

EARLY CHILDHOOD INTERVENTION AUSTRALIA (VICTORIAN CHAPTER)
Annual Conference
Melbourne, 18th August 2006

Concurrent Paper

Inclusion in children's services: Next Steps

John Forster

Noah's Ark

June McLoughlin

Centre for Community Child Health

Anne Stonehouse

A project funded by the William Buckland Foundation and managed by Noah's Ark Inc.

Do policy and service systems support best practice in inclusion?

This paper will report on a Victorian based project funded by the William Buckland Foundation to promote the ongoing inclusion of children with disabilities and the development of inclusive practice more generally. Its focus is on the policy and systems context in which we try to implement best practice.

The project has three components:

- To map the range of programs that support inclusion in Victoria across three very different departmental structures in child care, kindergarten and school through consultation with key government departments;
- To undertake a series of three regional forums through which to present a summary of the literature on approaches that improve inclusion and debate the strengths and challenges of the current service system to respond appropriately; and
- To prepare a final report for key decision makers in government that identifies the next steps to designing the future development of inclusion and which supports regional initiatives.

Introduction: Next Steps

This report follows on from previous work funded by the William Buckland Foundation which reviewed the research, international and national policy and the local situation in Victoria regarding the inclusion of children with disabilities. The earlier project identified that significant knowledge was available regarding how to practically promote inclusion. In the local context a set of poorly integrated government programs did not support consistent good practice. Service networks were heavily influenced by the way in which funding to agencies was configured.

The policy review indicated that there was little State/Territory policy to support inclusion. The lack of children's policy more generally meant that there was limited context in which to promote inclusion. There were significant gaps in both regional planning and professional development. The current project will take this work into the local service system and identify strengths and challenges.

This report covers the second stage of a project focusing on directions for inclusion in the early years in Victoria, funded by the William Buckland Foundation and managed by Noah's Ark Inc in partnership with the Centre for Community Child Health. The first stage set out to frame the Victoria experience through an examination of the current research literature on inclusion in the early years; a limited review of policies overseas; and a brief documentation of current models in Victoria. The second stage has involved a much more detailed documentation of State and Commonwealth programs involved in supporting the inclusion of children with additional needs and disabilities, summarising the current inclusion research and identifying the key elements for effective service delivery and successful inclusion. Three regional forums were convened at which practitioners discussed the research and the strengths and challenges of current practice and service systems. A range of discussions with practitioners and policy makers were also undertaken.

Key assumptions and understandings about inclusion from the literature

- There are strong legal, moral, rational and empirical arguments for the inclusion of children with additional needs in high quality mainstream early childhood programs and community activities.
- Families of children with additional needs have many needs and goals in common with families with typically developing children.
- Many parents judge the success of inclusion in terms of how happy their child is, how they think the child is doing in the program, and the quality of their own relationship with the staff.
- Universal programs and policies that serve all children and families generally provide a stronger foundation for improving wellbeing than targeted or segregated approaches.
- Children with and without additional needs benefit from inclusive practices and make the same progress in inclusive programs as they do in programs that do not include children with additional needs. When appropriate adaptations are made, most children with additional needs make the same progress in inclusive programs in cognitive development and achievements as they do in segregated specialized programs.
- Key features of any effective early childhood program underpin successful inclusion. However, high quality programs are a necessary but not sufficient condition for meaningful inclusion of children with additional needs.

Barriers to inclusion – the literature

The barriers to inclusion were considered from both the perspectives of the literature and those working in the Victorian context. The literature was summarised against four broad headings and the main findings have been identified under each.

Barriers related to access to services and funding for inclusion support

- lack of information about inclusion and available services and supports
- difficulties negotiating and securing sources of funding
- the need for a diagnosis to secure funding
- constraints placed on funding, inflexibility about its use.

Barriers related to beliefs and expectations of parents and professionals

- professionals and parents having different priorities in goals and desired behaviours for children
- mainstream and specialist service providers having different philosophical and theoretical perspectives and priorities
- attitudes of parents of typically developing children

Barriers related to program implementation

- underlying philosophy or culture of the service
- capacity for the program to put principles into practice
- aspects of service quality: group size, adult-child ratios, training, facilities, and planning time
- lack of individualisation of the program
- lack of active support for relationships between children with and without additional needs
- services that are not family centred in their practices
- policies and funding promoting additional staffing as the default position for support for inclusion, along with the view that extra staff should work exclusively with the child with additional needs
- use of a withdrawal model by specialists
- additional stresses experienced by families with a child with additional needs

Barriers related to training and management

- lack of planning and meeting time
- lack of availability of sufficient appropriate specialist support and advice
- insufficient training for mainstream staff and specialists about meeting the needs of children with disabilities in inclusive settings.
- lack of familiarity by specialist staff with early childhood programs
- lack of skills in specialist staff for working in partnership with practitioners
- difficulties recruiting and retaining competent and confident staff
- lack of perceived incentives for including children with additional needs.

