Final Report on the development of the position statement on inclusion of children with disabilities into ECEC

A “spectrum of transition”:

Stakeholder views on the inclusion of children with a disability into early childhood education and care in 2012

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for Early Childhood Intervention Australia

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Executive Summary

About this report

This report documents a study of stakeholder views undertaken by Early Childhood Intervention Australia (ECIA) as part of a collaborative project between ECIA and Early Childhood Australia (ECA) regarding the inclusion of children with a disability in early childhood education and care settings. The two organisations worked in partnership to develop a joint statement to describe, inform and promote the inclusion of children with a disability in early childhood education and care services. It is part of broader policy work by both organisations. For ECA this work will focus on inclusion for all children in ECEC settings and for ECIA the work will focus on ensuring the inclusion of children with a disability in all aspects of community life.

The purpose of the study was to investigate the views and experiences of stakeholders in the field. It was carried out in two phases: an initial round of seven listening sessions (focus groups) around Australia followed by a national on-line survey of a range of stakeholders involved in inclusive education. The design of the survey was based on the findings from the listening sessions and was able to test these findings with a much larger number (and wider range) of participants. The survey was distributed via a number of professional networks and resulted in input on key inclusion issues from a wide range of stakeholders including early childhood educators, early childhood intervention practitioners, inclusion support facilitators and family members.

The context for this report

The decision by ECA and ECIA to develop a joint position statement on inclusion for children with a disability in early childhood education and care settings is historic. It is the first time the two sectors of early childhood education and care and early childhood intervention have come together to work out the key issues surrounding the inclusion of children with a disability into early childhood education and
care (ECEC) settings in the Australian context. Progress in this area is dependent on significant collaboration. It is envisaged that the joint statement will provide a common voice and will underpin developing relationships between early childhood educators and those who support inclusion, such as early childhood intervention practitioners.

**Background**

In the past children with a disability were treated differently to other children. During the first half of the 20th Century services, when services for young children expanded significantly, children with a disability were segregated in institutions. They could not access these new services. In the 1970’s, when routine institutionalisation stopped, a separate set of services was set up for children with a disability and their families that were separate from the mainstream services. As a consequence, children’s services were not initially designed with children with a disability in mind and the early childhood education and care and early childhood intervention sectors developed independently.

The past four decades have seen significant changes in our understanding about child development and learning, and about social justice and social inclusion. It is now recognised that early childhood education and care settings should provide learning environments for all children, regardless of their social, cultural or ethnic background, or their ability. People with a disability are now recognised as full members of our community. Making this vision a reality for children with a disability in early childhood and education settings remains a challenge. To be fully realised it requires early childhood educators to work in new ways. This has been a challenge because of the different historical and professional foundations of the two major sectors involved in the education of children with a disability: early childhood intervention (ECI) and early childhood education and care (ECEC). It has been exacerbated by complex funding arrangements and program requirements in each sector that vary from jurisdiction to jurisdiction. Achieving the best outcomes for children with a disability requires bridging the differences between the early childhood intervention and early childhood education and care sectors and defining the common purpose. This requires urgent action in the current environment.
Overview of the results from the study

The first phase of the project, the listening sessions, generated a great deal of interest, and seventy five people attended over the seven sessions. The second phase, the online survey, also generated much enthusiasm and commitment with 1403 respondents to the survey. This level of participation is an indication that inclusive early education is a topic that raises much passion. Stakeholders wanted to be heard and to ensure that the best outcomes for children with a disability and their families are achieved.

The responses obtained during the seven listening sessions illustrate the enormous changes which have occurred in inclusive early childhood education in Australia over the past two decades. When examined overall, the comments paint a picture of a system still very much in transition, characterised by isolated examples of high quality inclusive practice – often focused on particular elements of inclusiveness such as transition and classroom support. There was little indication of a coordinated roll-out of inclusive early childhood education policy across Australia. The listening session results suggest that in those states with supportive policies that are clear and well disseminated to all stakeholders, inclusive practice was further developed.

The survey results support the finding from the listening sessions that consistent high quality inclusive practice is still aspirational. Over 80% of participants identified inclusion in their state/territory as average, poor or very poor. They were less negative about the programs in their community (64% rated them average or below) and most positive about their own service (32% rated them average or below). Based on the results of the listening sessions and the survey, significant effort is required to achieve consistent, high quality inclusive practices across Australia.

Major themes

Five major themes were identified from the results of the listening sessions. These were tested, and largely supported, in the subsequent survey.

1. Attitudes

Beliefs, attitudes and values of practitioners are seen as the key to successful inclusive practice. Participants in the listening sessions advocated for the need to address attitudes directly, but they also recognised that many things influence the attitudes of both staff and services. Both the survey and listening sessions identified that if staff feel inadequately trained and supported to provide inclusive programs, their attitudes are likely to remain negative. Comments suggest that improved capacity of services and staff to work effectively with children with a disability is linked to improved attitudes. Training is an important component of increasing capacity, but support was also identified as critical (including making time available for inclusive practice).

The survey results indicated that the national Early Years Learning Framework (EYLF), can be seen as a watershed in terms of attitude – it signals that there has been a shift in policy towards an
expectation of quality inclusive early childhood education. The EYLF includes the expectation of quality inclusion as the accepted standard.

2. Workforce issues

Inclusive education relies on a skilled and stable workforce. Stakeholders identified three areas of acute concern:

- workforce capacity (the skills and training of workers),
- availability (particularly of support professionals), and
- structure of the workforce (for example, reliance on unskilled, low paid additional educators).

The need for more training and better skilled workers was one of the top three ‘critical things’ identified in the survey that would improve the quality of inclusion. Findings from the listening sessions depict a workforce that is undertrained, underpaid, under-skilled, and scrambling to respond to the new demands of inclusive early childhood education. Training systems were portrayed as inadequate. There is a shortage of staff, partly because it is difficult to provide market wages to either early childhood intervention professionals or early childhood educators. The survey results reinforced these findings, particularly with regard to training.

Training was identified as a key factor in increasing workforce capacity. A multi-layered approach to training was seen as essential for the development of a skilled workforce. The elements in this multi-layered approach include:

- tertiary training, including TAFE, Education and Allied Health University courses that have mandatory units related to inclusive practice;
- coaching/mentoring, for both individuals and services – and which extends on successful mentoring/coaching such as that provided through intervention support facilitators
- customised training for services - which can respond to the situation in a specific service at a specific time;
- online interactive training focused on specific skills required for inclusive practice that could be accessed by practitioners throughout Australia; and
- on-going shared training available on a consistent basis for all practitioners in their local area.

3. Collaboration

There is often a large and diverse group of people working with and around a child with a disability in an early childhood and care setting. These include early childhood educators, additional educators, early childhood special educators, therapists and inclusion support facilitators, as well as the child’s family. This group is expected to operate as a team that works together collaboratively. Many stakeholders noted the critical role of the family within the team, and the need for good collaborative practice to successfully and respectfully include the family.
A number of barriers against good collaborative practice were identified.

- Lack of collaborative skills
- Lack of time for collaboration
- Attitudes to collaboration
- Lack of a common language

The listening sessions and the survey results gave the impression of a broad recognition for the need for good collaborative practice, but identified that significant development is needed to achieve consistent good practice.

4. Lack of a shared understanding between the ‘early childhood education and care’ and the ‘early childhood intervention’ sectors

The move to inclusive early childhood education means that early childhood educators and early childhood interventions specialists need to work closely together to share skills and knowledge. Both the listening sessions and the survey raised concerns about communication and collaboration between the sectors. The lack of a shared understanding about inclusive practice for children with a disability between the two sectors was seen as a major barrier to quality inclusive practice.

Stakeholders identified that The Early Years Learning Framework was a useful framework through which early childhood educators and support professionals could develop a common language and shared goals. However, effective implementation of the EYLF was also seen as reliant on a closer alignment between the sectors. Complimentary training involving both early childhood educators and the support professionals was seen as critical in embedding both the concept and practice of the EYLF across professions.

5. Quality

There was concern expressed by stakeholders that the quality and level of inclusion that many children experience in mainstream settings is poor, and that while they may be enrolled in an ECEC setting, they may not have the opportunity to fully participate. Many participants emphasised that simply being enrolled in an ECEC service does not mean a child is engaged and participating in the educational, social and emotional learning opportunities provided.

Some stakeholders questioned whether it is possible to provide consistently high quality services with the staffing qualifications, funding, ratios, training etc. currently available to ECEC services and programs even with the implementation of the National Quality Standards (NQS) in ECEC services. There was significant concern that given services capabilities there would be difficulty making the translation from policy into practice. This included the lack of accountability services had in providing high quality education to each and every child. Stakeholders remain concerned about whether the NQS will provide the necessary mechanisms to ensure that all children actually receive quality education service.
The survey reflected these concerns about the translation of policy into practice. Quality is linked to accountability and as yet, accountability for providing high quality education to each and every child has not been adequately addressed. It remains to be seen whether the NQS will provide the necessary mechanisms to ensure that all children are actually receiving a quality education service.

**Conclusion**

The quantitative and qualitative results from the listening sessions and the survey provide a significant insight into how stakeholders view the key issues facing the introduction of high quality, inclusive services for children with a disability in ECEC settings across Australia. It is one of the few times the actual experiences of parents, early childhood educators and early childhood intervention professionals have been documented. The depth of concerns expressed in this report requires action. Clearly there is a long way to go before parents can have confidence that their child will be able to access high quality inclusive services regardless of location or which service they chose.

There is great support from many ECEC services and programs and ECI services to share, learn, collaborate and work together to ensure the optimal outcomes for children with a disability. However, this will not progress without deliberate action. It is hoped that the Joint Statement on Inclusion by ECA and ECIA will help build a common language and ultimately shared understandings and strong mutual respect among practitioners caring for and working with young children with a disability. The development of a joint position statement on the inclusion of children with a disability in Early Childhood and Education and Care (ECEC) settings is very timely and a major first step forward. Stakeholders also report that significant reforms in other areas are needed: consistent policies, better training and support for collaboration were three areas identified.

**Terminology**

This is a national statement crossing jurisdictions, programs, services and settings that use a wide range of terms and concepts. The following list defines the terminology that is used in this statement. Many of these align with the Early Years Learning Framework.

*Additional educator* refers to a person employed to provide additional support in an ECEC setting where a child with a disability is included and is also known as aide/assistant/learning support assistants.

*Children with a disability* - refers to both children with a disability and children with developmental delays.

*Early childhood education and care* – is used here both as a generic term covering all ECEC programs, services and settings and to broadly describe practice in all formal settings attended by
children in their preschool years. It recognises the deep integration of care and learning that characterises the healthy development of young children and has implications for the practice of all educators in all settings. Early education is the intentional support of early learning by skilled professionals and necessarily occurs in an environment of relationships. (National Scientific Council on the Developing Child, 2004).

ECEC programs – the range of relationships, experiences and activities provided for children and families in ECEC.

ECEC settings; settings – terms used to include the full range of ECEC and ECI services and programs under all types of auspicing bodies.

ECEC services - include preschool, kindergarten, centre based long day care, family day care, mobiles, Multifunctional Aboriginal Children’s Services, occasional care and in home care services.

Family - Parents or others who have primary responsibilities for the child.

Inclusion - It is acknowledged that ‘inclusion’ in the broader context includes children of culturally and linguistic diversity and children from Aboriginal and Torres Strait Islander backgrounds as well as children with a disability. For this position statement however the term ‘inclusion’ focuses more narrowly on children with a disability.

Support professional - refers to people with a wide range of qualifications and experience including inclusion support facilitators, early childhood special educators, therapists, psychologists, social workers, welfare workers and family systems therapists.
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1. Background

1.1 About the project

This report documents a study undertaken for Early Childhood Intervention Australia (ECIA) as part of a collaborative project between ECIA and Early Childhood Australia (ECA) to develop a joint statement on the inclusion of children with a disability in early childhood education and care settings. ECIA and ECA are working in partnership to describe, inform and promote the inclusion of children with a disability and developmental delays in Early Childhood Education and Care (ECEC) services. This is part of broader policy work by both organisations. ECA is committed to the inclusion for all children in ECEC settings and ECIA is committed to supporting the inclusion of children with a disability in all aspects of community life.

This study, which offers the first national insight into how stakeholders view the challenge of inclusion, had two phases. It involved an initial round of listening sessions (focus groups) around Australia which was followed by a national survey of a range of stakeholders involved in inclusive early childhood education. The online survey was based on the findings from the listening sessions and it allowed equitable access by a wide range of stakeholders including early childhood educators, early childhood intervention practitioners, inclusion support facilitators and family members in both the ECEC and ECIA sectors around Australia. The survey was hosted on a website established to support and promote the development of the Statement.

This study was undertaken to provide a context for collaboration between ECA and ECIA. The development of a joint statement on the Inclusion of Children with a Disability into ECEC Settings represents a significant initiative. The purpose of working together to develop the statement was to provide a common voice and to underpin collaboration between early childhood educators and those who support inclusion, such as early childhood intervention practitioners. The joint statement helps set out a common vision for high quality inclusive practices in ECEC services/programs.

Action is urgently required, according to the participants in this study. Challenges to high quality inclusion include the attitudes and beliefs of those involved, the difficulty of developing a stable and skilled workforce, the complexity of collaboration, different understandings across the fields and the general quality of ECEC services. The translation of policy into practices and the lack of any accountability framework remain areas of major concern.

1.2 Context

The specific focus on young children with disabilities in this report reflects the ongoing issues that have arisen as consequence of their earlier segregation from other children and exclusion from the community. During the first half of the 20th Century, when services for children were expanding significantly (Mellor, 1990) children with a disability were routinely put into institutions. In the 1970’s, when institutionalisation stopped, a separate set of Early Intervention services was set up for children with a disability and their families. As a result, children’s services were not initially designed with children with a disability in mind and the early childhood education and care and early childhood intervention sectors developed independently.

There have been significant developments in our knowledge about child development and learning (Shonkoff and Phillips, 2000) and in attitudes towards social justice and social inclusion during the past four decades. Early childhood education and care settings are now striving to provide optimal learning environments for all children, regardless of their social, cultural or ethnic background, or their ability (ACECQA, 2011). Children with a disability are now recognised as full members of our community (FaHCSIA, 2011).
We are at a key point in the evolution of services. If ECEC services are to provide optimum learning opportunities for children with disabilities then this requires a sharing of expertise by the many professionals and services involved. Everyone needs access to the best knowledge possible of the child and his or her developmental needs and abilities. While collaboration is not a new concept to the early childhood field, collaboration around a child with a disability raises particular challenges. This occurs because of the different historical and professional foundations of the early childhood intervention (ECI) and early childhood education and care (ECEC) sectors and the complex funding arrangements and program requirements in each sector. It is important for children that the early childhood intervention (ECI) and early childhood education and care (ECEC) sectors develop consistency, shared understanding and a commitment to the same outcomes.

