2013

Transition of children with disabilities into early childhood education and care centres

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Transition of children with disabilities into early childhood education and care centres

A thesis submitted in fulfilment of the requirement for the award of the degree

Doctor of Education

by

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I, Jane Warren, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Education, in the School of Education, Faculty of Social Sciences, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

____________________________________

Jane Warren

September 2013
Dedication

This research was inspired by many children with disabilities I have had the pleasure of working with, and their families, who work so hard to advocate for their rights.

It is dedicated to the memory of Jordan, who lived for such a short time on this earth, but left such a massive footprint, and enriched the lives of all those she met.

Jordan Grace McClure

19 / 10 / 94 – 24 / 11 / 09
Acknowledgements

This research would not have been possible without the input, support and guidance from a number of people, to whom I am eternally grateful.

My sincere gratitude to all the parents who willingly gave their time and thoughts to help me understand their perspective.

The following centres shared their knowledge and experience, and I am grateful for their willingness to be involved:

All Saints Preschool
Bellambi Pt Community Preschool
Bulli Community Preschool (0 – 5)
Keiraville Community Preschool
Kiama Preschool
KU Bulli Preschool
Little Cherubs Children’s Centre
Short St Occasional Care Centre
St Luke’s Preschool
Wollongong TAFE Children’s Centre
To my Supervisors:

- Professor Wilma Vialle for your attention to detail, research expertise, and constant support to maintain my focus.

- Dr Rose Dixon for being with me from the start, sharing expertise in the disability field and for continual encouragement.

- Dr Jillian Trezise for making me believe I could strive for a doctorate, for the unwavering faith, encouragement and countless coffees.

To my family:

- Mum – for bringing me up to believe strong women could make their own choices, and do whatever they set out to do.

- Erica, Byron and Lee – for the most amazing holiday that re-energised me to be able to complete this thesis, and Byron for your very therapeutic back massages.

- Chris, Lee and Gracie – for your unconditional support and reassurance that I could do this, despite my elevated stress level and nights closed off in the study, and of course Lee’s soothing guitar playing.

To my colleagues for their encouragement and support, in particular

- Judy Daunt for her support and reassurance, and for putting up with my ‘thesis brain’ over the past couple of years.

Knowing you all believed in me was continual motivation.
Abstract

Australia’s first national quality framework for early childhood was introduced in January 2012 to provide a consistent approach to high quality early childhood education and care across Australia. Despite the expansion of such services, the percentage of children with disabilities accessing early childhood education and care centres is significantly lower than the percentage of children without disabilities. Transition into early childhood education and care centres can lay the foundation for the success of inclusion in formal school settings. While there have been studies on transition into school, transition into early childhood education and care centres - that is, non-compulsory education in Australia - is an under-researched area. This research study sought to understand, in the New South Wales (NSW) context, the factors impacting on the transition into early childhood education and care centres for children with disabilities.

Underpinned by Bronfenbrenner’s ecological theory, this study used a mixed-method design involving questionnaires, interviews and focus groups, to determine the perceptions of key stakeholders in the process of transition into early childhood education and care centres for children with disabilities.

An initial questionnaire was completed by thirteen parents who accessed supported playgroups for children with disabilities. Following the completion of the questionnaire, two focus groups were conducted with ten parents to gain insight into the lived experience of participants in relation to the transition into early childhood education and care centres for children with disabilities. Three significant issues provided the focus for the discussions, namely, factors that contributed to positive transition experiences, negative experiences that occurred
during transitions, and the main concerns parents held in relation to enrolling in an early childhood education and care centre.

Questionnaires were also distributed to 125 early childhood education and care centres in the Illawarra region of NSW. Thirty-seven were returned, representing a percentage of almost 30%. Follow-up interviews were conducted with ten educators to gain more in-depth understanding of their viewpoints. Issues explored in the interviews were areas of disability that educators found more challenging, educator attitudes to enrolling children with disabilities, procedures that had been used during transitions, what educators wished they knew more about, and their experience of communication with parents during this time.

Data were manually coded, and thematic analysis was used to determine commonalities and significant issues identified by participants. While perceptions varied on a range of issues, a number of key findings emerged. Parents of children with disabilities identified their initial reluctance to send a child to an early childhood education and care centre, which was compounded when the disability is more significant. Parents also identified that their confidence in the centre depended on the initial response from the educators, and their willingness to enrol the child with disabilities. Parents were reassured by educators who were trained, and had experience with children with disabilities. Having a key educator provided important reassurance to parents, and parents valued being able to stay at the centre, a positive attitude of educators, educators being interested in the child and their abilities, and most significantly, open and honest communication.

