Submission No 63

INQUIRY INTO TRANSITION SUPPORT FOR STUDENTS WITH ADDITIONAL OR COMPLEX NEEDS AND THEIR FAMILIES

Organisation: Liverpool Migrant Resource Centre

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Inquiry into Transition Support for Students with Additional or Complex Needs and their Families

The Liverpool Migrant Resource Centre (LMRC) has co-ordinated Multicultural Playgroups in the Liverpool MRC for the past seven years. This submission, accordingly, seeks to address the adequacy and accessibility of appropriate support for children with additional and/or complex needs and their families during transitions between stages of education by examining our experience with NESB families in Liverpool.

Current funding to operate the playgroups is sourced from Families NSW. We operate three Multicultural Playgroups and one language-specific (Vietnamese) playgroup. Under this model we have a multidisciplinary team of early childhood workers, bilingual and social welfare staff. Families receive further support from the LMRC caseworkers and specialised workers. In addition we operate two playgroups in partnership with TAFE. It is a unique model of service delivery where a TAFE Early Childhood Teacher runs the playgroup with students studying for the Diploma in Early Childhood or Certificate of Attainment in Child Studies.

We are constantly looking for ways to involve parents and extend their skills. In 2009, for instance, a *Parenting for Playgroups* — *Statement of Attainment for Work and Training* course was conducted at the Hinchinbrook Multicultural Playgroup in partnership with Miller TAFE. This was a nine week course, for two hours per week. As an outcome of this course we noticed that families were more motivated to be with their children during the playgroup session. Families learned early literacy and numeracy skills through the course which assisted families with children attending school in 2010; they learned simple ideas to use at home with their children.

The LMRC Playgroups support families who are new in the country and are from NESB background: refugee families and families from emerging communities in the Liverpool LGA. The support that is offered through the playgroups is to:

- Link families to other services which includes support services for their children if they require additional support;
- Decrease isolation by helping families to meet other families and develop friendships;
- Role model early childhood practices in order to enhance their parenting skills, and
- Teach families over a period of time the context in which the Australian education system operates.

In addition to the support that is offered to families, the LMRC Multicultural Playgroups runs an early childhood program with an emphasis on early play, to assist children to develop their milestones as close as possible to other children of the same age. The Multicultural Playgroups are able to play a valuable role in identifying potential learning difficulties or behavioural difficulties in these children. Once a potential problem is noticed, staff initiates systematic observations, preparatory to referring children with suspected difficulties to either a screening clinic in Liverpool or to a paediatrician, via the child's GP.

'Additional needs'

The term 'additional needs' is variously defined and understood. Disability is essentially a Western concept; it often does not have an appropriate translation in other cultures and people with disabilities in these communities are generally treated as part of the family and community with their own specific contributions. Some cultures might also see them as specially gifted. The concept in Western societies of disability may therefore be alien.

Furthermore, diagnosis of disability in refugee and migrant children has often been found to be incorrect, for example, a learning disability being diagnosed, instead of a lack of language knowledge or vice-versa.

In the Western understanding, it is generally understood that 'Children have additional needs when they have problems which affect their development, health, well-being, and ability to play and learn' (Palmer, 1998: 3). Children with additional needs may be affected by physical disabilities, intellectual disabilities, sensory impairments, emotional problems, developmental delays, communication problems, serious medical conditions, environmental factors and stress. Children with additional needs require specialist support, in order to have the best possible opportunity to enjoy their childhood and to develop to their full potential (Bailey, McWilliam, Buysse and Wesley, 1998; Department of Education, Employment and Workplace Relations, 2011; Mallory, 1998; 2000; Moore, 2001: 13; Owens, 2009: 1 & Wolery, 1998). Thus:

Children with special needs require purposeful intervention, because their disabilities and delays often make them dependent upon others, interfere with them learning well on their own, produce slower development, and disrupt their interactions with others (Moore, 2001: 13).

The LMRC uses the term in a twofold manner, which reflects our own experience with refugee children in the agency's Multicultural Playgroups.

We observe that children in the playgroup have often encountered some levels of distress due to their parents' settlement experience in a new country. That experience varies from family to family. On one end of the spectrum is the family who arrives as migrants and leaves family behind; their experience may be grieving for family left behind, learning a new language and settling into a new environment. New parents have culturally relied on extended family to care for their children on arrival to Australia, as many new parents have not had the opportunity to develop parenting skills. Children from refugee backgrounds may have been victims of trauma themselves or have witnessed their parents or relatives live through fear, pain, trauma and torture. The other end of the spectrum is the child who has lived in limbo in a refugee camp or detention centre this uncertainty has compounded the trauma that the child faces settling into a new environment. The traumatisation of children very frequently occurs in their family's country of first asylum, where parents are less able to screen them from atrocities. In addition, our local experience is that countries of first asylum such as Kenya, Jordan and Syria, are hugely traumatic places in which refugee children's parents are not legally permitted to work. There is very limited access to health and welfare services in these countries. Refugees in these places are frequently persecuted by the authorities and targeted by criminal gangs.

