Promoting Participation

in everyday home activities

to encourage learning and development
in children with development disability

By Dolly Bhargava

Promoting Participation

in everyday home activities

to encourage learning and development
in children with development disability

By Dolly Bhargava

Table of contents

Acknowledgements 4

Why we have developed this book? 5

What is developmental disability? 6

What is participation? 7

How does participation support development? 8

Who are allied health professionals? 10

Services offered by different health professionals 11

Developing a participation plan for your child with your child's therapists 20

References 32

Acknowledgements

Promoting Participation in Everyday Home Activities to Encourage Learning and Development in Children with Developmental Disability is the tenth resource in the Getting Started series. This resource has been produced with funding received through School for Parents from the Non Government Centre Support for Non-School Organisations of Western Australia.

Dolly Bhargava has developed this resource in collaboration with the teaching staff, students and families at Carson Street School, and families in the Conductive Education Parent and Child Program. A special thankyou to Max and Rose's parents, who let us into their home and allowed us to video their beautiful children.

Dolly Bhargava is a Speech Pathologist with a Masters in Special Education. She works with children, adolescents and adults with a range of disabilities in a variety of settings such as family homes, childcare centres, preschools, schools, and corrective services. She provides consultancy and training services on a range of issues relating to communication, behaviour management, literacy, emotional literacy, vocation and social skills both nationally and internationally. She has authored a number of books and apps on providing positive behaviour support to individuals with emotional and behavioural difficulties. For more information, please, visit **www.behaviourzen.com**.

Suggested Reference

Bhargava, D. (2018). Getting Started: Promoting Participation in Everyday Home Activities to Encourage Learning and Development in Children with Developmental Disability. Perth, Australia: Department of Education of Western Australia.

Why we have developed this book?

As a parent, you are on the front-line of child-rearing on a daily basis. Including your child in everyday life activities in which they are loved, talked to, played with and well nourished; where they can socialise, explore and be kept safe is key to your child's learning and development (Winter, 2010).

Children don't come with an instruction *manual, and knowing how to cater to some of your child's special needs can be particularly challenging. Allied Health Professionals can provide you and your family with additional support to help meet your child's needs.*

Allied Health Professionals (AHPs) are qualified therapists who, through training, have gained a high level of skill and expertise in child development. While therapists are experts on the learning and development of children, you are the expert on your child and your daily life. *Your child is part of your family, and you can collaborate with therapists to identify strategies that fit into your family context to encourage your child's participation in everyday activities.*

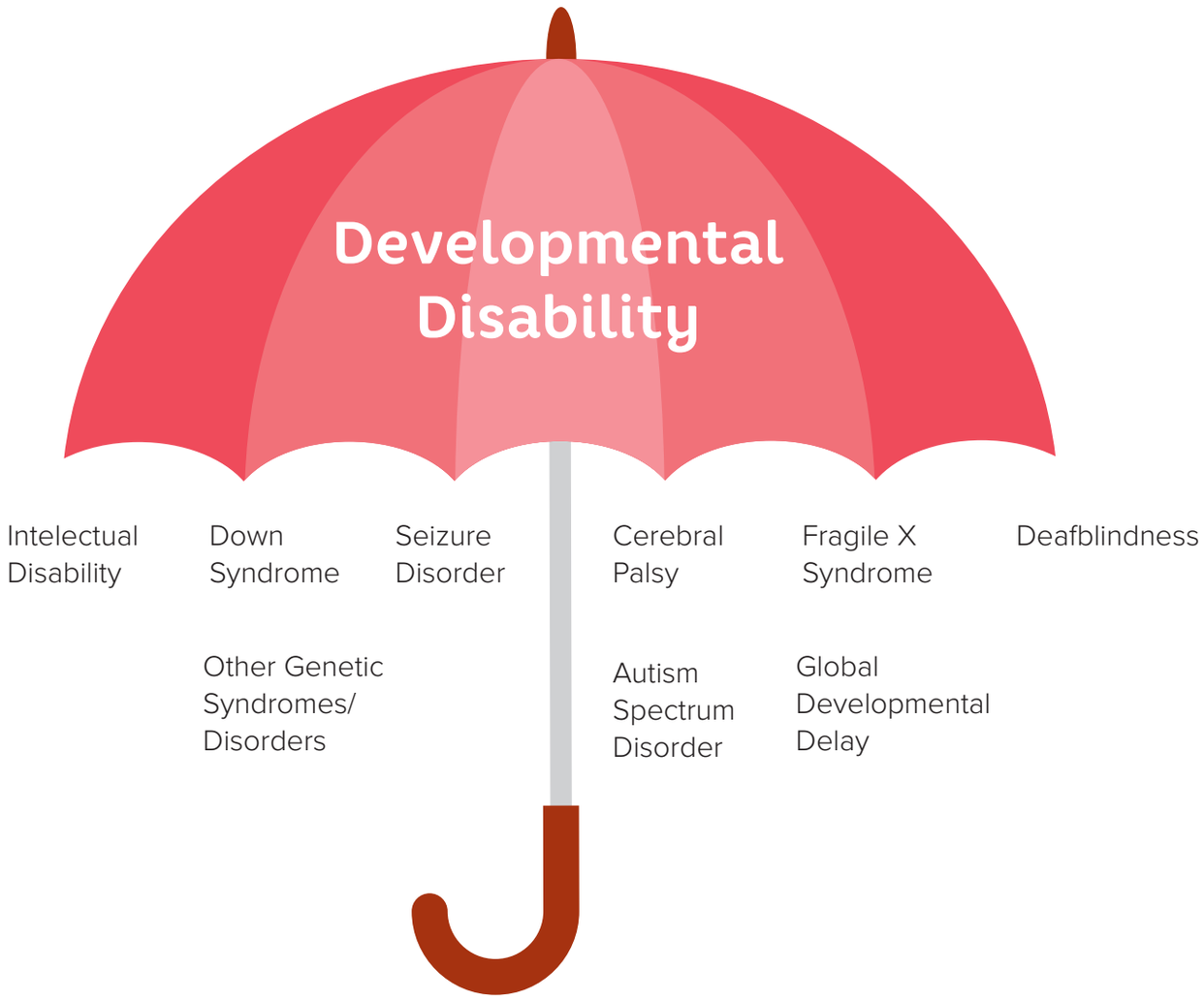
The collaboration between you and the therapist is called a family-centred approach. This approach acknowledges the uniqueness of each family, and that the family is the constant in the child's life. The family are considered experts on a child's abilities and needs, and work with therapists to make informed decisions about the services and support the child and family receive (Law et al., 2003).

