# Taking the first step in an inclusive life

Experiences of Australian early childhood education and care

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# Contents

# Executive summary

## Background

Research evidence consistently demonstrates that children and young people with disability fare less well than their peers in education. School aged students with disability are segregated, suspended, and expelled at higher rates. Over the last fifteen years, the highest level of educational attainment for people with disability has improved, but this level still remains lower than children and young people without disability. These inequities can have lifelong implications.

Early childhood education and care takes place before school attendance and allows children to learn, play and discover in a safe environment outside of their home. There is growing evidence to suggest that investment in early childhood education and care can be an important way to improve the cognitive and social development of children. Given this evidence base, governments nationally and internationally have sought to invest in early childhood education and care as a way of enhancing the abilities of their populations and addressing inequities.

## About this survey

Children and Young People with Disability Australia (CYDA) has been gathering feedback on educational experiences from its members via formal surveys since 2010. These surveys have consistently found that students with disability are excluded in their education. For the first time this survey has been undertaken to understand whether the same kinds of issues are experienced in early childhood education and care settings.

Survey questions were about the types of services and supports accessed, perceptions of resources available and training of professionals, whether children have experienced exclusion, seclusion or bullying, and aspirations in planning for a primary school destination. Responses were collected from May-August 2022, with respondents from all states and territories (with the majority from New South Wales, Victoria and Queensland). CYDA partnered with researchers from the Public Service Research Group, UNSW Canberra and Melbourne Graduate School of Education, University of Melbourne to analyse the data and prepare this report.

## Results

Some results of this survey are encouraging, while others highlight significant areas for improvement. Respondents are very positive about being made to feel welcome in early childhood and care settings, with 83% of respondents saying they agreed or strongly agreed that their child was made to feel welcome. Also, 78% of respondents agreed or strongly agreed that family or caregivers of children were made to feel welcome by early childhood and care settings.

But respondents also reported that staff are often stretched thin and do not necessarily have the expertise or training to work with children with disability.

Respondents also indicated some concerning levels of bullying, exclusion and segregation taking place in early childhood education and care settings. One in five reported that their child had been refused enrolment, nearly a quarter said their child had been limited in the number of hours they were allowed to attend, nearly 30% reported exclusion from excursions, events or activities, and about the same number reported bullying from other children or staff.

These findings suggest that there is an urgent need to better equip and support early childhood education and care settings to support children with disability so that they are included early and are able to benefit from the education and support provided. Without this, we are likely to see the same sorts of inequities perpetuated as in the past.

There is a clear message from respondents that on the whole they prefer their children to go to mainstream school with appropriate supports, with far less preference to attend specialist disability schools or to be dual enrolled in schools. This may have been influenced by the fact that survey respondents were recruited via CYDA, which has a commitment to phasing out segregated settings. However, this sample tended to see the integration of children with disability in education settings as a way to try and deal with issues of social isolation and segregation and ensure that non-disabled children have experience of playing and learning alongside children with disability. Community attitudes surveys consistently show that many people without disability do not know how to interact or engage with people with disability, which may drive (1) discrimination across all areas of life. Educational inclusion, beginning in the early years, is one way to combat this.

## Limitations

Limitations of this research include that it represents a small sample of just 181 family members and caregivers, and not everyone answered all of the questions in the survey. In addition, many of the respondents did not currently have children in the ECEC age group. As this was the first survey to ask families about early childhood education and care experiences, CYDA invited family members and caregivers to reflect on *past* as well as current experiences. Therefore, 56% of respondents had children currently 0–6 years old, 29% had children 7–12 years old, and 15% had children 13 or older. Thirdly, the majority (81%) of responses were from New South Wales, Victoria and Queensland, meaning there was not proportional representation across all Australian states and territories. Lastly, male children are also overrepresented in the survey responses, although this may reflect the fact that there are more male NDIS participants, and most children represented in this survey were also NDIS participants.

For these reasons, we should be careful not to assume that the responses to this survey are necessarily reflective of the issues encountered in early childhood and care across Australia.

# Introduction

Research evidence consistently demonstrates that children and young people with disability fare less well than their peers in education. Students with disability are segregated, suspended, and expelled at higher rates. Over the last fifteen years, the highest level of educational attainment for people with disability has improved, but this level still remains lower than children and young people without disability (2). These inequities can have lifelong implications. Research shows that people with disability are more likely to experience poverty, are less likely to be in work, and more likely to be socially isolated (3–5).

There is growing evidence to suggest that investment in early childhood education and care can be an important way to improve the cognitive and social development of children. The skills and competences that children acquire at this stage facilitate learning through the rest of a child's life (6). Early years are crucial in forming neural connections that play a part in intellectual development, and developing the personality and social behaviour (7). It is also well evidenced that economic and intellectual inequities begin in early childhood as different experiences and investments at this time lead to inequities in cognitive and social skills in adulthood (8). Given this evidence base, governments nationally and internationally have sought to invest in early childhood education and care as a way of enhancing the abilities of their populations and as a way to address inequities.

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people (aged 0–25) with disability. CYDA is a not-for profit community organisation that provides a link from the direct experiences of children and young people with disability and their families to federal government and other key stakeholders. CYDA has been gathering feedback on educational experiences from its members via formal surveys since 2010 (9). CYDA's online National Education Survey began in 2015 to deepen this understanding of the kinds of issues children and young people face in education systems. These surveys have consistently found that students with disability are excluded in their education. For the first time this survey has been undertaken to understand whether the same kinds of issues are experienced in early childhood education and care settings.

From the survey we find respondents are very positive about being made to feel welcome in early childhood and care settings. But respondents also reported that staff are often stretched thin and do not necessarily have the expertise or training to work with children with disability. Respondents also indicated some concerning levels of bullying, exclusion and segregation taking place in early childhood education and care settings. These findings suggest that there is an urgent need to better equip and support early childhood education and care settings to support children with disability so that they are included early and are able to benefit from the education and support provided. Without this, we are likely to see the same sorts of inequities perpetuated. Respondents also told us it is important for them to see their child attend mainstream schools with siblings, friends and neighbours, and found it less important that children attend specialist disability schools. This suggests a strong preference for children to be included in mainstream education as a way to help break down social exclusion.

In the next section we outline the background and approach taken to this survey. We then set out the findings from the survey before outlining the limitations of this research and what we might take from the findings.

# Background and approach

**The early childhood sector includes a range of education and care settings. Early childhood education and care relates to the holistic development of children's social, emotional, cognitive, and physical abilities in a way that meets each child's needs and to build a foundation for lifelong learning and wellbeing. One component of this is early childhood education that focuses on brain development and cognitive growth, delivered by qualified educators to help children learn as they play.**

Early childhood education and care takes place before school attendance and allows children to learn, play and discover in a safe environment outside of their home. There is significant evidence that good quality early childhood education can help childhood development and make children more ready for school. Children who do not participate in early childhood education have significantly higher chances of being developmentally vulnerable than those who do, even when controlling for other factors (10). The positive effects of early childhood education and care can be particularly pronounced for children from more socio-economically disadvantaged backgrounds or children who may have additional needs (11).

While the value of early childhood interventions is recognised internationally, Australian data shows a positive association between preschool experiences and children's development at school entry, particularly in relation to learning (12). Early-childhood programs can help develop skills such as the ability to:

- Express thoughts
- Adapt appropriate behaviours
- Control impulsivity
- Remain concentrated
- Show curiosity, persistence and develop social competencies (13).

The policy context surrounding early childhood education and care services around Australia is complex. Young children and families engage with the early childhood education and care sector through long day care, occasional care, and different forms of early childhood education. Early childhood education is non-compulsory and an estimated 22% of children under the age of 2 years, 54% of 2–3-year-olds, and 42% of 4-year-olds attend an early childhood education and care service (14).

The experiences and provision guidelines vary between states and territories, but since 2012 oversight of the quality of services is under the administration of the Australian Children's Education and Care Quality Authority (ACECQA). ACECQA administers a National Quality Framework (NQF) to ensure and improve quality and national consistency across Australia. There is a national Early Years Learning Framework (EYLF) that is delivered in some way in each jurisdiction, but some states have their own curriculum frameworks. Requirements for the education level of early childhood teachers and educators differ from state to state. The workforce overall has had challenges in staffing and staff retention, and there are still differing levels of professional development opportunities across providers.

The NQF results are published, and families can have access to these findings to guide their decisions around early childhood education and care providers. In terms of funding for early childhood education and care, there are different supports available depending on eligibility for Child Care Subsidy, NDIS, Inclusion Support Program and Health Care Cards. An overview of some of the current delivery and differences in the sector can be found in Appendix 1.

The Disability Discrimination Act (DDA) is the main legislation that applies to inclusion across the sector. Section 22 makes it unlawful for families and young people to be excluded from education provision, and where providers are not considered as education providers, Section 24 makes it unlawful for any service to be denied due to a disability. Since 2005, the Disability Standards for Education have provided additional legislation for inclusion in schools, and the 2020 review has seen sector wide calls for this to be extended to early childhood education. A significant difference between the oversights is around the concept of reasonable adjustments. Inclusion in education is not just about access, but also about ensuring that provision is accessible and meets the needs of every student on the same basis as those without disability.

Research indicates that the experiences of families differ significantly across providers, and there is inconsistency in understanding, knowledge and skill across the work force, which has led to challenges and opportunities emerging in the early years for families as they navigate the systems and prepare children for the transition to school (15).

The National Guidelines on Best Practice in Early Childhood Intervention are aimed towards a nationally consistent early childhood approach for children younger than 7 with a developmental delay or a disability. The NDIS funds providers who are charged with family and child centred knowledge and skill building for all stakeholders in the sector and provides evidence-informed professional development opportunities for early childhood professionals. There is no referral required from medical professionals to access these services, however most families have engaged with some form of medical professional in practice. Level of service differs depending on whether the child meets the developmental criteria for a development delay as laid out by the NDIS, and where this is the case, providers are funded to provide assistance to the family in accessing the scheme.

Education provision and policy in Australia has been informed by the World Health Organisation's Health Promoting Schools framework, which takes a whole school approach that includes partnership with families and caregivers as a criterion and means for success. Research indicates that working within this framework has positive effects on physical and mental health. While effect sizes vary across studies, it is a widely held assumption that taking such an approach has better academic and social emotional outcomes for all students (16). Early childhood engagements with families are a key place where the practices of home-school partnerships are developed. These partnerships are considered particularly central to meaningful inclusion of children with disability (17).

Like the education sector, levels of skill and competence around education supports for young children's needs are reported to vary widely, however the professional association produced a statement in 2012 which states: 'Every child is entitled to access and participate in ECEC programs which recognize 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' (18: p. 2). ECEC services are also recognised as "meeting places" where communities are developed that set the scene for future engagement with education and communities of learning. This is where families build long term relationships with professionals; where families view their child in relation to other children; and where families develop relationships and networks with other families, all of which are important protective factors for wellbeing and educational success (19). In Australian education, there is still significant family direction to segregated settings ('special schools'), as opposed to having the student attend a mainstream setting. In the early childhood sector, the non-compulsory attendance has limited the emergence of segregated settings as an alternative.

This research was driven by a desire to understand in more detail some of the experiences of children in early childhood education and care. To do this a survey was developed to better understand the experiences of CYDA members and their children. The sample includes retrospective reporting to allow for as much inclusion of young people's voices as possible. This means that the results should be read with the understanding that it reports on a range of practices in early childhood over times that include different policies, practice and curriculum frameworks. The survey asks a range of questions relating to the demographic circumstances of children, the types of services and supports accessed, perceptions of resources available and training of professionals, whether children have experienced exclusion, seclusion or bullying, and aspirations in planning for primary school destination. The survey was launched on 9 May 2022 and stayed open until 1 August 2022, with the majority of responses received during May.

CYDA sought the assistance of researchers from the Public Service Research Group, UNSW Canberra and Melbourne Graduate School of Education, University of Melbourne to analyse data and prepare this report. While the survey received 181 individual responses, figures in tables may not always add up to 181, because some respondents skipped some questions, and for some questions respondents were able to select multiple answers. We report quantitative findings in relation to raw numbers of participants who responded to each question, with percentages where appropriate (expressed as a percentage of responses rather than total participants). For some questions, qualitative data provided in text boxes helped to explain reasons for particular responses or provided additional relevant experiences and insights.

# Findings
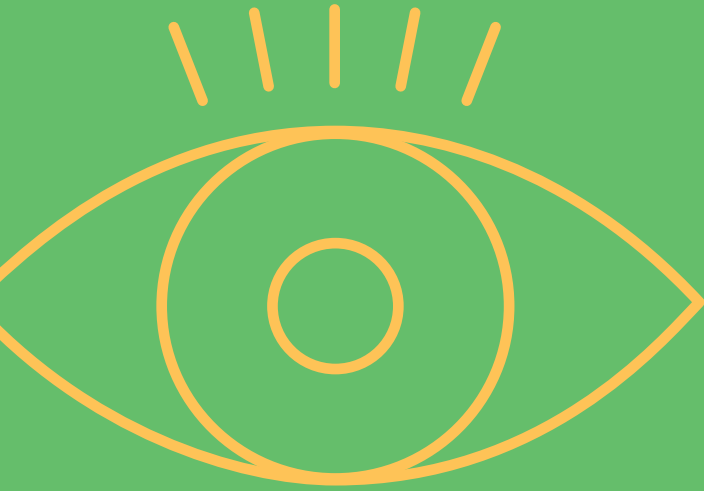
**In this section we set out the findings from the survey.**

We start by providing a demographic overview of respondents in terms of location, gender and whether children were NDIS participants.

We then set out the types of services respondents accessed, whether they had an Individual Education Plan, and if so whether it was perceived as effective.

We then provide insights into any additional supports and funding that respondents accessed and perceptions of whether education and support staff training was sufficient.