This study was undertaken at a time of great change in the ECEC sector and in which aspirations for people with disabilities continue to grow. It sits in the context of three major initiatives and a report by the Productivity Commission, described below.

**National Quality Framework**

As of the 1 January 2012, a new National Quality Framework (DEEWR, 2012) has been established, which applies to most long day care, family day care, preschool (or kindergarten) and outside schools hours care services (Early Childhood Education and Care Settings).

The aim of the National Quality Framework is to raise quality and drive continuous improvement and consistency in education and care services through:

- a national legislative framework
- a National Quality Standard
- a national quality rating and assessment process
- a new national body called the Australian Children’s Education and Care Quality Authority.

While the National Quality Framework took effect on 1 January 2012, some requirements, such as qualifications, educator-to-child ratios and other key staffing arrangements, are being phased in between 2012 and 2020.

The national legislative framework that has been established consists of:

- the Education and Care Services National Law
- the Education and Care Services National Regulations

This creates a process in which all the states, territories and the Australian Government are jointly involved in the regulation and quality assessment of education and care services. A new Regulatory Authority in each state and 2 will be primarily responsible for administering the National Quality Framework while the newly created Australian Children’s Education and Care Quality Authority, will oversee the consistent and effective implementation of the new system.

The National Quality Standard establishes new national benchmarks for the quality of education and care services. The National Quality Standard is divided into seven Quality Areas:

- Educational program and practice
- Children’s health and safety
- Physical environment
- Staffing arrangements
• Relationships with children
• Collaborative partnerships with families and communities
• Leadership and service management.

The broad aim of the National Quality Standard is to promote:

• the safety, health and wellbeing of children
• a focus on achieving outcomes for children through high-quality educational programs
• families’ understanding of what distinguishes a quality service

The Guide to the National Quality Standard (ACECQA, 2011) advises that services are to benefit all children. Specific references are made to children with additional needs: demonstrating a sense of belonging; demonstrating trust and confidence in educators and staff members; and participating and engaging in group experiences.

Services are expected to demonstrate commitment to the full participation of children with additional needs, ensure that educators and co-ordinators have the skills and expertise necessary to support the inclusion of children with additional health or developmental needs and to work with inclusion and support agencies to include children with additional needs.

‘Additional needs’ is the term used for the wide range of children who require or will benefit from specific considerations or adaptations and who:

• are Aboriginal or Torres Strait Islanders
• are recent arrivals in Australia
• have a culturally and linguistically diverse background
• live in isolated geographic locations
• are experiencing difficult family circumstances or stress
• are at risk of abuse or neglect
• are experiencing language and communication difficulties
• have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder
• have a medical or health condition
• demonstrate challenging behaviours and behavioural or psychological disorders
• have developmental delays
• have learning difficulties
• are gifted or have special talents
• have other extra support needs.

This definition of additional needs clearly includes children with a disability and developmental delays.
**National Disability Strategy**

The second major initiative affecting children with a disability is the National Disability Strategy. This is a major initiative which has already agreed to by the state, territory and Australian Governments (FaHCSIA, 2011). The vision of the Strategy is for: an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens. It sits within the context of national discussions currently underway aimed at improving the life experiences of people with a disability, including through a National Disability Insurance Scheme.

The Strategy has been developed in recognition that a national effort is needed to improve the situation of people with a disability as they are currently more likely to experience:

- relatively poor health
- lower levels of participation in education, training and employment
- social exclusion
- lack of access to goods, services and facilities
- ongoing discrimination

A key area of the National Disability Strategy is learning and skills. The purpose of this component of the strategy is to improve participation by people with a disability in an inclusive high quality education system that is responsive to their needs. This strategy includes four policy directions:

- Strengthening the capability of all education providers to deliver inclusive high quality educational programs for people with all abilities from early childhood through adulthood, based on the principle of universality
- Reducing the disparity in educational outcomes for people with a disability and others, to improve the educational attainment social wellbeing and the economic security of people with disability, their families and carers
- Ensuring government reforms and initiatives for early childhood, education, training and skill development are responsive to the needs of people with disability
- Improving pathways for students with disability from school to further education, employment and lifelong learning.

The National Disability Strategy clearly identifies the important contribution that early years education and care settings can make to the learning and life opportunities of people with a disability.

**Productivity Commission Report on Early Childhood Development Workforce**

While the aspirations for children with disabilities in both the National Quality Standards and the National Disability Strategy are high, a recent report by the Productivity Commission (2011) on the Early Childhood Development Workforce indicates that the current level of practice is far from satisfactory. The report notes that while a range of government policies support the inclusion of children with a disability and children from culturally and linguistically diverse backgrounds in early childhood education and care (ECEC) services, there are significant gaps between the ECEC opportunities for children with additional needs and those of other children.

A significant and increasing number of children are impacted, with around 4 per cent of children having chronic physical, intellectual or medical needs and 17 per cent speaking languages other than English in the home. The report notes that there is limited data available on the ECEC workforce for children with additional needs and this restricts governments’ capacity to undertake effective policy development and workforce planning. It highlights the need for staff in mainstream services to have better access to professional development programs to assist them to provide high-quality services to
children with additional needs. An additional issue is that the extra support for children with high additional needs is generally provided by unqualified staff who need greater access to training that includes a focus on improved child development outcomes. The report concludes that additional government funding for inclusion support is required to recruit the numbers of workers needed if children with additional needs are to fully participate in ECEC programs. The current funding mechanisms, which are often short-term, pay services after a lag, and are administratively onerous, act as a barrier.

Conclusion

The findings of the Productivity Commission are consistent with the stakeholder views expressed in this report. The Productivity Commission identified serious resource deficiencies and the need to build the capacity of the early childhood development workforce to better meet the needs of children with additional needs. The initiative undertaken by ECA and ECIA to develop a joint statement on the inclusion of children with a disability into ECEC settings contributes to bringing the early childhood education and care field and the field that has specialised in children with a disability together. The stakeholders in this report clearly identified areas where action was required.

A greater alignment of purpose between the early childhood and early childhood intervention fields has been under discussion for some time. Johnston (2006) identified the importance of the early intervention and early childhood sectors working together particularly in light of the increasing move to include children with disabilities into mainstream settings. Johnson has proposed that a redefinition of the boundaries of the early childhood intervention field and a rethinking of its relationship to mainstream services is needed. In the same vein, Moore (2008a) has argued that: ‘As early childhood intervention philosophy and practice moves towards inclusive practices, it becomes increasingly important that specialist early childhood intervention services seek to synchronize and blend their practices’. Moore states that early intervention services cannot make the changes alone but needed to do so in partnership with the wider system of child and family services. The development of the National Quality Framework has shown a clear willingness by the early childhood field to embrace all children.

While it is acknowledged that much positive progress is currently taking place within individual ECEC settings, fostered by practitioners from both the early childhood and early childhood intervention fields, the feedback from the stakeholder in this study is that the much more needs to be done to put in place the supporting infrastructure, including policies and training.
2. Listening Sessions

2.1 Study methodology for listening sessions

This was a qualitative study in which data was collected in a series of ‘listening sessions’. These followed a modified version of group interviews, in which a standard set of questions was posed to each group. However, unlike traditional group interviews, discussion was allowed to roam fairly freely between the questions, and participants had some opportunity to respond to each other in a spontaneous way. This method was selected as it enables the researchers to hear participants’ experiences and understandings expressed in their own words, and allows for a deeper exploration of issues which are identified by the participants themselves.

2.1.1 Listening session design

Over an eight week period from August until early November 2011, seven listening sessions were held across Australia in all capital cities with the exception of Darwin. ECIA national councillors from each state/territory were asked to organise these listening sessions. The sessions were facilitated by the Project Officer, Sue Davies. Each one was limited to between 10 and 15 participants who were chosen as representative of the different stakeholders involved in inclusive education, e.g. early childhood educators, early childhood intervention practitioners, inclusion support facilitators and family members.

Each listening session was documented through recording and/or note taking. Each lasted for approximately 2 hours, which included a half hour introduction to the project and the national context of inclusive early childhood education.

Five questions were put to each of the listening sessions. They are as follows:

1. What is the level of inclusion occurring in your program, community or state?
2. What do you think are the key features of inclusion in early childhood services?
3. What do you already have in place to support successful inclusion in your program, community or state? What do you think is still needed to implement inclusion effectively?
4. What do you think is important to include in a joint position statement on inclusion in early childhood?
5. Looking at the EYLF definition of inclusion do you think that this definition adequately represents what we want in our shared definition of inclusion for children with developmental delays and disabilities in early childhood services?

2.1.2 Participants

In total, 75 participants attended the listening sessions. Participants were asked to provide information regarding their gender, field of study, professional role, membership status with ECIA and/or ECA, and their years of experience in the field. In summary:

- The vast majority were female (95%)
- The most common qualification was a bachelors degree (43%), followed by masters and graduate diploma (about 20% each) and diploma (approximately 15%).
- The most common ‘field of study’ was early childhood intervention (35%) followed by early childhood education (28%)
- About 60% of participants were members of ECIA
Participants worked in a wide variety of professional roles, the most common of which were: early childhood educator, inclusion support facilitator, manager of an early intervention service, manager of an ECEC service, and therapist (between 10-13% each).

The most common length of professional experience was 20+ years (52%) followed by 10-20 years (30%) and 5-10 years (18%).

A detailed breakdown of participant data can be found in Appendix 1: Participant Information

### 2.1.3 Analysis of the data

Six of the listening sessions were fully transcribed. Detailed notes, augmented by listening to the tapes, were used for one of the sessions.

Responses to the key questions tended to be broad, and one response might range over all the questions. Responses were therefore analysed as a whole body of data and the analysis was informed, rather than structured, by the questions. The data was coded by an independent analyst, Helen Skeat, and the codes were checked with the other researcher, Sue Davies, who had facilitated each of the listening sessions. The data was then organized into themes, each of which was analysed in detail. Emerging themes were discussed between the two researchers in a series of meetings.

### 2.1.4 Limitations of the listening sessions

One of the limitations of this study was the imbalance of adequate representation of early childhood educators in some of the listening sessions. The composition of the listening session groups was dependent on the ECIA national councillors who were organising these sessions to identify a range of stakeholders interested in inclusion. As it was organised by ECIA the skew tended to be towards practitioners acting in support roles to inclusion. Another limitation was that these sessions were held in the capital cities of each state and therefore the views of participants from rural and regional Australia (including Darwin) were not adequately represented.

### 2.2 Results from listening sessions

#### 2.2.1 Level of inclusion around Australia

While on the basis of the listening sessions it is not possible to make a detailed comparison between the states and territories, the sessions did give some indication of differences in the levels of inclusion between them. A summary of the responses regarding the level of inclusion for the listening sessions in each state and territory follows. These responses, of course, only reflect the perspectives of the participants present.

**South Australia:** Participants indicated that sound inclusion policies had been implemented in South Australia over the last few years. A coordinated approach from government departments towards inclusion seemed to be making inclusive practice more of a reality. Not for profit organisations were reported as being a major part of the service system for disability in general and were seen as generally playing a positive role. Development of online resources to support inclusion, to be used by all stakeholders, was seen as a very positive development.

**Western Australia:** The Disability Services Commission (DSC) were reported to have played a lead role in the provision of services for children with a disability. This was commented on positively by representative parents as well as the practitioners working for DSC. However comments indicated great variation in the level and quality of services received by children with a disability and their families, particularly as children move into school aged services. A strong advocacy role by some practitioners was very evident in this listening session.
**Queensland:** Generally participants commented that there were policies in place to support inclusion, but that often the necessary actions for inclusive practice had not been followed through. The following comparison was drawn by one participant regarding the lack of follow through:

> I've just finished Nelson Mandela’s autobiography and he talks about one of the frustrations during the apartheid era. The policies were about freedom, but the actions were not (Qld)

However, there was a feeling of optimism about the level of inclusive practice in Queensland. Participants reported that there is still an emphasis on special schools providing services for children with a disability and indicated that they were satisfied with this type of school placement. Participants very strongly felt that practitioners needed training at all levels to really practice inclusion effectively.

**Tasmania:** Participants were satisfied with the level of inclusion in their state and reported that good inclusive practice had been embedded in their practice over many years. Inclusive practice was reported as being an accepted way of working in Tasmania.

> preferred placement for students in … local neighbourhood schools … quite a few special schools closed within two or three years of that policy being instigated – not a ten or twelve year gap [Tas]

Special schools were closed many years ago in Tasmania which participants felt may be a factor in the success of inclusive practice, but it was noted that there is a demand for special schools for high school students with disabilities.

**Victoria:** Victorian participants appeared to be quite negative about the quality of inclusive practice in their state. There are still long waiting lists to access ECEC services and the quality of the services is very variable particularly in the long day care centres where staff are often inexperienced, underpaid and frequently changing. However, when probed about the level of inclusion, participants identified several positive examples of inclusive practice. These seemed to be dependent on the individual practitioner or, in many cases, the leadership of the service. It was generally agreed that training at all levels was critical and inclusion support facilitators were seen as having a valuable role to play here.

**ACT:** The overall impression from the ACT listening session was that over the past five years there has been a decline in the quality of services to support inclusive practice, with support services being steadily eroded away. Comments indicated that there was a lack of collaboration and coordination between all stakeholders involved with supporting a child with a disability and their family. There was seen to be little in the way of overall policies to support inclusive practice. A strong special school system still exists in the ACT. Good inclusive practice was seen to be dependent on individual practitioners committed to inclusive practice. ACT practice was contrasted with some good inclusive practice in a preschool centre across the border in Queanbeyan. (Note: in a later discussion with the inclusion support facilitators agency in the ACT who were not represented at the listening sessions they indicated that there were some good examples of inclusive practice in the long day centres in the ACT where they provide a support service. However, they did acknowledge that there was little collaboration between themselves and the ACT Education Directorate).

**NSW:** This session had a very wide range of participants. The discussion in the session demonstrated the great variation in the level of inclusion in their state. They focused on the differences in funding levels to support children with the same level of disability in preschools and long day care centres. They reported that these inequities of funding variations caused friction and confusion between the sectors. There appear to be long waiting lists to access ECEC services, particularly long day care centres, with waiting lists longer for the under twos and children with a disability. Changes in staffing due to young, often inexperienced staff, was reported to be frustrating to achieving high quality consistent inclusive programs. Support roles such as the inclusion support facilitators were
commented on positively. Training and professional development were seen as very important for achieving high quality inclusive practice.