This booklet aims to empower you with information that enables you to navigate the partnerships between you and your child's therapists. The guide will firstly introduce the learning and development needs of children with developmental disabilities. The booklet will then provide you with an overview of the different therapy services available, and provide guidance about working with your child's therapists to identify ways to facilitate your child's participation in everyday activities.

What is developmental disability?

Developmental disability is an umbrella term that includes a diverse range of diagnoses which arise from an impairment of the central nervous system (Statewide Child and Youth Clinical Network, 2013).

Some of the common types of developmental disabilities have been listed below:



By providing the necessary supports, intervention and education, we can help children with developmental disabilities develop the functional capabilities to participate meaningfully in all aspects of their lives (Moore, 1993).

What is participation?

The International Classification of Functioning, Disability, and Health for Children and Youth (ICF-CY) defines participation as a child's involvement in a life situation (WHO, 2007). Everyday life situations include activities that are planned or frequently occur as part of daily living (Adolfsson, 2011; Dunst et al., 2000). Participation in everyday activities is viewed as a critical part of a child's learning and development (Lygnegård et al., 2018).

Participation within an activity is described by two essential elements:

1. **Attendance** – Refers to the child being physically present for the activity. Attendance is measured by the variety of activities that are offered to the child, and the number of opportunities given to the child to be present in those routines/activities (Arvidsson et al., 2012; Granlund et al., 2012; Imms et al., 2016; Imms and Adair, 2017).
2. **Engagement** – Refers to the child's experience of involvement in a situation. The nature and extent of their involvement will contribute to their development (Arvidsson et al., 2012; Granlund et al., 2012; Imms et al., 2016; Imms and Adair, 2017).

Participation in an activity can be considered to be the driving force of a child's development. The next chapter identifies the different areas of development that can be supported by encouraging your child's participation in life activities.

How does participation support development?

Development is the term used to describe the ways in which individuals grow and change (Beaver et al., 2001). Children with developmental disabilities have difficulties with more than one of following areas of development:

- Gross motor development
- Fine motor development
- Speech and language development
- Cognitive/intellectual development
- Social and emotional development
- Sensory development

The tables below describe each area of development.

Physical Development

Physical development refers to the developing capacity of a child to grow and change in two areas: gross motor and fine motor skills.

Gross and Fine Motor Skills

Gross motor skills are the ability to control and coordinate the larger muscles in the arms, legs, torso and feet for large movements. Gross motor skills enable a child to crawl, sit, stand, walk, jump, climb, run, and roll.

Fine motor skills are the ability to control and coordinate the small muscles of the fingers, hands and arms for small, precise movements. Fine motor skills enable a child to eat, write, cut, construct, tie, paste, turn, open, squeeze, button, pour, paint and hold things.

Speech and Language Development

Speech and language development refers to the developing capacity of a child to understand and communicate with others.

Speech and Language Skills

Receptive language is the ability to comprehend information. It involves understanding routines, words, phrases, instructions, directions, questions and concepts.

Expressive language refers to the way we express the words, thoughts and concepts in our mind through speech or forms of Augmentative and Alternative Communication.

Cognitive/Intellectual Development

Cognitive (or intellectual) development refers to the developing capacity of a child to use their attention, memory and thinking skills to learn, concentrate, remember and solve problems.

Cognitive Skills

Attention skills are the ability to exercise control over one's attention and concentration gradually over increasingly longer periods of time (Bronson, 2000). Attention skills enable a child to attend to the relevant information in their environment while ignoring distractions. This helps them learn and further their knowledge.

Memory skills are the ability to store information in one's mind for increased periods of time. Retaining information enables a child to use it later and build on their previous knowledge.

Thinking skills are the ability to execute mental processes such as problem solving, making decisions, asking questions, constructing plans, evaluating ideas, organising information and creating new ideas.

Social and Emotional Development

Social and emotional development refers to the developing capacity of a child to "form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn — all in the context of family, community, and culture" (Yates et al., 2008, p.2).

Social and Emotional Skills

Social skills are skills that enable children to establish and build relationships with others.

Emotional skills include the ability to identify and understand one's own feelings, to accurately read and comprehend emotional states in others, to manage strong emotions and their expression in a constructive manner, to regulate one's own behaviour, and to develop empathy for others (National Scientific Council on the Developing Child, 2004).

Sensory Development

Sensory development refers to the developing capacity of a child to learn how to use the information received by their seven senses to understand what is happening around them and respond accordingly.