Following this we move on to explore whether families and caregivers perceived children to feel welcome and supported in early childhood education and care settings and experiences of seclusion, exclusion and bullying. We also explore whether respondents had made a complaint about early childhood education and care, who this was made to and whether it was appropriately resolved.

The final findings section explores preferences for future schooling.

# Profile of respondents

In total we received 181 responses to this survey. The majority (97%) were from family members or care givers of a child or young person with disability (176) with 5 responses from advocates, support workers or educators.

Responses were received from all states and territories, as shown in Table 1 and Figure 1, although New South Wales, Queensland and Victoria were overrepresented at a collective 81% of the total.

## Table 1: State or territory respondent resides in

| State / territory | |
| --- | --- |
| NSW | 51 |
| VIC | 51 |
| QLD | 45 |
| SA | 11 |
| WA | 9 |
| TAS | 8 |
| ACT | 4 |
| NT | 2 |
| Total respondents | 181 |

## Figure 1: State or territory respondent resides in

Number of respondents
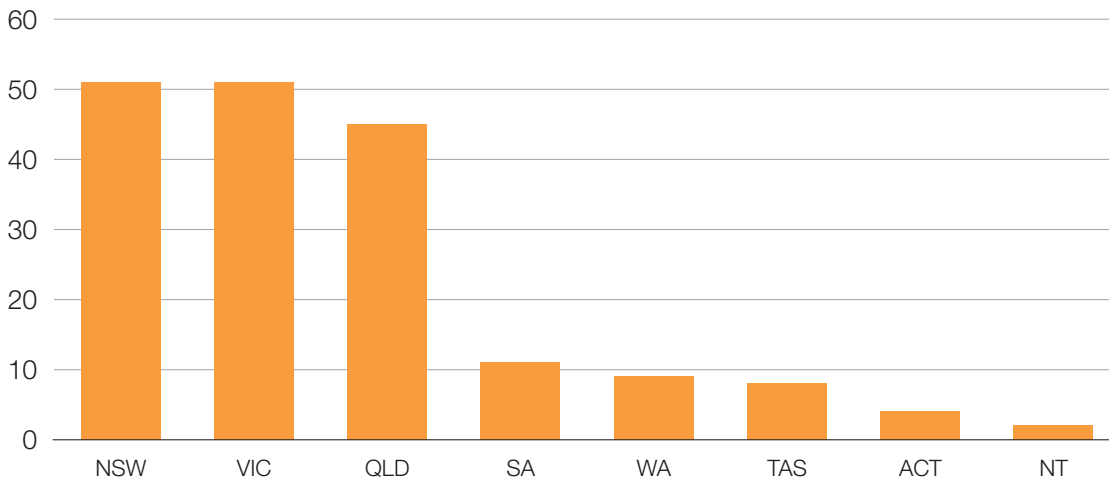
## Location of respondent

The majority of responses were from participants living in metropolitan areas (53%), with an additional 32% of responses from regional areas, and underrepresentation in rural areas (13%) and remote areas (2%).

More responses were received from families or caregivers of male children (65%), with 33% female and 2% non-binary.

As we explore in more detail below, 94% of respondents (125) indicated that their child was an NDIS participant. Of the 125 NDIS participants, 64% (80) were male, 34% (43) were female and nearly 2% (2) identified as non-binary.

### Table 2: NDIS participants by gender

| Gender identity of children who are NDIS participants | |
| --- | --- |
| Male | 80 |
| Female | 43 |
| Non-binary | 2 |
| Total respondents | 125 |

### Figure 2: NDIS participants by gender



Male (64%)
Female (34%)
Non-binary (2%)
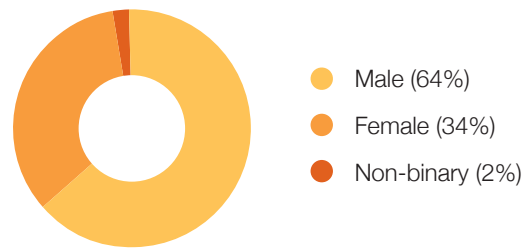
Just 12% of children represented in our sample were from non-English speaking backgrounds. Children with Aboriginal or Torres Strait Islander backgrounds comprised 7% of our sample.

As this was the first survey to ask families about early childhood education and care experiences, CYDA also invited young people and their families to reflect on past experiences. Hence the age groups represented in the responses include children and young people who are now between 7 and 25 years old.

- 56% of respondents had children currently 0–6 years old
- 29% were between 7 and 12 years old.
- 15% were older than 13 years old.

# Types of services attended

We asked respondents which services their child attended. Respondents were able to select multiple answers where these were relevant (Table 3). Of those who responded, 18% indicated that they did not use any of these services. Of those used, long day care was the most used (100 responses), with programs for 3-year-olds second (64 responses). A mix of other services were used, including before and after school care, support workers, special schools, and other public and private school settings. A limitation of the survey, however, is that it only asked about services attended and not which services respondents would like to attend, which would be helpful to indicate where there are gaps in availability of services.

**Table 3: Types of services attended by respondent's child**

| What type of service does/did your child attend?<br>Choose all that apply if you use multiple settings. | |
|---|---|
| *Multiple answers possible* | |
| Long Day Care (LDC) – centre-based environment [NQF regulated] | 100 |
| Program for 3-year old's – approved preschool or kindergarten program (VIC, SA, QLD, NT, TAS, ACT, NSW) | 64 |
| Early childhood program – public or private – based in a specialist setting (e.g. QLD – ECDP, Autism specific – AEIOU, Hearing) | 33 |
| Did not/does not attend any of the above | 32 |
| Informal care – nannies, babysitters, family and friends | 23 |
| Family Day Care (FDC) – based in educator's home [NQF regulated] | 18 |
| Other (please specify) | 16 |
| Occasional Care – casual care for short periods of time | 10 |
| Mobile services – travel through rural and remote areas to offer education and care | 4 |
| In Home Care – qualified educators in the home | 3 |

For the year before school, most respondents indicated their child had attended centre-based preschool or kindergarten programs (132 responses) (Table 4).

**Table 4: Services attended by participant's child in year before school**

| For the year before school, which of the following does/did your child attend? | |
| --- | --- |
| *Multiple answers possible* | |
| Centre based preschool or kindergarten program | 132 |
| My child will attend school in 2024 or beyond | 33 |
| Did not/does not attend preschool or kindergarten program in the year before school | 10 |
| Other | 9 |
| Online, distance or remote preschool or kindergarten program (e.g. e-kindy) | 4 |

Respondents were also asked what other types of activities or services their child aged under 6 accessed. Respondents were able to indicate multiple answers (Table 5). While 20 respondents accessed none of these, 135 respondents indicated individual therapy sessions and 84 said physical activity groups or sport. Those who selected 'other' engaged in activities such as community garden clubs, scouts, equine therapy and others.

**Table 5: Types of activities or services accessed by child (0–6 years)**

| What other types of activities or services did/does the child (0–6 years) access? | |
| --- | --- |
| *Multiple answers possible* | |
| Individual therapy-based sessions (e.g. music, speech, OT, physio, counselling) | 135 |
| Physical activity group, learn to swim or other sport | 84 |
| Playgroup | 59 |
| Local library reading or nursery rhyme sessions | 39 |
| Centre based group therapy sessions (diagnosis based) | 34 |
| Formal government funded early learning with specialists | 25 |
| Music, craft, drama, art or cultural group | 23 |
| None of these | 20 |
| Faith based groups or sessions | 12 |
| Online or virtual playgroup or group session | 5 |
| Other (please specify) | 5 |

Respondents were asked whether their child had an Individual Education Plan (IEP) in place. IEPs are a written document that set out the educational accommodations an individual needs to meet their learning goals.

Figure 2 sets out the responses to this question. Of those who responded to this question, 30% (55) indicated that they did and 37% (66) did not, leaving 12% (22) not sure about this.

**Figure 2: Children with Individual Education Plan in place in the Early Childhood Education and Care setting**

Number of respondents
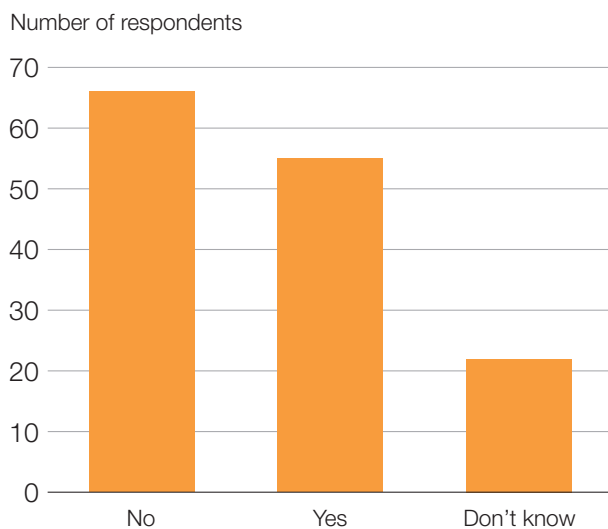


We also offered a free text response for respondents to tell us about their child's IEP experience. Some explained that they were in the process of getting one or that they had met with staff but were not sure if one had been completed. Others explained that they had struggled to get one because they weren't believed. For example:

*"No one would believe me there was a problem, so I just got fobbed off every time I asked for help".*

Other respondents explained that they had also tried to get support or apply for funding but had not been supported:

*"Centre refuses to complete and provide IEP or apply for funding. This is her third long daycare centre and we've had the same experience and excuses at all three".*

For some respondents they had been told that their child was not eligible for an IEP because they did not have a formal disability diagnosis:

*"We have been told that he does not qualify for an IEP because he does not have a formal diagnosis (but does have a NDIS plan)".*

In this case it is striking that the facility had denied the respondent's request despite the child having an NDIS plan and therefore having met the criteria of demonstrating the need for reasonable adjustments.

A number of respondents felt that there is not enough funding or support to help early childhood and care settings to do this work.

Others were surprised by this question because they did not know they were able to get an IEP prior to their child attending school. One respondent explained:

*"I wasn't aware this was available in an ECE [Early Childhood Education] setting, or I would have asked for it. We were not offered this; I had assumed this started at primary school".*

**Table 6: Involvement of families and caregivers in the development of the Individual Education Plan**

| | |
|---|---|
| Yes | 48 |
| No | 21 |
| Total respondents | 69 |

Respondents were also asked if they had been involved in the development of their child's IEP (Table 6). Of those who responded, 70% (48) had been involved in its development but 30% (21) had not. In free text responses a number of respondents explained that the educator had put it together and presented it to the family rather than asking for input from family. A number of responses suggest that these plans are not always highly valued:

*"Worthless piece of paper. Meant very little and still doesn't even at a specialist school. It's more about educators/teachers ticking boxes in the case of school for whatever reason the national curriculum states it's more important for literacy and numeracy for children like my son then it is to be toilet trained, safe in public, use eating utensils independently just to name a few."*
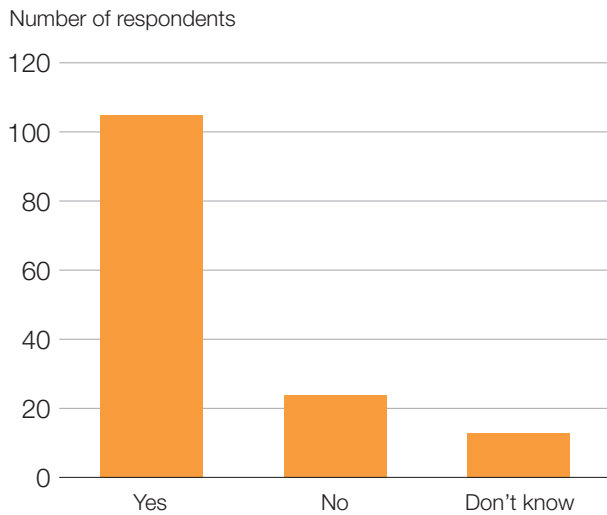
Where children have an IEP, respondents were asked if resources and supports had been put in place before the child commenced early childhood education and care. Of those who responded to this question, 30% (30) agreed or strongly agreed and 40% (36) disagreed or strongly disagreed with this statement.

## Additional support and funding

Respondents were asked whether their child was eligible for additional support or funding (at the early education setting) because of a disability, developmental delay or learning difference (Figure 3). Of those who responded to this question, 74% (105) indicated yes, 17% (24) chose no and 9% (13) didn't know.

Respondents were also asked whether the child was receiving specific support at the early childhood education and care setting because of a disability, developmental delay or learning difference (Figure 4). Of those who responded, 56% indicated yes (75), 35% no (46) and a further 9% (12) did not know.

Figure 3: Eligibility of child for additional funding in ECEC setting because of a disability, developmental delay or learning difference.

Number of respondents

Figure 4: Children receiving support at the ECEC setting because of a disability, developmental delay or learning difference

Number of respondents
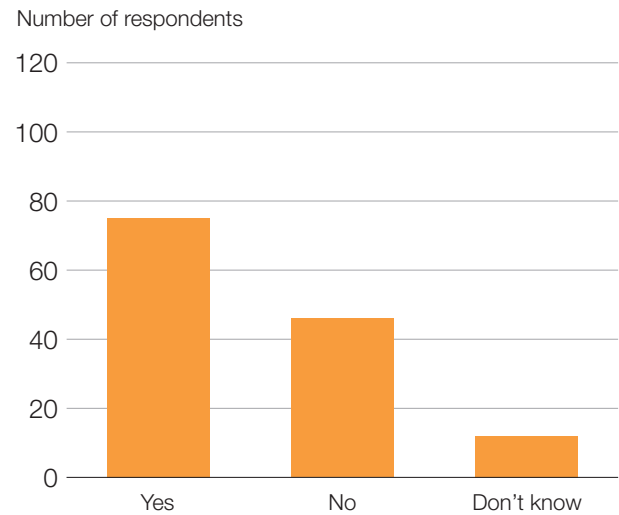
In terms of the sorts of supports that children receive, Table 7 shows the most commonly delivered services and supports were supervision (42), assistance with personal care (39), individual support worker or aide (35), behavioural support (34) and social support (32). Following this were access to specialist allied health (26), specific aides and equipment (23) and curriculum modification (20). The 'other' category (14) primarily comprised occupational therapy, speech therapy and personal assistance.

