

# Child Development Policy

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<b>Branch/Division:</b>	<b>APPLICABLE TO</b>	<b>Children's disABILITY Services</b>
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Assistant Deputy Minister, Community Service Delivery	<b>DATE REVISED</b>	April 2021
<b>Policy Owner:</b>		
Director, Children's disABILITY Services		

## 1.0 POLICY STATEMENT

Children's disABILITY Services supports families raising children with developmental or lifelong physical disabilities, to meet the additional needs they may have.

The Child Development service provides consultative early childhood intervention support to families with children aged six and under who are eligible for Children's disABILITY Services.

## 2.0 BACKGROUND/CONTEXT

The goal of the Child Development service is to maximize children's overall developmental potential by transferring skills and knowledge to parents/caregivers and by building on families' pre-existing strengths.

Child Development staff provide individualized programming across skill areas aimed at enhancing the child's development within the home and community. Skill areas include self-help, motor skills, socialization, communication and cognition.

The Child Development service recognizes each family is unique, that the family is the constant in the child's life and that parents and caregivers are experts on the child's abilities and needs. Therefore, the Child Development service is designed for families to receive individualized, family-centred consultative services that support them in achieving prioritized developmental goals with their children.

## 3.0 PURPOSE

The purpose of Child Development is to promote the best possible developmental outcomes for preschool age children with disabilities by delivering effective, family-centered early childhood development services that are flexible, accessible, collaborative, preventive and reflective of evidence-based guidelines.

## 4.0 DEFINITIONS

**Child Development Staff:** Refers to both Child Development Specialists (Winnipeg) and Child Development Workers (Rural and North), who deliver Child Development services with parents and caregivers.

**Modeling:** Arranging a teaching situation in which the learner imitates actions, behaviours or strategies performed by a model.

**Parent/Caregiver Coaching:** A process by which parents or caregivers are provided instruction and feedback on intervention approaches aimed at reaching the child's developmental goals.

**Service Plan:** A written plan guiding the delivery of Child Development services for the family, other caregivers and service providers. The plan includes the family’s prioritized goals, assessment information and specific intervention strategies.

**5.0 POLICY**

**5.1 Eligibility**

Children who are eligible for Children’s disABILITY Services and are age 6 and under are eligible to receive support from the Child Development service prior to school entry.

Children in the care of a Child and Family Services agency with an assessed disability may access Child Development Services through Children’s disABILITY Services.

**5.2 Service Location**

Child Development visits take place in the child’s natural environment (home, child care facility, nursery school). Initial visits should ideally take place in the home. If the child attends a child care facility, interventions should occur at the facility as soon as appropriate in order to encourage socialization and play skills.

**5.3 Child Development Service**

INTERVENTION

Following the assessment, a service plan is developed in co-operation with the family that will include specific goals and intervention strategies. The objective of the Child Development service is to maximize the child’s developmental potential by transferring skills and knowledge parents and caregivers. Developmentally appropriate techniques are demonstrated to parents and caregivers, including child care staff, so that they are able to engage the child in the agreed upon activities. Child Development staff observes and provides coaching and modelling support to caregivers.

Intervention strategies based on goal-oriented play develop the child as a whole and are not restricted to the child’s specific diagnosis. Evidence-based interventions capitalize on natural opportunities that are present during the course of the family’s daily routines.

Notes regarding the child’s recommended activities, accomplishments, future goals and strategies are developed, written, updated and maintained with the parents. Parents receive the original, written copy. Parents/caregivers are encouraged to continue working with the child between visits to achieve the goals agreed upon in the Child Development service plan. Goals are reviewed with the family every six months or as appropriate within the family’s individualized intervention.

INITIAL ASSESSMENT

Child Development staff visit the child and family in their home to explain the Child Development service. Written information on the Child Development service will be shared with the family at this time, including a description of mutual expectations between the Child Development staff and the parents.

In cooperation with families, the parameters of the service are defined including content, intensity, expectations of outcomes, and the roles of those involved. A partnership is formed with the parent/caregiver who participates in the completion of a skills assessment.

Child Development uses a family-centred approach. Parents identify goals and priorities for their child, as well as behaviours that impact family functioning and that require improvement before further developmental areas are addressed. Common examples include sleeping habits, toileting, challenging behaviors and feeding. Assessment tools will also be used to guide further goal setting across developmental areas.

When possible, service goals will acknowledge the recommendations and input from the family, physiotherapist (PT), occupational therapist (OT), speech and language pathologist (SLP), Community Services Worker (CSW) and other team members involved with the child. Child Development services should be planned in a way that best compliment the recommendations of other professionals and avoids overlap between roles.

#### FREQUENCY OF VISITS

After the initial assessment period (2-3 months), Child Development staff visits the family on a regularly scheduled basis. The frequency of visits may vary depending on the developmental stage of the child, the family's circumstances and the availability of human resources.

As skills are developed and the parent/caregiver gains confidence in developing intervention strategies, the frequency of home visits may be adjusted to an as-needed basis. The changing frequency of visits may be based on the goals and needs of the child and family, involvement in other activities and the formal and informal support network of the parent/caregiver.

#### INFORMATION SUPPORT

As part of the Child Development service, parents and caregivers are provided with information and resources that they can review in order to support their child's service plan. Examples include information sheets on the child's diagnosed disability, information on various topics related to child development, research articles on the child's disability or evidence-based intervention approaches, and tip sheets.

#### TRANSITION PLANNING

Transition into Child Care:

Child Development staff participate with the family, other caregivers and therapists in the child care facility intake meeting. Review meetings may also be attended when possible.

Transition into School:

Child Development staff are available to participate as part of the school support team during intake meetings.

#### WAITLIST

Depending on the service region and the availability of human resources, there may be a waitlist to receive services. In these instances, service may be prioritized based on the needs of the child and family.

Children waitlisted for Autism Outreach services or St.Amant Autism Programs are eligible to continue receiving Child Development services.

Children enrolled in St.Amant Autism Programs will be transitioned out of the Child Development service to avoid duplication of services and to allow the service to meet the needs of more children.

Child Development staff remain involved in the delivery of Autism Outreach services when children are enrolled with that service.