Educators felt that the biggest barriers they experienced related to parents not acknowledging or accepting their child had a disability. They agreed that positive
educator attitudes were essential, and that experience and qualifications did contribute to a more positive foundation for development of confidence relating to children, especially if they had high support needs. Areas of disability that provided the most challenge to educators were children with high support needs, challenging behaviour, or those without a diagnosis. In support of the parent responses, authentic communication which suited each particular family was identified by educators as being important for the transition, and subsequent inclusion process.

A number of recommendations were made in relation to practice, policy and theory. Data from the study indicate that further research into the area of transition into early childhood education and care centres for children with disabilities is warranted.
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Chapter 1: Introduction

1.1 Background

Historically, children with disabilities were excluded from many elements of society, and consequently, opportunities, such as education and employment, were limited. This situation was changed for children with disabilities, by critical legislation and policy such as the United Nations Convention on the Rights of the Child (UN, 1989), the Disability Discrimination Act, 1992 (Australian Government ComLaw (a) 2013), and the United Nations Convention on the Rights of Persons with a Disability (UN, 2006). The Disability Discrimination Act (DDA), aims to promote equal opportunity and access for people with disabilities, and makes disability discrimination unlawful across all sections of society in Australia (Human Rights and Equal Opportunity Commission, 2013). However, there are still many aspects of life that present challenges, stresses, biases and inequity for families living with disability.

The Disability Standards for Education (2005) were formulated by the Commonwealth Attorney-General under the Commonwealth Disability Discrimination Act, 1992. They cover enrolment, participation, curriculum development, accreditation and delivery, student support services and elimination of harassment and victimisation (Department of Education, Employment and Workplace Relations (DEEWR), 2013). The aim of the standards is to ensure that children with disabilities have an equitable opportunity to participate in education as do their non-disabled peers (DDA Education Standards, 2008).
Inclusive education has evolved in most Western nations as a response to the social justice foundation of the Convention on the Rights of the Child, 1989. The Disability Standards for Education clarify and elaborate on the legal obligations specifically in relation to education (DEEWR, 2013). Inclusion is not just about placing a student in a mainstream environment, but instead, is about belonging, having choices, and being valued (Allen & Cowdery, 2005). While the Disability Standards for Education do not apply to child care centres, and only specify preschool, inclusion should be a fundamental principle of all early childhood education and care centres.

The number of children accessing early childhood education and care centres has grown significantly in the past twenty years. In Australia, the number of children using child care increased from 256,326 in 1991 to 871,107 in 2010. Of the 871,107 children in approved care in the September quarter 2009, 69 per cent were aged birth-5 years (DEEWR, 2010). The Australian Bureau of Statistics (ABS) identifies children as being between birth and 11 years of age. In the Childhood Education and Care Survey, the proportion of children [aged 0-11] using formal child care has increased over time, from 14 per cent in March 1996 to 22 per cent in June 2008 (DEEWR, 2010). This increase in enrolment coincides with changes in family structures and parental work commitments (ABS, 2011). However, enrolment in early childhood education and care is not just to meet the needs of the parents. The value of early childhood education and care is well documented, and the lifelong impact of solid foundations in the early years is now well known (Kilburn & Karoly, 2008; Papatheodorou, 2010; Shearer, 2008; UNICEF, 2013). This means that parents have the opportunity to view
enrolment into an early childhood education and care centre as beneficial for both themselves and their children.

However, inequity exists between children with disabilities and their non-disabled peers in relation to accessing early childhood education and care centres. According to the ABS, in 2009, 3.4% of children aged 0-4 years had a disability (ABS, 2011). However, children with disabilities make up only 1.4% of children in formal child care settings, while 14% of children cared for in an in-home setting have a disability (Australian Institute of Health and Welfare, 2004). The recently introduced (January 2012) National Quality Framework, including mandated documents such as the National Quality Standards, Education and Care Services National Regulations (ACGCQA, 2011) and Early Years Learning Framework (DEEWR, 2009) outline key responsibilities in relation to inclusion and the Disability Standards for Education (2005). However, there are still early childhood education and care centres where this is not the standard practice. It is likely that children with a disability are under-represented in childcare centres (Mohay & Reid, 2004). Barriers to full and equitable participation and placement of children with disabilities in early childhood education need to be identified, to determine why the actual enrolment of children with disabilities in early childhood education and care centres is so limited.