### Table 7: Types of supports received in the ECEC

| Multiple answers possible | |
|---|---|
| Supervision | 42 |
| Assistance with personal care | 39 |
| Individual support worker or aide | 35 |
| Behavioural support | 34 |
| Social support | 32 |
| Access to specialist allied health within the setting | 26 |
| Specific aides and equipment | 23 |
| Curriculum modification | 20 |
| Other (please specify) | 14 |
| Don't know | 9 |

Respondents were also asked whether their child was an NDIS participant. Of those who responded to this question, 94% (125) indicated yes and just 6% (8) said no. Of those who were not NDIS participants a number indicated that they were currently going through the process of applying. One said they were not because

*"I didn't feel I could navigate the system on my own. It was overwhelming for me".*

The survey asked whether the NDIS funded supports for the child to assist in accessing early childhood education and care. Of those who responded to this question, just 16% (20) did use funding supports in early childhood education and care, 67% (82) did not and 17% (21) did not know. In free text comments respondents were able to tell us about these supports. The majority of these were therapies or support workers to attend settings with children. Some were using funding to train educators and others to fund things such as communication devices. But as CYDA have found in previous education surveys (20), there is confusion about what NDIS funding permits in this regard. A number of respondents suggested that it is not possible to use NDIS funding in this way as it is the responsibility of education services to provide these supports. For example:

*"NDIS do not fund anything to do with education. That is the education departments responsibility".*

Respondents were also asked whether they had paid for supports personally regarding their children's attendance at early childhood settings, for things like specific supports or equipment. Of those who responded, 28% (35) had while 72% (89) had not. In terms of the sorts of supports or equipment funded, examples were given around speech and social skills, equipment, general resources to support inclusion, therapists, sensory items, physiotherapy, strollers and wheelchairs.

The survey asked whether respondents felt that the educators, aides and support staff had the training required to provide a supportive and enriching environment for their child (Figure 5). Of those who responded, 41% agreed (55) or strongly agreed (20) with this statement and 39% disagreed (35) or strongly disagreed (36), with 19% (35) neither agreeing or disagreeing with the statement.

**Figure 5: Educators, aides and support staff have the training required to provide a supportive and enriching environment for the child**

Number of respondents
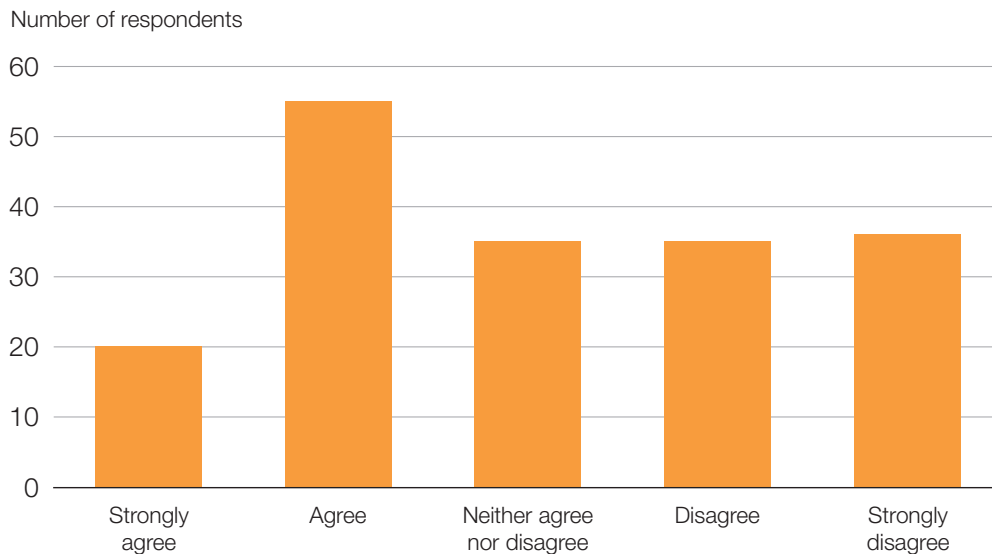


In free text responses, many people indicated that staff were very good and want to do the right thing for children but often did not have the necessary level of training to do this. As one respondent explained:

*"The educators at my council-run centre are fantastic but have limited resources to give my son the level of support he currently needs, although they are trying to implement an inclusive support plan to rectify this".*

Another explained,

*"support staff had no training. they were nice but did not know how to facilitate development outside the norm".*

A few other respondents were also positive about the NDIS:

*"Education staffs from NDIS and our local Kinder is more than helpful. NDIS getting back to us much quicker than we excepted and teacher at kinder always communicate on time, 'chasing' us any updates from NDIS and update us how my kid doing at kinder".*

However, several other respondents felt that staff were not adequately trained and that had been challenging in terms of supporting their child appropriately. For example:

*"I don't believe the staff have an adequate understanding of how to work with and best support a child with an intellectual disability".*

For some families this meant that their child's disability had not been identified:

*"When my child attended early learning centre the staff did not realise my child had a disability he's non-verbal autistic level 3 with sensory and social issues. They weren't given training to recognise a disability and my child was left out of most things. I wish i just home schooled him for the early years but I think he needed to be around others his own age".*

For some respondents they did find trained staff, but they were often limited in number and not sufficient for the number of children in the service:

*"Although the educators have been trained to assist a special needs child, 2 educators to roughly 20 3-year-olds can leave my child unattended for periods of time. After nearly 5 months of attending the program has still not employed an additional teachers aid to assist".*

Particular gaps in training were identified by several respondents around supporting children who have communication differences. For example:

*"My son is considered on the severe end of the spectrum. He was/is non talking and had some severe behaviours. The educators were wonderful and truly did their best with/ for my son but they were not skilled enough to give him what he needed. To be somewhat included in the program his therapist had to visit weekly to aid the educators".*

The impact for some families was significant and some had to move services as a result:

*"Our daughter's 1st childcare from 14m – 4y was horrendous – we made multiple complaints around non-inclusion, safety and welfare ending up with Department of Education involved – the childcare organisation moved us at our request to a smaller centre with much better staff & management – the current centre is near perfect".*

The survey asked about whether staff appeared to seek out relevant professional learning to build skills and knowledge (Figure 6). Of the 92 who responded to this question, 33% neither agreed or disagreed (30), and 34% agreed (20) or strongly agreed (11) and the same proportion disagreed (15) or strongly disagreed (16).

**Figure 6: Staff appear to seek out relevant professional learning to build skills and knowledge**

Number of respondents
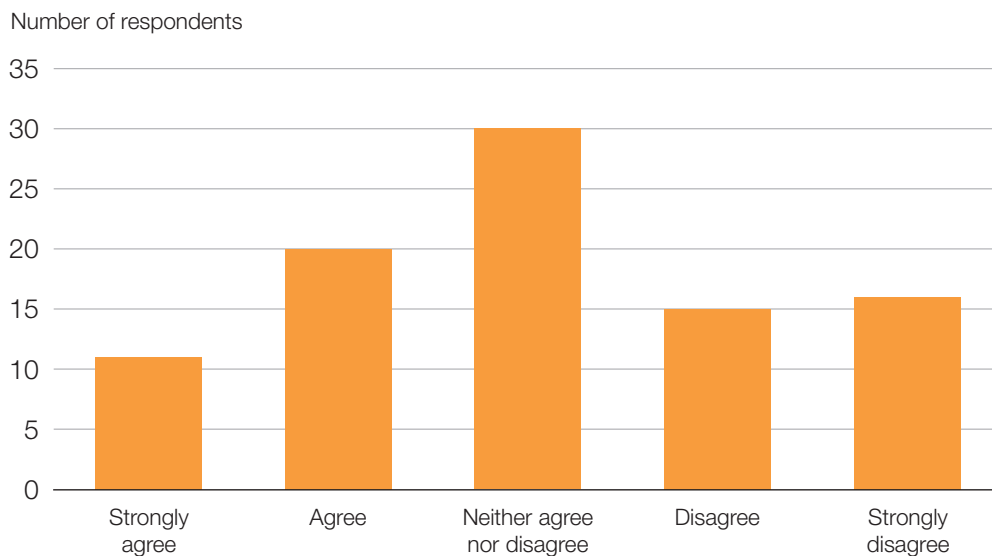


Respondents were asked whether staff appeared to understand the shared responsibilities in working with their child (Figure 7). 93 respondents answered this question and 23% (21) neither agreed or disagreed with the statement. Just under half (30% or 28 agree and 15% or 14 strongly agree) felt that staff appeared to understand the shared responsibilities in working with the child. Two in five (16% or 15 disagree and 16% or 15 strongly disagree) felt that staff did *not* understand the shared responsibility.

**Figure 7: Staff appeared to understand the shared responsibilities in working with my child**
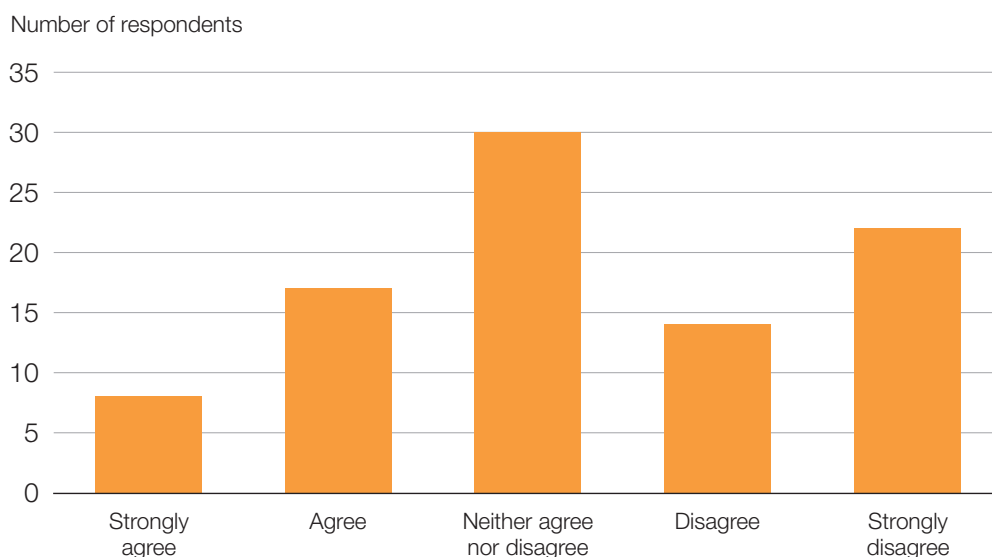
Number of respondents
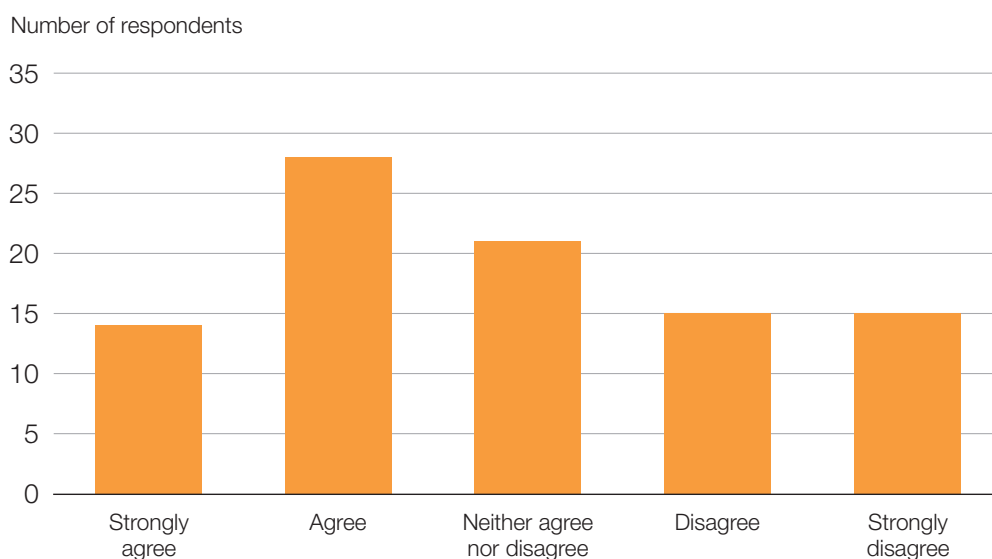
Respondents were also asked whether staff appeared to set aside time to monitor, reflect, evaluate and do further planning or adjustments (Figure 8). 92 respondents completed this question. 22% (20) of the 92 neither agreed nor disagreed. 45% of the 92 either agreed (36%, 33) or strongly agreed (9%, 8) that the staff appeared to set time aside. 34% disagreed that staff set time aside (22% (20) disagreed and 12% (11) disagreed strongly). In other words, most respondents felt that staff put time aside to some degree to monitor, reflect, evaluate and plan, but a significant third of respondents disagreed.