2.2.2 ‘Spectrum of transition’ toward inclusive education

It was evident from the comments made that despite identifiable shortcomings in inclusive practice, each player in the sector - governments, early childhood educators, individual services, teachers in a mainstream school etc - is shifting towards inclusiveness. That is, they are along a ‘spectrum of transition’.

... still along the spectrum of transition mindset. Transition from teachers thinking – ‘well that child with additional needs is in my room but not really my student, really they’re a special education program student, or the therapy people’ … That’s one end of the spectrum. To the true inclusive practices we’ve been talking about … I still think we are transitioning to ’every child in your class is your child and you’re responsible for them’ (Qld)

Some participants reflected on the enormity of the transition, and that important stakeholders have been left behind during the process of change.

I think if we think of ourselves as on a journey together and there’s all sorts of feedback that we need to provide about taking the pressure off sometimes. Sometimes our expectations are... I think schools may feel that expectations are so high that it creates a lot of anxiety out there sometimes. (WA)

So many teachers and schools will completely be overwhelmed and under prepared. And so they haven’t turned their mind to a lot of these things because they are often doing it for the first time. (WA)

In contrast to these comments from Western Australia, the Tasmanian participants characterised inclusive education in their state as being further down the track of that transition.

... seen a huge amount of change and less barriers for children to gain access into childcare that has really changed in last 5 years. Viewed very very positively – 99 percent of the time. (Tas)

There is general acceptance that that is the way it’s going to be here. (Tas)

This transition toward inclusive education includes not only staff, but also students. For example in Tasmania the student cohort has now been moving through an inclusive education system for more than ten years.

That’s because the foundation levels are coming through … children are coming into all grades suddenly and we have had years to develop really good foundation levels (Tas)

In addition to the differences between states and territories, comments revealed that the different models of early childhood care which operate in the early childhood education and care sector are subject to different forces, and therefore are responding to inclusion policies in a variety of ways. For example, with regard to privately-run long day care it was commented that:

You’re looking at long day care services that are private services that are for profit and it’s not financially viable to have six parents or six families leave because of one child. They would rather say “OK the one that’s causing us the issue can go, we’ll keep the other six” because for them it’s the money side. (NSW)
2.2.3 Policy versus practice

Some participants emphasised the importance of moving beyond inclusive policies to practices on the ground, as the day-to-day experience of children and families may not reflect the aspirations of policy.

_We just need to get it to work better_ (Tas)

_I think Queensland has policies and processes in place to do the best they can for young children but they are not interpreted the same in every setting - goes pear shaped for some children and some families_ (Qld)

2.2.4 Working together

The comments of participants painted a picture of the considerable number of people working with and around a child with a disability who is in an ECEC setting. These are a diverse group, and include early childhood educators, additional educators, early childhood special educators, therapists and inclusion support facilitators, as well as the child’s family. It was noted that new ways of working have emerged, in which this group is expected to operate as team within the education setting. In each listening session, the critical need for this group to work collaboratively was raised.

_Without that collaboration it doesn’t work on the floor._ (Tas)

Some successful examples of collaboration were raised, including some specific projects such as the Intervention Support Facilitator’s role, designed to enhance collaborative practice.

_We work closely with intervention services that have supported our inclusive role, we get to know families, talk to each other all the time about children’s needs etc. as ISFs we can pass info to other services...this program will continue – the Commonwealth Government has said that it will. I can see huge changes because of the way this program has developed._ (Tas)

_Part of our role is to actually link with mainstream services and take a coordinating role sometimes in terms of linking up with any external services for that family._ (NSW)

_We go in and we actually … look at the child and … work with the staff and the family and the therapist involved. We coordinate the whole thing; usually those families are working so they don’t have time to do all of that coordination and we find that that works really well._ (NSW)

Notwithstanding these positive examples of collaboration, the listening sessions from most states and territories gave the impression of a broad recognition for the need for good collaborative practice, but identified that there is still a long way to go toward providing consistent good practice.

_And you know it is so difficult and we’ve seen it over and over again in our own service where you get staff in who have no concept of working in collaboration with anybody else across disciplines._ (NSW)

2.2.5 ‘Beyond the front door’ – inclusion means participation, engagement, and learning outcomes

_They can stay in the room providing they’re not annoying anybody and stopping other people from learning_ (Qld)

A concern for a number of participants was the quality and level of inclusion that many children experience in mainstream settings, and what true inclusion really involves. One measure of the level
of inclusion is the rate of enrolment of children with a disability in mainstream ECEC settings. But many participants emphasized that simply being enrolled in an ECEC service does not mean a child is engaged and participating in the educational, social and emotional learning opportunities provided.

You know presence is not inclusion - it’s got to be better than that. (NSW)

Participants, particularly those who visit children in ECEC settings, reported that many children will be either: in the classroom, but not participating in the program; or may be spending most of their time outside the classroom.

Yes they are in those programs and their parents are really happy that they’re there, but frequently when we visit they’re not actually included ... The only person they interact with is their [support] person that’s with them and so they’re not actually having an inclusive experience. (Qld)

One participant felt that many families, when considering whether to enrol their child in a special education or mainstream setting, are ultimately faced with a choice between the right of the child to be in the mainstream setting, against their right to an effective education.

What [parents] are effectively doing is trading off the child’s right to an education with their right to be in a certain place. You know, balancing those two. (Qld)

Others felt that consideration of learning outcomes trailed a long way behind simply finding an ECEC setting able or willing to enrol their child.

Parents don’t have a choice - they are making the choice on the basis of who takes them, not on the basis of what learning outcomes they are going to get. (Vic)

As I said we are looking at our school which is a P-7 school, and we’re looking at how we can do inclusion, that it’s not just dumping of kids but actually academic, social, emotion inclusion of those students, that they can access and participate in all programs that other kids can in their own way. (ACT)

2.2.6 Clustering of students

Two of the listening sessions noted concern about ‘clustering’ of students with a disability in those ECECs settings which offer high quality inclusive education. Both parents and early childhood educators were reported by participants as steering families toward certain centres, but the effect can be to overwhelm these centres, while the others do not develop inclusive practices.

When inclusion is happening well - those centres and agencies can be inundated - and can become overwhelmed (Vic)

Some examples of projects which aim to develop inclusion skills and support more widely were discussed:

We have developed a development a mentoring/coaching project [for teachers]. We want to avoid clusters of little inclusive places where the teacher gets 5 or 6 kids because she knows how to do it well. We want kids to be able to attend their local ECEC. (Vic)
2.2.7 Barriers to inclusion

Barriers: Values, attitudes, beliefs

In every listening session, several participants identified that one of the most critical - if not the most critical - element in providing inclusive education was the values, attitudes and beliefs of the team involved with children with a disability. Many expressed the view that no system, supports or services could provide inclusive education if there was a lack of commitment to it by the staff involved.

*It’s not necessarily their capabilities, it’s more than that … it is their attitude.* (ACT)

*And I think what the training needs to do as well; it’s not just about teaching what you would do with a child … there has to be a whole lot of stuff behind that in terms of attitude.* (NSW)

A number of factors were identified that lay behind the attitudes of staff involved in the education of children with a disability:

*... still a fear on the part of the professional that is running the service ... I come back to the training that is provided to our staff ... they don’t get sufficient training to provide them with a knowledge of inclusion and the supports that are available.* (Vic)

It can be based on a belief that inclusive education disadvantages other children in the classroom, or simply unwillingness to change:

*But that goes back to attitude as well because some people don’t want to learn anything more.* (ACT)

Some examples of positive cultural change were cited. For example, following an intensive coaching project over the past 5 years, attitudes have changed in ECEC services:

*From services not wanting to deal with us to those that are quite happy to run with things and will ring you when they want something. You know we’ve still got those that we call but you can see there’s been a huge change in attitude and commitment in the last five years in services, not all of them but the bulk of them has been very big.* (NSW)

Barriers: Workforce

It was clear from all of the listening sessions that there are significant concerns about the availability of a workforce skilled in inclusive education. This appeared to include all sectors of the workforce - early childhood educators, support professionals, additional educators, etc.

*I get a little bit scared recognising … the huge gap between the skill base and what really is necessary to really provide an inclusive, professional, effective service for these children and their families.* (NSW)

The need for training of the workforce as a whole was identified by almost all of the participants. This included tertiary training, mentoring/coaching, and professional development. Training was viewed as a means of capacity building for individual services, but also across the early childhood workforce overall.

*One of the questions that the LSAs going through the education support program at the moment have asked - if they can actually get special education teachers to come and talk to them or we can even arrange to take them out to go ‘this is what is expected of you as an LSA’.* (ACT)
No inclusion as part of the Certificate 3 training. So the people they are employing as additional staff are not getting any training (Vic)

One of the big barriers is the training of staff. Carers and teacher assistants trained at Polytechnics are probably getting a greater understanding of inclusive policies than university trained. (Tas)

Tertiary training for early childhood educators was seen as lacking a serious focus on inclusive education. It was reported that many relevant units in university courses are offered as ‘electives’, and so are missed by many graduates. There was a particular problem in Tasmania, where no special education degrees are available, and relevant post-graduate courses are ‘thin on the ground’

Talking to young teachers – the series of lectures about special education are optional so many are opting not to - they are all electives. (Tas)

Flinders University is the only one [in SA] that does teaching along with a disability degree. I lecture at [other universities] - at the end of their course – it is all too little too late (SA)

Beyond initial training, all the listening sessions identified the need for ongoing professional development.

I come back to the training that is provided to our staff. They don’t get sufficient training to provide them with a knowledge of inclusion and the supports that are available. I go along to services and one of my questions to teachers is: ‘what sort of support services are available?’ There is still a lot of ignorance out there about what is available. (Vic)

I think training has to be ongoing too rather than having a burst. People need reminding and new people start work, and also I think it needs to have an element of being systemic rather than people choosing. (ACT)

A number of training projects which are currently underway were described, but these were characterised as being under stress and unable to meet the demand. In addition, ECEC services may find it difficult to support such training for their staff, due to financial or time constraints.

...they want to up skill the staff; they don’t have that budget to provide the professional development... (NSW)

In the growth areas, they are really big and mostly for-profit - training is an issue (Vic)

On-the-ground training doesn’t exist – once upon a time there was a support agency that could set up PD sessions – now they don’t exist. We run a kindergarten PD session at the beginning of each year ... and every year we still get 60 or 70 teachers. They say they want more of this, but every one of them has to fight tooth and nail to get the time off work. We’re always asked ‘do you supply relief?’ (Tas)

Different models of professional development were identified including: centralised; in-service; customised training; and individual coaching or mentoring. It was emphasised that training needs to be ongoing, and needs to address both overall inclusion skills, as well as specific skills which may pertain only to a particular child.

Rather than having calendar training we are pushing for customised training which seems to be working much better eg. Autism training for all workers at a centre. That is starting to develop within the childcare sector (Tas)
Everybody needs a mentor. No matter how qualified you are and how many years you’ve been teaching there are people out there who do things differently to you (ACT).

At a coaching level you want somebody alongside you as your mentor saying “When you did that, that worked so well. You know perhaps if you try again in this context” or whatever it might be or “You know when I did that look how I stuffed that up but you know, what if we try it a different way?”. So again ongoing. (NSW)

A further workforce concern expressed in two of the listening sessions was an overall, and growing, loss of specialist skills.

We have become too generalist in our training – we have to go back and be more specialised. Early years or kindergarten – there are special skills required with various groups of children (Tas).

When I sit around in a room with principals from special schools it amazes me how many of them were originally trained in a specialist discipline, they came from an original body of knowledge. When I sit with the next generation out, they’re not coming from that, they’re coming from a general practitioner sense. Because that’s what’s been promoted ‘everybody needs to be able to teach all the kids’ and that’s true, but there needs to be some people who know a heck of a lot about hearing impairment or whatever to help everybody to do that. (Qld)

Barriers - Poor transition services

Transition for children moving from, for example, a childcare centre to a preschool was seen as critical to successful inclusive education, and an area where many things can - and do - go wrong. This was reiterated by many participants. The overall impression of transition was that it is of very variable quality, with an array of different arrangements pertaining to different states, local government areas, sectors in early childhood etc.

Transition processes are inherently stressful, as children and families have to get used to new teachers, settings, fellow students and their families. Good communication and collaboration were identified as critical to successful transitions.

I guess the middle area is thinking about families in their journey through early intervention and there are lots of issues around transition, change of therapists, change of teams, families move, there’s things where they find out more information about their child’s disability. And all of that communication needs to happen. It needs to be really considered and really respectful. (WA)

A number of parents who tell me why I have to give this information for the third time this month. Your kid goes from pre-primary to year one and the primary doesn’t follow so the parents have got to start all over again and it is so bloody exhausting. So that transition stuff is we’re really working out that is where there’s a huge gap at the moment. (WA)

Several specifically-funded transition projects were mentioned, (some of which have lost funding) as well as some approaches and systems to encourage good communication and collaboration around transition.

All our ECI specialists, children’s, community health are all involved in school transition networks so they see the importance of it and they have developed good relationships due to those networks. (Vic)

Queanbeyan [NSW] children special needs does … work very closely with the pre-school … Queanbeyan Pre-school Association looks at the group of children we’ve got coming into pre-
school, so they get delegated around so they don't just get dumped into one pre-school. So they're very much included into the pre-schools. (ACT[referring to NSW])

There were indications that transition processes are improving at least in one state.

Centres are now better prepared, better at gathering information before the child actually starts (SA)

The role of families in transitions was identified, and a need for them to develop skills which they can take to each of the transitions they will need to go through.

We focus on early childhood services but we forget that once that parent moves on to primary school again they meet those ... same barriers in schools. We need to upskill parents about what to say. (Vic)

**Barriers: poor collaboration**

A number of barriers against good collaborative practice were identified.

Collaborative skills: It can't be assumed that workers in the field have the skills for successful collaboration:

It's about helping them to collaborate with other people. They need skills to do this - it sounds simple but they don't have them. (Vic)

Time for collaboration: A number of participants identified that successful collaboration takes time, which is often not recognised in their work setting:

The way that we're funded … doesn't allow for the time that it takes to communicate the transdisciplinary approach. (NSW)

Now that families have got their Better Start funding they're going to need to use that for that face to face time and unless the organisation builds into the cost of that, that there might be three hours spent liaising in the background for that one hour session. I mean if you charge for that, a family is going to go "Well we're going to go to another organisation aren't I if you're going to ask me to pay that much for an hour face to face". (NSW)

It was also noted by this participant that some models of inclusive education provision require more time for collaboration in order to be successful.