We classified traumatised refugee children as having 'additional needs', since their development may be below their stage/age of development. In particular, their basic foundations of emotional and social development have been affected — for example the ability to trust others, to form meaningful attachments with other people, to make decisions by themselves, to be able to accept and negotiate the opinion of their peers without being hurt and to feel confident and good about themselves.

We also use the term 'additional needs' when a child is perceived to exhibit behaviours that are not within the norm of the child's age/stage of his or her development. These behaviours are seen as challenging and prevent the child from doing tasks and playing in a meaningful way. They may be destructive behaviours that have an impact in the external environment and harmful to other children or adults in the playgroup. A child with 'additional needs' may also be a child that has not received a diagnosis from a paediatrician and is a child that is observed by staff and displays delay in one or more areas of their development. We also refer to a child with 'additional needs' if the child has a confirmed diagnoses by a paediatrician, for instance autism.

Sadly, apart there are huge other needs which fall outside the scope of early intervention. There is limited support for children who fall outside the classical interpretation. In addition, trauma-related issues are not able to be addressed in the current framework.

LMRC Multicultural Playgroups methodology

One of the difficulties that children in our Multicultural Playgroups endure when starting school is adjusting to the new environment as their only influence has been their immediate family. Leaving their mothers may prove to be more difficult for them than for other children. The bond with their mother is extremely strong for these children, due to the isolation of the family in a new society. The parent has often suffered some form of trauma and in turn their parenting skills are affected often clinging to the child attempting to protect them from the outside world.

We offer a program that allows the children to experience a safe, creative environment so that they may feel confident to move away from their mothers to play and interact with other adults and children. To do this we establish routines. Children need to feel safe and confident within the routine so that they can move from one activity to the next comfortably. The aim of the routine is to build a foundation and experience so that the transition to school is less traumatic. At first the children hesitate in following the routine and run to their mothers when activities are changed. With the help of transition activities in the playgroup, however, we notice that the children become more confident and cope with the changes well. For some of these children this is the first time that they have experienced a routine or timetable, as some cultures have no structural guidelines for children under school age.

For some children our playgroup is also the only opportunity for them to hear English. Participation at singing time and the introduction of nursery rhymes, rhythmic songs and popular stories gives these children an opportunity to practice English, as well as introducing them to the mainstream culture. By the stimulation offered in the playgroup, the mother and child have the opportunity to extend their communication in their home language.

The LMRC Multicultural Playgroups follow early childhood pedagogy methods and, in accordance with our philosophy, we believe that early intervention is paramount to give children a good start in their education. In addition, lack of knowledge by families about how to access children's services or the families' inability to afford child care fees may prevent children from having a head start in life. Quality child care assists children who need further support to catch up to their peers, by providing appropriate activities. Playgroup and childcare staff often can detect early signs of developmental delays and refer families to appropriate services.

The Australian Early Development Index (AEDI) shows that 50% of children speaking a language other than English fall under the 'developmental vulnerable category'. That is, it is not the fact that the child speaks another language than English which in itself points to delay, rather that appropriate assistance may not have been provided, to enable the child to develop. Some 21.4% are vulnerable in one or more domains. The AEDI domains are:

- Physical health and wellbeing;
- Social Competence;
- Emotional maturity;
- Language and cognitive skills (school based);
- Communication skills and general knowledge.

The hidden value of playgroups

A recent study, involving a group of universities and children's research institutes, and based on an initial sample of 5107 babies, has found that children from disadvantaged families were less likely to attend a playgroup than those from better-off families. The babies studied were aged three to 19 months, and were drawn from the Longitudinal Study of Australian Children (Horin, 14 July 2011).

Researchers discovered that playgroups are popularly considered 'the poor cousin to formal childcare, even though about 150,000 Australian children attend them regularly'. Yet playgroups can have remarkable results. Boys and girls from disadvantaged backgrounds who attend a playgroup for some time in two consecutive years are substantially ahead in literacy, numeracy and vocabulary by the age of 4-5 compared with children from similar backgrounds who did not attend. Girls from poorer backgrounds are also ahead in social skills, compared with girls from similar backgrounds who do not attend (Horin, 14 July 2011).