**Figure 8: Staff appear to set aside time to monitor, reflect, evaluate and do further planning or adjustments**

Number of respondents
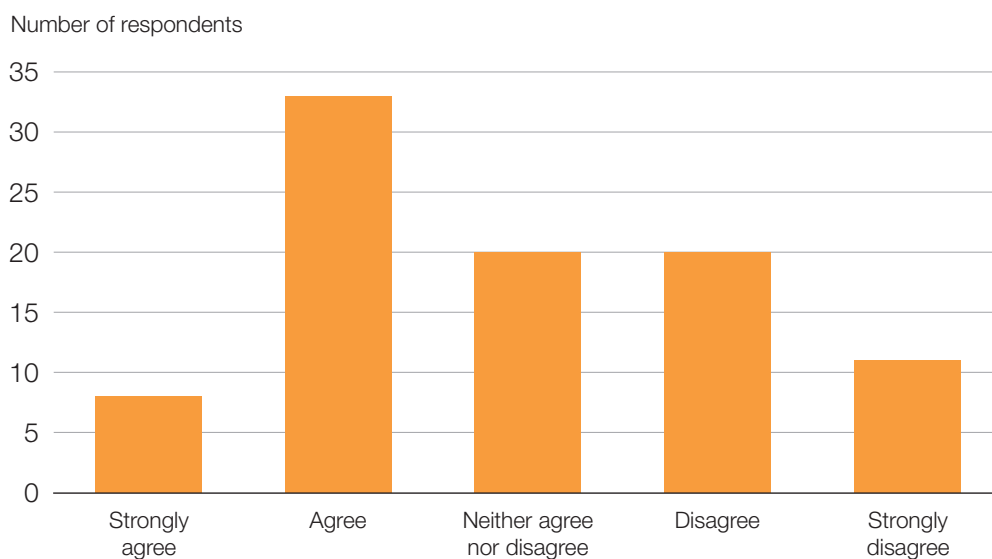


The survey also asked respondents whether the setting shared clear policies and information with other families about the benefits of inclusion for all children (Figure 9). Responses were somewhat equivocal. Of the 91 responses to this question, 33% (30) neither agreed or disagreed, 28% agreed (17) or strongly agreed (8) and 40% disagreed (14) or strongly disagreed (22). A number of respondents expressed dismay that they had provided resources to the early childhood and care settings, but these were not being used to their knowledge.

**Figure 9: The setting shared clear policies and information with other families about the benefits of inclusion for all children**
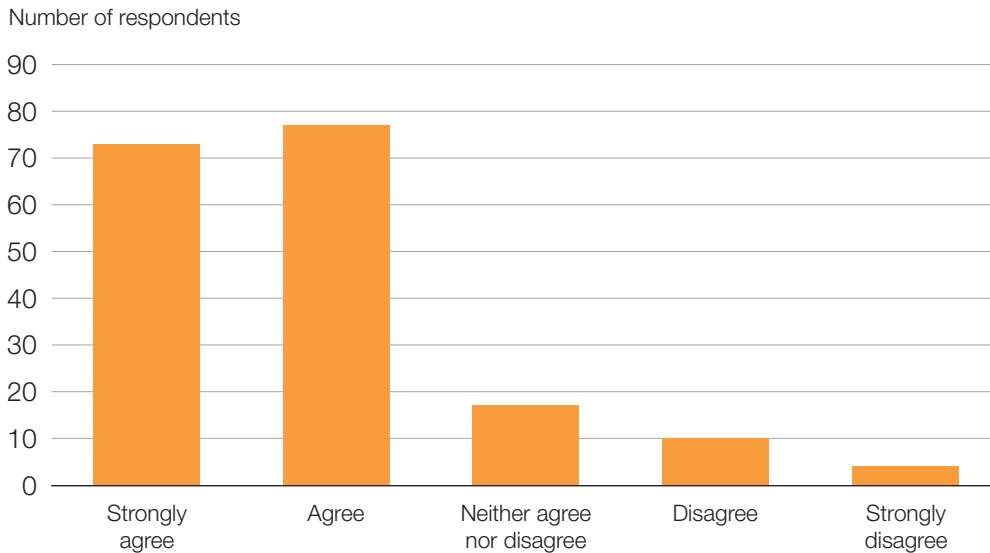
Number of respondents

## Do children and families feel welcome and supported?

In the survey we asked respondents whether their child was made to feel welcome at their early education and care setting (Figure 10). Encouragingly, 83% of respondents indicated that they agreed (43%, 77) or strongly agreed (40%, 73) that their child was made to feel welcome. 9% (17) neither agreed or disagreed. Just 6% (10) disagreed with this statement and 2% (4) strongly disagreed.

**Figure 10: My child is made to feel welcome**

Number of respondents



The picture was similar for whether family or caregivers of children were made to feel welcome by early childhood and care settings (Figure 11). 78% of respondents either agreed (43%, 77) or strongly agreed (35%, 63) with this statement. A further 16% (29) neither agreed or disagreed. Just 6% of respondents disagreed (10) and 1% (1) of respondents strongly disagreed with this statement.

**Figure 11: Our Family/caregivers are made to feel welcome**

Number of respondents
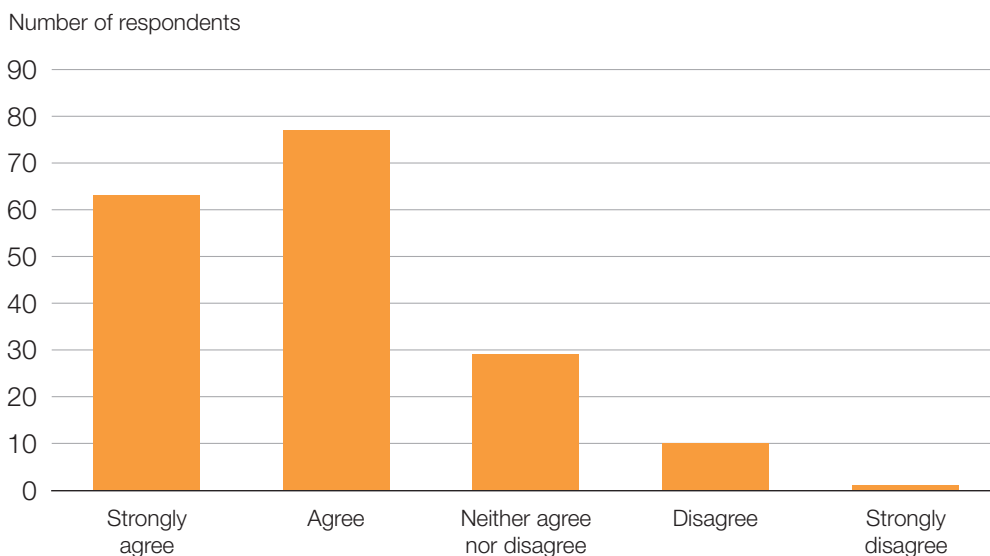
When asked whether their child received adequate support the picture was a little more mixed (Figure 12). While 46% of respondents strongly agreed (14%, 26) or agreed (32%, 57) with this statement, 14% (26) neither agreed or disagreed. This left 40% who either strongly disagreed (12%, 21) or disagreed (28%, 50) with this statement.

**Figure 12: My child receives/received adequate support**

Number of respondents
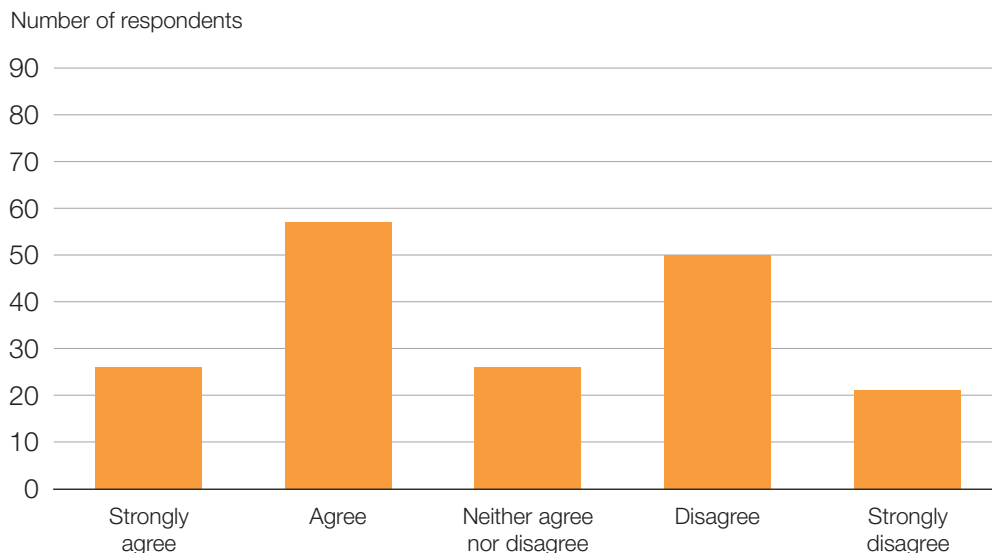


In terms of those who disagreed or strongly disagreed that their child receives adequate support (71), when we explore these by the setting that their child attends (Table 3) we find that 32% (23) of these attend Long Day Care, 7 (10%) attend a 3-year old programme and 1 (1%) attend an Early Childhood Programme. The remainder attended a combination of settings.

Responses also varied regarding whether there was regular communication with the family/caregivers about the child's experience and learning process (Figure 13). 55% of respondents agreed (33%, 60) or strongly agreed (22%, 39) with this statement. 19% (34) of respondents neither agreed or disagreed with this statement. 26% of respondents disagreed (19%, 34) or strongly disagreed (8%, 14) with this statement.

**Figure 13: There is/was regular communication with the family/caregivers about the child's experience and learning progress**

Number of respondents
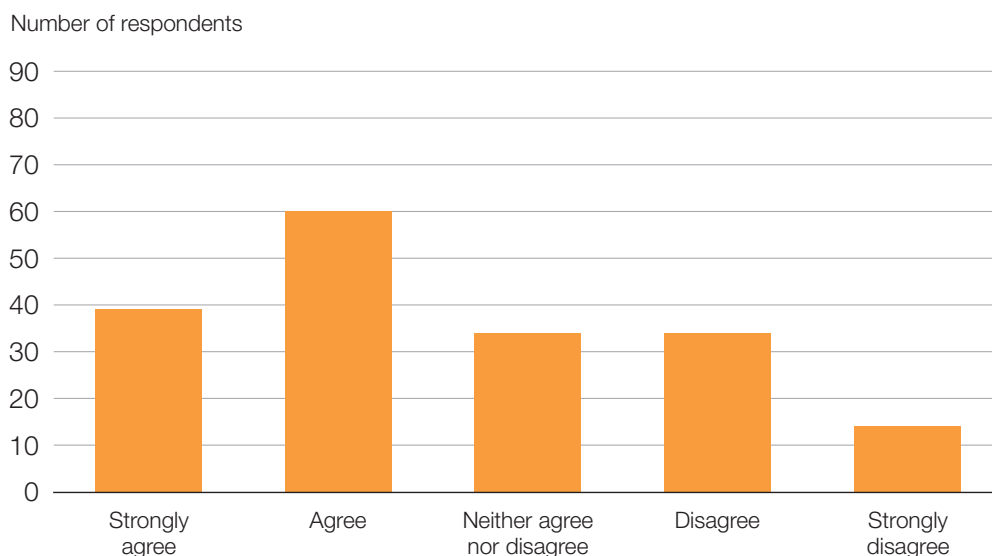
Finally, the survey asked whether educators, aides and support staff have high expectations of the child and their experience and learning progress (Figure 14). A quarter of respondents (45) neither agreed or disagreed with this statement. However, the majority (48%) either agreed (29%, 53) or strongly agreed (19%, 34), leaving a quarter (27%) who disagreed (16%, 29) or strongly disagreed (11%, 20).

**Figure 14: The educators, aides, and support staff have/had high expectations of the child and their experience and learning progress**

Number of respondents
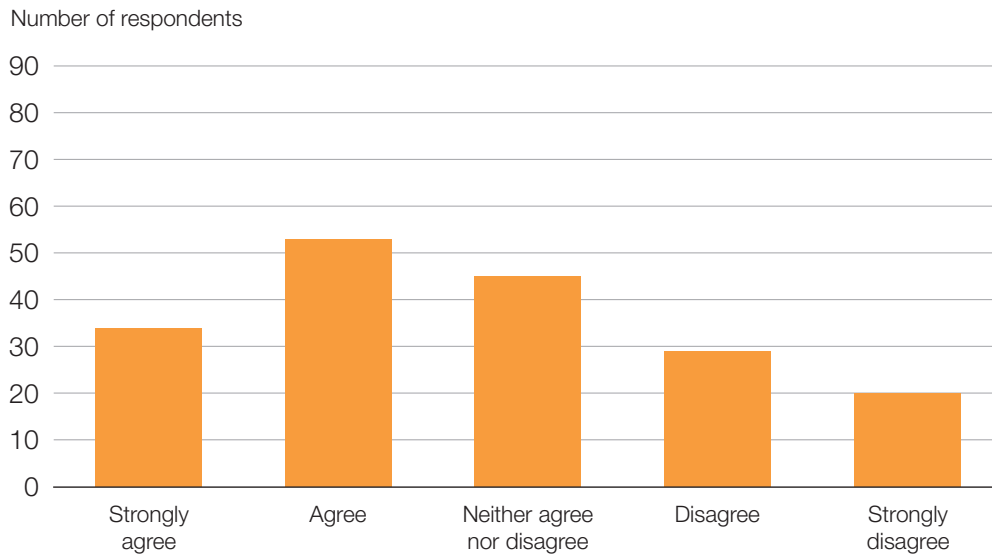
## Exclusion, segregation and bullying

While not in vast proportions, there are worrying signs that exclusion, segregation and bullying start early for some children and that restrictive practices are also being used. Table 8 and Figure 15 set out the percentage of respondents with children that had experienced these issues.

