

ANNEX A

KEY GOVERNMENT-FUNDED SUPPORT PROGRAMMES FOR CHILDREN WITH DEVELOPMENTAL NEEDS

	EI Services in the EI Centre Setting Delivered in 21 EI centres run by 10 VWOs	EI Services in the Preschool Setting Provided at preschool centres			
Current EI Programmes	Early Intervention Programme for Infants and Children (EIPIC) <ul style="list-style-type: none"> Serves children with mild-moderate, moderate/moderate-to-severe / severe developmental needs 2-3 sessions or a total of 5-12 hours per week Delivered by EIPIC teachers¹, therapists, psychologists 	Development Support (DS) <ul style="list-style-type: none"> Serves children with mild developmental needs requiring therapy One session per week (1-2 hours) for 3-4 months Delivered by Therapists and LSEds 		Learning Support (LS) <ul style="list-style-type: none"> Serves children with learning needs One session per week (1-2 hours) for 2-3 months Delivered by Learning Support Educators (LSEds)² 	
Upcoming Enhanced EI Programmes <i>(rolled out in phases from July 2019 onwards)</i>	[New] EIPIC Under-2s <ul style="list-style-type: none"> Revamped programme with increased emphasis on skilling of parents/ caregivers 1-2 EI sessions (2-4 hours) per week 	EIPIC@Centre <ul style="list-style-type: none"> No change to programme structure from current EIPIC 	[New] DS-Plus <ul style="list-style-type: none"> Serves children with mild-moderate developmental needs, who have made sufficient progress under EIPIC@Centre Average of 2 sessions (2-4 hours) per week, for about 3-6 months 	DS <ul style="list-style-type: none"> No change to target group and programme structure 	LS <ul style="list-style-type: none"> No change to target group and programme structure

¹ EIPIC teachers hold an Advanced Diploma in Early Childhood Intervention (Special Needs) (ADESN) from Ngee Ann Poly or the Certificate in Autism (CIA) and Higher Certificate in Autism (HCIA) for teachers in autism-specialized centres/programmes taught by the Autism Resource Centre in partnership with the Social Service Institute.

² Early childhood teachers with additional training, i.e. the Specialist Diploma in Early Childhood Learning Support (SDELS) from Ngee Ann Poly to identify and provide learning and in-class support to children with slower development.

PHASED IMPLEMENTATION OF ENHANCED EI PROGRAMMES AT EI CENTRES

Implementation in 2019	Implementation by 2021
<p>Q3 2019 (July 2019): AWWA Hougang AWWA Fernvale AWWA Kim Keat Rainbow Centre Yishun Rainbow Centre Margaret Drive SPD Jurong East SPD Tiong Bahru SPD Tampines SPD Bedok Thye Hua Kwan Choa Chu Kang Thye Hua Kwan Tampines Thye Hua Kwan Woodlands Thye Hua Kwan Ang Mo Kio</p> <p>Q4 2019: Cerebral Palsy Alliance Singapore</p>	<p>Autism Resource Centre Canossian Eden Clementi Fei Yue Jurong Fei Yue Upper Thomson Fei Yue Wellington Metta</p>

REVISIONS TO FEE CAPS FOR EARLY INTERVENTION SERVICES³

Table 1: Existing Fee Caps for SC children after base and means-tested subsidies are applied

	Monthly Household Per Capita Income (PCI)	EIPIC	DS	LS
Tier 1	\$0 - \$625	\$10	\$5	\$5
Tier 2	\$626 - 900	\$50	\$25	\$5
Tier 3	\$901 - 1,200	\$120	\$60	\$5
Tier 4	\$1,201 - 1,500	\$160	\$100	\$20
Tier 5	\$1,501 - 1,875	\$260	\$200	\$20
Tier 6	\$1,876 - 2,375	\$410	\$380	\$200
Tier 7	\$2,376 - 3,000	\$570	\$560	\$200
Tier 8	\$3,000 +	\$770	\$780	\$200

**Table 2: Revised Fee Caps for SC children after base and means-tested subsidies are applied
(with effect from 1 April 2019)**