Seven Senses

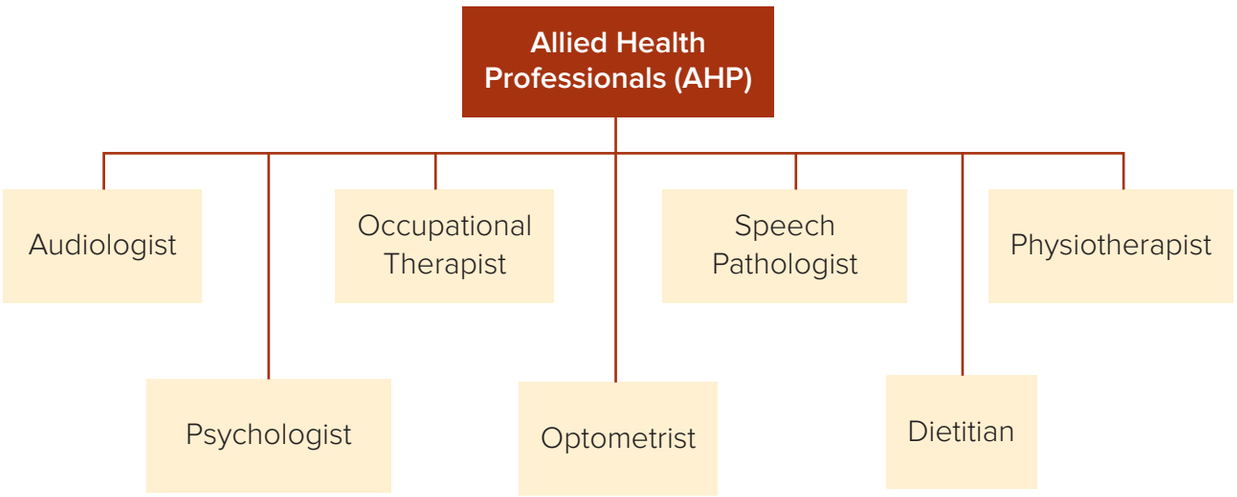
The senses include sight, taste, touch, smell, sound, movement and body position.

Facilitating the growth, development and ongoing progress of your child may require support from external services (e.g. medical professionals, Allied Health Professionals, and early childhood intervention professionals such as child care staff and early childhood consultants) at different stages. The next chapter introduces the services provided by Allied Health Professionals (AHPs) to promote a child's development.

Who are allied health professionals?

Allied Health Professionals (AHPs) are tertiary-qualified health professionals who, through their training, have gained a high level of skill in child development.

AHPs include:



AHPs collectively aim to address difficulties faced by children with developmental disability and promote optimal well-being by delivering a range of therapy services across a number of domains by:

1. Improving the independence of a child by reducing barriers in their everyday life
2. Increasing participation and productivity in a child within the context of their family, school, employment and community
3. Supporting families and carers to assist and advocate for their child to promote their well-being and quality of life
4. Educating and advising others about how to incorporate intervention and learning opportunities for a child within their setting (e.g. childcare, school and community).

(Bundy et al., 2008; Dew et al., 2013; and Thomas, McLean & Debnam, 2012).

The next chapter outlines the respective roles of each of the AHP disciplines and the therapy services they provide.

Services offered by different health professionals

There are a number of different types of AHPs and each has its own area of expertise and training. Depending on the specific needs of your child, you may require the support of an AHP. It's important to remember that different AHPs will be helpful at different stages of your child's development, and that more is not always better. There is great power in making small changes. Focusing on a few goals at a time can have a big impact and lead to a series of successes.

The following tables provide a description of the following AHPs:

- Audiologist
- Occupational Therapist
- Optometrist
- Dietitian
- Physiotherapist
- Psychologist
- Speech Pathologist

Note: A list of some common symptoms have been included in each table. Please note that it is beyond the scope of this guide to list all the signs and symptoms that a child may exhibit that may warrant seeing an AHP.

Audiologist

When should I take my child to an audiologist?

Hearing plays an important role in the development of speech skills and language skills, and enables effective communication with others; therefore, it's important to identify and treat hearing impairment as early as possible.

Below is a list of difficulties and behaviours that may be indicative of a hearing impairment:

- If your child turns their head to position their ear in the direction of the speaker
- If your child favours one ear over another
- If your child uses a loud voice when speaking
- If your child mispronounces words
- If your child asks for information to be repeated frequently
- If your child does not respond when addressed
- If your child has difficulty with following directions or instructions
- If your child seems distracted and/or confused
- If your child appears to be inattentive, restless, tired or daydreaming
- If your child is distracted easily by visual or auditory stimuli
- If your child has a lack of, or delayed development of, speech and language
- If your child intently watches faces during conversation
- If your child is not startled by loud noises
- If your child prefers to be by themselves (e.g. playing alone or withdrawing from social situations)
- If your child has problems hearing environmental sounds (e.g. doorbell, people calling and/or talking from behind)
- If your child sits close to a sound source (e.g. TV, radio) and/or turns up the volume

(Sources: Adapted from Pagliano (2005), Smith et al. (1998) and Waldron (1996).

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact an audiologist directly.

What therapy services does an audiologist provide?

An audiologist is an AHP who provides assessment and non-surgical treatment/therapy of hearing impairment.

An audiologist will first test the child's hearing to ensure they can hear well enough to learn to speak and understand language (Royal Children's Hospital, 2008). If the test results indicate a presence of a hearing impairment, the audiologist will then assess the extent of the hearing loss.

Based on these findings, the audiologist will collaborate with the family to identify ways of preventing further hearing loss and promoting hearing conservation. The audiologist may also suggest technology such as hearing aids, assistive devices and systems if believed to be beneficial for the child.

If the audiologist determines that the hearing problem needs medical or surgical evaluation, they will provide a referral to an otolaryngologist. An otolaryngologists is a physician trained in the medical and surgical management and treatment of patients with diseases and disorders of the ear, nose, throat (ENT), and related structures of the head and neck. They are commonly referred to as Ear, Nose and Throat (ENT) physicians.

Occupational Therapist (OT)

When should I take my child to an OT?

Being able to participate in everyday life activities is important for our sense of self-esteem, independence and well-being. When a child has difficulty participating in everyday life activities, they experience histories of failure and lack of success, reliance on the guidance and direction of adults, and less dependence on their own abilities (Zigler & Balla, 1982). This can lead to a child displaying learned helplessness, which is choosing to neither act nor attempt to meet the challenge because of a low expectation of being able to succeed (Tomporowski, McCullick & Pesce, 2015). The child may also exhibit challenging behaviour to express their frustration at being unable to participate in everyday life activities.

