are they playing at? What right have they to tell me to keep my child away? Boots and all I go in for battle.

It's not my child they don't want there but the teacher aide. The kindergarten are threatened by her efficiency and capability. They don't know what she might say. She may show them up.

I'm at the ERO session. It's on the tip of my tongue to tell them why there's no teacher aid that day. But since the arrival of my daughter, I'm learning when to be assertive and know when to shut up.

Like many other children, my child only has a teacher aide for a portion of the session, due to lack of funding. Some education facilities are happy to accommodate children for the short fall of funding hours. Our kindy is not accommodating, my child has to either finish half hour per session earlier than all the other kids or I have to stay with her.

The explanation they give for why my child can not stay at kindergarten for the last part of the session is because if she goes up the ladder, she doesn't know how to turn around to come back down. I'm not rushing to teach her this skill, as I'm sure they will have another excuse for not taking responsibility by the time she learns to use the ladder.

With the battles and the stress levels of the past one and a half years, it has certainly not been an easy road. I am just hanging in there and counting down the days before she starts school.

name and address supplied

What is Early Intervention?

Early intervention as it is used in this article, is the term that has been used for about three decades when referring to support for young children with special needs and their families or whanau. In more recent years early intervention has been used frequently to describe the early treatment or prevention of many conditions (drug and alcohol abuse; violence and so on).

How does Early Intervention help?

1. good early stages of development lay good foundations for later stages of development
2. learning blocks can be lessened
3. parents and professional together help the child
4. it saves money that would be needed to support adults who didn't have early intervention

The Importance

by Maureen Corby, Senior Lecturer Coordinator

Research within early intervention during the 1970s and 1980s focused on determining its effectiveness. It has now been accepted that quality early intervention programmes make a positive difference to young children with special needs and their families or whanau. The focus in research has shifted from whether early intervention is effective to determining, what kinds of early intervention are most effective? (Guralnick, 1997, 2001).

I have been a parent of a young child with special needs and for some years now have lectured in early intervention. I am passionate about the positive effects early intervention can have on young children's development.

I believe that appropriately timed, well planned, intervention strategies can make a significant difference for young children whose development is not proceeding, as it should. My familiarity with the research in this area strengthens me in this belief, as do my life experiences. I trained as a kindergarten teacher. I thought I knew a lot about early childhood development. I probably did. However, when our daughter was diagnosed with cerebral

palsy in the early 1980s was provided initially through the Auckland Area Health Board Extramural Service. Extramural neurodevelopmental therapists (or physiotherapists) and occupational therapists were able to make home visits. Speech/language therapists then like now were a scarce resource. When our daughter was two and a half years old we were transferred to the CCS Wilson Home therapy services. They also offered a kindergarten programme. At this time IHC also offered early childhood programmes for children in their service. As a kindergarten head teacher I often had had children with special needs on the role but we had not heard of the term 'Inclusion'.

We were fortunate to have been allocated a superb extramural neurodevelopmental therapist and implemented enthusiastically the many intervention strategies suggested to facilitate our daughter's physical development. This therapist not only possessed excellent knowledge and technical skills she also had the ability to understand the emotional complexities we were dealing with as a family and anticipate and prepare us ahead of time for any particularly difficult challenges and

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palsy around six months of age, it became clear to me that within the broad stages of development I was familiar with there were many component parts. Children developing typically move through these broad categories as a child might run across a stream on stepping-stones. With our daughter many of the steps had to be taken as a goal in themselves, practiced and mastered before venturing on. It is the identifying and facilitating of these steps that is at the core of early intervention.

Our access to early intervention services

decisions. This professional support was invaluable to us through the incredible ups and downs experienced as parents of a child with special needs.

In spite of this support my background in early childhood education led me to ask what seemed to be an obvious question. What about an education programme to assist our daughter's development?

There were none. No Early Intervention Teachers, no Individual Plans (IPs). So I did the best I could, making up my own as I thought appropriate at the time.

of Early Intervention

- Specialist Teacher Courses, Centre for Special Education, Auckland College of Education

Much to my delight in 1989 Early Intervention Services were established throughout New Zealand funded by the Ministry of Education (MOE). Services were initially delivered through the Special Education Service, now Ministry of Education Group Special Education. Subsequently a range of alternative service providers have been funded by the MOE: CCS; Ohomairangi Trust, a Maori for Maori Service; McKenzie Centre in Hamilton and the Early Intervention Trust in Wellington and Early Intervention Trust (Champion Centre) in Christchurch.