**Table 8: Experiences of exclusion, segregation and bullying**

| | Yes | No | Don't know |
|---|---|---|---|
| Has the child been refused enrolment at an early childhood education and care setting? | 19 | 81 | 0 |
| Has the child been excluded from excursions, events or activities at the early childhood education and care setting? | 29 | 62 | 9 |
| Has the child experienced bullying (verbal, physical or social) at the early childhood education and care setting from other children or staff? | 28 | 43 | 29 |
| Has the child experienced restrictive practices? | 18 | 66 | 16 |
| Has the child experienced seclusion? | 20 | 64 | 16 |
| Has the child been excluded or suspended from attending the early childhood education and care setting? | 10 | 90 | 0 |
| Has the child been limited in the hours they can attend at an early childhood education and care setting? | 23 | 77 | 0 |

**Figure 15: Experiences of exclusion, segregation and bullying**
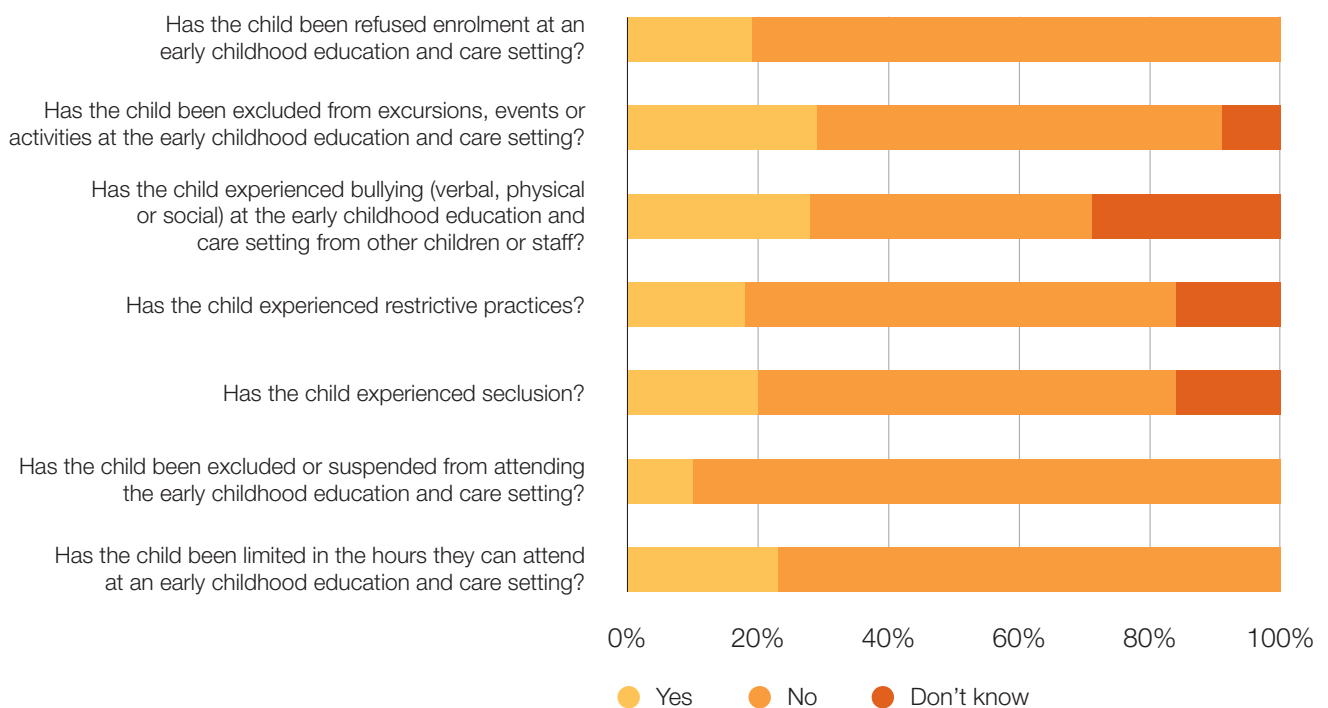
Of our sample, 19% indicated that their child had been refused enrolment at an early childhood education and care setting. In free text comments respondents explained why they had been refused. For some respondents there was no explanation given at all, or that having attended a face-to-face to meeting they were told that there were no available places, or that the service deemed they were "out of area". For others the reason given was staff shortages or a lack of staff with appropriate skills, for example:

*"Childcare centre accepted the enrolment for a waitlist but informed me there was no guarantee as they would need to hire additional staff, apply for funding to hire staff, and due to the number of children with a disability who were already attending. Other local childcare centres have not responded at all to enquires about enrolment or waitlists".*

Some respondents were told that their child would be accepted but only if they would be accompanied by their "worker" while attending. Others explained that they had been told that they would not be able to cater for their child's needs or that they wouldn't be able to appropriately participate. Some reported that this resulted in having to hold their child back a year. Others still were told that the service already had a number of NDIS participants enrolled and so wouldn't be able to accommodate more:

*"Already had a number of NDIS children enrolled and couldn't adequately cater for my child as she was last on additional needs queue".*

When asked whether their child had been excluded from excursions, events or activities at their early childhood education and care setting, of those who responded to this question 29% (40) had experienced this. In free text comments respondents explained that due to additional needs their child had been excluded from activities like swimming, cultural activities, camp, sleepovers, bush kindy, going outside, and activities that involve food. As one parent explained:

*"The school set a rule– he would not cope and cannot come along as it would be an oh&s [Occupational Health and Safety] risk to everyone else. They used language to describe my son as some kind of uncontrollable monster. Which he was not at all".*

As a result of this, a number of respondents explained that they did not have photos of their child with their preschool classes as often these were taken around particular events. Some families had worked hard to make sure their child was included by making requests or accompanying them to these events but even then, did not feel these were inclusive:

*"They tried to exclude her from school camp but I didn't allow that to happen. Events and activities are not modified".*

Some families told us that they had not allowed their child to go to these activities as they were concerned they would not be appropriately supported. Where they missed out on these activities they were generally put into groups with younger children or in some cases "Just left to sit in the corner all day".

Others told us that their children did not take part based on their own choice, despite inclusion being encouraged:

*"By child's choice. Staff and other children encourage inclusion, but he often refuses".*

Concerningly, 28% (39) of respondents said that their child had experienced bullying in their early childhood education and care setting and a further 29% (39) did not know. Respondents reported that both other children and staff members had perpetrated bullying. One respondent commented:

*"Both kids bullied all the way throughout their schooling".*

Another even commented that they had also been bullied:

*"Bullied by other children and other families trying to bully me to leave the service".*

Some respondents explained that their child had been bullied in retaliation for doing things like snatching toys from other children. However, most explained that the bullying did not occur in response to the child's actions, and manifested in things like children being "Pushed, hit at the back and called silly". One respondent explained their child

*"[c]onsistently came home telling me that other children told him to "go away" and wouldn't allow him to join in play. He was constantly excluded despite having no behavioural issues that would make other children feel unsafe. Staff did nothing and seemed completely unaware. I witnessed it happen myself, they still denied It".*

Some respondents explained that this had led to their child not wanting to use their disability supports, for example:

*"Children would comment discouraging things about our sons support equipment so he would then not use them".*

The implications of bullying can be significant and led some children to not want to attend education and services:

*"As he was perceived as different, he had several children physically bully him which created 3 years of severe separation anxiety to the point he was delayed starting kindy. No action or responsibility by preschool".*

A number of respondents, particularly those with children with communication difficulties, explained that they did not know if their child was being bullied as they were not able to communicate this.

A few respondents explained that they believed educators had actually perpetuated this bullying. For example, "Suffered abuse (physical rough handling) by a staff member". But more often responses suggested that staff were culpable to the extent that they did not recognise the signs of bullying or did not intervene. As one respondent explained:

*"He was frequently 'pursued' by a couple of more boisterous kids in what the centre described as 'chasing games'. I don't believe the kids were being deliberately mean, but they didn't understand my child's body language and communication. He was terrified, but due to his specific communication differences the other kids had no idea. To the point that he would hide, and eventually wet himself because he was too scared to walk (no running allowed, very rule conscious child) across the concrete area to access the toilets. Despite being asked multiple times to more closely supervise, and intervene in 'chasing games', the educators would insist that my child was actually enjoying it because he was laughing. I could not get them to understand that his outward communication, didn't match his internal state, and he NEEDED them to step in and help him feel safe".*

When asked about restrictive practices, 18% of respondents (25) said that their child had experienced these and 16% (22) did not know. In free text responses respondents were able to explain what had been experienced. A few respondents explained that their child had been restrained to stop them acting aggressively towards others, for example:

*"Held to stop hitting, aggressive behaviour aimed to staff/children".*

A number of respondents did mention physical restraint being used on their child.

Some respondents explained that their children were restricted in terms of where they were allowed to spend their time, for example:

*"Kept in the library at lunchtime and recess as it was easier for staff to supervise him inside".*

Others explained that when their child had become overwhelmed, they were not allowed to take a break from the environment and to go outside, for example, or have access to agreed comforts.

Others explained that their child's disability supports had been used to restrict them by, for example, taking control of their wheelchair. In another example a respondent explained:

*"staff used equipment to restrain child – hi low chair & walker used to keep her away from others, used unnecessarily during group time, left in walker while staff sat – when walker is supposed to be for walking".*

Another respondent had been asked to chemically restrain their child before attending their early childhood education and care setting:

*"We have been told to ensure our son is medicated to attend the centre for daycare".*

Other respondents reported that they did not know if their child had restrictive practices used but suspected they had been:

*"I had an aid ask me if she could restrain him said vice principal said to ask me I didn't agree. That night in bath I noticed what looked like finger bruising over his shoulder".*

The survey asked whether their child had experienced seclusion. Of those that responded, 20% indicated that they had (27), and 16% (22) did not know. In free text comments respondents explained that their child has been sent to office spaces, hallways, verandas, or libraries away from their peers. Another explained that their child had been put in a partition area within the classroom:

*"Rather than allowing supports a cardboard [partition] was built to separate my child from her class".*

And another respondent commented:

*"Constantly excluded. He was made to sit in hallway by himself for class time and when he was allowed in class they put him in a corner with a partition around him so he was by himself".*

Some respondents explained that this was because staff did not know how to support the child so they were excluded from activities:

*"they would exclude her from outdoor group time as they didn't know how to include her, so instead, they pulled her aside and made her do quiet play 1:1 with an aide".*

One other respondent reported that they did not always see this seclusion as a negative and had experienced it in a positive way at times:

*"they remove him from the group when he is overwhelmed and a staff member stays with him in the room of care and does deep pressure stimulation to aid in calming".*

Respondents were also asked whether their child had ever been excluded or suspended from attending an early childhood education and care setting. Of the 137 who responded to this question, 10% (14) reported that they had. Free text responses indicated that this was due to behaviours associated with their disability, for example:

*"Constant suspensions for things out of his control. The school didn't want him there because he is autistic".*

Another reported that after the COVID-19 public health restrictions were lifted they were told that their child could not return for the full time they were enrolled for and less than the Kindergarten Inclusion Support Scheme time they had been allocated.

When we analyse the data regarding children that have been excluded or suspended from attending the early childhood education and care setting, we find that of the 14 children this applied to, 12 were identified as male and 2 as female. This suggests that within our sample males are being excluded or suspended at higher rates.

We also analysed this data by the type of setting that the child attends as indicated in Table 3. Of the 14 respondents this applied to, 5 attended Long Day Care, 3 attended a 3 Year Old's program and the remainder a combination of Long Day Care and other setting. There were no reports of this in terms of children attending Early Childhood Programs.

In terms of limited hours, 23% of respondents (32) said that their child had been restricted in the hours they can attend their early childhood education and care setting. Often families were being asked to ensure children arrive later and leave earlier than had been arranged, including where or when more funding for supported hours had been allocated. In some cases, this was due to their child being upset, but in others due to staff absences and shortages. As one respondent explained:

*"They asked that we attend 2 hours. I said I wasn't comfortable with him being discriminated against in that way due to no fault of his own. They back peddled very quickly after I said this would be a form of discrimination as it had nothing to do with his behaviour or ability to cope during a session".*

Several other respondents also indicated that they were not being offered additional casual hours outside their normal attendance, where other families were able to secure these. This finding runs counter to the Priority of Access Guidelines for child care services where children with disability should be prioritised (21).

# Complaints and complaint resolution

The survey asked about whether respondents had ever complained about their child's experience in early childhood education and care. All services operating under the Education and Care Services National Law, or relevant state or territory laws must have policies and procedures for dealing with complaints. Services are required to clearly display who complaints may be made to and complaints may also be made to the state and territory early childhood or education department/directorate directly.

Of the 137 respondents to this question, 34% had made a complaint (46) and 15% (21) had needed to make a complaint but did not proceed (Figure 16). In other words, half had had experiences that they felt justified them making a complaint.

**Figure 16: Numbers of respondents who have made a complaint**



- Yes (34%)
- No (51%)
- No – I needed to make a complaint but did not proceed (15%)

In free text responses, respondents outlined wide-ranging issues, for example:

*"not being allowed to develop continence – being excluded from activity – being neglected and given menial things to do – not being dressed appropriately – not being allowed to use communication device – not being allowed choice – not given adequate learning opportunities – not being supported to access environment – not being able to attend ldc [Long Day Care] on the same basis as peers".*

A significant proportion of people suggested they should have made a complaint but did not. Some explained that they did not know how to make one or that it would be too difficult. Others had decided not to complain but to remove their child from the setting:

*"Too taxing to continue with the argument of discrimination when we weren't going to send our daughter there after the initial discrimination".*

Others explained that they lived in a small town so felt that they would be treated badly if they complained. These concerns were borne out by others, with one explaining:

*"I was treated awful for it. The school staff didn't listen and gaslighted me for the remainder of my son's time in school".*

When asked what these complaints related to, of the 115 respondents who answered this question, child support services (28) and participation in education (28) were the two most common reasons for complaint. This was followed by bullying, harassment or victimisation (23), curriculum and teaching materials (21), and enrolment (13). 15 'Other' reasons were indicated.