Below is a list of difficulties and behaviours a child may exhibit when participating in everyday activities that may benefit from assistance from an OT:

- If your child has difficulty with eating and drinking
- If your child has difficulty with dressing
- If your child has difficulty with toileting and personal care
- If your child has difficulty with writing
- If your child has difficulty building Lego, blocks and puzzles
- If your child has difficulty with using scissors
- If your child has difficulty with following instructions
- If your child has difficulty with keeping things organised
- If your child has difficulty with completing tasks on time
- If your child has difficulty with knowing how to use play equipment
- If your child has difficulty with playing with others
- If your child has difficulty with maintaining posture while sitting
- If your child is always on the move and this interferes with participation in activities
- If your child is sensitive to noise, clothing or touch
- If your child has difficulty with sitting

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact an OT directly.

What therapy services does an OT provide?

An occupational therapist is an AHP who provides assessment and treatment/therapy to help children become as independent as possible in daily activities.

An OT will first assess how the child currently participates in everyday activities at home, school and in the community (e.g. shops, parks, church) (Rodger & Ziviani, 2006). Examples of everyday activities include playing, getting dressed, eating, and managing personal care needs; engaging in household chores, school and work tasks; and participating in extracurricular activities such as playing sports, musical instruments and dancing (Rodger, 2010).

Based on the assessment results, the OT, in collaboration with the family, will plan and develop strategies to facilitate participation in daily activities by:

- Developing the skills of the child to carry out the tasks as independently as possible
- Reducing environmental barriers that limit the child's participation at home, school and in community-based activities
- Identifying assistive technology devices, special equipment and environmental adaptations to maximise the child's independence

Optometrist

When should I take my child to an optometrist?

Vision plays an important role in a child's growth, development and daily performance. If a child has a vision impairment that remains undetected, it can adversely affect their social, communication, physical and academic development; therefore, it's important to identify the vision impairment as early as possible.

Below is a list of difficulties and behaviours that may be indicative of a vision impairment:

- If your child's eyes turn inward or outward, cross or droop
- If your child has problems coordinating movement of both eyes
- If your child's eyes often appear red or watery
- If your child rubs their eyes repeatedly
- If your child works with their head close to a piece of paper, book or object
- If your child squints when looking at distant objects
- If your child uses behaviours to help focus such as tilting their head to one side or closing or covering one eye
- If your child complains of headaches, nausea or dizziness
- If your child is irritable after sustained periods of reading at a desk or in front of the blackboard
- If your child avoids tasks such as reading and writing
- If your child loses place often while reading
- If your child appears to be excessively clumsy, such as always bumping into things.

(Sources: Adapted from Mann, Suiter & McClung, 1987; Koenig & Holbrook, 1995; Waldron, 1996).

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact an optometrist directly.

What therapy services does an optometrist provide?

An optometrist is an AHP who provides assessment and non- surgical treatment/ therapy for vision impairment.

An optometrist will first examine the child's eyes for vision impairment, visual defects or eye diseases. Based on the results, the optometrist will determine the need for glasses and contact lenses, prescribe optical correction, and provide vision therapy in collaboration with the family.

If an eye disease is detected, the optometrist will provide a referral for an ophthalmologist. An ophthalmologist is a medical doctor who diagnoses and provides treatment for defects, diseases and injuries of the eye; performs surgery; and prescribes and administers medication for the eye.

Dietitian

When should I take my child to a dietitian?

Many children experience feeding (eating and drinking) problems at some point during their development, but it generally does not compromise their weight or nutritional status (Patel, 2013). However, some children display more serious feeding problems that result in the child failing to eat a sufficient quantity and/or variety of foods and/or liquids to maintain weight and/or grow (Babbitt, Hoch, & Coe, 1994).

Below is a list of difficulties and behaviours that may be indicative of a serious feeding problem:

- If your child has eating and drinking issues such as:
  - Refusal or minimal intake of food/liquid by mouth
  - Excessive food/liquid intake
  - Liquid dependency (e.g. only drinking from a bottle)
  - Food selectivity (i.e. being selective of food consumed by type, texture, brand, temperature and/or colour) (Williams & Seiverling, 2010)
- If your child has a food allergy or intolerance
- If your child has a diet or digestion related disease (e.g. Diabetes, gastrointestinal disorders)

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact a dietitian directly.

What therapy services does a dietitian provide?

A dietitian is an AHP who provides assessment and treatment/therapy in the areas of food, nutrition and dietetics.

Treating feeding problems in children with developmental disabilities is complex. Feeding problems are the result of the interaction between many factors (i.e. medical, biological, psychological, social and behavioural). In order to treat all aspects of the feeding problem, the dietitian needs to collaborate with other AHPs, such as speech pathologists, OTs and physiotherapists (Patel, 2013). Dietitians work with other AHPs, as well as collaborating with the child's parents and other people involved in feeding the child (e.g. teachers, disability support workers) to evaluate the child's nutritional needs, feeding skills and feeding environment.

Based on their evaluation findings, the dietitian can then work with the team to develop an individualised eating and drinking plan to promote the child's nutritional well-being and prevent nutrition related problems. The advice may include recommendations about vitamins, minerals and other nutritional supplements that may be beneficial. If appropriate, recommendations for alternate forms of nutrition, such as tube feeding, may also be discussed.

Physiotherapist (PT)

When should I take my child to a PT?

Children explore and interact with the world around them through physical movement. Some children have postural and movement disorders that negatively impact their physical growth, ability to use their bodies (i.e. gross motor and independent movement skills) and physical skills that would enable them to access and participate in their environment.

