

Children attending child-care services – centre based long day care, family day care, outside school hours care or other type of care – come from a wide variety of backgrounds. More so now than ever, there are lots of children with special needs attending who, many years ago, would not have attended ‘mainstream’ child-care services. We now understand and accept that including all children in child-care is best for everyone, although we know that this is not without some heartache and concerns for some caregivers and parents.

Including a child who is in some way different presents a unique opportunity for caregivers to extend and enhance their own skills. This may be because they learn something new, or because they think about something they already know in a new way. We may be called upon to refresh our knowledge and understanding about children’s growth and development, the ways in which they learn, the developmental milestones that they are achieving, or the type of environment and opportunities that we provide.

It can be really helpful for caregivers to know that they can call on lots of support to gain fresh ideas and input when they need it. Many children in our child-care community receive **therapy** to assist their skill development. Therapists work with young children to help them develop skills and to enhance their opportunities for inclusion in the wider community. Obviously the child care environment is part of this wider community and therapists are generally able to assist you in your programme planning when this planning involves the child or children with whom they are working.

WHO ARE THE MAIN THERAPISTS IN THE CHILD CARE COMMUNITY?

The therapists with whom you are most likely to come in contact are Occupational Therapists, Physiotherapists and Speech Pathologists, although children in care may also see Psychologists, Audiologists, Podiatrists and a

range of others particularly if they are receiving services from a multi-disciplinary team. They are also likely to be under the primary care of a Paediatrician, together with a local General Practitioner and there may well be other specialist medical involvement.

WHAT DO THERAPISTS DO?

1. Assessment

Therapists start by assessing a child who has been referred to them. The nature and style of assessment will vary according to the therapist’s discipline but will centre on deciding if the child has problems or difficulties in a particular area of growth and development. Therapists may administer standardised tests, ask the child to perform a variety of tasks and actions, or to respond to instructions. They may seek to observe and/or measure a child’s pattern or range of movement in a variety of situations. Most assessments are conducted in a clinical or therapeutic environment.

Therapists will also want information about the child’s growth, development and behaviour in a naturalistic setting, i.e. in a ‘non-clinical’ environment. Parents will be asked lots of questions about what the child can and cannot do or say, and what the child does and does not do or say when they are at home. Caregivers may also be asked to provide information about the child in the child-care setting.

An assessment is an attempt to gather information in order to make an informed judgement about ‘how the child is going’. If it is considered that the child needs extra support and assistance, the assessment will generally result in some sort of plan for the future to assist the child’s growth and development. These plans are referred to by a variety of names including therapy programmes and individual programme plans (IPP).

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DEVELOPMENTAL GOAL	SPECIFIC OBJECTIVE	LEARNING OPPORTUNITY
<p>Gross Motor Skills To stand for longer periods independently and improve balance.</p>	Stand alone	<ol style="list-style-type: none"> 1. Encourage X to play with something in her hands while she stands with support e.g. hold her at the hips while she paints, or stands in home corner, or does cooking activity. Over time reduce support 2. Encourage cruising around furniture/ fences/ equipment
	Cruise across a gap	Arrange furniture so that X has to take 1 or 2 steps across a gap to reach a preferred toy/game
	Stands up from the floor alone	<ol style="list-style-type: none"> 1. Place favourite toys on table or chair to encourage reaching for them 2. Use movement/music activities with stand up/ sit down elements
	Push a trolley/ pram	<ol style="list-style-type: none"> 1. Use a stable and balanced trolley/ pram weighed down with some objects. 2. Decrease weights as X becomes more proficient

TABLE 1: SAMPLE EXTRACT THERAPY PROGRAMME

2. Therapy programme

A therapy programme will generally detail the overall developmental goals for the child together with specific target objectives. A comprehensive programme will also describe ways of achieving these objectives; i.e. it identifies learning opportunities for skill development. It should be clear and simple with each item broken down into steps small enough for attainment thereby enabling success for the child. The programme should identify/establish monitoring and review dates. Table 1 is an example of part of a therapy programme to give you some idea of how a programme might be structured. There are, of course, many different formats for therapy programmes however this example shows how simply developmental goals can be related to specific activities/learning opportunities.