	Monthly Household Per Capita Income (PCI)	EIPIC, EIPIC@Centre, EIPIC Under-2s	DS, DS-Plus	LS
Tier 1	\$0-\$1,000	\$10	\$5	\$5
Tier 2	\$1,001-\$1,400	\$50	\$25	\$5
Tier 3	\$1,401-\$1,800	\$80	\$60	\$5
Tier 4	\$1,801-\$2,300	\$130	\$90	\$20
Tier 5	\$2,301-\$2,800	\$210	\$140	\$20
Tier 6	\$2,801-\$3,500	\$270	\$180	\$130
Tier 7	\$3,501-\$4,600	\$330	\$220	\$130
Tier 8	\$4,600+	\$430	\$290	\$130

³ For Singapore Citizen (SC) children attending Government-funded EI programmes, after base and means-tested subsidies are applied. All SC children attending Government-funded EI programmes receive a base subsidy of \$500 per month.

Worked examples

- If a child comes from a 4-member family with a combined household income of \$4,000 (i.e. **PCI \$1,000**), the EIPIC out-of-pocket cost, after subsidies, for the child would be reduced by 92% from **\$120/month** to **\$10/month**.
- If a child comes from a 4-member family with a combined household income of \$8,000 (i.e. **PCI \$2,000**), the EIPIC out-of-pocket cost, after subsidies, for the child would be reduced by 68% from **\$410/month** to **\$130/month**.
- If a child comes from a 4-member family with a combined household income of \$16,000 (i.e. **PCI \$4,000**), the EIPIC out-of-pocket cost, after subsidies, for the child would be reduced by 57% from **\$770/month** to **\$330/month**.

SUPPLEMENTARY QUESTIONS AND ANSWERS

1. How are children with developmental needs identified and referred for Early Intervention (EI) services?

Children with developmental needs will continue to be identified through the existing touchpoints.

Parents and caregivers would most likely be the first parties to realise if the child shows signs of or has developmental issues and can take their children to the nearest polyclinic for assessment. The developmental milestones in the Health Booklet can be used as reference points.

During screenings and medical check-ups, healthcare professionals in the polyclinics, paediatricians and GPs may also detect delays in the child's development. In such cases, they will refer the child to the Child Development Programme in KKH or NUH for diagnosis of developmental concerns.

Preschool teachers may also flag children with suspected developmental delays to specially-trained Learning Support Educators⁴ who will in turn screen the children, and work with paediatricians from KKH and NUH to determine the needs of the children and for referral to suitable EI services.

Children identified with mild developmental needs or learning needs will be referred to the Development Support and Learning Support programmes. For more information, you may wish to refer to <https://www.sgenable.sg/Pages/content.aspx?path=/for-children/development-support>.

Children at risk of moderate to severe developmental delays will be referred by a paediatrician to EI centres for early intervention services. For more information, you may wish to refer to <https://www.sgenable.sg/Pages/content.aspx?path=/for-children/early-intervention-programme-for-infants-children-eipic/>.

EI centres which have launched the enhanced EI programmes will identify children for suitable EI programmes that are tailored to their developmental needs, through the use of the Early Intervention Benchmarking Framework (please refer to question 5 for more details). Parents will be kept up-to-date on their child's progress in EI, and the child's suitability for a change in the level of intensity of EI, through the child's six-monthly progress reviews.

⁴ Early childhood teachers with additional training, i.e. the Specialist Diploma in Early Childhood Learning Support (SDELS) from Ngee Ann Poly to identify and provide learning and in-class support to children with slower development.

EI centres will engage parents on the placement on specific programmes such as DS-Plus or EIPIC Under-2s, at least two months ahead of the target start date for the change in programme.

2. MSF had worked with three EI centres to pilot the development of the enhanced EI programmes, in which children with higher developmental needs received more intensive support at the EI centres, and those who made sufficient progress, were supported within the preschool setting. What were the outcomes of this 2-year pilot?

Children who underwent the pilot were found to have the same or better developmental outcomes than a comparison group of children, controlling for their initial developmental levels and duration of intervention. Approximately 700 children participated in the pilot.