Below is a list of difficulties and behaviours that may be indicative of a postural and/or movement disorder:

- If your child has difficulty with sitting unaided
- If your child has difficulty with crawling
- If your child has difficulty with standing independently
- If your child has difficulty with coordination
- If your child has difficulty with balance
- If your child has difficulty with walking
- If your child has abnormalities in their walking pattern (e.g. tiptoe walking, knocked knees, bow legs, in-rolling ankles)
- If your child has difficulties with running
- If your child frequently falls down
- If your child has frequent muscle pain

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact a PT directly.

What therapy services does a PT provide?

A physiotherapist is an AHP who provides assessment and treatment/therapy for physical skills, movement skills, gross motor skills and independent movement skills.

A PT will first assess the child's postural and motor development. Based on the assessment results, the PT will plan and provide therapy in collaboration with the family to maximise the child's motor development.

PTs will collaborate with parents to identify ways of developing the child's abilities to move so that they can explore and perform activities of daily living at home, school, and leisure and community events.

A PT will also help the child become mobile (either independently or by using equipment), and may also give advice on suitable footwear; splints to improve the child's foot posture and gait; and equipment such as supportive chairs, wheelchairs and standing and walking frames.

A PT will also offer practical advice on helping parents and other caregivers to become skilful in assisting their child, including lifting (e.g. using hoists, slings), positioning for play, eating, and physical care.

PTs may also give advice on how to enable the active participation of your child in sport, community clubs and recreation areas.

Psychologist

When should I take my child to a psychologist?

Development refers to the continuous progression whereby a child gains more complex knowledge, develops emotional regulation skills and progresses from dependency to increased autonomy (Santrock, 2013). Children with developmental delays vary in terms of their abilities to take in, remember, understand or express information. Psychologists can provide guidance to families and educators on how to promote a child's learning.

Almost all children show difficulties in managing their emotions and behaviours at times; however, some children exhibit persistent and extreme emotional or behavioural problems. A psychologist can provide invaluable direction on guiding a child's behaviours.

Below is a list of difficulties and behaviours that may be indicative of emotional, behavioural or learning difficulties:

- If your child displays challenging behaviour (e.g. aggressive, destructive or self-injurious)
- If your child has difficulties with expressing and managing their emotions
- If your child has difficulties with coping with change and transition
- If your child has started avoiding certain places (e.g. school, shops or restaurants)
- If your child has difficulties with learning
- If your child has difficulties with making friends
- If your child has low self-esteem
- If your child has experienced trauma, abuse and/or neglect
- If you have concerns about your relationship with your child
- If you have concerns about sibling rivalry in the family

If any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact a psychologist directly.

What therapy services does a psychologist provide?

A psychologist is an AHP who provides assessment and treatment/therapy for emotional, behavioural and learning difficulties.

A psychologist will first assess and diagnose the child's learning, emotional and/or behavioural difficulty.

Based on the assessment results, they will plan and provide therapy in collaboration with the family to address identified concerns. Depending on the diagnoses and progress, they may refer the child to other specialists, such as a psychiatrist for medication.

Speech Pathologist (SP)

When should I take my child to a SP?

Being able to communicate effectively is the most important of all life skills (Ellins, n.d.). When a child has difficulty with understanding and expressing themselves, it can cause feelings of stress, *frustration*, helplessness, hurt, or anger; therefore, it's critical that the child receives speech pathology intervention to develop their communication skills.

Below is a list of difficulties and behaviours that may be indicative of a child having communication difficulties:

- If your child is having difficulties with understanding
- If your child has no or minimal speech
- If your child has a limited vocabulary
- If your child is not understood by others
- If your child has difficulties with reading and writing
- If your child's interactions or play seems unusual or inappropriate
- If your child is showing signs of frustration due to difficulties with communication

Speech Pathologists also assist children with feeding and swallowing difficulties. Feeding and swallowing difficulties not only affect the child's nutritional intake, but can result in choking, or food, liquid, or secretions entering the lungs. This can lead to choking and respiratory or pulmonary complications. If you suspect your child has feeding and swallowing difficulties, it is critical that your child is seen by a speech pathologist.

Below is a checklist of difficulties and behaviours that may be indicative of a child having feeding and swallowing difficulties:

- If your child swallows food without chewing sufficiently
- If food collects at the side or on the roof of your child's mouth
- If your child spits food out of their mouth
- If there is a long delay between food being placed in your child's mouth and them swallowing

What therapy services does an SP provide?

A speech pathologist is an AHP who provides assessment and treatment/therapy for communication, feeding and swallowing difficulties.

An SP will first assess the child's current communication skills. The SP will then collaborate with the family to provide treatment/therapy to develop the child's communication skills. This means developing the child's ability to understand and express themselves. This may mean developing the child's verbal communication skills (i.e. speech), non-verbal communication skills (i.e. facial expressions, vocalisations, gestures, signs and body language) and/or using alternative communication methods (e.g. picture systems, communication boards and communication devices).

If the child has feeding and swallowing difficulties, the SP will also collaborate with the family, other AHPs (e.g. dietitian, OT, PT) and other people involved in feeding the child (e.g. teachers, disability support workers) to develop a mealtime management plan to safely support the child's feeding and swallowing. Strategies for developing the child's eating and drinking skills will also be identified.

- If your child has excessive tongue movement
- If your child has difficulty coping with different food textures or liquids
- If your child coughs after eating or drinking
- If your child's voice changes after eating or drinking (e.g. sounds wet or gurgles)
- If your child has excessive secretions from the nose or dribbles
- If your child regurgitates food or drink through their mouth or nose
- If your child has experienced recent weight loss
- If your child has had recurrent episodes of pneumonia

If *any of these difficulties or behaviours are present or if you have any other concerns, please speak to your local doctor and/or contact an SP dire*ctly.

AHPs use a family-centred approach to provide therapy services to children and their families (Early Childhood Intervention Australia (ECIA), 2016). A family-centred approach acknowledges the uniqueness of each family, and that the family is the constant in the child's life. The therapy service needs to be aligned with each family's culture, unique situation, preferences, resources and priorities. The next chapter outlines the steps you can take to collaborate with AHPs to devise a participation plan to increase your child's participation in everyday activities.