While it's really helpful for families and for centres to have one face of Learning Links to go out and support you, that means that we need to spend a lot of time at work talking to each other - and that's not built into the funding. (NSW)

The need for time to work collaboratively was recognised in one program in Tasmania:

Our role is to provide time to work together. (Tas)

Attitudes to collaboration: Some participants observed that successful collaboration requires willingness, which is not always there.

Some of the schools would be very willing to share information and work together but others would not. (ACT)
It’s not perfect - there are barriers there - but we have broken down a lot of barriers between services (Tas)

Common language for collaboration: The transition to working as a trans-disciplinary team has created extra communication challenges, as one participant noted in regard to New Zealand (which introduced an early years framework including inclusive practice several years prior to Australia).

So coming from a model where traditionally we wanted to talk about children’s fine and gross motor skills we had to go to the Te Whariki terms which are … fairly close to the early years learning … It was a real challenge for us who wanted to see children quite differently. All our planning had to use Te Whariki terms not the medical ones that we had traditionally used. (ACT)

Many participants noted the critical role of the family within the team, and the need for good collaborative practice to successfully and respectfully include the family.

Comes down to building relationships. Staff building relationships with family, if they don’t have that everything breaks down (NSW)

Barriers – complexity of the system
Comments from several participants indicate that in order to access all the support necessary for inclusive education, the complexity of the support system presents a formidable barrier. This barrier faces both services and families.

The haphazard service delivery and service types that we have, has got to be a barrier for families to inclusion. It’s confusing. So we all waste time. (NSW)

The more complex the support service system becomes - the harder it is to actually utilise it; and it has become really complex. (Vic)

We [service providers] don’t even get it. We don’t understand it. (NSW)

Many of the comments identified the need for a coordinated interface with children and their family, but several observed that the reality facing them was quite different:

[We] talk about the team around the child, but there are four different teams around the child sometimes (ACT)

Because there’s no umbrella, no agency that really looks at the child as a whole and how they’re going in each of their settings it’s sort of … I mean we’re really fortunate often to get invited to the autisms unit’s planning, but sometimes the long day care centre that the child might be going to as well are not getting… the flow of information is not really happening. (ACT)

This complexity extends to the funding arrangements for each facet of the support needed to provide inclusive education. It emerged that many of the supports available to services (extra funding, extra staff etc) require the service to apply for it, often on a yearly basis. This is confusing and time consuming for services.

You know what? I would vote for someone who said … ‘I’m going to make all the government benefits exactly the same across Departments’. I’d go ‘bang you’ve got my vote’. (NSW)

It was also pointed out that many children are engaged in more than one educational setting, which adds to the complexity, and underscores the need for coordination between services.
... children that are attending the school through the day and then the after school care program or vocation care, even that cuts off as well. Separate funding bodies, separate everything, no sharing. We use 'service support plans' in there, we use 'ILPs' in schools (ACT)

**Barriers – problems with funding and resources**

Funding arrangements regarding inclusive education are complex. They involve different levels of government and vary from state to state. The listening sessions could not therefore elicit an overall assessment of funding levels and arrangements. However, many issues regarding funding were raised. These include the levels of funding, the complexity of funding arrangements, the transitional nature of some funding, and the linking of funding to diagnosis.

**Levels of funding:** Some comments indicated that many services, both ECEC services and support services, are overstretched, and therefore unable to provide to provide a quality service.

> We've got 380 services and we've got seven ISFs and not all full timers so you know the work load is huge. (NSW)

> And the funding is a very basic amount of money so services have to provide on costs and so that again doesn’t provide quality of service for the children. (WA)

> We run a kindergarten PD session at the beginning of each year by ECIS and every year we still get 60 or 70 teachers. They say they want more of this, but everyone of them has to fight tooth and nail to get the time off work we’re always asked ‘do you supply relief?’. We don’t charge for this training, we do it out of our own budget. It needs to be recognised as valuable by the Education Department. They need to look at the broader aspects of the cost of providing support for a child. (Tas)

The low level of financial support, coupled with the difficulty of applying for it, was identified by a number of participants as a disincentive for the for-profit sector to accept children with a disability at their services.

> But I think a real issue for other mainstream private businesses is funding and also staff training and development. There is funding out there that they can access but some don’t bother, there is a financial gap as well and I think it’s all just too hard and some hide behind OH and S legislation. (NSW)

> They get $16.43 an hour so employing a casual at the 20 dollar mark … we’ve got some services that would be willing to do it but they can’t cover that gap. So talking from the voice of the majority of services in the area, if the level of funding from the Federal government was lifted so that you're difference between actually employing someone and being offered a contribution … it needs to be either no gap or a very very much smaller gap. You’d find that more services have got the capacity or the willingness or financial willingness anyway to put that extra pair of hands in and make it more doable for everyone in that environment. (NSW)

**Complexity of funding:** Some participants identified problems with the complexity of applying for, and keeping, funding for inclusive education. This was seen to affect the quality of services provided.

> … it’s hard to have consistent staff if you don’t have consistent funding. Every year our funding changes but we won’t lose, we don’t want to lose our staff and for lots of centres they can’t afford to keep their staff. (NSW)

> I think the criteria that the Department sets for kids that receive funding and students that don’t receive funding need to be reviewed … because there are many kids that fall through the
gaps. At our school what we attempt to do is basically look OK this is the pot of funding we have, how can we stretch that so those kids don't fall through the gaps. You have situations where it's setting services up against each other essentially to compete for funding to be able to include children, I mean it is wrong. (NSW)

**Funding and diagnosis:** Access to some funding sources is tied to a diagnosis of a child's disability - this was seen to present problems, especially for children who are not easily diagnosed, or who were misdiagnosed.

There were about seven things on that list, and if you had one of these seven disabilities you got the money and all the funding, but if you haven't had this eighth one that wasn't there, despite your needs, you didn't get any support for that. (ACT)

... more equitable access in childcare re: accessing training for children with high medical needs. ... they cannot access inclusion support, even though an increased staff ratio is required to accommodate their needs (SA)

There were children in my opinion who were misdiagnosed and that's a whole other ball game isn't it? (ACT)

A particular area for concern regarding diagnosis was children with behavioural issues for whom it appears difficult to obtain any funding.

If you're not a child with a diagnosis - well you can't use [ISP funding]. How many centres call and go “We've got a behaviour problem we need some help or support”. We'd love to be able to go and help but there's no facility for us to be able to do that. (NSW)

A discussion in one of the listening sessions suggested functional assessments as a way of solving some of the difficulties that arise by tying access to funding and services to diagnosis.

If you get rid of a diagnosis and use something like an ABAS that looks at the function of the child’s behaviour no matter what, then you don't have the problem with diagnosis and funding being attached to the diagnosis. I mean that’s huge isn't it? (ACT)

**Barriers – diagnosis**

In addition to the problems referred to in the previous section regarding funding and diagnosis, other concerns regarding diagnosis emerged during the listening sessions.

**Timing of diagnosis:** It was pointed out that for many families, their child’s disability will only emerge, or be diagnosed, during their time in an early childhood setting. These families are therefore likely to be inexperienced with the service system and at the same time be coming to terms with their child’s disability. In addition, the ECEC setting the child attends will have to respond to the child’s needs as they emerge, and will need to be able to access the necessary support in a timely fashion. The comments of participants indicate that such flexibility can be hard to achieve.

**Behavioural problems:** Children with behavioural problems face more barriers than those to do with funding which were discussed in the previous section. Many participants identified these children as facing particular difficulties in ECEC settings.

I agree the kids with ‘behaviour’ are very often the ones that are neglected and there is not much, as I said, that you can do. (ACT)
Things seemed to be improving with inclusion of children with additional needs, but behaviour children were quite separate, were seen as quite different, even though their needs were emotional needs. Like - a child in a wheelchair say was supported - but the child with behavioural issues was sent home and he was being naughty. So it really varies. (ACT)

The amount of times I would say “So are you talking to me about problematic behaviour for you or problematic behaviour for the child?” and they’ll go “Oh, oh the child” and I’ll go “No if it’s the little person that sits at the table and just draws for six hours a day and doesn’t include themselves in play with anyone else and doesn’t move from that drawing activity” but the inclusion of that child is viewed as significantly differently to the child that’s hurling chairs across the room.” (NSW)

Barriers – support levels and implementation

Comments about ‘support’ encompassed direct support to children from additional educators, as well as support professionals and other roles such as inclusion support facilitators.

**Support – Additional educators:** Additional educators (Aides, Learning Support Assistants, Additional assistants) were characterised as underpinning inclusive practice. There were a number of comments valuing the role of the additional educators, and citing individual examples of best practice.

- We've had an aide who’s been extremely caring, well trained and receiving a hell of a lot of support from the staff around her. [My daughter’s] been included from day one and catered for and has loved every moment of going there. (WA)

However, there were a lot of concerns raised about the effectiveness of the additional educator’s program, and the level of training of both the additional educator (in how to work with children), and of early childhood educators (in how to work with additional educators). Ambiguity about the role of additional educators working with early childhood educators and also with families was identified.

There were a number of comments that the presence of an additional educator can sometimes be detrimental, and act as a barrier between the child and the rest of the class.

- I really don’t think that providing or putting more resources in terms of teacher aide, or whatever resources, in place, is the answer. Sometimes it can be...actually a barrier. (Qld)

- But frequently when we visit they’re not actually included, they’re there, they’re with an adult the whole time, and they’re not actually being part of the program. The only person they interact with is their person that’s with them and so they’re not actually having an inclusive experience. (Qld)

- I went to visit [a student] who is quite a capable boy because he was seen to have a helper the other children were not including him. He was basically excluded by the other children. (Qld)

A range of opinions about the role of additional educator were described. These opinions were broadly ascribed to different groups. For example, some early childhood educators see the additional educator as allowing the early childhood educator to focus on the rest of the class, and some parents would like to see the additional educator working exclusively with their child. Many support professionals see the role of the additional educator as ‘increasing the ratio so that staff are better able to meet the children’s needs’. (NSW)

- We feel very strongly that the role of the aide is not just to sit there [with] the child velcroed to the aide. It is not about just sitting there and minding [my daughter] and stopping her from
pulling things down from the teacher’s desk or ripping up books or anything like that. It’s really about trying to get her attention focused with the rest of the class and learning. (WA)

I think mostly families’ perception of additional support - when we’re applying for extra support - it means that ‘my child is going to have a one to one teacher’ … I have to make it very clear that’s it’s not going to happen. (NSW)

Some participants felt that early childhood educators require more training about how to work with additional educator, in order to use them effectively.

An issue has been that we put our least skilled least trained staff to work with our most complex students (SA)

It starts with ‘what do I actually do with an extra person. How do I actually direct an LSA?’ (ACT)

When we all trained we didn’t learn anything about LSAs or how to work with extra people in our classroom. (ACT)

Higher level of training for additional educator was identified by several participants, although it was also commented that in some areas, additional educator do receive an acceptable level of training.

Certainly what I’d like to see from the education department is providing workshops on a frequent basis and actually requiring aides to go in there to learn the tools of how to teach children with special needs and not just minding them. (WA)

One of the questions that the LSAs that are going through the education support program at the moment have asked if they can actually get special education teachers to come and talk to them or can we even arrange to take them out to go ‘this is what is expected of you as an LSA’. (ACT)

My wife firstly learnt and realised it; a lot of the aides basically had no skills in terms of trying to engage this child. It prompted us to try and find out more about what aides actually... what training they had, how they come to be aides. And having spoken to someone external to that school I realised they basically do a six month TAFE course where there is not really any focus put on engaging with children with special needs, teaching them. They were doing things like scheduling which is what a teacher does. Why do you have a teacher to do the scheduling? Why not do the aide specific training? (WA)

Support professionals and inclusion support facilitators

The need for support professionals (therapists, inclusion support facilitators, early childhood special educators etc.) was clearly identified.

The research is showing too that children with disabilities do need extra support and strategies to be successfully included (Vic)

However, comments indicate that funding and staffing levels constrain their effectiveness.

A little aside I think people also need access to early childhood specialist support people. In Canberra in A.C.T pre-schools there are none because all the positions were wiped. So there is no specialised early childhood support. (ACT)
Again, confusion about the respective roles of support professionals and early childhood educators was identified as an issue.

When I [support professional] walked in to the classroom, that child was ‘mine’ [according to the teacher] – ‘Here he is, you’ve got him for the next hour’. (ACT)

Other forms of support discussed include support for early childhood educators to be able to deliver effective inclusive education, for example for early childhood educators to be supported to attend Individual Learning Plans (ILP) meetings.

I think committed support in the way of the school, although many class teachers might want to have closer links go to ILP meetings etcetera. If they don’t have that support from their structure in the school in having to provide relief for them and help in other ways, then that is very difficult for them. (ACT)

A new focus on providing supports to services, rather than directly to families or children was enthusiastically described.

Years ago Lady Gowrie worked with families, but now we work with services. This is a microcosm of what should happen in Australia. (Tas)

You can see there’s been a huge change in attitude and commitment in the last five years in services, not all of them but the bulk of them has been very big. And I think that’s something to do with having the support for the staff in the services. (NSW)

Barriers – change fatigue

A number of participants at one of the listening sessions discussed the many changes that the early childhood sector has experienced in recent years, including the Early Years Learning Framework and the National Quality Framework. It was felt that the rate of change has meant that focus has been lost on inclusion, and that the sector may be experiencing ‘change fatigue’.

And that might be the issue all this new stuff - meaning inclusion is not quite happening at the moment, it’s been put on the backburner. So maybe the Government need to look at how they change things to give people a bit more time to take things on board. (NSW)

… there’s change fatigue. And that’s a big thing that the government is concerned about. That there may well be that possibility of change fatigue because so much is happening at once and this is where we’re seeing quite an influx of people leaving the industry because it’s too much. ‘It’s too much - I’m walking away from this’. It’s easier to walk away than it is to stay at the moment. (NSW)

Barriers - Access issues

Access to high quality ECEC’s services emerged as highly problematic. A number of barriers were identified:

- the paucity of quality services;
- services overtly or covertly discouraging families from enrolling children with disabilities;
- lack of information to families; and
- poor physical design.

The consequences of poor access identified in the listening sessions included diminished opportunities for inclusion in their local community and the increased time of young children spent
travelling to distant ECEC services. Implementing ‘universal design’ principles was seen as a helpful approach by one of the listening sessions.

**Lack of quality ECEC services:** Most of the listening sessions reported that many ECEC services have very long waiting lists. Access is therefore difficult for everyone, but especially so for children with disabilities. The families of many of these children apply to many, many services, sometimes ending up a long way from their home.