3. Therapy Sessions

To achieve the goals of the therapy programme, some children will have individual or group sessions with a therapist(s). Others will have a 'home based programme' where parents (or primary caregivers) undertake or monitor programmed activities/ movements/exercises. Still other children will have a combination of both. For children attending child-care it is ideal to extend the programme into the child-care environment. It is more valuable for a child to do something several times daily for a few minutes, than once a week for an hour!

Most 'therapy' is play based as this is how young children learn. During everyday routines and play, there are many opportunities for learning and skill acquisition. Information about the child's needs and programme goals can be obtained from the child's parents or the therapists themselves. Caregivers can then include the desired exercises or procedures in the child's day. Please note that permission from the child's parents should be obtained prior to consulting therapists.

Not all children with special needs require additional assistance. However, if the child requires certain exercises or programmes whilst attending your Service, he/she should not be made to feel different, nor taken away from what the other children are doing. Rather, caregivers should try to incorporate the child's therapy programme into the everyday routines of the day and to involve all the children (where possible).

The child's parents and therapists should be able to suggest ways of doing this. See Table 1 for some examples.

If caregivers require more support, knowledge or skills, your regional Inclusion Support (SUPS) Team should be contacted in the first instance. RUCSN can also assist with resources and customised training – as can most Inclusion Support (SUPS) Teams. Family Day Care givers may wish to contact Field Workers or Scheme Co-ordinators as appropriate.

OCCUPATIONAL THERAPISTS

What do they do?

Occupational Therapists are concerned with helping children become as independent as possible in their daily activities. These daily activities include eating, toileting, dressing, moving from place to place and participating in programmed activities and events. With young children they assist also with play skills as this is the basis for learning and development. The Occupational Therapist can recommend aids and appliances to help children become more independent and they can teach caregivers any special techniques necessary to help the child develop independent skills.

Occupational Therapists see children who have problems with fine motor skills which may be associated with a range of conditions such as developmental delays, learning difficulties, physical disabilities (e.g. cerebral palsy), autism, attention deficit hyperactivity disorder, intellectual disabilities, insufficient social and/or play experiences, and low birthweight.

How can they help you?

The Occupational Therapist can help you to decrease the child's reliance on you and/or other caregivers for ongoing assistance and become more independent and self reliant in his/her daily life. Specific examples include:

- ◎ **Eating:** potential areas of assistance include the provision of appropriate aids e.g. special plates, cups and utensils, non-slip matting and grips, advice on seating positions, and techniques to maximise independence whilst simultaneously increasing the motor co-ordination required to self-feed.
- ◎ **Self-care skills:** particularly dressing and toileting. Special techniques and equipment

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(potty seats/chairs, stools/steps) can be of enormous benefit to children when they are trying to move to independent self-care. Occupational Therapists can help you break the necessary skills into small discrete stages. They can help devise activities to work on the fine motor control needed for dressing, eg doing up buttons and other fasteners. This may include tabletop activities such as button and shape sorting, threading and other related manipulative activities that increase the strength and control of the appropriate muscles.

- **Fine motor control:** many child-care activities are planned to develop fine motor control. These include such things as playdough, painting and other art/craft work, home corner play (tea parties) and messy play (particularly sand and water). Occupational Therapists can help you plan to assist the child gain relevant skills at their own pace with any required modifications, aids or appliances. Examples include using thicker-handled paint brushes to enable grip (or adding tubi-grip to existing brushes), programming lots of activities that involve thumb and fingers working together, e.g. scrunching up paper for collage work (this is important so that children get the strength and flexibility for the pincer grasp and tripod grasp needed to hold pencils and brushes), using different types of balls (e.g. textured, lighter, bigger, softer) and so on.