Developing a participation plan for your child with your child's therapists

Your child's learning and development can be enhanced by increasing their participation in everyday, naturally occurring learning opportunities.

The **PARTICIPATION** acronym below identifies the steps involved in creating a participation plan with your AHP.

P inpoint activities to target

A nalyse activities into steps

R ecognise current skills

T arget skills to teach

I dentify times to teach

C onsider location for teaching

I dentify activity materials

P hases of teaching

A cknowledge progress

T ell others to promote consistency

I nsert opportunities for generalisation

O wn your hard work

N ote down skills

Pinpoint activities to target

There are a many opportunities for participation in everyday life. Dunst et al., (2000) have summarised activities that a child can participate in into 11 categories. Next to each category, write down an activity you would like to encourage your child to increase their participation in to benefit themselves. Remember to start small. You can begin by identifying 1–2 activities and gradually increase to more in time. Select activities that your child finds interesting, engaging and motivating.

Category	Activities you would like to target
Family routines (e.g. household chores, cooking, shopping)	
Parenting routines (e.g. bath time, bed time, mealtimes)	
Child routines (e.g. brushing teeth, toileting, dressing)	
Physical play (e.g. riding a bike, climbing, swimming)	
Literacy activities (e.g. reading, storytelling, writing)	
Play activities (e.g. art and crafts; board and technology games)	
Socialisation activities (e.g. family gatherings, playdates, visiting friends)	
Entertainment activities (e.g. dancing, listening to music; going to the zoo, museum and circus)	
Family rituals (e.g. family video night, visits from the tooth fairy, going to religious services)	
Family celebrations (e.g. family member's birthdays, holiday dinners, decorating home during the holidays)	
Gardening (e.g. doing yard work, planting trees/flowers, growing a vegetable garden)	

Analyse activities into steps

Break the chosen activity into separate, specific and manageable steps. For example, washing hands is made up of the following steps:

1. Turn on water
2. Wet hands
3. Scrub with soap
4. Rinse hands
5. Turn off water
6. Dry hands

Break down the chosen activities into steps.

Activity:
BREAK DOWN THE ACTIVITY INTO STEPS

Recognise current skills

For each chosen activity, identify which steps your child can already complete, and whether they can complete the step independently or if they require support or assistance. Below is a hierarchy showing the least to most level of support you can provide to your child to perform a task.

Skill Level			Description
Least support			
↑	I	Independent	child can complete the task on their own
	VB	Verbal support	child needs verbal suggestions and/or directions to complete the task
	VS	Visual support	child needs visual prompts such as gestures, pictures, signing or someone showing them the actions to complete the task
	PP	Partial physical support	child needs some physical assistance to complete the task
↓	FP	Full physical support	child needs full physical assistance to complete the task
Most support			

Activity:					
Break down activity into steps:	Levelof Support needed				
	FP	PP	VS	VB	I

Target skills to teach

For the chosen activity, work with your AHP to identify the steps you would like to help your child learn next. Your AHP will collaborate with you to identify any barriers and ways to overcome these so that your child can increase their participation in the activity.

Your AHP will help you determine the order to teach the steps in. You can either start by backward chaining (teaching the last step first) or forward chaining (teaching the first step to the last) based on what your child can already do. For example, if the chosen activity is washing their hands, if your child can already turn on the water you may decide to start with forward chaining. You may focus on teaching your child how to wet their hands, and then do the rest for them (i.e. scrub with soap ➔ rinse hands ➔ turn off water ➔ dry hands). You can then work through the hierarchy of support to reduce the amount of support provided to your child to perform a skill, e.g. if a child needs full physical support, is it possible to encourage them to complete a skill with partial physical support? Remember, the least to most level of support is:

Skill Level			Description
Least support			
↑	I	Independent	child can complete the task on their own
	VB	Verbal support	child needs verbal suggestions and/or directions to complete the task
	VS	Visual support	child needs visual prompts such as gestures, pictures, signing or someone showing them the actions to complete the task
	PP	Partial physical support	child needs some physical assistance to complete the task
↓	FP	Full physical support	child needs full physical assistance to complete the task
Most support			

Activity:							
List activity steps in order you'd like to teach:	Levelof Support needed *(tick as levels increase)*					Barriers	*Strategies for overcoming barriers*
	FP	PP	VS	VB	I		

Not all children will be able to complete an activity independently, but the aim is to help a child progress to perform a skill with minimal support.

Once your child can turn on the water and wet their hands, you can move on to the next step – scrub with soap – and do the rest for them (i.e. rinse hands ➔ turn off water ➔ dry hands). Remember, consistency is the key to learning, so carry out the activity in the same manner each time.

Identify times to teach

Children need multiple opportunities to practise and learn a skill, so it's important to identify and schedule times in the day when you can devote your attention to your child. Set aside one or two periods. The length of each period should depend on how long your child can pay attention for. Plan to practice 3-5 days a week. Ensure you set realistic goals so that the teaching does not get too overwhelming for you or your child.

Activity	Times To Teach

Consider location for teaching

It's important to have a consistent location for teaching. Choose a room or space in your home to use where you engage in the activity with your child. Minimise distractions during the teaching period, e.g. decrease background noise by turning off music, TV, noisy appliances; close windows and doors. You can remove visual distractions by clearing away extra items or toys.

Activity	Times To Teach

Identify activity materials

Children differ enormously in their rate of growth and development, so equipment (toys, games and activities) should keep pace with your child's changing needs and abilities. Your child's interests and abilities should drive the selection of equipment. Below are some questions you can use to identify activity materials:

- Will it grab your child's attention and interest?
- Is it too big/small?
- Is it suited to your child's present abilities?
- How much strength is needed to play with it?
- Can it be used more as your child develops skills?
- Does it include sensory stimuli features (e.g. sound, lights) that your child prefers?
- How is it activated?
- What movements are needed from your child to activate the equipment?
- How much strength is needed to activate it?
- How difficult is it to manipulate?