… but they don't have a choice - getting a kindergarten place out there is a bit like winning Tatts lotto. Especially if you didn't know to put your application in five years ago when you had the baby. And if you are looking for childcare place, there is only for-profit and getting a spot - you are going to have to wait a while anyway, just hope that somebody either moves, dies or whatever. That is a real barrier - you can't move. Particularly in growth corridors (Vic)

There are long waiting lists for children to come to our service … we have a family come along and we have nothing to offer them and they've been to a number of other services in the area so it's pretty typical I think in the [name of district] areas. It's hard for families with children with additional needs to find positions … it's very hard when families come and they are desperate, desperate to find a service. Their child's just been diagnosed and they've been offered a few names of centres in the area and there's no positions … All the local community based preschools have long waiting lists (NSW)

The consequences for children and their families, of having to attend an ECEC service a long way from their home, include long periods spent travelling, and missing out on inclusion experiences in their local community.

I worry about children for half an hour or 3/4 hour travelling on a minibus to get to a child care centre when there's one around the corner (Vic)

**Physical barriers:** Physical access to ECEC services was rarely raised in the listening sessions, but was discussed briefly at one session.

Most difficult – severe physical. Not many families opt for our school because many of our schools are built on the side of a hill etc. (Tas)

Number of kinder groups running simultaneously in one physical environment may end up with 43 children for one day because no space within the school – so a child with Autism in that room is a nightmare (Tas)

**Designing for access:** Participants at one session held a lengthy discussion about the principles of ‘universal design’, including physical space but also programs as an approach to encouraging inclusive education for all children.

...universal design it's called. And it's about designing physical spaces as well as programs under these three categories. (ACT)

You use visuals in your classroom because everybody needs a timetable and we all use visuals. It's not just our special needs kids, our kids with disabilities. So that's the idea too behind it is that everyone else is going to benefit from some of these things that we have, I supposed designed around children with other needs. (ACT)

If you start planning something you start planning with everybody in mind. It is like when you bake a cake you have to have all the ingredients there first, you can’t bake the cake and then add something - that doesn’t work. So that's what they basically say. So for example building. It started off as architecture that’s where it sort of comes from. So start off with having ramps in
place and making sure a lift is in the building for kids with physical needs, all those kind of things. (ACT)

2.2.8 Key features of inclusion

Out of the seven listening sessions, participants were able to identify the key elements of high quality inclusive practice. Some of these were clearly named as key features, while others emerged from the discussions as important aspects with very broad agreement.

Quality inclusive education:

- Is based on and supports positive attitudes, beliefs and values of all members of the team around the child
- Is based on the principle of equity – not all children need the same attention but they should each have access to what they need
- Requires and supports collaboration and equal partnerships, as well as a transdisciplinary approach
- Requires everyone in the ECEC program to be responsible for the effective inclusion of the child with a disability
- Is based on the active participation and engagement of each and every child in the ECEC program
- Provides a service system that is easy to navigate for families and service providers
- Policies supporting inclusion from all levels of government implemented in a ‘top down’ systems approach.
- Is underpinned by a skilled workforce with the skills and knowledge necessary to achieve positive outcomes for children with a disability
- Provides appropriate and effective support, including additional educator, support professionals and inclusion support facilitators
- Includes community inclusion
- Provides well supported and healthy transitions for children and families
- Recognises the role of all members of the team around the child, and is based on respectful relationships
- Requires commitment from leadership
- Provides high quality information to families and all other members of the team around the child
2.2.9 Inclusion in relation to the Early Years Learning Framework

Each of the listening sessions was asked the following question:

‘Looking at the EYLF definition of inclusion do you think that this definition adequately represents what we want in our shared definition of inclusion for children with developmental delays and disabilities in early childhood services?’  

Most participants were not familiar with the definition of inclusion contained in the EYLF. Participants from early childhood backgrounds (including intervention support facilitators), seemed to understand the terminology used in the definition and be initially more satisfied with the statement than did participants from an allied health background. Words from the definition such as ‘curriculum’ were often explained to the listening session by an early childhood educator participant, as early childhood intervention practitioners generally understood curriculum in terms of education only.

Further, early childhood intervention practitioners, in particular, wanted to see a broader definition of inclusion, one that takes into account the family and the wider community with a focus on the importance of social inclusion.

An area of common agreement among participants was that the definition is a passive rather than an active statement eg, phrases such as ‘taking into account all children’s social, cultural and linguistic diversity….’ and ‘The intent is to ensure that all children have equitable access.’ Participants wanted to see more commitment to a powerful active statement on inclusion.

One participant shared her experience from working in New Zealand, where implementation of the ‘Te Whariki framework’ was a big change for her. She had been working as a psychologist but with the introduction of the new framework, had to adopt the language of the early childhood framework. She said that it was difficult to begin with but the outcomes were very positive as then all practitioners from both the ‘early childhood education and care’ and the ‘early childhood intervention’ sectors were all using the same language and developed a shared understanding. It seemed to be a lesson that could be applied in Australia with the implementation of the NQF and the EYLF providing the opportunity to develop a shared understanding and a common language for all practitioners to use.

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1 The Early Years Learning Framework definition is:

Inclusion: involves taking into account all children’s social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. The intent is to ensure that all children’s experiences are recognised and valued. The intent is also to ensure that all children have equitable access to resources and participation, and opportunities to demonstrate their learning and to value difference (DEEWR, 2009).
3. The Online Survey

3.1 Survey methodology for online survey

The results from the listening sessions informed the development of an online questionnaire-style survey on inclusion of children with disabilities in early childhood settings. The survey allowed stakeholders to respond to the issues identified in the listening sessions, thus providing an opportunity for validating the qualitative data collected in the listening sessions, and for identifying any trends in experience or opinions across the sectors. In addition, there was some scope for respondents to the online survey to identify further relevant issues in their own words. In this way, a large number of stakeholders had the opportunity to identify the key issues surrounding inclusion. The results of the listening sessions and online survey will inform the development of a shared position statement on inclusion.

3.1.1 Survey Design

ECIA and ECA jointly designed the survey and were responsible for its content. TrainWell Online Solutions, an independent provider of e-learning resources, was responsible for the online survey design and quantitative statistical analysis of the survey and an independent qualitative analyst was responsible for the analysis of the three qualitative questions in the survey.

The survey was open for the month of March 2012 and was widely advertised by both the organisations of Early Childhood Australia and Early Childhood Intervention Australia. Members of both organisations were asked to promote the survey through their own networks in the various states and territories. Participants accessed from a website that was developed for this project www.disabilityinclusionstatement.org.au.

The survey consisted of seventeen questions in total. Three questions focused on the features of inclusion, the barriers to inclusion and the level of inclusion of children with disabilities in programs, community and state/territory. Five questions then focused on the National Quality Framework and, in particular, the Early Years Learning Framework as related to the inclusion of children with disabilities into ECEC services. Three questions allowed for a qualitative response including two questions about the EYLF with the other question asking about one critical ‘thing’ to achieve high quality inclusion for children with disabilities. The purpose of the last eight questions was to gather demographic information about the participants. (The survey can be found in Appendix 3 of this report)

3.1.2 Demographic information about the participants in the survey

The survey had 1403 participants from all states and territories in Australia. This represents a strong number of responses across Australia which helped to gain a picture of the beliefs and views of participants across Australia about the key issues surrounding inclusive practice.

Almost all the participants (97%) were female while representation across the states was roughly proportional to population (although Victoria was slightly over-represented and Queensland slightly under-represented).

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria</td>
<td>33.1%</td>
</tr>
<tr>
<td>New South Wales</td>
<td>30.1%</td>
</tr>
<tr>
<td>Western Australia</td>
<td>12.6%</td>
</tr>
<tr>
<td>Queensland</td>
<td>8.9%</td>
</tr>
<tr>
<td>South Australia</td>
<td>5.1%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>4.5%</td>
</tr>
<tr>
<td>Australian Capital Territory</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Northern Territory: 2.5%

42% of participants were members of Early Childhood Australia, while 31.1% identified as members of Early Childhood Intervention Australia (ECIA). This reflects the larger membership of ECA. 38.6% of participants were members of other associations and 561 participants skipped this question.

The majority of respondents (66.4%) had an education qualification. A further 14.6% had a special education/early childhood intervention qualification which it could be assumed was education based. Therefore 81% of participants had an education degree. The next most common qualification was an allied health degree (15.1%). The highest number of participants had a Bachelor’s Degree (44%) with 71% of participants holding a Bachelor Degree or above (Masters 11.9% or PHD 0.7%).

The proportion of participants from the survey who identified as working in an early childhood setting was roughly equivalent to participants who support inclusion in ECEC settings as detailed below:

- **The total of participants working in an early childhood setting** was 37.5% with the break down as follows: Early childhood educator 21%; Director of an early childhood setting 12.8%; Assistant educator 3.1%

- **The total of participants working as professionals to support inclusion** was 34.4% with the break down as follows: Support professional 19.8%; Manager of an early childhood intervention service 8.4%; Inclusion support facilitator 6.2%

- **Other professional roles of participants** included: School staff 6.4%; Academic Researcher 2.0%; Policy/Government 2.0%; Professional Provider 2.0%; Student 2.3%; and Other 24.2% (207 participants skipped this question)

Parents of children with disabilities made up 32.3% of participants, while 77% of participants had worked with/supported a child with a disability in an ECEC setting within the last three years.

Over 60% of participants had over ten years of experience and over 35% of participants had 20 or more years of experience, as shown in Table 6 in Appendix 4.
3.2 Results

3.2.1 Features of Inclusion

In question one, participants were asked to select the level of importance, based on their own experiences and/or their beliefs, for successful inclusion of children with disabilities in ECEC settings. The list of features that had been identified as contributing to the successful inclusion for children with disabilities into ECEC settings was identified from data gathered from the listening sessions.

Table 1: Features contributing to successful inclusion

Description: The following table displays all the features of inclusion in order of importance. Note: as all features were listed as ‘Very Important’ this table is sorted by the ‘Very Important’ column.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Very important</th>
<th>Moderately important</th>
<th>Neutral</th>
<th>Slightly important</th>
<th>Not important</th>
<th>Response Count</th>
<th>Percentage very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive attitudes and beliefs of early childhood educators and support professionals</td>
<td>1361</td>
<td>30</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1395</td>
<td>97.6%</td>
</tr>
<tr>
<td>Warm, welcoming environment for families in their contacts with services/settings</td>
<td>1306</td>
<td>83</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1395</td>
<td>93.6%</td>
</tr>
<tr>
<td>Trusting and respectful collaboration among families, early childhood educators and support professionals</td>
<td>1280</td>
<td>107</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1389</td>
<td>92.2%</td>
</tr>
<tr>
<td>Training provided to prepare early childhood educators for inclusion</td>
<td>1274</td>
<td>111</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>1392</td>
<td>91.5%</td>
</tr>
<tr>
<td>Ongoing support for both early childhood educators and support professionals</td>
<td>1259</td>
<td>126</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>1393</td>
<td>90.4%</td>
</tr>
<tr>
<td>A workforce of early childhood educators with the knowledge and skills necessary to implement a high quality ECEC program</td>
<td>1250</td>
<td>127</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1387</td>
<td>90.1%</td>
</tr>
<tr>
<td>A workforce of support professionals with the knowledge and skills to work collaboratively with early childhood educators to include children with disabilities in ECEC programs</td>
<td>1239</td>
<td>137</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>1388</td>
<td>89.3%</td>
</tr>
<tr>
<td>Flexible, responsive ECEC programs and ECI support services for children with disabilities and their families</td>
<td>1227</td>
<td>149</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>1383</td>
<td>88.7%</td>
</tr>
<tr>
<td>Consistent funding for inclusion across different service types/settings</td>
<td>1220</td>
<td>144</td>
<td>22</td>
<td>3</td>
<td>1</td>
<td>1390</td>
<td>87.8%</td>
</tr>
<tr>
<td>Additional support for children with disabilities in an ECEC program</td>
<td>1217</td>
<td>166</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1391</td>
<td>87.5%</td>
</tr>
<tr>
<td>Leadership in ECEC settings committed to inclusive practice</td>
<td>1209</td>
<td>158</td>
<td>17</td>
<td>2</td>
<td>0</td>
<td>1386</td>
<td>87.2%</td>
</tr>
<tr>
<td>Transitions between and across settings are well coordinated and as seamless as possible</td>
<td>1207</td>
<td>154</td>
<td>20</td>
<td>2</td>
<td>0</td>
<td>1383</td>
<td>87.3%</td>
</tr>
<tr>
<td>Inclusion seen as beneficial for all children not just children with disabilities</td>
<td>1204</td>
<td>157</td>
<td>20</td>
<td>5</td>
<td>2</td>
<td>1388</td>
<td>86.7%</td>
</tr>
<tr>
<td>A service system that is easy to navigate for families, ECEC providers and ECI support service providers</td>
<td>1203</td>
<td>169</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>1388</td>
<td>86.7%</td>
</tr>
<tr>
<td>ECEC staff team sharing responsibility for the inclusion of children with disabilities</td>
<td>1171</td>
<td>194</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>1385</td>
<td>84.5%</td>
</tr>
<tr>
<td>Active participation and engagement of each child in all aspects of the ECEC program</td>
<td>1139</td>
<td>215</td>
<td>30</td>
<td>8</td>
<td>1</td>
<td>1393</td>
<td>81.8%</td>
</tr>
<tr>
<td>Consistent policies towards inclusion across all settings/services</td>
<td>1133</td>
<td>217</td>
<td>30</td>
<td>8</td>
<td>2</td>
<td>1388</td>
<td>81.6%</td>
</tr>
<tr>
<td>Inclusion is based on the principle of equity (that resources are distributed according to need – i.e some children and families will require more/less effort, time and energy) not on equality (every child and family is treated the same)</td>
<td>1101</td>
<td>210</td>
<td>62</td>
<td>10</td>
<td>4</td>
<td>1387</td>
<td>79.4%</td>
</tr>
<tr>
<td>Acknowledgement of difference and celebration of diversity</td>
<td>1100</td>
<td>238</td>
<td>39</td>
<td>8</td>
<td>0</td>
<td>1383</td>
<td>79.5%</td>
</tr>
<tr>
<td>Individualised program for each child</td>
<td>1057</td>
<td>283</td>
<td>36</td>
<td>12</td>
<td>4</td>
<td>1392</td>
<td>75.9%</td>
</tr>
</tbody>
</table>

The results from the survey strongly support the results from the listening sessions with over 95% of survey participants seeing all the key features identified in the listening sessions as ‘very important’ to ‘moderately important’. Positive attitudes and beliefs of early childhood educators and support professionals were rated as the most important feature of inclusion which was supported by the results from the listening sessions with Trusting and respectful collaboration among families, early
childhood educators and support professionals with training and ongoing support for early childhood educators and support professionals also rating very highly in the survey as in the listening sessions.