Occupational Therapists can help you meet the child's therapy goals by advising on the toys and activities that elicit specific responses from the child, for example:

- Toys and rattles that encourage banging, shaking and transferring from one hand to another.
- Toys that encourage looking, grasping, reaching and listening.
- Tactile toys, musical toys, cause/effect toys, push button toys, pull along toys.
- Imitation games.

They can recommend games, toys, activities and identify learning opportunities that are developmentally and age appropriate and are designed to enhance the child's fine motor skills and sensory awareness, socialisation and play, and activities of daily living.

PHYSIOTHERAPISTS

What do they do?

Physiotherapists are responsible for helping children acquire appropriate skill levels in the areas of physical development, movement, gross motor skills and the skills of independent movement. Physiotherapists compare the child's developmental progress with age related 'normal development' indicators to see if there are lags or gaps in the child's progress. They are trained to assess motor development, recognise problems and provide therapy and treatment to connect, strengthen or improve the quality of movement.

Motor skill development begins before birth and follows a general sequence. Motor skills build progressively and early skills must be mastered before the child can move to the next level. Children that fail to master particular skills may need specific assistance if they are not to fall behind others of the same age and developmental level.

Young children with movement problems include those who demonstrate:

- Reluctance to lie on their tummy.
- Poor head control.
- Floppiness or stiffness (decreased/increased muscle tone).
- Asymmetry.
- Poor balance and co-ordination.
- Lack of variety of movements.
- Rolling, sitting, crawling or walking difficulties.
- Variation in the quality of movement.
- Problems with hand or leg movements.

How can they help you?

Physiotherapists can help you incorporate learning opportunities in your programme in the areas of:

- Physical development
- Physical movement
- Motor skills
- Strengthening movements
- Connecting movements

They can also recommend equipment and provide training and advice on lifting and

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positioning. Physiotherapists can help you by:

- ⦿ Providing advice on **movement and body positioning**, e.g. supervised tummy lying, avoidance of 'W' sitting position (bottom between feet).
- ⦿ Giving information and suggestions of activities to encourage a **variety of movement sequences**, e.g. **obstacle course**, climbing frame, slide, swing, stepping stones, 'over and under' or catching/throwing games.
- ⦿ Giving information and suggestions of **activities to encourage balance** – offering toys, reaching upward games, movement and music rhymes with changes in body position (stand up, sit down).
- ⦿ Giving information and suggestions of **activities to encourage sitting and upright play** – putting toys 'up high' on a table or shelf, bringing eye contact upwards by using high interest items, introducing turn-taking 'my turn, your turn' and passing objects back and forth, ensuring tables are the appropriate height and feet are on the floor (using footstools, etc if required).
- ⦿ Giving information and suggestions of **activities to encourage skill development** in accordance with developmental norms – bike and trike riding, kicking, jumping, and so on.
- ⦿ Giving information and suggestions of **activities to encourage muscle control and co-ordination** – a balance of indoor and outdoor activities with specific activities tailored to the child's area of weakness. Music and movement, songs and games with peers are good starting points.
- ⦿ Giving training, information and advice on **lifting and positioning**; e.g. how to get a child safely from a wheel chair to the sandpit, how to stabilise a child on a swing (or in the sandpit or at the table), how to lift a large child safely without undue backstrain, two people lifts.
- ⦿ Advising on '**starting points**' for **skill development**, i.e. the 'best' way to start to learn to ride a trike/ bike, or climb a frame.
- ⦿ Suggesting **activities to develop control** of the head, trunk, limbs; to enhance balance or control of walking.

SPEECH THERAPISTS/ PATHOLOGISTS

What do they do

Speech Therapists/Pathologists assess children's speech and language development and recognise any problems. They work with children who are late or slow to start speaking, have trouble saying some sounds or putting sentences together, have trouble understanding the speech of others or who are disfluent or unintelligible.