During the 1980s and 1990s the worldwide movement for children and adults with disabilities had an impact in New Zealand. For children under five years of age the intention was to offer support to families or whanau of infants and young children with special needs within the home and through regular early childhood centres. The option of young children with disabilities being placed in psychopaedic hospitals no longer existed.

Research in this area has identified four main reasons for the success of early intervention. (Bricker, 1989, 1998, 2002).

1. Children develop sequentially.

A particular stage of development is dependent to some degree on the stage that precedes it. Early stages of development lay the foundation for the next stage. For example, in the sensory motor stage of development infants generally pull themselves along on their stomach before moving onto all fours. They practice weight bearing and balance for sometime before they start moving (crawling), pull themselves to stand, cruise around furniture, learn to balance before they take their first steps in walking. The way a child with physical disabilities walks will depend on how well they have mastered each of these prior stages. This process occurs in all other areas of development as well, social emotional, language and cognitive or intellectual development.

2. Development in young children with special needs can be moderated or attenuated with appropriate intervention.

Children whose muscle tone is too high or too low need particular exercises to prevent these conditions from becoming extreme and further hampering development.

3. When parents and professionals work together progress is optimized.

Early intervention team members structure and facilitate this shared approach.

4. Pragmatism.

The cost of providing for socially dependent adults versus cost of early intervention services.

Throughout the 20th century developmental theorists and researchers in the field of early childhood have expanded our knowledge and understanding of how children develop to a level unprecedented in history. This continues in the 21st century as technology allows us to image the development of the brain and understand more about how the neural pathways in the brain are laid down.

The shift in focus from whether early intervention is effective to what are the most effective forms of early intervention is well under way. Researchers are currently investigating young children's emotional development as a primary pathway in promoting the best overall development in young children including young children with special needs.



The making of an early intervention teacher

1. become an early childhood teacher

get a teaching qualification in early childhood education a: Diploma in Teaching Early Childhood Education or a Bachelor of Teaching (ECE)

2. get at least two years of experience

3. do 'diploma in early intervention' course

part time over two years, curriculum includes child development, assessment processes, planning (Individual Plans) teaching strategies, monitoring and evaluation methods.

4. work with parent' family or whanau as an early intervention teacher

children understand their world in relation to the social and cultural patterns embedded within their family system. A child's learning is only relevant to them if it is closely connected to their particular cultural focus or viewpoint.

5. consider taking a masters in education

Auckland College of Education is now offering a Master of Education Programme through the Faculty for Postgraduate Studies and Research. Early intervention is included in some of the modules at this level of study.

Training for Early Intervention Teachers

The Diploma in Early Intervention course at Auckland College of Education, the qualification needed to work as an Early Intervention Teacher (EIT) has a strong focus on professionals working in collaboration with parents, family or whanau. To understand children's strengths and needs within the context of their family or whanau and community EITs need to establish good working relationships with parents (Rosin, Whitehead, Tuchman, Jesien, Begun & Irwin, 1996). Earlier in this article I referred to the enormous progress made last century in our knowledge of child development. Two theorists from the 20th century whose work is reflected in early childhood educational practice throughout New Zealand are:

Urie Bronfenbrenner (Professor Emeritus of Human Development and Family Studies and of Psychology, Cornell University, USA) and Lev Vygotsky (1896- 1934) a Russian psychologist.

Bronfenbrenner was responsible for highlighting the need for professionals to recognize the importance of not only the immediate family environment but also the impact of the local community, wider community and government/political systems on children. Families or whanau operate within these systems and flourish or are constrained according to the structures within a particular society. Teachers and other professionals need to understand these influences and work appropriately with children within that context. In other words, a child is born and grows up in a particular time in history, place in society and family, all of which have a bearing on the outcome for that child.

(Moen, Elder, Luscher & Bronfenbrenner, 1995).

The socio-cultural context of children's development and learning is strongly emphasized in Vygotsky's writings on child development. He proposed that children understand their world in relation to the social and cultural patterns embedded within their family system. A child's learning is only relevant to them if it is closely connected to their particular cultural focus or viewpoint. He also believed children's learning is mediated through interaction with adults and older or more competent peers. A child's knowledge and skill level can be advanced

(or scaffolded) to the next level of learning through interactions with others who are more competent.