3.2.2 Barriers to inclusion

In question 2 of the survey, participants were asked, based on their own experiences and/or their beliefs, to select the extent to which they felt each item from the table below represented a barrier to the inclusion of a child with a disability into ECEC settings. The list of barriers was identified from data gathered from the listening sessions.

Table 2: Barriers to inclusion

Description: The following table displays the barriers to inclusion in order from most to least. Note: this table is sorted by the ‘Extreme barrier’ column.

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Not a barrier</th>
<th>Somewhat of a barrier</th>
<th>Moderate barrier</th>
<th>Extreme Barrier</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate funding for inclusion support for children with disabilities in the ECEC program</td>
<td>1%</td>
<td>7.9%</td>
<td>21.5%</td>
<td>69.7%</td>
<td>1337</td>
</tr>
<tr>
<td>Negative beliefs and attitudes of early childhood educators and support professionals</td>
<td>4.7%</td>
<td>13.1%</td>
<td>21.0%</td>
<td>61.2%</td>
<td>1338</td>
</tr>
<tr>
<td>Lack of access to high-quality inclusive programs for children with disabilities</td>
<td>2.3%</td>
<td>12.5%</td>
<td>26.9%</td>
<td>58.2%</td>
<td>1333</td>
</tr>
<tr>
<td>Not enough ongoing support in inclusive practices for early childhood educators and support professionals</td>
<td>1.9%</td>
<td>10.4%</td>
<td>33.4%</td>
<td>54.3%</td>
<td>1333</td>
</tr>
<tr>
<td>Lack of time in ECEC settings/services for planning and coordinating services for children with disabilities</td>
<td>2.6%</td>
<td>11.6%</td>
<td>31.6%</td>
<td>54.2%</td>
<td>1335</td>
</tr>
<tr>
<td>Lack of skilled early childhood educators in the workforce</td>
<td>3.6%</td>
<td>15.3%</td>
<td>27.7%</td>
<td>53.4%</td>
<td>1337</td>
</tr>
<tr>
<td>Not enough training to prepare early childhood educators and support professionals</td>
<td>1.2%</td>
<td>11.1%</td>
<td>37.3%</td>
<td>50.4%</td>
<td>1338</td>
</tr>
<tr>
<td>Lack of skilled support professionals in the workforce</td>
<td>4.0%</td>
<td>17.2%</td>
<td>29.8%</td>
<td>49.0%</td>
<td>1334</td>
</tr>
<tr>
<td>Complexity of the service system for families, ECEC providers and ECI support service providers</td>
<td>1.5%</td>
<td>14.0%</td>
<td>38.4%</td>
<td>46.1%</td>
<td>1337</td>
</tr>
<tr>
<td>Lack of coordination of supports and services provided for the child with disabilities and their family</td>
<td>2.5%</td>
<td>17.0%</td>
<td>36.7%</td>
<td>43.8%</td>
<td>1337</td>
</tr>
</tbody>
</table>

As noted, the list of barriers to the inclusion for children with disabilities into ECEC settings was identified from data gathered from the listening sessions. The results from the survey strongly support the results from the listening sessions relating to the barriers to successful inclusion with a majority of participants seeing all the barriers to inclusion identified in the listening sessions as an ‘extreme barrier’ and a ‘moderate barrier’. The barrier of Inadequate funding for inclusion support for children with disabilities in ECEC programs was listed as the highest barrier to inclusion whereas in the listening sessions attitudes and beliefs of early childhood educators and support professionals was seen as the number one barrier.
3.2.3 Level of inclusion at state/territory, community and program levels

Participants were asked, based on their own experiences, to indicate the level of inclusion of children with disabilities in their setting/service or the setting/service they supported; their local community and then their state/territory. ‘The level of inclusion’ was defined for the purpose of this survey as ‘the extent to which children with disabilities and developmental delays and their families actively participate in the same early childhood programs and community activities as other children and families’.

Table 3: Level of inclusion of children with disabilities in participant’s program, community and state/territory

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your setting/service or the setting/service(s) you support?</td>
<td>36.7%</td>
<td>31.4%</td>
<td>22.9%</td>
<td>6.6%</td>
<td>2.4%</td>
<td>1334</td>
</tr>
<tr>
<td>your local community?</td>
<td>8.3%</td>
<td>27.7%</td>
<td>43.8%</td>
<td>16.5%</td>
<td>3.7%</td>
<td>1338</td>
</tr>
<tr>
<td>across your state/ territory?</td>
<td>32.3%</td>
<td>17.3%</td>
<td>49.1%</td>
<td>24.3%</td>
<td>6.9%</td>
<td>1327</td>
</tr>
</tbody>
</table>

Participants rated their own setting/service or the setting/service that they supported more highly than services or programs in their own community. Over 80% identified inclusion as average, poor or very poor in their state or territory while only 19.8% indicated ‘good’ or ‘very good’. Families rated services/programs that they had attended, in their community and across their state/territory as lower than did other participants including early childhood educators and support professionals.

3.2.4 High quality inclusion

In Question 8 participants were asked to write one thing that they felt was critical to achieving high quality inclusion for children with disabilities in ECEC settings. This was an optional question.

The ‘critical things’ that were identified can be broadly grouped according to the frequency with which they were raised. These fall into three groups:

The most frequently raised ‘critical things to achieve high quality inclusion’ were cited by 20-27% of respondents as were as follows:

- The beliefs, attitudes and values of staff, families and the broader community, as a barrier to inclusion.
- The need for more training and better skilled workers.
- A lack of funding and resources
- The need for improved collaboration and communication, and the difficulty of achieving this.

The next group of ‘critical things’ were mentioned by 10-15% of respondents:
• The need for more support workers who are better trained. This included support professionals and classroom assistants.
• The critical role of families and the need for effective collaboration between families and services, which requires attention.
• Communication between ECI professionals, other services and families. It is less stressful for families and children if everyone is on the same page with support strategies.

The least frequently mentioned ‘critical things’ were mentioned by only 2-6% of respondents.

• The need to maintain and provide access to the skills of support professionals.
• The need for strong leadership around inclusion
• Transition services for children moving between centres/schools

3.2.5 Inclusion and the ‘National Quality Framework for Early Childhood Education and Care’

Three questions with optional responses for two of those questions related to the National Quality Framework (NQF) for ECEC which is currently being implemented around Australia. The NQF aims to raise quality and drive continuous improvement and consistency in education and care settings/services through: a national legislative framework; a National Quality Standard; a national quality rating and assessment process and a new national body called the Australian Children’s Education and Care Quality Authority. The survey focussed specifically on one aspect of these changes, The Early Years Learning Framework, and its impact on the inclusion of children with disabilities. The Early Years Learning Framework (EYLF) is embedded in a number of the National Quality Standards and is intended to support curriculum decision making to extend and enrich children’s learning from birth to five years (EYLF p. 5).

Responses to implications of the EYLF for practitioner’s practice

Participants were asked in Question 4 whether they were aware of the implications of the EYLF for their practice. Responses were as follows:

• 78.7% responding that they were aware of the implications of the EYLF for their practice and
• 21.3% responding ’no’ to this question.

When the results of this question were cross tabulated with years of experience the results demonstrated that the more experience a participant had the more aware of the implications of the EYLF for their practice. For example,

• 91% participants with over 20 years’ experience were aware of implications of the EYLF for their practice as compared with
• 82% of participants with 11 to 20 years’ experience
• 79% of participants of participants with 1 to 5 years’ experience
• 44% of participants of less than one year’s experience.

Importance of the learning outcomes in the EYLF as a guide to developing a program when including a child into an ECEC setting
In Question 5, participants were then asked in their opinion, how important the learning outcomes were in the EYLF as a guide to developing a program when including a child with a disability into an ECEC setting. They were then given the opportunity to explain their answer.

The overwhelming majority of responses to this question were supportive of the learning outcomes as a guide for inclusion of children with disabilities:

- 90% rated the EYLF learning outcomes as ‘very important’ or ‘important’
- 1.2% rated them as ‘unimportant’ or ‘very unimportant’

The related comments from 333 participants identified a number of specific attributes of the learning outcomes which were positive, as well a number of concerns. These are identified below.

**Positive comments about the learning outcomes**

Most of the comments about the learning outcomes were positive in nature, reflecting the balance of positive rating of the learning outcomes. In particular, there was support for the learning outcomes, and the EYLF more generally, as they:

- Provide a framework, or guidelines, for planning programs and setting goals
  The most frequently cited positive aspect of the learning outcomes was providing a guide for planning and practice. In particular, they provide a basis for communication between families, education staff and specialist support workers in order to agree on common goals.

- Are holistic in nature
  There were many comments (40) which identified the broad and holistic nature of the learning outcomes as a very positive feature of the learning outcomes, and one which would benefit children with disabilities in particular.

- Are strengths-based
  In addition to being holistic, the learning outcomes were seen as being strength-based rather than deficit-based, and this was viewed very positively by some respondents.

- Encourage a shift in attitude
  The learning outcomes, and to some extent the EYLF were seen as representing a new benchmark in attitudes toward inclusive education for children with disabilities, thereby encouraging a further shift in attitude.

- Inform intervention practice
  A small number of people commented that the outcomes provide a new framework for intervention as well as education practice.

**Concerns about the learning outcomes**

Conversely, some concerns were raised regarding the learning outcomes, the EYLF, and their implementation. These were more frequently mentioned by respondents who scored the learning outcomes as ‘unimportant’ or ‘very unimportant’, but were not confined to this group.

- The learning outcomes, and the EYLF are not applicable to children with disabilities
  A large number of participants were concerned that the learning outcomes cannot apply to children with disabilities, especially those with severe disabilities.
• Requires resources and training

There were a number of comments (30) that the success of the learning outcomes is contingent on increased resources, including the need for better trained and skilled staff.

• The intention of the EYLF will not translate into practice
• Implementation of the EYLF will be onerous on staff

There were concerns raised that the implementation of the EYLF might result in more paperwork, and less time ‘on the floor’ with children

• Requires a shift in attitude

Likewise, there were concerns that the learning outcomes will not have a significant effect without a change in attitudes towards inclusive education.

• Specialist and intervention services might become less valued, and/or less available

Two respondents were concerned that specialist or intervention services may be less valued if all the emphasis is placed on learning in a natural setting.

**The EYLF learning outcomes and a shared approach**

In question 6, participants were asked whether the practice framework suggested in the EYLF learning outcomes could provide a shared approach between early childhood educators and support professionals to the inclusion of children with disabilities into ECEC settings. Again they were given the opportunity to explain their answer.

As with question 5, by far the majority of respondents were positive about the framework.

• Nearly 60% of respondents said that the framework definitely provides a shared approach, while 29% said sometimes.
• Only 2.4% of respondents indicated that the framework provide a shared approach ‘seldom’ or ‘never’.

While there were some comments to the effect that a shared approach is already operating, the majority indicated that it is early days, and there is still work to be done.

• Shared language
• Need to actively develop a shared understanding between the sectors
• Time constraints

The most commonly identified barrier to support professionals and education staff developing a shared approach was the time required to liaise, and the lack of time available to do this.

• Lack of resources/funding

Associated with the identified time constraints, is a need for increased resources, including funding which will allow time for collaboration, but also training, increased staffing levels etc.

• Need for additional training

Many respondents identified a need for additional training for both sectors. This was partly a reflection of the need to bridge the very different models the two groups have operated within to date, and training specifically directed at how to jointly implement the framework.
3.2.6 Comparing the survey results with the listening sessions results

The features of successful inclusion and the barriers to inclusion in the Australian context were derived from the outcomes of the listening sessions. Overall, the relative importance of the themes from the survey generally reflects the results of the listening sessions. In particular: attitudes, training and funding were easily the most frequently identified ‘critical things’ in question 8 of the survey, followed closely by collaboration. These were also very prominent in the listening sessions. As might be expected, while ‘training’ was identified as important in the survey, the listening sessions provided a much richer picture of workforce issues beyond training, and a more nuanced idea of the type of training needed, and appropriate delivery styles.

The main points of departure from the results of the listening sessions are:

**Inadequate funding** was rated by participants in the survey as the most significant barrier to inclusion of children with disabilities. This was reinforced by the qualitative comments in the survey. While inadequate funding was raised as an issue in the listening sessions, it was not nearly as prominent.

**Transition** (students moving between ECECs and school etc), were not as frequently raised as an issue in the survey as in the listening sessions.

**Leadership** – likewise, the importance of leadership was less pronounced in the survey by comparison with the listening sessions, although it was still present.

3.2.7 Limitations

It had been envisaged that the answers in the survey could be analysed against the professional role of respondents. It was hoped that this would reveal any differences within sector that could be ascribed to professional background and role. However, responses to the question asking respondents to identify their professional role proved to be more complex than envisioned, and it was difficult to classify respondents into meaningful categories. The data from these questions has therefore been analysed as a whole without reference to the professional role of respondents. It was possible to identify ‘families’ as a separate entity and some useful data was obtained about family’s views on inclusion.

In both the question on the **features of successful inclusion** and the question on the **barriers to inclusion** more useful data could have been obtained through getting participants to rank the features and the barriers in order of importance rather than asking participants to rate the level of importance of the key features and barriers to inclusion.

Regarding the questions for the Early Years Learning Framework it was hoped that some more in depth questions could have been asked but due to the big differences in the knowledge and skill base about the EYLF between the Early Childhood Education and Care and the Early Childhood Intervention sectors this proved not to be possible. It would be an interesting area for further research.
4. Discussion

The comments made stakeholders during the seven listening sessions and through the online survey in this report illustrate the enormous changes which have occurred in inclusive early childhood education in Australia over the past two decades. What emerges is a picture of a system very much in transition, characterised by isolated examples of high quality inclusive practice, often involving particular elements of inclusiveness, for example, transition and classroom support. There is little indication of a coordinated roll-out of inclusive early childhood education policy across Australia. The results suggest that in states where there were supportive policies that were clear and well disseminated to all stakeholders, inclusive practice was further developed.