Barriers – from a Victorian perspective

The barriers identified by the Victorian practitioners largely echo the literature. The practitioners included the range of people involved in inclusion, Kindergarten and Child Care staff and staff from Early Childhood Intervention. Comments made by the practitioners fall within the same categories as identified by the literature. They reflect the specific funding environment in Victoria.

Strategies that promote inclusion – the literature

A number of authors detail what constitutes an inclusion program of high quality, using dimensions of early childhood programs of high quality for all children as a foundation. The literature emphasises the importance of preparing parents and practitioners for the inclusion of children with disabilities.

Strategies to promote inclusion – views from the field

- improvements in overall operation of programs: smaller group size, better staff-child ratios, provision (time release) for time to reflect and to plan, strong leadership and attention to the design of buildings and spaces

- increasing funding to support inclusion
- developing sound program policies to underpin daily practice
- having a strong philosophy that emphasises belonging, identity and each person's contribution and link that to daily practice
- having a general early curriculum framework for early childhood services
- greater emphasis to co-ordinating experiences of the child
- collaborating with parents, taking advantage of their wisdom
- broadening notions about relationships with parents beyond a problem focus
- providing training and support about partnerships with parents
- developing resources for parents to help them to understand inclusion
- developing a resource for parents of a child with additional needs about what to look for in a service
- helping parents of children with additional needs with smooth transitions in their child's early years
- increasing the understanding of practitioners and families of typically developing children about what it is like to have a child with additional needs.

Supporting staff in inclusive practices – the literature

The literature emphasises the following as critical to supporting staff in inclusive practices:

- good relationships between adults
- a clearly articulated philosophy that emphasises and values diversity in children
- policies and procedures which foster mutual collaboration and cooperation between children's services and specialist services
- highly collaborative planning and decision making between children's services personnel, specialist services and families
- positive, collaborative and cooperative relationships between professionals.

Working as a consultant

The role of specialists and advisors in relation to early childhood practitioners has been highlighted as a particularly significant factor in successful inclusion. The role of *consultant* is an appropriate and effective concept on which to base a relationship. It can be a powerful tool for collaborative problem solving and change. The successful consultant must possess a range of skills, including interpersonal, communication, problem solving, group facilitation, and skills in working with organisations. To be effective as consultants, professionals need skills in establishing effective collaborative partnerships with other professionals. Specialists, advisors and practitioners need ongoing support and training in a range of areas to perform their key roles.

Strategies for supporting staff – views from the field – Training

- In pre-service training, ensure a better balance of theory and practice, include more attention to working with families and inclusion, and give students opportunities to see inclusion.
- Integrate ongoing professional development and in-service training, include the application of general information to the specific contexts and settings of each service and include opportunities to observe and model good practice.
- Provide hands-on, on-site and collaborative support to practitioners so that they can justify what they are doing and what is happening in their services in ways that are convincing to parents.
- Provide on-site mentoring to help practitioners apply principles to their own practice.

- Clarify the relationship between the specialist and the generic early childhood practitioner and provide time for specialists and practitioners to form and maintain relationships with each other.

There was great interest among participants in the consultant model for specialists and practitioners working together. There was also strong emphasis on collaboration, and that there has to be recognition that it takes time and a structure to support it. The view was that all early childhood intervention specialists should have as the top priority helping children in mainstream services. They should see the child in the context of the group. Early childhood intervention specialists need to be able to work in natural settings and in ways that are relevant and meaningful to families. There needs to be training around the consultative role, and that training should incorporate case studies of professionals who are working successfully in that way. For both the service and individual professionals, being a part of a strong, local, community-based network and having strong connections with other professionals is critical.

The use of an additional staff member received a lot of attention. Participants felt strongly that practitioners need help to realise that assigning an additional assistant to the child with additional needs is not real inclusion. Dissemination of information would assist practitioners and specialists as well as parents. There needs to be a central point where information about timelines is held and disseminated.

Conclusion

An analysis of the current policies and programs has shown that the extensive range of providers, funding mechanisms, programs and services for children with additional needs creates confusion and complexities for families. This is particularly evident when there is limited collaboration and communication among providers. Different eligibility criteria, application processes and funding allocations result in parents having to ‘cobble together’ a collection of services to meet their child’s needs. The diversity in programs and administrative structures arising from the involvement of various government departments has also diffused efforts to make the community a more inclusive place. Different understandings of inclusion and the best way to support children and the environments in which they participate has fragmented the emergence of good practice. The inherited attitudes of parents, staff in mainstream services and specialists still represent potential barriers to successful inclusion, as does the failure to analyse the complexity of what is involved and resource the situation appropriately. What has emerged through this review and discussions is a much clearer picture of strategies that practically work.

John Forster

Noah’s Ark, Armadale.

john.forster@noahsarkinc.org.au

June McLoughlin

Centre for Child Community Health, Parkville.

june.mcloughlin@rch.org.au