Our current understanding of child development is based on these and other theorist's work. Te Whaariki the early childhood curriculum used in early childhood centres throughout New Zealand reflects these principles.

Children with special needs seem to learn in the same way as typically developing children so these principles are just as relevant for them. The rate of learning may differ considerably but the pathway for most children is similar.

As alluded to earlier in this article, early intervention teachers' need to understand the components, small stages of development if they are to engage the child at their appropriate level of learning. By doing so a child's knowledge and skill level can be supported to their next level of learning. In early childhood education teachers try to achieve this in the most natural way possible. They follow the child's interests and include the skills to be learned within the child's activities of interest. This requires early intervention teachers to be skilled not only in knowledge of child development but also in assessment processes, planning (Individual Plans) teaching strategies, monitoring and evaluation methods. These areas are all part of the curriculum for the Diploma in Early Intervention Programme.

Early Childhood Teachers were first able to become EITs at the beginning of 1989. Towards the end of 1989 Early Intervention services were established within Special Education Service (SES). Young children with special needs were able to attend their local kindergarten or early childhood centre. Children who were eligible for support through SES would be allocated an Early Intervention Teacher or team member.

An Educational Support Worker (ESW) would support the child in an early childhood centre for some of the time the child attended. This was to ensure the child could successfully integrate into a regular early childhood centre programme.

To be eligible to train as an early intervention teacher applicants have to have a teaching qualification in early childhood education a: Diploma in Teaching Early Childhood Education or a

Bachelor of Teaching (ECE), with a minimum of two years teaching experience.

Initially applicants were granted a study award to complete the course full time over one year at the Auckland College of Education Centre for Special Education.

In the early 1980s my daughter's therapist not only possessed excellent knowledge and technical skills, she also had the ability to understand the emotional complexities we were dealing with as a family.... Twenty five years later and researchers are now validating the effectiveness of such support.

Flexible delivery of training has now been introduced to enable teachers from throughout the country to gain the Diploma in Early Intervention qualification. Teachers training currently are released from their jobs part time over two years to attend block lectures and complete practice requirements. Their employers receive funding from the Ministry of Education to cover the release time required. Every two years the course is offered in two or three geographical areas throughout the country where the demand for training is greatest.

Auckland College of Education is now offering a Master of Education Programme through the Faculty for Postgraduate Studies and Research. Early intervention is included in some of the modules at this level of study.

I find it interesting that after approximately 25 years of research in early intervention the focus now is on the importance of the emotional relationship between infant and parent/s in promoting development. It seems that a parent's emotional relationship with their child is critical to promoting development. This has implications for the role of the EIT. It may well be that support for parents at particular stages in the child's life is as important for the success of the child's development as the teaching skills that teachers have to offer. I mentioned the neurodevelopmental therapist who provided us with the emotional support we found so helpful all those years ago. Researchers are now validating the effectiveness of such support. (Greenspan, 1997). In the facilitation of infant development parents use subtle emotional

cues. These interactions are then used as a means to assist children's understanding of the world. Six basic steps identified by Greenspan & Wieder (1998) as being necessary to support and enhance children's learning are; 1) self-regulation and interest in the world; 2) intimacy; 3)

two-way communication; 4) complex communication; 5) emotional ideas; 6) emotional thinking. Children will achieve these milestones at different ages but the most important thing is that they achieve each skill successfully as it lays the foundation for the next stage of development.

We now understand that the quality of the attachment relationship with the parent/s or primary caregiver/s creates a child's sense of self. They see themselves as they are seen and treated by others. Children who are securely attached will explore their environment knowing they can rely on their caregiver and return to them safely. In exploring their world children interact with others and develop social skills. It is largely through experience and interaction with others, initially family or whanau members that a basis for learning and development is laid down.

This information has considerable implications for parents of infants with special needs. Parents are usually shocked when they hear their child has special needs. At this stage we don't know whether this has any impact on the developing attachment or emotional relationship or the expectations of the parents with regard to their child with special needs.

Parents and professionals aim for the best possible outcomes for children with special needs. In training teachers to work in early intervention we aim to draw on the best possible research in theory and practice to help achieve this.

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