4.1 Factors likely to facilitate inclusion

Despite the fragmented process of development, there is a consensus emerging about what factors contribute to successful inclusion. The positive attitudes, beliefs and values of all the adults is identified as both important and, in some instances, still aspirational. Underpinning the work of those who continue to pursue inclusion is a strong belief in the principle of equity, including the recognition that not all children need the same attention but each child should each have access to what they need. There is also a strong sense that stakeholders have moved past the idea of inclusion as an issue of access, the importance of the active participation and engagement of each and every child in the ECEC program is now recognised. To achieve participation and engagement requires everyone in the ECEC program to take responsibility, for there to be a commitment from leadership, as well as collaboration and equal partnerships from all those involved. Respectful relationships and the sharing of skills, or a transdisciplinary approach, is important in achieving the best outcomes for children. Inclusion may need appropriate and effective support at multiple levels, including from additional educators, support professionals and other forms of inclusion support. Well supported and positive transitions for children and families set the context for successful inclusion.

Successful inclusion occurs in the context of a broader social environment that values children with a disability and supports high expectations. This includes a service system that provides high quality information and is easy to navigate for families and service providers, policies that support inclusion from all levels of government, including ‘top down’ systems approaches, and a commitment to the development of a workforce with the skills and knowledge necessary to achieve positive outcomes for children with a disability. Such an approach will sit within a broader commitment to community inclusion.

4.2 Factors identified as barriers to inclusion

Stakeholders were not positive about the current state of the inclusion of children with a disability. Stakeholders had a poorer view of inclusion in general, as opposed to their own experience. Over 80% identified inclusion as average, poor or very poor in their state or territory and only 19.8% of respondents identifying the level of inclusion of children with disability as being ‘good’ or ‘very good’ in their state or territory. By comparison stakeholders rated their own service as good or very good in 68% of instances. Nonetheless, based on the results of both the listening sessions and the survey, much needs to be done in order to achieve consistent, high quality inclusive practices across Australia. What has emerged is a picture of great inconsistency, in which different services offer children different levels of inclusion, participation and engagement cannot be taken for granted, staff can be challenged in working together and children with disabilities can be clustered in some services. There does not appear to be a systematic approach to reducing the gap between policy and practice.

The barriers to inclusion documented in this study are not new. They appear stubbornly resistant to improvement with the passing of time. They include negative attitudes, beliefs and values, a
workforce that is underdeveloped and undervalued, limited processes for transitioning between services, poor collaboration skills, limited funding and resources, confusion over funding levels and criteria and a lack of clarity about support levels and roles. Without deliberate action it is unlikely that these barriers will be reduced.

4.3 Bringing the field’s skills together

A central challenge to improving inclusive early childhood education is finding new ways for early childhood educators and early childhood interventions specialists to work together to share their expertise. The listening sessions and the survey signaled difficulties in communication and collaboration between the sectors. The listening sessions highlighted significant differences between the ‘early childhood education and care’ and the ‘early childhood intervention’ sectors understandings of what inclusion means. This was particularly evident in the listening session discussions regarding the definition of inclusion contained in the Early Years Learning Framework. Currently the two fields are evolving separately. If successful inclusion requires the redrawi

4.4 Workforce issues

Inclusive early childhood education relies on a skilled and stable workforce. This study revealed three areas of acute concern:

- workforce capacity (the skills and training of early childhood educators and support professionals),
- availability (especially support professionals), and
- the structure of the workforce (reliance on unskilled, low paid additional educators as well as a perceived loss of specialist skills such as speech pathology).

The need for more training and better skilled workers was one of the top three ‘critical things’ identified in the survey, that could assist achieve quality inclusion. Findings from the listening sessions depict a workforce that is undertrained, underpaid, under-skilled, and scrambling to respond to the new demands of inclusive early childhood education. Training systems were portrayed as inadequate. There is a shortage of staff, partly because it is difficult to provide market wages to early childhood intervention professionals. The survey results support these findings, particularly with regard to training.

These findings are consistent with those of the recent Productivity Commission research report Early Childhood Development Workforce (2011). While the report recognises the positive contribution made by quality early childhood education and care to the well-being and early success of most children, it notes that services for children with additional needs and indigenous children are not yet meeting the standards available to other children. The report therefore, gives priority to early childhood development workplace requirements for these children, with the aim of ‘closing the gap’ (PC, Dec, 2011).
ECEC services already including a child with a disability may need support. Training of both the early childhood educators and the support professionals in working collaboratively together and developed a shared understanding about inclusion was seen as critical. Training needs to take a ‘whole staff’ approach rather than just targeting an individual early childhood educator who will be working with the child with a disability. Staff and services need to be supported to attend training, for example by replacement staff while they attend training.

The role of additional educator and the training of additional educators was mentioned in every listening session. The employment of untrained staff to work with children with a disability needs to be reviewed. To effectively facilitate the inclusion of children with a disability, additional educators must work in a different way to that reported by many stakeholders. The ‘velcro’ additional educator was no longer regarded as a useful role. Additional educators were seen to be more effective when they proved more general support so that the main early childhood educator was able to work with all the children. Training of both the additional educator and the early childhood educator in this changed role was seen as critical.

There is concern about what combining the expertise of the early childhood educators and early childhood interventionists means. In particularly there is a reaction against the idea everyone should be able to do everything and that valuable specialist skills required for the diverse population of children with a disability will be lost. This reflects the need to more clearly articulate how expertise can be combined.

A multi-layered approach to training was seen as underpinning the development of a skilled workforce. Identified elements in this multi-layered approach include:

- Tertiary training including TAFE and Education and Allied Health University courses to include mandatory units related to inclusive practice;
- coaching/mentoring for both individuals and services – this was mentioned several times, and examples of successful mentoring/coaching projects were discussed in particular the inclusion support facilitators program;
- customised training for services - which can respond to the situation in a specific service at a specific time;
- online interactive training modules focused on skills required for inclusive practice that would allow equitable access for practitioners throughout Australia
- on-going shared training available on a consistent basis for all practitioners in their local area.

Overall, the listening sessions and survey supported training to be improved at all levels, and there was an overwhelming response that training and professional development are currently inadequate.

4.5 Quality

Stakeholders identified concerns about ECEC services more generally and the need to improve overall quality. While it was recognized that the implementation of the National Quality Standards in ECEC services is designed to improve quality generally, stakeholders expressed ongoing concerns about the conditions under which quality inclusive education is expected to be delivered, particularly staffing ratios, training and resources. In particular there is a lack of accountability about the degree to which a child is actually engaged and participating in a program. The survey reflected concerns about the translation of policy into practice. Without adequate accountability for providing high quality education to each and every child it was questioned whether children with a disability will gain the experiences they need. It remains to be seen whether the NQS will provide the necessary mechanisms to ensure that all children are actually achieving positive outcomes.

4.6 Community attitudes

The attitudes of stakeholders are key to successful inclusive practice. The survey identified that the EYLF can be seen as a watershed in terms of attitude – it signals that there has been a shift in
attitude sufficient to introduce an expectation of quality inclusive education for all. The EYLF was also identified as a tool for improving attitudes, raising expectations of quality inclusion as the accepted standard.

The fact that attitudes remain an issue is a major concern. Participants in the listening sessions advocated for the need to address attitudes directly, but they agreed that many things influenced the attitudes of both staff and services. Stakeholders identified that poorly implemented approaches to including children with disabilities will create negative reactions. Both the survey and listening sessions identified that if staff feel inadequately trained and supported to provide inclusive education, their attitudes are likely to remain negative. Improved capacity of services and staff to work effectively with children with a disability is likely to improve attitudes. The listening sessions identified the importance of strong leadership and the leader leading by example as being important to embedding positive attitudes of staff towards quality inclusive practice within the ECEC setting.

4.7 Children missing out

The listening sessions identified that there is a silent but significant number of children with a disability who are missing out on ECEC services altogether, and whose experiences are difficult to ascertain. They are unable to access long day care, and sometimes preschool services. It is important to consider them in any policy response. Of particular note are children with behavioural issues, but there is an impression that children with a disabilities generally are over represented in the waiting lists for preschool and long day care. Therefore this study only reports on part of the picture.

5. Conclusion

This study, through its listening sessions and survey, clearly demonstrates that there is an urgent need for action to address the lack of consistent quality inclusion for children with a disability in ECEC settings across Australia. While there are examples of high quality inclusion, there is still a long way to go in order to achieve high quality inclusive practices across Australia.

As indicated at the beginning of this report, this study was undertaken to provide a context for collaboration between ECA and ECIA to develop a joint statement on the Inclusion of Children with a Disability into ECEC Settings. That work has now been completed, resulting in a shared “Position on the inclusion of children with a disability in early childhood education and care” That position reads:

Our position is that children with a disability have the same rights as all children and additional rights because of their disability. They share with all children the right to be valued as individuals and as contributing members of families, communities and society.

Every child is entitled to access and participate in ECEC programs which recognise them as active agents in their own lives and learning, respond to them as individuals, respect their families as partners and engage with their diverse backgrounds and cultures.

This means that ECEC services and support professionals must be resourced and supported to the level required to fully include children with a disability and to achieve high quality outcomes for all children.

The Joint Statement also includes a series of recommended actions. These were informed by and are consistent with the findings of this study. It is therefore appropriate to conclude by restating those actions.
Areas for action

Early Childhood Australia and Early Childhood Intervention Australia have identified that action is required by:

- the early childhood education and care and early childhood intervention professions
- service providers, educators and support professionals
- governments, organisations and institutions including education and allied health training providers.

One common concern across the three areas is the need to build the capacity of ECEC and support professionals to support high quality inclusion. This calls for the provision of relevant undergraduate and postgraduate course content; ongoing professional development (including joint professional development) and mentoring; and the articulation of a shared set of standards for the practice of inclusion.

The early childhood education and care and early childhood intervention professions

Inclusion of children with a disability requires collaboration between the early childhood education and care and early childhood intervention fields to achieve the best outcomes for children. This includes:

- leaders at all levels in the sectors working to build positive attitudes, beliefs and values about inclusion in their professional communities
- ECEC educators and support professionals working together to develop shared knowledge, common language and mutually supportive practice
- strengthening the contribution made by all members of the team, particularly focusing on:
  - the child as a contributor to their own and others’ learning
  - family members as significant partners in their child’s learning and as informed decision makers in supporting their child’s ongoing education and care
  - cooperation between early childhood educators and support professionals in adapting curriculum and providing additional resources, based on children’s and families’ strengths and according to need
  - support for effective and positive transitions between and across settings for children and families.

Service providers, educators and support professionals

Inclusion of children with a disability requires:

- program philosophies that reflect shared assumptions about inclusion, the valuing of diversity, collaboration and partnership and what constitutes high quality inclusive practices
- interpersonal warmth and welcome for all families and children in their contacts with services/programs
- programs that acknowledge each child’s strengths, meet each child’s specific needs and abilities and support the active participation and engagement of all children
- intentional teaching that is interactive, purposeful and thoughtful and recognises the individual needs of each child
- environments that support meaningful positive relationships and friendships with peers and other adults
- recognition of and support for parents’ advocacy for their child.

Governments, organisations and institutions
Including children with a disability requires support from governments, organisations and institutions to build strong foundations for families to support children’s learning, development and wellbeing. This requires that governments, organisations and institutions acknowledge publicly the importance of children’s services that practise high quality inclusion for all children and implement a systems approach to inclusion at all levels, including:

- service and funding systems that are easy for families and service providers to navigate
- readily available, accurate and comprehensive information about disabilities and related services for families
- information for the community that breaks down attitudinal barriers
- full access to physical environments in services and the broader community
- easy access to high quality inclusive ECEC services and programs across all service types and settings
- ready availability of additional educators, inclusion support facilitators and other support professionals
- a stable and skilled ECEC workforce with relevant skills, knowledge and access to ongoing professional development and support
- the introduction of national and state accountability systems that monitor increases in the number of children with a disability enrolled in inclusive programs, improvement in the quality of inclusive practices and improvements in the outcomes for children with a disability in ECEC settings.
6. References


7. Appendices

Appendix 1: Questions for Listening Sessions

Each listening session was documented through recording and/or note taking. Each lasted for approximately 2 hours, which included a half hour introduction to the project and the national context of inclusive early childhood education.

Five questions were put to each of the listening sessions. They are as follows:

6. What is the level of inclusion occurring in your program, community or state?
7. What do you think are the key features of inclusion in early childhood services?
8. What do you already have in place to support successful inclusion in your program, community or state? What do you think is still needed to implement inclusion effectively?
9. What do you think is important to include in a joint position statement on inclusion in early childhood?
10. Looking at the EYLF definition of inclusion do you think that this definition adequately represents what we want in our shared definition of inclusion for children with developmental delays and disabilities in early childhood services?

Appendix 2: Participant information for Listening Sessions

Participants were asked a series of questions about themselves. Not all questions were answered by each participant and this is indicated below.

Gender

Of the total 75 participants, 70 were female, and 5 were male.

Membership of professional body

Participants were asked to indicate whether they were members of Early Childhood Australia (ECA) or Early Childhood Intervention Australia (ECIA). 71 responses were received to this question; 14 indicated they were members of ECA and 43 were members of ECIA. Nine participants were members of both organisations while 20 were members of neither.

<table>
<thead>
<tr>
<th>Membership</th>
<th>No. of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECIA</td>
<td>43</td>
</tr>
<tr>
<td>ECA</td>
<td>14</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
</tr>
<tr>
<td>Neither</td>
<td>23</td>
</tr>
<tr>
<td>No. of participants responding to this question</td>
<td>71</td>
</tr>
</tbody>
</table>
**Qualifications**

Participants were asked to indicate the level of their highest qualification, choosing from a finite list. Information was obtained from 41 participants. All participants who provided this information had attained qualifications to at least Diploma level. The most common qualification attained was a Degree (18), followed by Masters (9), Graduate Diploma (8) and Diploma (6). No participants indicated that they had attained a PhD.
Field of study

Again, participants were asked to choose from a list to indicate their field of study (discipline) and responses were obtained from 57 participants, 19 of whom indicated more than one field of study. The vast majority of responses (63) were in a branch of education. These included early childhood intervention/special education (26), early childhood education (21) and education (other) (16). Speech language pathology (4) and Psychology/social work (4) were the next most frequent. Physiotherapy, occupational therapy, disability studies were the least common, with 2 participants each.
**Professional role**

In all, 58 participants provided responses to the question about their current professional role. Nine indicated more than one role, either currently, or in the past. The most common roles were early childhood educator (9), inclusion support facilitator (9), and manager of either an early childhood intervention service (9) or an ECEC service (8). Therapist (7) and policy/government (5) were the next most common.