**Figure 17: What complaints relate to**
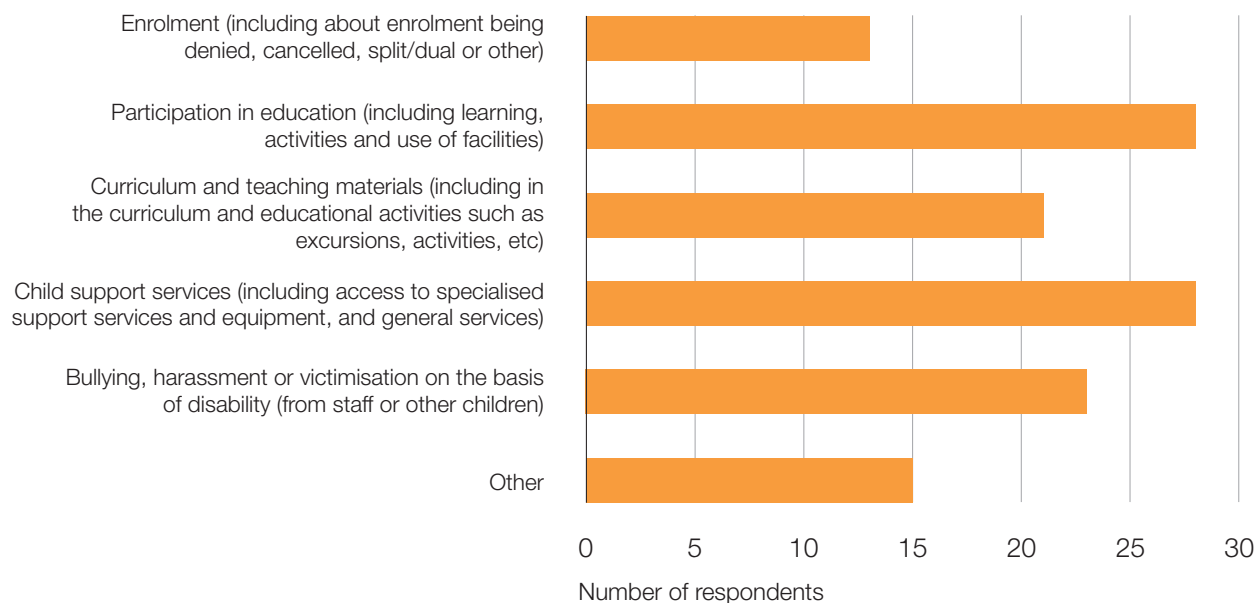


In free text responses individuals were invited to tell us about these. More than one respondent had found that their child was given inappropriate foods (even when allergy action plans were up to date) or had been given the wrong medications. For example:

*"My son got epilepsy and childcare will provide him medicine after lunch. But I found when I pick him that staff gave him wrong dose. I talked with manager. It looked like she is not concern. So I quit this childcare after that day".*

Others talked about a wide range of issues that suggested their child was not being appropriately supported. For example:

*"Bullying, not supply a sensory break space, removing chewing necklaces that keep teeth from being grinded, not assisting with toilet, poo in undies, not assisting with opening lunch packets, not helping regulate temperature i.e. helping to remove jumper on hot days".*

Again, in many of these cases respondents were concerned because they had made the settings aware of additional needs and had documented these, but found these agreements were not being followed.

When asked who the complaints were made to (Figure 18), these were made most frequently to a centre director or manager (44 complaints) or an educator or teacher (32 complaints). Complaints were also made to centre main office (11), other staff (11), and State or Territory departments (10).

**Figure 18: Where complaints made to**



*The Australian Children's Education & Care Quality Authority
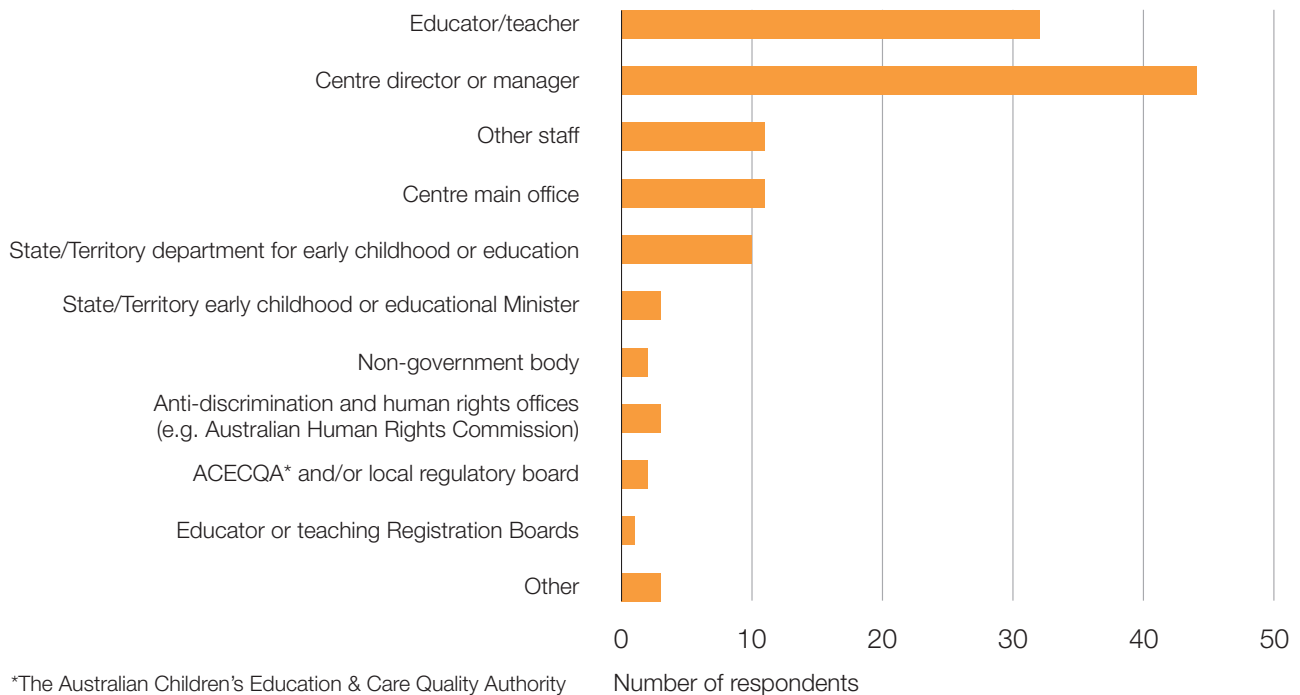
Respondents were also asked whether they were satisfied with the outcome of their complaint. Of those respondents to whom the question was relevant, 25% (13) indicated that that they were satisfied with the outcome of the complaint, 60% (32) indicated that they were not satisfied, and 15% (8) indicated that the process was still ongoing. In other words, most of those who had made complaints were not satisfied with the outcomes of this process.

In free text responses, many respondents explained that they were not taken seriously so they had quit that service, or the process had taken too long and this had implications for their child's learning, for example:

*"Inclusion support is taking too long and this means that due to lack of capacity, my son cannot be supported to engage in the learning experiences".*

In some cases, the length of time to resolve meant that staff members implicated had moved on before the issues were resolved. For others, this never occurred:

*"Never really resolved – department of education defended childcare organisation, we never had any responses in writing, no apologies, no acceptance of wrongdoing".*

Another respondent explained feeling like they were not believed when they complained:

*"I was ignored and pretty much dismissed of any concerns I raised. The school and department of education gaslit me".*

Even when complaints were heard, some settings said they could not be responded to due to a lack of funding:

*"They are trying to tell me that the Department of Education doesn't give them enough time or funding and they don't know what to do".*

In the final section respondents were asked about thinking ahead in terms of planning for school and where they would like to see their child attend. Figure 19 sets out the levels of importance attached to various possibilities for their child attending school.

**Figure 19: Preferences for child's schooling**
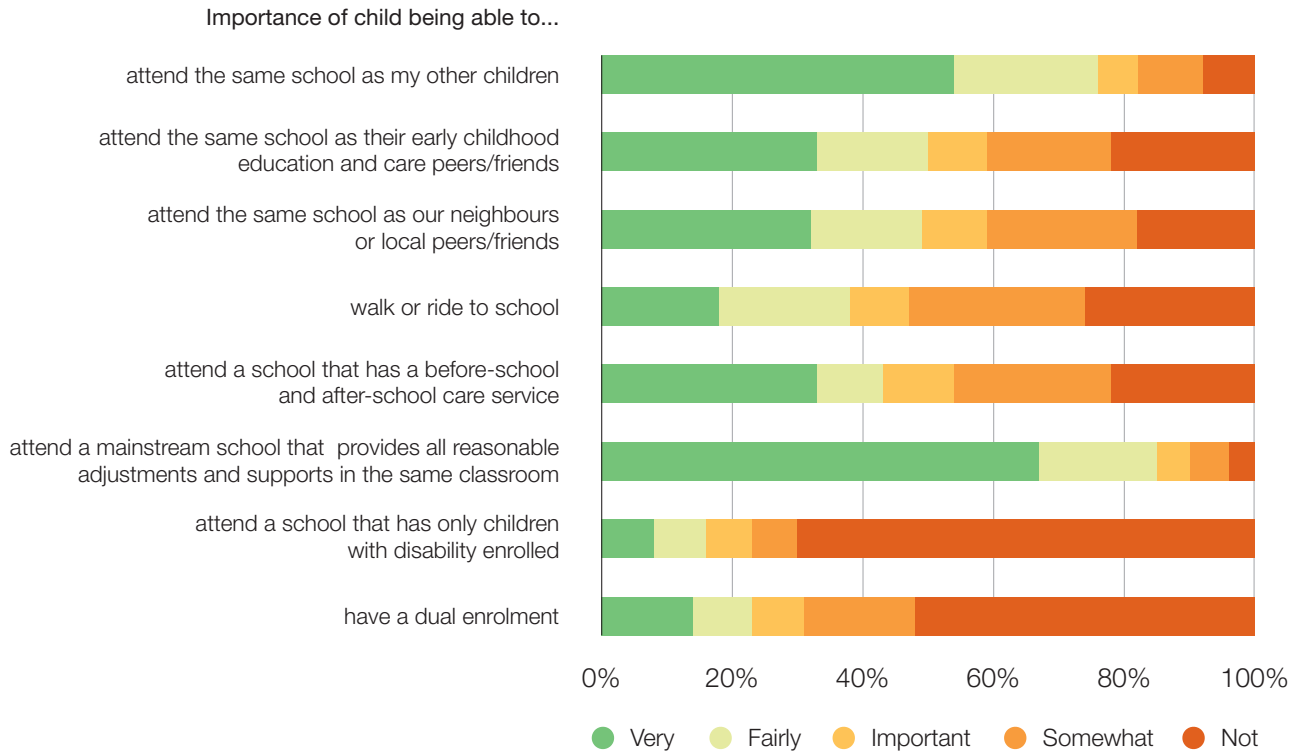
Importance of child being able to...



Legend: Very · Fairly · Important · Somewhat · Not

For those who responded regarding attending the same school as the child's other siblings (Figure 20, 95 respondents), more than half (54%, 51) indicated that attending the same school as the family's other children was very important, 22% (21) that it was fairly important, and 6% (6) that it was important. Only 10% (9) indicated it was somewhat important and 8% (8) that it was not important. This seems to indicate that families attach a high degree of importance to children attending the same school as their family members.

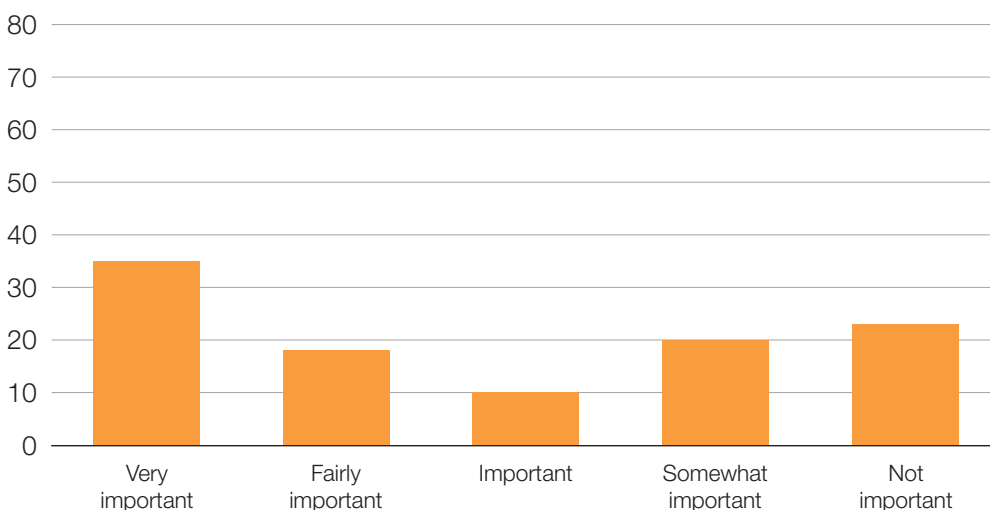**Figure 20: I want my child to attend the same school as my other children**

Number of respondents
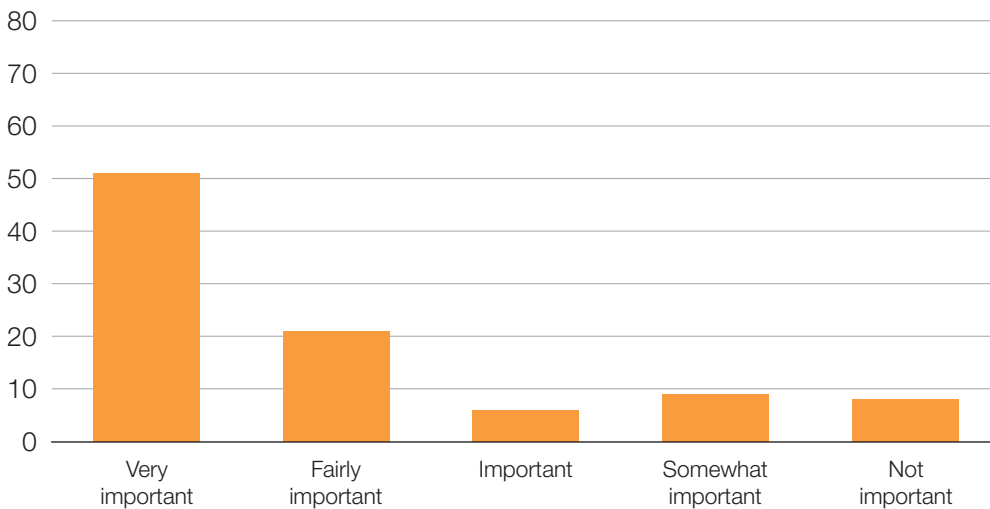


In terms of attending the same school as their early childhood education and care peers/friends, this was also felt to be of significance for respondents (Figure 21). 33% (35) felt that it was very important, 17% (18) that it was fairly important, 9% (10) that it was important, and 19% (20) that it was somewhat important. 22% of respondents did not feel that this was important at all. In summary, more than three quarters of respondents attached some level of importance to this possibility.