Throughout the past fifteen years, research has been conducted around early intervention and the lifelong benefits of positive early intervention (Chau, Richdale & Gavidia-Payne, 2002; Guralnick, 2001; Heckman, 2004; Jordan & Jones, 1999; Odom, Hanson, Blackman & Kaul, 2003; Roberts, Mazzucchelli, Taylor & Reid, 2003; Wolfendale, 2000). The scope of literature and research on
the benefits of early childhood education and care, as well as the increasing information on the efficacy of early intervention, would suggest that early childhood education and care centres would be an ideal place for children with disabilities to be enrolled. Research on inclusion of children with disabilities in early childhood education and care is gaining momentum, yet the numbers of children with disabilities in early childhood education and care centres are still limited. One area of difficulty is the actual transition into the early childhood education and care centre for children with disabilities. To date, this has been a neglected area in the research literature. This research aims to determine what can make this transition process more inclusive and more positive for important stakeholders, such as parents and the educators in the early childhood education and care centre, and ultimately benefit the children with disabilities.

1.2 Significance of this study

There is a significant lack of research into the lived experience of families with children who have disabilities in relation to prior-to-school education. This current research sought to understand why families who have children with disabilities are not accessing early childhood education and care to the same extent as do families who have children without disabilities. Research has shown that families of children with disabilities have many concerns and additional stresses relating to their child attending early childhood education and care centres (Kerr & McIntosh, 2000; Stallard & Dickinson, 1994), including concerns about finding a provider capable and willing to include their child (Glenn-Applegate, Pentimonti, & Justice, 2011). While research supporting the importance of
inclusion in early childhood education and care centres is significant, there are many gaps in relation to how to ensure this is a successful process. Early intervention has been researched extensively and all research supports the importance of a positive foundation in early childhood. This study will contribute to the information available on successful inclusion of children with disabilities in early childhood education and care centres, while providing much needed information on the process of transition of children with disabilities into early childhood education and care centres. It will identify the barriers and propose interventions and procedures that will alleviate the imbalance between children with disabilities and their non-disabled peers accessing early childhood education and care centres.

This investigation is timely and important. Early childhood education is in a central position on the Australian National agenda. Since the election of the Federal Labor government in 2007, early childhood education and care began to be recognised as an integral cog in the wheel of education. In 2012, the first National approach to early childhood education and care began. The National Quality Framework for Early Childhood Education and Care began on 1st January 2012, with a focus on improving the quality of early childhood education and care services across Australia. National Quality Standards were introduced, and early childhood education and care centres must reflect the Education and Care Services National Law (ACECQA, 2011).

A joint statement by Early Childhood Australia (ECA) and Early Childhood Intervention Australia (ECIA) was released in August 2012. The ‘Position
Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care’ was developed in recognition that:

Every child is entitled to access and participate in early childhood education and care programs which recognise them as active agents in their own lives and learning, respond to them as individuals, respect their families as partners and engage with their diverse backgrounds and cultures. (ECA/ECIA, 2012, p. 2)

This document recognises that the past four decades have seen an increase in knowledge relating to child development and learning, and the concepts of social justice and social inclusion (ECA/ECIA, 2012). Most recently, the Minister for Early Childhood and Child Care, Kate Ellis, announced the Australian Government is investing 23 billion dollars into early childhood education and care to provide more support for children with a disability to access child care (Minister’s Media Centre, 2013). "For children with a disability, intervention in the early years and access to quality child care can make huge difference, and I’m really proud to deliver this funding which I know will make a difference to the lives of these families” (Ellis, 2013). However, little research has been conducted on social justice issues relating to accessing early childhood education and care centres for children with disabilities and their families. This study aimed to inform the practices of inclusive transitions for children with disabilities into early childhood education and care centres.
1.3  Research questions

The purpose of this study was to determine perceptions relating to children with disabilities accessing early childhood education and care centres in the Illawarra area, from parents of children with disabilities, and educators working in early childhood education and care centres. The focus was on the process of transition into the centre, from initial contact through to the first few weeks of the child’s enrolment in the centre. The aim was to present issues, concerns and barriers experienced by the parents of the child with disabilities, as well as highlighting factors that influenced successful transitions that have occurred. From the perspective of the educator, concerns, apprehensions, difficulties and successes were also identified.

This study was guided by the following question:

**What are the issues involved in the transition of children with disabilities into early childhood education and care centres, according to the perceptions of key stakeholders?**

To gain perceptions of both parents of children with disabilities, and educators within early childhood education and care centres, representatives from both groups of people were included in the study. To provide further detail, the following questions formed the basis of the data collection.