Parents, caregivers and preschool teachers who were involved in the pilot gave positive feedback on the improved support provided to families, and the greater inclusion of children with developmental needs in preschools.

Preschool teachers involved in the pilot gave feedback that they benefited from the support of the EI professionals and were able to successfully apply the recommended strategies to help the children integrate and engage in the classroom activities.

3. How will these enhancements to EI services provided within preschools, affect typically-developing children?

The enhanced EI pilot results showed that children with developmental needs who went through the enhanced EI programmes had similar or better outcomes for compared to children who continued in “standard” EIPIC.

For DS-Plus, preschool teachers who participated in the pilot gave feedback that they were able, with the support of EI professionals, to better customise their teaching methods to the individual learning needs of all children in their class.

The EI professionals may also occasionally engage the typically-developing children within the class in group activities with their peer. The pilot found that typically-developing children developed stronger socio-emotional capacities, gained greater understanding and appreciation of children who may be different from themselves and developed the skills to support and collaborate with them.

4. If a child is recommended for the DS/DS-Plus programmes, does this mean he/she will be able to attend mainstream primary school?

The DS and DS-Plus programmes are designed to equip children to access learning in a larger-group setting as compared to EIPIC.

While this may somewhat resemble a mainstream primary school setting, placement in a particular EI programme does not entail a guarantee or recommendation for either mainstream or special education school, as children's developmental needs may change over time, and each child responds differently to EI.

In general, children with mild special educational needs, i.e. they have adequate cognitive ability and adaptive skills to learn in a large group setting, may be able to cope with the required demands of mainstream schools. These could be children with dyslexia, mild autism or ADHD. However, children who require more intensive and customised support would be more appropriately supported in a Special Education (SPED) school.

Parents are encouraged to speak to the allied health professionals (e.g. psychologists) working with their child to better understand their child's needs, and discuss the school options that parents should consider for their child.

5. What is the Early Intervention Benchmarking Framework (EIBF) and how will it be used to track children's progress over time?

Currently, EI providers choose their own preferred assessment tools to assess children's development. While some tools are common across some of the EI providers, many others are not standardised across them.

With the introduction of the enhanced EI programmes, we will need a standardised way of identifying children for the next suitable intervention programme. MSF will establish a standardised benchmarking framework,⁵ and EI providers will follow standardised guidelines to track children's progress over time (regardless of service provider), and identify children who are ready for the next EI programme.

⁵ Given the diversity of children with developmental needs, the standardised benchmarking framework will comprise a combination of tools. The tools used will be contextualised to the severity of the child's needs, and the setting in which the child is assessed. This will include the Early Childhood Holistic Outcomes (ECHO) framework, the Assessment, Evaluation and Programming System for Infants and Children (AEPS), Brigance Early Childhood Screens and customised checklists. ECHO is an early intervention service framework based on the EI framework used by the US Office of Special Education Programme and adapted by KK Women's Children's Hospital, Thye Hua Kwan Moral Charities and the Lien Foundation, to the Singapore context. It measures children's and families' functional outcomes. AEPS is an assessment tool used to assess the development of young children in their fine motor, gross motor, cognitive, adaptive, social-communication and social areas. Brigance Screens allow for identification of potential learning delays, motor, self-help, social-emotional and cognitive skills

6. How is the EIPIC Under-2s programme structured to enable the skilling of parents and caregivers? Are there examples of how parents can embed intervention techniques in their children's daily routines?

Unlike the other EIPIC programmes, the EIPIC Under-2s programme requires that the child is accompanied by the parent/caregiver, as the programme focuses on training the parent/caregiver to carry out intervention strategies in the child's daily routines within their home setting. This has been found to be effective in embedding learning opportunities throughout the child's daily life.

Parents/caregivers of a child with cerebral palsy may be taught how to embed intervention strategies into the child's daily routines, e.g. positioning the child properly for functional activities (e.g. feeding/ swallowing), doing appropriate strengthening exercises and building in sensory and cognitive stimulation into the child's daily activities. As another example, parents/caregivers of a non-verbal child with suspected Autism Spectrum Disorder would receive training on how to help their child communicate their preferences using visual supports, gestures, or signs.