The following all had 3 responses: support professional: early childhood special educator, teacher in a [non special] school, teacher in a special school, parent/carer, principal/executive in a special school, and professional development provider. There was one academic/researcher. Six more roles were identified under ‘other’: early intervention consultant (2), manager disability curriculum innovation and support (1), manager of a disability support agency (1), co-ordinator - Centre for Inclusive Schooling DET (1), allied support facilitator (1), community development (1).

Although teacher’s additional assistant, and principal or executive of a mainstream school were provided as options on this question, no participants indicated that they were in these roles.
Years of experience

Participants were asked to indicate the number of years’ experience they had had, relevant to their professional role. 44 participants answered this question. Most participants (23) had had more than 20 years of experience. 13 had between 10 and 20 years, and 8 had between 5 and 10 years’ experience. No participants had less than 5 years’ experience.

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 years</td>
<td>0</td>
</tr>
<tr>
<td>5-10 years</td>
<td>8</td>
</tr>
<tr>
<td>10-20 years</td>
<td>13</td>
</tr>
<tr>
<td>20+ years</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
</tr>
<tr>
<td>No. of participants responding to this question</td>
<td>44</td>
</tr>
</tbody>
</table>

![Years of experience (44 participants)](image-url)
Appendix 3: Online Survey Questionnaire

Survey on Inclusion of Children with Disabilities into Early Childhood Education and Care (ECEC) settings

Introduction

Thank you for taking part in this survey. This survey is open to anyone who has an interest in the inclusion of children with disabilities into Early Childhood Education and Care (ECEC) settings. The survey is part of a joint project by Early Childhood Intervention Australia (ECIA) and Early Childhood Australia (ECA) to develop a position statement on the inclusion of children with disabilities into ECEC settings.

Please note that the focus of the survey on children with disabilities is deliberate. However, recognising that ‘inclusion’ in ECEC programs applies to other children in addition to children with disabilities, this specific position statement will ultimately sit within a broader examination of inclusion principles and practice to be undertaken by ECA.

Please note that:
- All information from participants will be de-identified.
- Information from the survey will only be used for the purposes of the project including associated papers.
- There are no right or wrong answers, so please answer as best you can.

Please bear in mind that this is a national survey crossing jurisdictions, programs, services and settings and a wide range of terms and concepts. While we have done our best to use language that is clear the following list defines the terminology that is used in this survey:

- ‘Children with disabilities’ refers to both children with disabilities and children with developmental delays;
- ‘Early childhood educator’ refers to early childhood practitioners who work directly with children in early childhood education and care settings and includes people with a wide range of qualifications and experience including early childhood teaching degrees, diplomas and certificates, as well as assistant educator/aide/assistants;
- ‘Support professional’ refers to people with a wide range of qualifications and experience including inclusion support facilitators, early childhood special educators, therapists, psychologists, social workers, welfare workers and family systems therapists;
- ‘Family’ refers to parents - and other family carers;
- ‘ECEC settings’ include: Preschool; Kindergarten; Centre Based Long Day Care; Family Day Care; Mobiles; Multifunctional Aboriginal Children’s Services; Occasional Care and In Home Care;
- ‘The level of inclusion’ is defined as ‘the extent to which children with disabilities and developmental delays and their families actively participate in the same early childhood programs and community activities as other children and families’.

This questionnaire will take 15 - 20 minutes to complete

Question 1: Features of Inclusion

The list below identifies some features that have been identified as contributing to the successful inclusion of children with disabilities in ECEC settings. Based on your own experiences and/or your beliefs, please circle the number that indicates the level of importance for you of the following features of inclusion for children with disabilities.

<table>
<thead>
<tr>
<th>Importance Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>1</td>
</tr>
<tr>
<td>Moderately important</td>
<td>2</td>
</tr>
<tr>
<td>Neutral</td>
<td>3</td>
</tr>
<tr>
<td>Slightly important</td>
<td>4</td>
</tr>
<tr>
<td>Not important</td>
<td>5</td>
</tr>
</tbody>
</table>
- Positive attitudes and beliefs of early childhood educators and support professionals
  1  2  3  4  5

- Warm, welcoming environment for families in their contacts with services/settings
  1  2  3  4  5

- Active participation and engagement of each child in all aspects of the ECEC program
  1  2  3  4  5

- Additional support for children with disabilities in an ECEC program
  1  2  3  4  5

- Consistent funding for inclusion across different service types/settings
  1  2  3  4  5

- Training provided to prepare early childhood educators for inclusion
  1  2  3  4  5

- Training provided to prepare support professionals for inclusion
  1  2  3  4  5

- Ongoing support for both early childhood educators and support professionals
  1  2  3  4  5

- Individualised program for each child
  1  2  3  4  5

- A workforce of early childhood educators with the knowledge and skills necessary to implement a high quality ECEC program
  1  2  3  4  5

- A workforce of support professionals with the knowledge and skills to work collaboratively with early childhood educators to include children with disabilities in ECEC programs
  1  2  3  4  5

- Leadership in ECEC settings committed to inclusive practice
  1  2  3  4  5

- Trusting and respectful collaboration among families, early childhood educators and support professionals
  1  2  3  4  5
☐ ECEC staff team sharing responsibility for the inclusion of children with disabilities

1 2 3 4 5

☐ A service system that is easy to navigate for families, ECEC providers and ECI support service providers

1 2 3 4 5

☐ Flexible, responsive ECEC programs and ECI support services for children with disabilities and their families

1 2 3 4 5

☐ Consistent policies towards inclusion across all settings/services

1 2 3 4 5

☐ Acknowledgement of difference and celebration of diversity

1 2 3 4 5

☐ Inclusion is based on the principle of equity (that resources are distributed according to need – i.e. some children and families will require more/less effort, time and energy) not on equality (every child and family is treated the same)

1 2 3 4 5

☐ Inclusion seen as beneficial for all children not just children with disabilities

1 2 3 4 5

☐ Transitions between and across settings are well coordinated and as seamless as possible

1 2 3 4 5

Question 2: Barriers to inclusion for children with disabilities

Below is a list of barriers to inclusion for children with disabilities. Based on your own experiences and/or beliefs about the inclusion of children with disabilities in children's services/settings generally, circle the number that indicates the extent to which you feel each item represents a barrier to the inclusion of a child with a disability.

| Not a barrier | 1 |
| Somewhat of a barrier | 2 |
| Moderate barrier | 3 |
| Extreme barrier | 4 |

☐ Negative beliefs and attitudes of early childhood educators and support professionals

1 2 3 4

☐ Negative beliefs and attitudes of families

1 2 3 4
☐ Not enough training to prepare early childhood educators and support professionals

1  2  3  4

☐ Not enough ongoing support in inclusive practices for early childhood educators and support professionals

1  2  3  4

☐ Inadequate funding for inclusion support for children with disabilities in the ECEC program

1  2  3  4

☐ Limited opportunity for collaboration between early childhood educators, support professionals and family

1  2  3  4

☐ Complexity of the service system for families, ECEC providers and ECI support service providers

1  2  3  4

☐ Lack of access to high-quality inclusive programs for children with disabilities

1  2  3  4

☐ Lack of information available to family, early childhood educators and support professionals on services and resources to support the child with disabilities and their family

1  2  3  4

☐ Lack of coordination of supports and services provided for the child with disabilities and their family

1  2  3  4

☐ Lack of time in ECEC settings/services for planning and coordinating services for children with disabilities

1  2  3  4

☐ Lack of skilled early childhood educators in the workforce

1  2  3  4

☐ Lack of skilled support professionals in the workforce

1  2  3  4

Question 3: Level of inclusion of children with disabilities in your program, community and state/territory

Based on your own experiences and/or beliefs, circle the number that indicates the level you feel best represents the level of inclusion of children with disabilities in:

| Very good | 1 |
| Good      | 2 |
Your setting/service or the setting/service(s) you support?

1  2  3  4  5

Your local community?

1  2  3  4  5

Across your state/ territory?

1  2  3  4  5

Inclusion and the National Quality Framework for Early Childhood Education and Care

The National Quality Framework for ECEC which is currently being implemented around Australia aims to raise quality and drive continuous improvement and consistency in education and care settings/services through:

- a national legislative framework
- a National Quality Standard
- a national quality rating and assessment process
- a new national body called the Australian Children’s Education and Care Quality Authority

We are keen to learn your initial thoughts on one aspect of these changes, The Early Years Learning Framework, and its impact on the inclusion of children with disabilities.

The Early Years Learning Framework

The Early Years Learning Framework (EYLF) is embedded in a number of the National Quality Standards and is intended to support curriculum decision making to extend and enrich children’s learning from birth to five years (EYLF p. 5).

The learning outcomes identified in the Early Years Learning Framework are:

Outcome 1: Children have a strong sense of identity
Outcome 2: Children are connected with and contribute to their world
Outcome 3: Children have a strong sense of wellbeing
Outcome 4: Children are confident and involved learners
Outcome 5: Children are effective communicators

Question 4: Are you aware of the implications of the EYLF for your practice?

☐ Yes
☐ No

Question 5: In your opinion, how important are the learning outcomes in the EYLF as a guide to developing a program when including a child with a disability into an ECEC setting?

☐ Very important
☐ Important
☐ Neither important nor unimportant
Question 6: In your opinion, can the practice framework suggested in the EYLF learning outcomes provide a shared approach between early childhood educators and support professionals to the inclusion of children with disabilities into ECEC settings?
- Definitely
- Sometimes
- Seldom
- Never
- Not Sure

Optional Comment to Question 6 (50 words or less)

Question 8: Optional Final Comment (50 words or less)
Tell us one thing that is critical to achieving high quality inclusion for children with disabilities in ECEC settings

Demographic Information
Please complete each of the sections below

9. Are you a member of:
- Early Childhood Intervention Australia (ECIA)
- Early Childhood Australia (ECA)
- Other Please specify _________________________

10. Are you?
- Female
- Male

11. What state or territory are you from?
- New South Wales
- Victoria
- Queensland
- Tasmania
- South Australia
12. Are you a parent/carer of a child with a disability?
☐ Yes
☐ No

13. What is/was your main field of study? Drop Box
☐ Children’s Services
☐ Early Childhood Education
☐ Education (other) please specify ______________________
☐ Early Childhood Intervention/Special Education
☐ Speech Language Pathology
☐ Physiotherapy
☐ Occupational Therapy
☐ Psychology
☐ Social Work
☐ Social welfare
☐ Other: Specify discipline_________________

14. What is your highest qualification? Drop box
☐ High School –Year 10
☐ High School - Year 12
☐ Certificate III or above
☐ Diploma / Advanced Diploma
☐ Bachelor Degree
☐ Graduate Diploma
☐ Masters
☐ PhD
☐ Other________________________

15. Which of the following most closely describes your current professional role?
☐ Early childhood educator working in an ECEC program, including staff with early childhood teaching degrees, diplomas and certificates
☐ Assistant educator/aide/assistant working in an ECEC program supporting the inclusion of a child with a disability in an ECEC service/setting
☐ Inclusion Support Facilitator employed by the Inclusion and Professional Support program
☐ Professional supporting inclusion
    Includes specialists supporting a child with a disability and their family; Early Childhood Intervention Educator; Speech Pathologist; Occupational Therapist; Physiotherapist; Psychologist; Social Worker; Welfare Worker; Family Systems Therapist
☐ Manager/Director/Supervisor of an Early Childhood Education and Care (ECEC) service/setting
16. How many years of experience have you had that is relevant to your professional role?

☐ Less than 1 year ☐ 1 to 5 years ☐ 6 to 10 years ☐ 11 to 20 years ☐ 20+ years

17. Have you worked with/ supported a child with a disability in an ECEC service/setting in the last 3 years?

☐ Yes ☐ No

Thank you for your participation in this online survey as your feedback is valued. The results from this survey will be available as part of the draft position statement on the inclusion of children with disabilities into ECEC settings and we will welcome your comments.

If you would like to receive further information about the results of this survey and to take part in the development of a statement
Appendix 4: Participant Information for Survey

Table 4: Participant’s main field of study

In response to participant’s main field of study, the responses were as follows:

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Services</td>
<td>16.2%</td>
<td>194</td>
</tr>
<tr>
<td>Early Childhood Education</td>
<td>39.8%</td>
<td>477</td>
</tr>
<tr>
<td>Education</td>
<td>10.4%</td>
<td>125</td>
</tr>
<tr>
<td>Early Childhood Intervention/Special Education</td>
<td>14.6%</td>
<td>175</td>
</tr>
<tr>
<td>Speech Language Pathology</td>
<td>6.3%</td>
<td>76</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>2.6%</td>
<td>31</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>6.2%</td>
<td>74</td>
</tr>
<tr>
<td>Psychology</td>
<td>2.9%</td>
<td>35</td>
</tr>
<tr>
<td>Social Work</td>
<td>2.2%</td>
<td>26</td>
</tr>
<tr>
<td>Social welfare</td>
<td>1.9%</td>
<td>23</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>16.8%</td>
<td>201</td>
</tr>
<tr>
<td>answered question</td>
<td>1199</td>
<td>1199</td>
</tr>
<tr>
<td>skipped question</td>
<td>204</td>
<td>204</td>
</tr>
</tbody>
</table>

Table 5: Participant’s highest level of qualification

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School –Year 10</td>
<td>1.6%</td>
<td>21</td>
</tr>
<tr>
<td>High School - Year 12</td>
<td>3.3%</td>
<td>43</td>
</tr>
<tr>
<td>Certificate III or above</td>
<td>5.4%</td>
<td>69</td>
</tr>
<tr>
<td>Diploma / Advanced Diploma</td>
<td>18.4%</td>
<td>237</td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>44.0%</td>
<td>566</td>
</tr>
<tr>
<td>Graduate Diploma</td>
<td>12.0%</td>
<td>154</td>
</tr>
<tr>
<td>Qualification</td>
<td>Percent</td>
<td>Response Count</td>
</tr>
<tr>
<td>----------------------------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>Masters</td>
<td>11.9%</td>
<td>153</td>
</tr>
<tr>
<td>PhD</td>
<td>0.7%</td>
<td>9</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2.7%</td>
<td>35</td>
</tr>
</tbody>
</table>

| Question Answered or Skipped | 1287 | 116 |

Table 6: Participant's years of experience that was relevant to their professional role

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>2.1%</td>
<td>25</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>18.1%</td>
<td>214</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>18.7%</td>
<td>221</td>
</tr>
<tr>
<td>11 to 20 years</td>
<td>26.0%</td>
<td>307</td>
</tr>
<tr>
<td>20+ years</td>
<td>35.1%</td>
<td>414</td>
</tr>
</tbody>
</table>

| Question Answered or Skipped | 1181 | 222 |

| Question Answered or Skipped | 1287 | 116 |

| Question Answered or Skipped | 1181 | 222 |