

Better Lives - Case Studies for Early Childhood Educators

The following Variations of sex characteristics are common enough to be seen within the Education and Care setting, read each one then:

- a. Ask any clarifying questions
- b. What would you include in their Individual Learning Plans
- c. What key information and adjustments would you include?
- d. In your group, answer the questions below the case study

Child A: Metropolitan Early Years Learning Service – 4-year-old

HYPOSPADIAS

Summary: Urethral opening is located somewhere other than the tip of the penis, such as the underside of the glans, the shaft of the penis or the base of the penis. As a result, Child A is impacted by incontinence and UTI's, needing to wear diapers. Due to early anaesthesia, Child A has developmental delays, including language, cognitive and social delays, which have impacted learning.

Human Rights: Early surgical intervention is historically (up until December 2021) the standard guideline. This variation has statistically required more than one surgery if performed in infancy. Many side effects are noted with these surgeries including: loss of sensation, scar tissue overgrowth resulting in more surgery, incontinence, increased UTI's resulting in kidney damage and more surgery. Rational for surgeries include: social-cultural being able to stand to urinate/locker room bullying and reducing the incidence of UTI's.

Identities: Mostly male; variation of sexual preference as with all populations.

Educational considerations: Absence from the education and care setting for medical appointments and procedures. Social isolation and victimisation from peers (such as smell and diaper use). Developmental delays impacting language, communication, social skills and learning ability, particularly literacy. Support required for social and emotional health.

what individual learning plans might you include in your program to support the child's sense of Being, Belonging and Becoming in your environment and how will you incorporate the child's voice in these plans?
Learning Outcomes:
Children have a strong sense of identity –
Children are connected with and contribute to their world –
Children have a strong sense of wellbeing –
Children are confident and involved learners –
Children are effective communicators –
What might be some service adjustments that could be implemented to Support Child A?









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Child B: Rural Early Learning Service, 3 years and 7 months

ANDROGEN INSENSITIVITY SYNDROME (AIS) - COMPLETE AIS OR PARTIAL AIS

Physically: Some Individuals with XY chromosomes will have internal testes and complete a process known as aromatization which causes feminizing of the external genitalia at puberty. Child B's descending testes caused hernia's during childhood. Also, individuals with partial AIS (PAIS) can have external genitalia that traverse the spectrum of sex characteristics. Child B has low muscle tone and core strength due to the lack of sex hormones. Child B is currently undergoing early intervention sessions for behaviours associated with ADHD.

Human Rights: gonad removal (gonadectomy) or gonad repositioning (undescended testes), early gender normalizing surgery, hormone treatment from puberty (assumed identities), likely experience of early "feminising" surgeries, including vulvoplasties, vaginoplasties and clitoroplasties. Or other surgeries including hypospadias repair and during puberty gynecomastia (breast removal) surgery. Dilation therapy.

Identities: Individuals with CAIS (Complete AIS) generally raised as girls, individuals with PAIS can be raised as either boys or girls depending on the doctor assigning birth gender and notable sex characteristics. Sexual preference with CAIS or PAIS can vary preference as with all populations, higher rates of 'same sex' attraction.

Educational considerations: Absences from childcare for medical appointments and procedures. Unable to participate in in many physical games or gross motor experiences to the same level as peers due to lack of sex hormones. Child B is experiencing low self-esteem, self-worth and identity confusion. Past educators have labelled Child B as unmotivated and withdrawn due to Child B's physical and mental difficulties. Child B can show signs of anxiousness and may become dysregulated quickly with sudden outbursts.

What individual learning plans might you include in your program to support the child's sense of Being, Belonging
and Becoming in your environment and how will you incorporate the child's voice in these plans?
Learning Outcomes:
Children have a strong sense of identity –
Children are connected with and contribute to their world –
Children have a strong sense of wellbeing –
Children are confident and involved learners –
Children are effective communicators –
What might be some service adjustments that could be implemented to Support Child B?