Overall, attendance helps halve the attainment gap in learning between the children from poorer and more advantaged backgrounds, research shows.

"We know children from disadvantaged families tend already to have fallen behind by the time they start school, and what this shows is that playgroup attendance is associated with closing the gap," lead researcher Kirsten Hancock, a senior analyst at the Telethon Institute for Child Health Research, said (Horin, 14 July 2011).

Playgroups: the first step

Playgroups can be the first step for families into early childhood education. The concept of playgroups is a new concept for NESB/Refugee families, since new parents usually rely on the experience and knowledge of their own personal networks (especially family members) to assist them to care for their children. The concept of parents being involved in education is also unfamiliar in various cultures, rather this is presumed to be the teacher's domain. In some cultures, even the concept of a child being seen by a paediatrician is a novel idea and unfamiliarity with early childhood services often prevents families from accessing various types of childcare. Refugee parents typically lack the knowledge to access appropriate early childhood support for their children with additional needs: speech pathologist, dietician etc.

Most families take between six months to twelve months before they feel comfortable enough to seek help from staff if they feel their child needs help. Yet, when LMRC Playgroup staff suggests that a family seeks help for their child due to developmental concerns, we notice that it may take up to two years before the family is ready to go for help. Families learn about the different types of children services that are most appropriate for their children through attendance at playgroup.

Removing the Barriers: Recommendations for consideration

Families often cannot afford to pay fees; need for increased culturally specific services

Unfortunately, even though accessing children's services is means tested, there are many low income families that can still not afford to pay fees. And, even if they can, there is a dearth of child care places in the area. In the Liverpool LGA, the local KU Preschool has a long waiting list. Children already diagnosed with autism are placed on a waiting list due to lack of vacancies. The local public schools do not have a preschool. This disadvantages many children that do not access other forms of childcare. A waiting list to access playgroups applies in many cases, including to the LMRC Playgroups. There is a clear and demonstrated need for increased culturally specific services.

Long waiting lists to see necessary specialists

There are long waiting lists to see a speech pathologist, a dietician or a paediatrician. For their part, paediatricians reserve the right to diagnose/label a child that is young without adequate explanation and/or support, and often the parents may chose not to seek further support. At times the delay in diagnoses prevents the family from seeking further support.

Contribution of the School Readiness Program need to be recognised as a valuable

The School Readiness Program in playgroups need to be recognised as a valuable service to those families who do not access other forms of child care and therefore additional funding is given to support such programs.

Many agencies are competing for the same inadequate funding

The federal government invests \$3 billion a year in childcare, but spends just \$13 million on playgroups to help state associations expand the program (Horin, 14 July 2011), and many are agencies competing for the same funding. Playgroups feel pressure from funding bodies to transition families quickly to autonomous style playgroups. At precisely the time when the need becomes greater for families to access playgroups, the funding of these valuable services is capped.

Moreover, it seems to the LMRC that funding is distributed inequitably. Current additional support for playgroups may vary from playgroup to playgroup. This means:

- *Geographical location*. Based on their location, some playgroups can access ancillary support from Health Services, enabling these playgroups to tap into a speech therapist, a dietician and counselling services that come to the playgroups to support families and their children.
- Larger organisations have the capacity to divert funding to offer additional support unlike *smaller community organisations* can only rely solely on specific funding to run playgroups and cannot offer additional support to help those children perceived as needing more one to one help

The need is for fully funded, recurrent, community-based programs, not a contribution. Successful projects and fund growth deserve recognition.

Recurrent/and appropriate funding is needed to operate playgroups:

- Funding to employ specialists staff to work one to one with children with additional needs within the playgroups.
- Remove the pressure from funding bodies to transition families to autonomous /parent run playgroups.
- Ancillary support to visit the playgroup from SWSHS regardless of geographical location or funding to provide universal support to children and to observe those children perceived as needing additional support.
- Visits by local paediatricians to the playgroups can be adopted as a model that currently operates with Preschools.
- That School Readiness Program is recognised as an important part of the playgroup program and additional funding is needed to support this program.
- Need for culturally appropriate parenting programs.
- That playgroups are adequately resourced (in terms of both trained personnel and equipment), in order to provide quality support for children with additional needs.

• That playgroups can access early intervention monies to employ additional staff when a child requires additional support.

We entrust these recommendations to the Legislative Council Standing Committee on Social Issues and hope that they assist it in its important work.

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