- What experiences have parents encountered accessing, and enrolling in early childhood education and care centres for their children with disabilities?
- What experiences have educators encountered in enrolling children with disabilities in early childhood education and care centres?
• What perceptions do the key stakeholders hold in relation to facilitating a smooth transition for children with disabilities into early childhood education and care centres?

1.4 Theoretical framework

This research is framed by the desire for social justice for people with disabilities. Rawls (1975) argues that social justice entails equal opportunity with the intent to benefit the more and the less advantaged members of society (Garrett, 2005). While people with disabilities are not being labelled in this research as ‘less advantaged’, there remain a number of areas where opportunities are inequitable for those with disabilities. In line with the social justice principles that underpin this research, Bronfenbrenner’s ecological theory provides an appropriate theoretical framework. Bronfenbrenner's ecological model is founded on a philosophical belief that development is influenced by several environmental systems (Bronfenbrenner, 1986). Bronfenbrenner’s model acknowledges development does not occur in isolation, but rather, in relation to family and home, school, community and society. These environments are nested within each other, impacting in different ways on the development of a person across their life (Damon & Lerner, 1998).

Given the social justice motivation of this research, it was important to give voice to the key individuals involved in the decision-making process for enrolling children with disabilities into early childhood education and care centres. As the children in this research are all under six years of age and have a disability, the
children’s voices have not been included – it is assumed that the parents are acting in the best interests of their child. To gain a comprehensive understanding of the perspectives of these stakeholders in the transition of children with disabilities into early childhood education and care centres, a theoretical framework that acknowledges the interdependence of the agencies surrounding a child’s development has been used. Bronfenbrenner’s ecological systems theory provides a suitable framework. This will be examined in more depth in chapter 2.

1.5 Definitions for this study

Within this study, the following definitions are used.

**Early Childhood** – the period of prior to school age, that is, birth to six years of age

**Early Childhood education and care centres** – centre-based services which include preschool, long-day care centres and occasional care centres.

**Educator** – one of the primary contact staff within an early childhood education and care centre, irrespective of level of qualifications.

**Disability** – used as an umbrella term covering impairments, activity limitations and participation restrictions (WHO, 2001). It covers children who require additional assistance to have their needs met. While the more accepted term is ‘additional needs’, this thesis focuses specifically on disability, rather than the broader terminology it is usually included within.
**Transition** - covers the period of time from initial contact with a centre through until the child is settled in the centre. The length of this transition period may differ for individual children depending on the level of support required.

**Inclusion** - “where all children can join in, feel accepted by others and have a sense of belonging” (Novita, 2012). It covers being included in activities. Within the field of disability the inclusion movement aims to ensure that people with disabilities are not excluded from activities that the majority of the population are able to experience simply because of their disability.

**Communication Diary** – a diary that travels between the child’s home and the early childhood education and care centre. Parents can write comments for educators to read regarding home events, child’s sleeping or eating progress. Educators will use the diary to respond to parent information, and also record information or messages for the parents in case there is not time to spend 1:1 time with each parent at the end of the day.

**Communication Dictionary** – particularly useful for children who are non-verbal. The family can record information to help educators understand what messages the child is trying to convey with the noises or actions the child uses, or specific verbal or touch cues used by the family to illicit a desired response.

For the purpose of this study, the **Illawarra area** was defined by the local phonebook to include suburbs from Bulli in the North to Gerringong in the South.
1.6 Overview of the chapters

In this introductory chapter, the focus, purpose and aims of this thesis have been presented. This chapter provides an overview of the concept of inclusion in early childhood education and care centre, as well as the social justice impetus for exploring the experiences of both the parents of children with disabilities, and educators in relation to transition of children with disabilities into early childhood education and care centres.

Chapter 2 examines the existing literature to inform the current study. Key areas examined include the background, importance and current landscape of early childhood education; disability, from an historical perspective through to inclusion; the importance of transitions culminating in the transition of children with disabilities into early childhood education and care centres for children with disabilities. Bronfenbrenner’s ecological theory is outlined as a basis for effective transitions.

Detailed information is presented in Chapter 3 relating to the methods used to gather the data within the current study. Methods explored include questionnaires from both parents of children with disabilities, and educators from early childhood education and care centres. Focus groups were conducted with parents, and individual interviews with educators to provide additional detail and in-depth exploration of issues around the transition of children with disabilities into early childhood education and care centres.

Chapter 4 presents the results from the data collection methods outlined above, and provides the basis for Chapter 5, where an in-depth discussion explores
information from the results in relation to the existing research in the field, and the theoretical framework established as relevant.