Speech Therapists/Pathologists:

- ⦿ Develop, suggest and advise on techniques to assist language learning.
- ⦿ Teach and provide information on alternative and augmentative methods of communication.
- ⦿ Provide advice and techniques to help a child who may stutter, be late starting to talk or have receptive or expressive language problems.
- ⦿ Assist with feeding and swallowing problems – including tongue control.

How can they help you?

Speech Therapists/Pathologists can assist you implement strategies to promote speech, language and communication development. They can help you determine appropriate learning opportunities to focus on different aspects of the speech and communication process depending on the therapy goals of the child. They can suggest activities and ideas to encourage some of the building blocks of language, for example, attention and eye contact, imitation, and turn taking. They can assist in translating therapy goals into practical programming ideas.

Speech Therapists/Pathologists may have therapy goals related to **speech** – the production of sounds, **expressive language** – what the child says, **receptive language** – what the child understands or comprehends, or **communication** – how the child participates in the two-way flow that includes non-verbal skills as well as speech and language

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When considering therapy goals, the more specific the language objective and the more detailed the learning opportunities, the easier it is to ensure that they are incorporated in your programme. If you are in any doubt about what is intended, you should consult the therapist (assuming parental permission).

For example, if the overall goal was to **increase the child's expressive skills** and the specific objective **to use 10 – 20 words in context** it is easy to identify learning opportunities. You ensure that you do lots of item/object naming, that you are a good language model, that your own language usage is simple and clear, that you repeat the desired words, that you encourage the child to imitate you, that stories/games/activities/play opportunities incorporate 'naming' things, that you provide opportunities for the child to use his/her language – saying bye-bye, playing with cars (reduplicating sounds are the easiest and generally represent the first words – car-car, bub-bub and so on). Speech Therapists/Pathologists can assist in advising appropriate activities and starting points. They can also be really useful in helping caregivers extend beyond traditional strategies by giving them some extra ideas.

General strategies for encouraging language development in children represent sound child care practice:

- Listen to what the child is saying.
- Talk about what the child is doing.
- Talk at the child's level – reduce your sentence complexity.
- Use twice as many comments as questions.
- Encourage imitation.
- Model appropriate language yourself.
- Offer choices rather than asking questions that can be answered 'yes' or 'no'.

Speech Therapists/Pathologists also assist children with more severe speech and language problems who may need to communicate using **Augmentative and Alternative Communication Systems**. The most common systems in the child-care environment are Maketon, Compic, and Picture Exchange Communication Systems although some children may use computerised systems. Other non-verbal visual systems – e.g. visual timetables and storyboards - may be used to support children with less severe communication problems. These are children who perform best with additional support of the visual input provided. The Speech Therapists/

Pathologists can train caregivers in the use and application of these systems and the easiest way to introduce them into the care environment. This support and training will generally take place 'in-house' and will be specifically tailored to the needs of the child.

Speech Therapists/Pathologists can also help with early **feeding problems**. The lips, tongue and cheek muscles used in sucking, chewing and swallowing are the same muscles later used in speech. Babies, toddlers and young children with significant feeding problems may go on to have speech problems. Early referral can be useful in preventing later problems.

Speech Therapists/Pathologists are also keen to assist children with **fluency problems**. A fluency problem is any disruption to the smooth flow of speech – the most common being stuttering. Some young children have pauses in their speech and may repeat words when excited or upset. This is not a problem. However children with effortful speech production in a variety of settings need specific support to regain fluency. Stuttering in young children can generally be corrected easily but is much more difficult in older children. Speech Therapists/Pathologists can teach the child and caregiver the 'smooth not bumpy' speech pattern if it is considered desirable in the care environment.

WHO ELSE MIGHT BE INVOLVED IN THE CARE OF THE CHILD WITH SPECIAL NEEDS?