**Figure 21: I want my child to attend the same school as their early childhood education and care peers/friends**

Number of respondents

Respondents also felt strongly that they wanted their child to attend the same school as their neighbours or local peers or friends (Figure 22). Of those who responded to this question (99 respondents), 31% (31) felt that it was very important for their child to attend the same school as neighbours or local peers/friends, 17% (17) fairly important, 10% (10) important and 23% (23) somewhat important. 18% (18) of respondents saw this as not important. In summary, more than 80% felt that having their child attend the same school as neighbours or local peers/friends had some level of importance.

**Figure 22: I want my child to attend the same school as our neighbours or local peers/friends**

Number of respondents
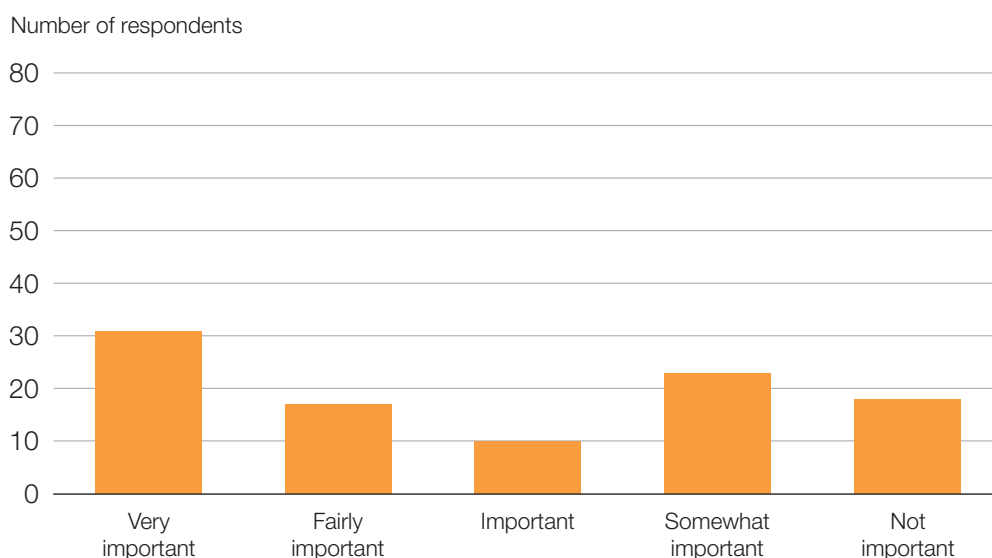


The survey also asked respondents whether they wanted their child to be able to walk or ride to school (Figure 23). Of those to whom this question was relevant (91 respondents), 18% (16) felt that their child being able to walk or ride to school was very important, 20% (19) felt it was fairly important, 9% (8) that it was important and 26% (24) found it to be somewhat important. A further 26% (24) found it to be not important. Therefore, three quarters of those who responded attached some level of importance to this choice.

**Figure 23: I want my child to be able to walk or ride to school**
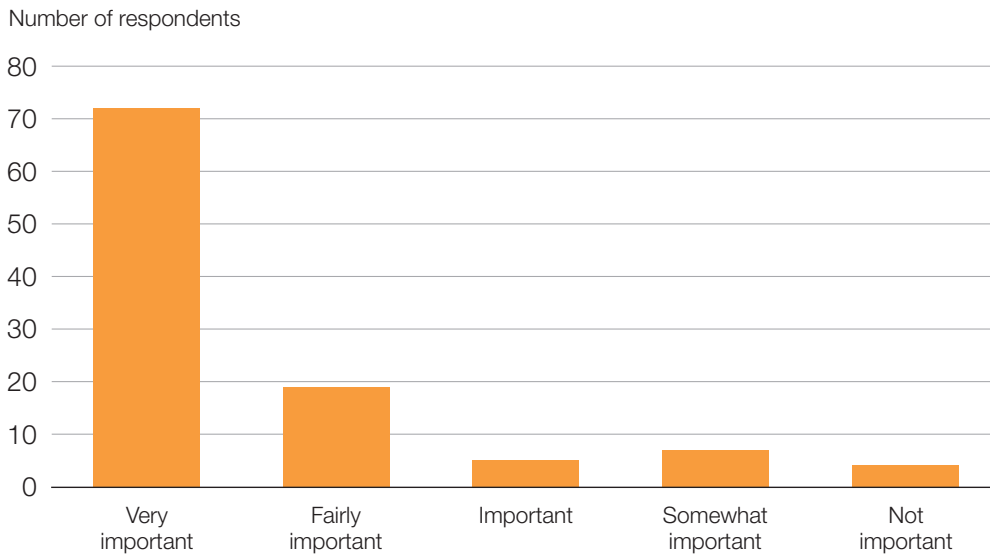
Number of respondents
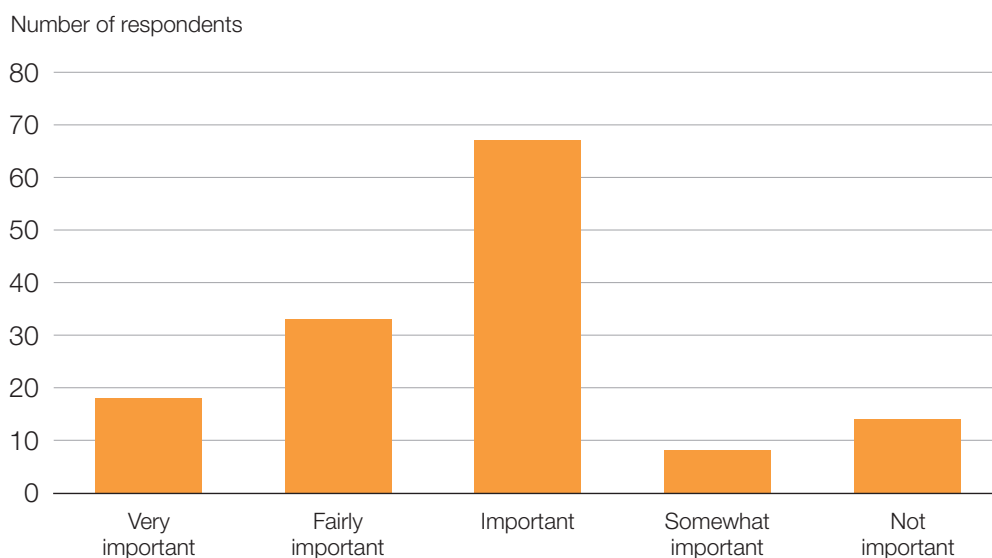
Respondents were asked to rate whether they wanted their child to attend a school that has before and after school care (Figure 24). 114 respondents answered this question, but 21 said it was not applicable. Of the other respondents (93), 33% (31) rated it very important, 10% (9) fairly important, 11% (10) important, 25% (23) somewhat important, and 22% (21) said it was not important. Therefore (for the respondents who found this question relevant) having their child attend a school that has before and after school care was important on some level for three quarters of respondents, and a full third found it to be very important.

**Figure 24: I want my child to be able to attend a school that has a before-school and after-school care service**

Number of respondents
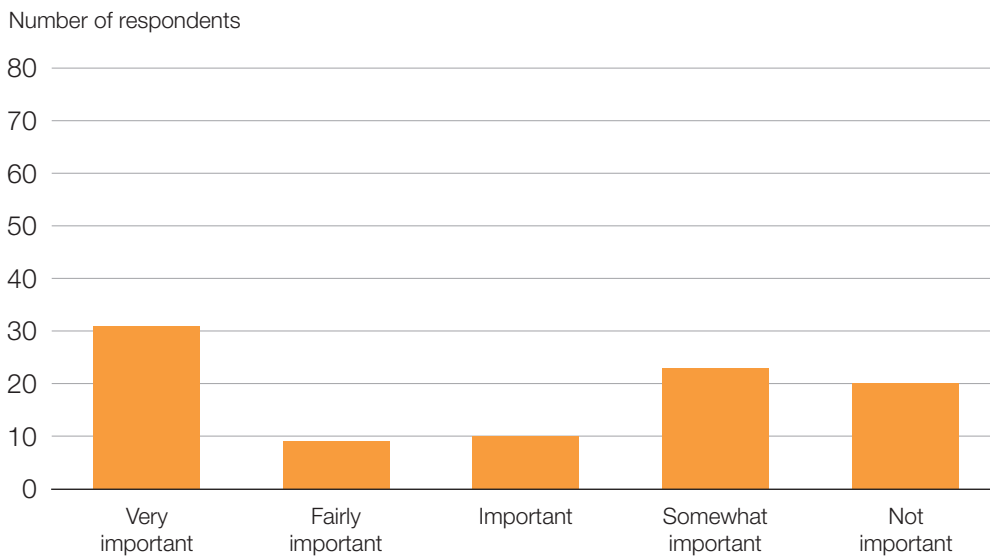


There was quite strong agreement that families want their child to be able to attend a mainstream school that provides all reasonable adjustment and supports in the same classroom (Figure 25). 114 respondents answered this question, with 7 respondents indicating that it was not applicable. Of those to whom this question was relevant (107 respondents), 67% (72) felt it to be very important, 18% (19) found it to be fairly important, 5% (5) important, and 7% (7) somewhat important. Only 4% (4) found it to be not important. These responses indicate a very strong interest in being able to access mainstream schools that are able to provide supports to their child.

**Figure 25: I want my child to be able to attend a mainstream school that provides all reasonable adjustments and supports in the same classroom**

Number of respondents



Given the response to the previous question, it is not surprising that when asked whether they wanted their child to attend a school that only has children with disability enrolled, the response was less emphatic (Figure 26). 114 respondents answered this question, but 27 respondents answered this question by indicating not applicable. Of those to whom this question was relevant (87 respondents), 8% (7) felt that their child being able to attend a school that has only children with disability was very important, 8% (7) fairly important, 7% (6) important, 7% (6) somewhat important. 70% (61), however, felt that their child attending a school with other children with a disability was not important. Taken in combination with the last question, the responses show a significant interest in their child attending a properly resourced mainstream school.

**Figure 26: I want my child to be able to attend a school that has only children with disability enrolled**

Number of respondents
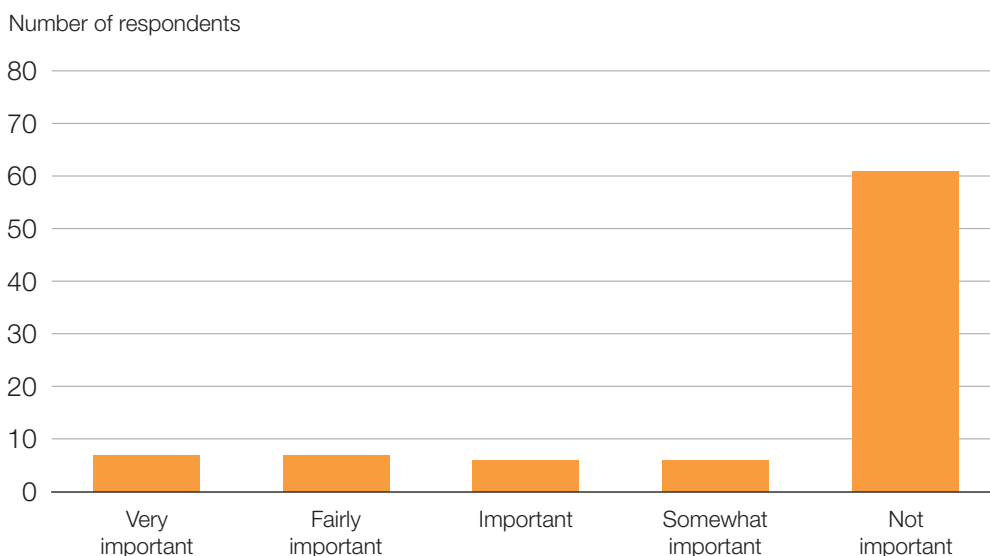
Similarly, respondents were not enthusiastic about the ability for their child to have dual enrolment at a local school and part time at a school where only children with disability are enrolled (Figure 27). 112 respondents answered this question, but 35 said it was not applicable. Of those to whom this question was relevant (77 respondents), 14% (11) felt that their child having dual enrolment was very important, 9% (7) fairly important, 8% (6) important, 17% (13) somewhat important, and 52% (40) not important. These responses provide a reasonable split between those that find a dual enrolment not important and those that attach some level of importance to it. It should be noted, however, that of those who attached some level of importance to the idea, the largest number were split between somewhat important and very important, revealing a wide range within this cohort.