Activity	Times To Teach

Phases of teaching

Teaching a child to participate in an activity can be divided into three phases:

1. Observer participation – Your child does not actively participate in the activity but observes you modelling what you would like them to do.
2. Partial participation – Your child participates in one or more steps of the activity. Your AHP will give you ideas on adaptations or teaching strategies that can help your child participate in the other parts of the activity. Allow your child to have many opportunities for repetition and practise to consolidate the target skill. You can then gradually progress to teaching them more steps.
3. Complete participation – The child participates in the entire activity with or without support.

Activity	Phase of Teaching *(Tick as each phase is entered)*		
	Observer	Partial	Complete

Acknowledge progress

Each child is unique. We need to remain patient and give our child the time to make progress at their own pace. It's important to recognise and encourage your child for their effort, participation, improvement and displays of confidence in the learning process.

Offer reinforcement as a positive way to encourage your child for attempting to perform or performing the skill. Examples of reinforcement include a preferred activity, favourite toy, free time and verbal praise.

Activity:
Record how you have acknowledged your child's progress

Tell others to promote consistency

Share information on what you are doing with other family members to allow your child to be offered opportunities to learn the skill by everyone.

Activity	Times To Teach

Insert opportunities for generalisation

Generalisation means providing opportunities to your child to use their skill in a variety of settings and contexts involving different people, situations and times, e.g. washing their hands in other people's houses.

Activity	In what other contexts/settings can learning opportunities be provided?			
	Observer	Partial	Times	Complete

Own your hard work

It's important to give yourself a pat on the back for the great work you're doing for teaching your child.

Activity:
Commend yourself on your efforts

Note down skills

Keep a tangible record (e.g. photos, videos, written descriptions) of what your child can do. This way, when your child goes to other places (e.g. childcare, school, friends' houses) they can see what your child can do, have the same expectations and provide your child with the opportunities to participate in activities.

Activity:
Record how your child has progressed

A SPECIAL NOTE

"Success is a journey, not a destination. The doing is often more important than the outcome." - Arthur Ashe

References

1. Adolfsson, M. (2011). Applying the ICF-CY to identify everyday life situations of children and youth with disabilities (Doctoral Dissertation). Jönköping: School of Education and Communication.

2. Arvidsson, P., Granlund, M., Thyberg, I., and Thyberg, M. (2012). International classification of functioning, disability and health categories explored for self-rated participation in Swedish adolescents and adults with a mild intellectual disability. J. Rehabil. Med. 44, pg. 562–569.

3. Babbitt R.L, Hoch T.A & Coe, D.A. (1994) Behavioural feeding disorders. In Tuchman D.N, Walter R, (Eds.). Paediatric feeding and swallowing disorders: Pathophysiology diagnosis, and treatment (pp. 77–95). San Diego, CA: Singular Publishers.

4. Beaver, M., Brewster J., Jones P., Neaum S. & Tallack J. (2001): Babies and Young Children: Certificate in Child Care and Education. Nelson Thornes, Cheltenham.

5. Bundy A., Hemsley, B., Brentnall J., Marshall E. (2008). Therapy services in the disability sector: literature review. Sydney, NSW: NSW Department of Ageing, Disability and Home Care. Retrieved on the 9th of October, 2018 from https://www.adhc.nsw.gov.au/__data/assets/file/0007/228139/10_Therapy_Services_Disability_Sector.pdf

6. Dew, A., Bulkeley, K., Veitch, C., Bundy, A., Gallego, G., Lincoln, M., Griffiths, S. (2013). Addressing the barriers to accessing therapy services in rural and remote areas. Disability and Rehabilitation, 35, 1564–1570. doi: 10.3109/09638288.2012.720346.

7. Dunst, C. J., Hamby D., Trivette, C. M., Raab, M. & Bruder, M. B. (2000). Everyday family and community life and children's naturally occurring learning opportunities. Journal of Early Intervention, 23, pg. 151–164.

8. Early Childhood Intervention Australia (2016). National guidelines: Best practice in early childhood intervention. Retrieved 9th of October, 2018 from http://www.ecia.org.au/documents/item/161

9. Ellins, A. (n.d.) Effective communication. Retrieved on the 9th of October 2018, from https://www.iia.org.uk/media/598835/effective-communication.pdf

10. Granlund, M., Arvidsson, P., Niia, A., Björck-Åkesson, E., Simeonsson, R., Maxwell, G., et al. (2012). Differentiating activity and participation of children and youth with disability in Sweden a third qualifier in the international classification of functioning, disability, and health for children and youth? Am. J. Phys. Med. Rehabil. 91, S84–S96.

11. Imms, C., and Adair, B. (2017). Participation trajectories: impact of school transitions on children and adolescents with cerebral palsy. Dev. Med. Child Neurol. 59, 174–182.

12. Imms, C., Adair, B., Keen, D., Ullenhag, A., Rosenbaum, P., and Granlund, M. (2016). 'Participation': a systematic review of language, definitions, and constructs used in intervention research with children with disabilities. Dev. Med. Child Neurol. 58, 29–38.

13. Koenig, A. J. & Holbrook, M. C. (1995). Learning media assessment of students with visual impairments (2nd Ed.). Austin, TX: Texas School for the Blind and Visually Impaired.