Many children who have a disability or other special need and who attend child-care are in contact with a range of therapists and other medical personnel on a regular basis. We have considered the main therapists involved in the care of the child. Others who may be involved include, but are not limited to, the following people:

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Audiologist/Audiometrician

This health professional is involved in measuring and assessing the child's auditory acuity and/or deficits. (A hearing check is the first step for many children who are slow to speak.)

Clinical Psychologist/Child Psychologist

This therapist monitors the child's developmental level particularly in cognitive and academic areas. Clinical Psychologists can assist with children with emotional and/or behavioural difficulties and may work with the child, the family or the parents.

Orthopaedic Specialist

A doctor often involved in the care of children with physical disabilities. Orthopaedic surgery can frequently help children with spasticity by changing the tightness of muscles around joints.

Orthoptist/Ophthalmologist

This therapist is involved in assessing a child's visual capacity and in recommending ways for the child to make the most of his/her vision. This may include prescribing glasses and/or exercises to correct visual difficulties.

The Paediatrician

A doctor who specialises in children's health. He/she can provide advice regarding the child's special health problems. The Paediatrician works closely with all the people involved with helping the child and can make referrals to other specialists, for example, neurologists or orthopaedic surgeons.

Podiatrist

This therapist is involved in assessing foot and gait problems together with recommending/supplying corrective footwear and strengthening exercises.

Social Worker

Provides counselling and advocacy support for the child and the family and who can also provide information about services, entitlements, community and parent supports.

WORKING WITH THERAPISTS

A team approach

Therapists working with children will have therapy or treatment goals – things that they want to achieve for and with any particular child. It is very beneficial to work with the therapists to achieve mutually satisfactory goals.

It is important to remember that you are not a therapy assistant and your job is not to carry out a treatment plan devised by a therapist. However, you will find that child-care workers and therapists probably have very similar goals for individual children. The importance of different goals may differ. This is one reason to provide input to the therapist about areas where you may be experiencing difficulties so that these problem areas can be highlighted as needing attention.

Matching therapy programmes with learning opportunities.

To identify appropriate learning opportunities, caregivers need to be familiar with the therapy goals of the child. Begin by starting with one goal and identify a range of learning opportunities (often called 'teachable moments' in the literature for school aged children). Add to this when you feel comfortable and the child is ready. Start with something that child can do or learn quickly as this assures success for all involved. It also builds the child's confidence so he/she is more likely to be willing to try the next step/goal with support.

It is important to encourage the child to be involved - to the best of their ability - in things that they find challenging. It is part of the caregivers role to motivate children to get involved and to recognise, acknowledge and encourage their efforts. When attempting a new or challenging task or activity, always ensure that that child is in a comfortable, steady and safe position. This prevents the child being concerned about falling over or losing balance. They are then better able to attend to what the carer is encouraging them to do.

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Always remember to keep instructions simple and to the point. Make sure your language is developmentally appropriate and understood by the child. If necessary you can demonstrate what you want the child to do/learn/say/try. Remember that one of the ways that children learn is by imitation so it is alright to show them what you want them to do.

Finally, always demonstrate respect for the child. Tell the child if you are going to move or touch them – even if you are only going to guide them through a passive movement.

Consider a child who had difficulties with feeding and toileting. In developing programme goals, the therapist decided to give priority to toileting. In the child-care environment however you were able to cope with the toileting problems by continuing with nappies, but the feeding difficulties presented a real challenge. (Any children with feeding difficulties are a challenge as mealtimes can be very stressful and demanding times for caregivers. Children with special needs may take extra time or may require more structured support from caregivers, so assistance in planning for this time is generally invaluable to caregivers). If the therapist had this input from you, they could tailor their goals accordingly. Conversely, the parents may see toileting as a more pressing need. This difference in priorities is a great starting point for everyone to talk and learn more about the child's daily and developmental needs and the needs of other caregivers. The resulting goals are likely to be more representative of the child's needs in his or her differing environments and the programme is likely to be more practically applicable and complete.