**Figure 27: I want my child to be able to have a dual enrolment**



Number of respondents
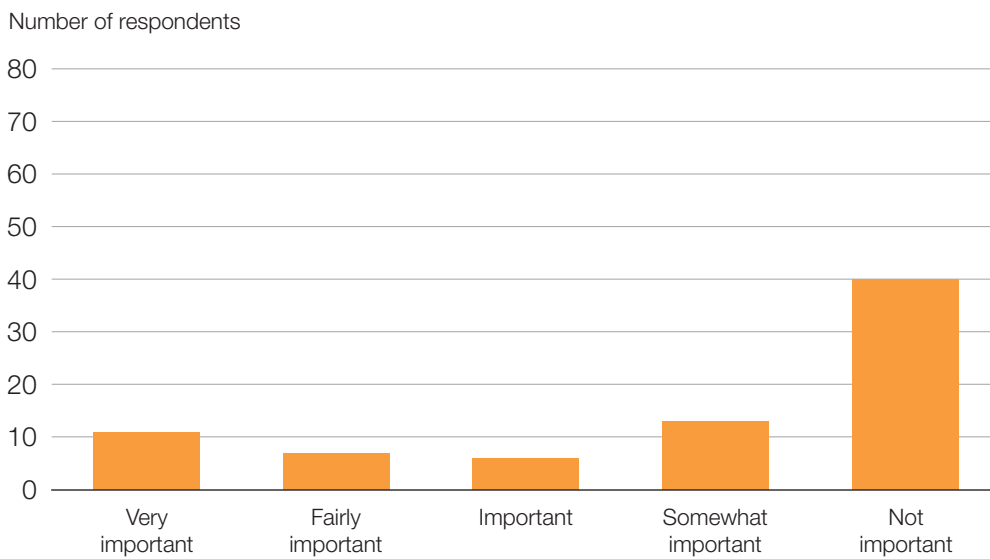
Respondents were also offered the chance to elaborate on any of the questions relating to planning for school destination. A number of respondents explained why they would like their children to attend a mainstream school, but did not always find this an available option:

*"My son currently attends a school for students with intellectual disabilities. However this is only due to a lack of support for him in the mainstream system. I fundamentally disagree with segregation of children with disabilities. It is counter-intuitive to the end goal of having them function as an adult in the local community. The decision to send him to a specialist school was a concession not a "choice"".*

As this quote shows, integrating children with disability with their peers early on can be a good way of ensuring they are included in communities later in their life.

One respondent illustrated the challenges that can be raised for families where their child cannot be placed in a school near to home:

*"In NSW, parent might not get the school that in their catchment area. My son got another school a bit far from home and that school doesn't provide after, before school care service. That made me struggle to look for job. Moreover after school care service in another center doesn't accept student from difference school, especially disability kid who need special support".*

In this case not being able to secure a place in a school near to home can raise issues for families in terms of securing employment. Several respondents indicated that they went to some lengths to ensure that their children could access quality education, for example:

*"The quality of their education is the most important factor. We have moved 4 times in 15 years so our kids get the best we can give them".* Others felt like they had no choice because of the area they live in: *"We only have one choice as we live in a small rural town".*

Having set out the findings of this survey, we now analyse them further and place them in context.

# What do these findings mean?

**In this section we move on to consider what these findings mean. However, first it is important to explain the limitations of this research.**

Firstly, this is a small sample of just 181 respondents and not everyone answered all of the questions in the survey. Although the survey garnered responses from every state and territory, the majority (81%) of responses were from New South Wales, Victoria and Queensland. Therefore, these findings are unlikely to be reflective of issues across Australia. More than half of responses were from metropolitan areas, with fewer responses from rural and remote areas. While most Australians do live in metro areas, it is important to capture data from non-metropolitan areas because we know from existing evidence that there are particular access challenges regarding early childhood education and care services in regional and remote communities (22).

Secondly, many of the respondents did not currently have children in the ECEC age group. This was because CYDA also invited young people and their families to reflect on past experiences, since the survey was the first to ask families about early childhood education and care experiences. 56% of respondents had children currently 0–6 years old, 29% had children 7–12 years old, and 15% had children 13 or older. This means responses may not reflect the current state of ECEC for children with disability in Australia.

Male children are also overrepresented in the survey responses. This may be a reflection of the fact that there are more male NDIS participants, and most children represented in this survey were also NDIS participants. However, conditions such as autism that represent a significant proportion of NDIS participants are likely to be under-diagnosed in girls and women (23). More generally, behavioural issues presenting in children occur in gendered environments where people may respond differently to similar behaviours in different genders.

Therefore, we should not take the consistent overrepresentation of boys in these kinds of surveys to indicate that girls do not also need support and inclusion from an early age.

Taken together, we should be careful not to assume that the responses to this survey are necessarily reflective of the issues encountered in early childhood and care across Australia. It may be that the issues we cover are an over- or possibly an underestimation of some of the types of challenges faced by children with disability and their families. However, as there is currently very limited data available on experiences of ECEC for children with disability, this survey nonetheless represents an important source of information.

# "don't know"

One pattern that is striking across so many of the responses to questions is how many respondents selected 'don't know' answers. This may potentially be reflective of families or caregivers not having good communication with the early childhood education and care setting or not having insight into what happens in these settings. In free text responses, a number of respondents did note that this can be more difficult for families of children who have communication difficulties or differences, as they may be unable to explain what has happened. This may also be an issue with younger children, who have less developed communication skills in any case. But this issue was not restricted to just these respondents. Productive family teacher partnerships are crucial for positive student outcomes across all levels of education, particularly for students with disability in inclusive settings (24). These relationships are a dual responsibility of families and of teachers, however this requires support and investment from education public service, administrators and leaders with time and set procedures that nurture strong relationships.

While around a third of respondents indicated that their child had an IEP in place, findings do suggest that these are not well developed or used in many cases. This confirms previous findings from research undertaken by CYDA that has found IEPs being underdeveloped and not well used (25). In the context of early childhood education and care, this finding may be a reflection of the driver to put an IEP in place in order to access some sources of additional funding. Without appropriate ownership and action though it is unlikely that these plans will be helpful in developing more inclusive learning.

Respondents indicate that children are accessing a wide range of additional supports and services and participating in other community or childhood activities. What the survey did not capture though is whether these are the types of supports, services or experiences sought. The broader literature demonstrates that there are some significant gaps in the availability of early childhood education and care services in some parts of the country (22). Future CYDA surveys may seek to explore this issue. Some respondents also raised concerns about how well engaged additional services or supports are with early childhood education and care settings. Without more careful integration there may be limits in how effective these additional activities might be. It also appears that for some there are challenges regarding the constructed boundaries between NDIS and mainstream education services. This is an issue that the National Disability Insurance Agency is aware of and has developed a 'reset' programme around, but the evidence generated in this research suggests that the impacts of these changes is yet to be felt. The evidence suggests that this interface is not always as effective as it might be (20) and this has implications for supporting learning, development and inclusion. Importantly, a number of respondents suggested that they did not know that it was possible to use

NDIS funds to support some activities in an early childhood education and care setting, as this was seen as being within the domain of education. Just under a third of respondents had paid for their child's supports out of their own funds, which raises some equity concerns.

# "Good news!"

The positive news from this survey is that the vast majority of families found their early childhood and care setting to be welcoming and believed that their child was also being made welcome. However, it is clear that there are some staff shortages, and particularly shortages of staff who are appropriately experienced and trained in delivering services to children with disability. While the early childhood workforce has grown over the past few decades, this has not kept pace with demand, and some areas of Australia face significant workforce issues. Early childhood professionals are often low paid and face insecure work and uncertain career paths (26). Research indicates that there is some educator resistance to working with families (24), which challenges inclusive reform where family contributions are considered a key feature (27). To address this further, investment in professional development and leadership is required. Without significant investment in this workforce, staff shortages are likely to become worse in future. Responses suggest that this has a disproportionate impact on children with disability. In many cases the reasons organisations gave for not allocating a place to the children of our respondents was because of their disability or because they already accommodated a number of children with additional support needs. Around 50% of respondents had either made a complaint about their child's experience of early childhood education and care or had

wanted to make a complaint. However, most of these cases were not satisfactorily resolved, with many settings indicating that they lacked the funding and expertise to resolve these issues.

# "Next steps"

Alongside growing the early childhood workforce, sector workers need more skills to allow them to work with children with disability. These skills are often reported to be scarce in settings, which leads to children not being appropriately supported, missing out on excursions and activities, or even being segregated from peers or excluded. However, this gap in skills is not mirrored in the Children's Education and Care Industry Reference Committee Skills forecast meaning it is unclear how this gap will be filled (28).

Just under one third (29%) of respondents had already experienced their children being excluded from excursions, events and activities. It is striking that 40% of respondents did not feel that their child gets appropriate support and just over a quarter of respondents did not get regular communication about the child's experience or learning progress.

Nearly a third of respondents indicated that their child had been bullied within their early childhood education and care setting. Over half did not believe that their early childhood education and care setting had clear policies and information for other families about the value of inclusion. A quarter also did not feel that staff have high expectations of their child. Taken together these observations are concerning as they suggest that some children with disability are treated as being different. This also means that non-disabled children in these settings are observing practices of exclusion, segregation and restrictive practices being used on children

with disability, which may normalise these kinds of issues for this group. This in turn may lead to children with disability being excluded by their peers, persisting over the rest of their schooling. These experiences can have significant implications for the life chances of these young people (29).

There is a clear message from respondents that on the whole they prefer their children to go to mainstream school with appropriate supports, with far less preference to attend specialist disability schools or to be dual enrolled in schools. The respondents to the survey were recruited via CYDA, which has a strong commitment to phasing out segregated settings, so this may have influenced the types of responses gained. But the sentiment is strong that respondents see the integration of children with disability in education settings as a way to try and deal with issues of social isolation and segregation and ensure that non-disabled children have experience of playing and learning alongside children with disability. Community attitudes surveys consistently show that many people without disability do not know how to interact or engage with people with disability (1). Such attitudes may lead to discrimination across all areas of life, and some argue that this is one of the drivers of the far lower levels of employment for people with disability compared to those without disability.

Early childhood education and care is crucial in supporting children to develop educationally and socially. Significant investments have been made in this space over recent decades, but findings from this survey suggest that all too often these services lack specialist skills and knowledge about disability. This may lead to children with disability not being able to benefit from these services at the same level as some of their peers.

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# Appendix

| Jurisdiction | Early Years Curriculum* | Preschool Curriculum Taught in Centre Based Day Care | % Bachelor Degree in Centre Based Day Care | Preschool Arrangements | Early Childhood Intervention Services Traditionally Run by (Gavidia-Payne 2020) | Research run on transitions for ECI |
|---|---|---|---|---|---|---|
| WA | | | 19% | **Preschool** is almost universal, run in schools and led by registered teachers. It is part time. No fees | Government | |
| VIC | 44% use State or other | | | Preschool, kindergaten or reschool program (in LDC). Kids turning 4 pm of before 30 April in the year before starting school. Mostly stand alone centres. Fees are usual, often managed by family committees. Early Childhood Interventions traditionally run by non-profit ECI services (Gavidia-Payne, 2020). | Non for profit | Families valued the information provided by ECI professionals as well as the opportunities provided for discussion to identify the supports they considered necessary (Brien, 2014). Co-construction successful. Sometimes, families have needed to stay at kindergartens to assist students with additional needs (Munchan & Agbenyega, 2020). |

* The EYF articulates the benefits of including young children with disabilities (DEEWR, 2009) and guidelines are provided.

| Jurisdiction | Early Years Curriculum* | Preschool Curriculum Taught in Centre Based Day Care | % Bachelor Degree in Centre Based Day Care | Preschool Arrangements | Early Childhood Intervention Services Traditionally Run by (Gavidia-Payne 2020) | Research run on transitions for ECI |
|---|---|---|---|---|---|---|
| SA | 87.5% use EYF | ALL | 28.8% | The year before school – turning 4 before May 1. 600 free hours. Non compulsory. 80% in Government centres, 20% non gov. Early Childhood Interventions | Government | |
| NSW | 91.1% use EYF | | | **Preschools**. Turn 4 before 1 August. Stand alone services like community preschools or preschool programs in Long Day care and ELCs. Some school based programs. Fees charged. Hour flexibility for working families in some. Childhood Interventions traditionally run by non-profit ECI services (Gavidia-Payne, 2020). | Not for profit | Resources and information assisted families to identify goals and supports for child (NSW Give 2025, Walker et al. 2012). Co-construction successful. |
| TAS | 90.2% use EYF | ALL | 29% | **Kindergartens**. Turn 4 on or before 1 January in the year before starting school. No fees, in schools and linked to school system. Mostly government owned and run. | Government | |

| Jurisdiction | Early Years Curriculum* | Preschool Curriculum Taught in Centre Based Day Care | % Bachelor Degree in Centre Based Day Care | Preschool Arrangements | Early Childhood Intervention Services Traditionally Run by (Gavidia-Payne 2020) | Research run on transitions for ECI |
|---|---|---|---|---|---|---|
| NT | | ALL | 22% | **Preschools**. No fees, attached to schools and mostly government run. Year that they turn 4. No fees | Government | |
| ACT | | ALL | | 4 by 1 May **Preschools or Early Learning Centres** – some in schools or in childcare. Not fees (but a voluntary levy) | Government | |
| QLD | 59.4% use state or other | | 36% | **Kindergarten**, 4 before 30 June, many formats, fee paying, close to or on site, some distance and remote provision | Government | |

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