14. Law, M., Rosenbaum, P., King, G., King, S., Burke-Gaffney, J., Moning, J., Szkut, T., Kertoy, M., Pollock, N., Viscardis, L., & Teplicky, R. (2003). What is family-centred service? CanChild FCS Sheet #01. Hamilton, Ontario, Canada: CanChild Centre for Childhood Disability Research, McMaster University. Retrieved on the 9th of October, 2018, from http://www.canchild.ca/en/childrenfamilies/resources/FCSSheet1.pdf

15. Lygnegård F, Augustine L, Granlund M, Kåreholt I and Huus K (2018) Factors Associated With Participation and Change Over Time in Domestic Life, Peer Relations, and School for Adolescents With and Without Self-Reported Neurodevelopmental Disorders. A Follow-Up Prospective Study. Front. Educ. 3:28. doi: 10.3389/feduc.2018.00028

16. Mann, P. H., Suiter, P. A., & McClung, R. M. (1987). Handbook in diagnostic-prescriptive teaching (3rd ed.). Boston: Allyn & Bacon

17. Moore, C. (1993). Maximizing family participation in the team process. In L. Küpper (Ed.), Second National Symposium on Effective Communication for Children and Youth with Severe Disabilities: Topic papers, reader's guide, and videotape (pp. 43–54). McLean, VA: Interstate Research Associates.

18. National Scientific Council on the Developing Child. (2004). Young children develop in an environment of relationships. Working Paper No. 1. Retrieved on 9th of October 2018, from http://www.developingchild.net

19. Pagliano, P. (2005). Using the senses. In Ashman, A. & Elkins, J. (Eds.). Educating children with diverse abilities (2nd Ed) (pp. 319–359). Frenchs Forest, N.S.W.: Pearson Education Australia.

20. Patel, M. R. (2013). Assessment of Paediatric Feeding Disorders. In In D. D. Reed, F. DiGennaro Reed, & J. K. Luiselli. (Eds.), Handbook of Crisis Intervention and Developmental Disabilities (pp. 169–182). New York: Springer.

21. Rodger, S. (2010). Introduction to occupation-centred practice with children. In S. Rodger (Dd). Occupational centred practice with children: A practical guide for occupational therapists (pp. 1–20). Oxford UK: Wiley Blackwell.

22. Rodger, S. & Ziviani, J. (2006). Children, their occupations and environments in contemporary society. In S. Rodger, & J. Ziviani (Eds.), Occupational therapy for children: Understanding children's occupations and enabling participation (pp. 3–21). Oxford, UK: Blackwell Science.

23. Santrock, J. (2013). Child Development and Introduction (14th Ed.). New York: McGraw-Hill.

24. Smith, T. C., Polloway, E. A., Patton, & J. R., Dowdy, C. A. (1998). Teaching students with special needs in inclusive settings (2nd Ed). Boston: Allyn and Bacon.

25. Statewide Child and Youth Clinical Network (SCYCN) (2013). Act now for a better tomorrow 2013 to 2020: Child development in Qld hospital and health services. Queensland Department of Health: State of Queensland. Retrieved on 9th of October, 2018 from https://www.health.qld.gov.au/caru/networks/docs/scycn-child-development.pdf

26. Tomporowski, P. D., McCullick, B., & Pesce, C. (2015). Enhancing children's cognition with physical activity games. Champaign, IL: Human Kinetics.

27. Thomas, S, McLean, L, Debnam, A (2012) The Role of Allied Health in Health Care Reform. NCMJ vol. 72, no. 5.

28. Yates, T., Ostrosky, M. M., Cheatham, G. A., Fettig, A., Shaffer, L. & Santos, R. M. (2008). Research synthesis on screening and assessing social–emotional competence. Retrieved from Center on the Social Emotional Foundations for Early Learning on 9th of October, 2018 from http://csefel.vanderbilt.edu/documents/rs_screening_assessment.pdf

29. Waldron, K. A. (1996). Introduction to a special education: The inclusive classroom. Albany, NY: Delmar Publishers.

30. Williams K.E & Seiverling L. (2001). Eating problems in children with autism spectrum disorders. Topics in Clinical Nutrition, 25, pp. 27–37.

31. Winter, P. (2010). Engaging families in the early childhood development story: Neuroscience and early childhood development: Summary of selected literature and key messages for parenting. South Australia: Early Childhood Services, Department of Education and Children's Services.

32. World Health Organization. (2007). International Classification of Functioning, Disability, and Health: Children & Youth Version: ICF-CY. Geneva: World Health Organization.

33. Zigler, E. & Balla, D. (1982). Issues in personality motivation in mentally retarded persons. In M. J. Begab, H. D. Haywood, & H. Garber (Eds.), Psychosocial influences in retarded performance (Vol. 1). Baltimore: University Park.

Appendix I

The tables on the following pages can be used as a template to create your Participation Plan.

Category	Activities you would like to target
Family routines (e.g. household chores, cooking, shopping)	
Parenting routines (e.g. bath time, bed time, mealtimes)	
Child routines (e.g. brushing teeth, toileting, dressing)	
Physical play (e.g. riding a bike, climbing, swimming)	
Literacy activities (e.g. reading, storytelling, writing)	
Play activities (e.g. art and crafts; board and technology games)	
Socialisation activities (e.g. family gatherings, playdates, visiting friends)	
Entertainment activities (e.g. dancing, listening to music; going to the zoo, museum and circus)	
Family rituals (e.g. family video night, visits from the tooth fairy, going to religious services)	
Family celebrations (e.g. family member's birthdays, holiday dinners, decorating home during the holidays)	
Gardening (e.g. doing yard work, planting trees/flowers, growing a vegetable garden)	

Participation Plan

Activity	Activity Materials	Who else can offer learning opportunities?

?	In what other contexts/settings can learning opportunities be provided?			
	People	Situations	Times	Other different contexts/settings

Participation Plan

Activity:
Break down activity into steps:

	Level of Support needed				
	FP	PP	VS	VB	I

Participation Plan

Activity:				
List activity steps in order you'd like to teach:	*Level of Support ne* *(tick as levels increa*			
	FP	PP	VS	V

needed *crease)*		Barriers	Strategies for overcoming barriers
VB	I		

Participation Plan

Activity:	
Record how your child has progressed	*Record how you ha your child's*

have acknowledged d's progress	*Commend yourself on your efforts*