Programming to meet individual needs

Don't for one minute think that you are being asked to forget the other children in your care and focus instead on achieving therapy goals. You are programming to meet the individual needs of all the children in your care. To do this you will have awareness of the overall developmental needs of the group of children together with the specific needs of individual children across a range of skill areas. Your planning process enables you to use this information to build a programme of activities, routines and learning experiences. Within this programme will be things designed for the group as a whole and for individual children in particular.

WHERE ARE THERAPISTS LOCATED?

In the metropolitan area, children's therapists are located in community-based services such as the State Child Development Centre, Koondoola Child Development Centre and Andrea Way Child Health Services Centre; in hospital-based services particularly Princess Margaret Hospital; and in specialist services and agencies both private and public including the Autism Association, Cerebral Palsy Association and Disability Services Commission (particularly their Early Intervention Teams). There are also private therapists and therapy services across the metropolitan area offering a range of services for children with special needs. In rural areas the services available are different and you should contact your Inclusion Support (SUPS) Team if you are unsure of what is available in your area or region.

Children needing therapy services must be referred to therapists for assessment. The referral process (how to refer, who can refer, method of referral) will vary according to the organisation. It is wise to refer children as soon as possible as many organisations have very long waiting lists for initial assessment and /or treatment. The waiting time is generally shorter with private therapists.

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ONE ACTIVITY – MANY LEARNING OPPORTUNITIES

You may have a **turn taking** activity programmed for the group whereby each child (in turn) answers the ringing telephone, says hello to 'Mary' (or someone they all know – maybe the cook, or the gardener if it is a long day care environment, or perhaps the playgroup leader if it is family day care), then says goodbye and hangs up the phone. It is then the next child's turn. Although this is programmed as a turn taking activity, it can present a range of learning opportunities for different children.

You could be noting verbal skills, eye contact, handgrip to hold the phone, motor co-ordination to pick up and put down the phone, ability to follow instructions, or ability to maintain body posture while seated. For younger or language delayed children it could also be an opportunity for imitation – copying actions and sounds; or anticipation – recognising that something is going to happen. You could practise 'crossing the midline' by picking the phone up with one hand and passing it on with the other.

Any of these learning opportunities could form a part of a therapy programme. The turn taking activity remains the same – but its function can differ depending on individual need. The same activity can give multiple information and meet a range of needs by the learning opportunities it presents.

SUPPORT FOR CAREGIVERS

If you are having difficulties incorporating therapy programmes in your care environment, consider discussing your issues and problems with your Regional Inclusion Support (SUPS) Team. They are able to offer practical advice, suggestions and information about local resources. They have a wealth of experience in 'making therapy programmes practical'. They can also help with information about referral procedures. If you are unsure which Inclusion Support (SUPS) Team covers your service, contact RUCSN. Inclusion Support teams and RUCSN can offer staff training if skill enhancement is required. Please telephone to discuss your requirements.

SUMMARY

Most of a child's therapy programme can be incorporated in the normal things that you do – they are not things that have to happen 'in addition' to your regular programme. They form part of it – provided you have an understanding of what is required and the knowledge and skills to apply this within your programme. This is where you can ask the therapist for assistance and extra ideas.

Prepared by Lee Jeffery, Training and Resource Development Co-ordinator, from workshop notes and handout material, Agency referral information and discussion with RUCSN staff and other therapists, this fact sheet was originally a feature article in the RUCSN Newsletter Issue 3, 1999.

For further information and advice, contact CHILD Australia.

5 Carson Road, Malaga WA 6090

Telephone: 08 9249 4333 ☎ Facsimile: 08 9249 4366

Email: admin@childaustralia.org.au ☎ Website: <http://www.childaustralia.org.au>

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