While there has been extensive research into the difficulties faced by families of children with disabilities, little information has been identified relating to entrance into early childhood education and care centres. It appears that more research is needed regarding how to make transition for children with disabilities into early childhood education and care centres a more equitable process for parents, educators and the children themselves.
Chapter 2: Literature review

As indicated in chapter one, children with disabilities do not have the same access to early childhood education and care centres as their non-disabled peers. While from a policy perspective it may appear there are the same opportunities to access early childhood centres, in reality this is not always the case (Mohay & Reid, 2004). Prior to school education is non-compulsory education, and as such, it is an individual family’s decision about when and how to access this opportunity. There are many factors which impact on a family’s decision whether or not to send their children to an early childhood education and care centre. When children have disabilities, this decision becomes even more complicated. Educators in early childhood education and care centres may feel unable to cater for a child’s disability within their environment, and a number of significant issues need to be explored.

This study aimed to inform the practices of inclusive transitions for children with disabilities into early childhood education and care centres. Relevant to this aim are three distinct fields of research. These include the background of early childhood education, the changing face of disability and transitions. This chapter will firstly critique the research relevant to these three areas; secondly provide an overview of the theoretical framework for the study; and finally, outline the gaps in the literature which this thesis addresses.
2.1 Early childhood education

2.1.1 Background of early childhood education.

Over the past century education has evolved, with dramatic changes occurring in the field of early childhood education. In the 19th century, traditional female roles reflected a dependency on husbands and the value of women being reflected in their ability to raise children and maintain the home (Bartley, 1996). It was assumed that women would care for their own children, and the roots of early childhood in European countries are situated within “protective services for neglected children” (Kamerman, 2006, p.14). As early as the late 19th century, a primitive conception of child care existed (Mitchell, 2011). According to Cook (1985), these first child care services were established to cater for children of the poor, ‘unfortunate’ or neglected children (as cited in McLachlan, 2011).

Internationally, similar facilities were emerging. In Sweden, the major purpose of the centres serving children from birth to 6 years of age, was to provide care for the children of poor, single working mothers as an alternative to foster care (Kamerman, 2006). In the United States, day nurseries were being set up for the same clientele (Kamerman, 2006). “In France and Italy, developments began with 19th century charitable institutions for poor, deprived, often abandoned children” (David & Lezine, Pistollo, as cited in Kamerman, 2006, p. 11). Care of young children outside the home was generally conducted by female volunteers, charities and church-based organisations (Kamerman, 2006; McLachlan, 2011). The purpose of the centres was for children to be looked after by caring women when
it was perceived the mothers were unable to. Philosophical views of children at this time did not reflect the importance of stimulating or engaging environments for children (Aries, 1962).

However, in the early 19th century, a German educationalist, Friedrich Froebel (1782 – 1852) was developing and testing a radically new educational method and philosophy based on structured, activity-based learning and he became known as the ‘father of kindergarten’ (Brehony, 2001). Froebel established the ‘Play and Activity Institute’ in 1837 which he renamed ‘Kindergarten’ in 1840. Froebel stressed that each child’s individuality and ability should be respected, and providing a happy and harmonious environment is important. He promoted the value of self-activity and play as a foundation on which the integrated development of the whole person can be built (Froebel, as cited in Brehony, 2001). This philosophy had a strong impact on the development of early childhood worldwide.

Researchers in the United States and the United Kingdom were also strong influences on early childhood philosophy, theory and practice (Nyland, 2001).

In much of Europe and North America, and even in several of the developing countries such as China and India, Kindergartens and nurseries were established in the 19th century, often drawing on the same models – Froebel, Pestalozzi, Montessori and the activities of missionaries. (Kamerman, 2006, p. 3)

Froebel’s views became widely adopted in Europe and abroad and laid the foundation for the first early childhood programs (Elkind, 2009).
The International Kindergarten Union (IKU) was established in 1892, during the annual conference of the National Kindergarten Union (NEA) at Saratoga Springs, New York. The Froebelian kindergarten philosophy of “learning through play” was discussed at the conference (Hewes, 2011). In Australia, in August of 1895, a meeting of kindergarten enthusiasts was held and those present formed themselves into a provisional committee of The Kindergarten Union in New South Wales (Langford & Sebastian, 1979). Froebel’s philosophy laid the foundation for subsequent decisions and practices.

Throughout the 20th century, a number of important legislative decisions were made, and organisations began which reflected an evolving and increasing awareness of young children and their rights. By 1910, there were thirty-two Kindergartens in Australian cities, and this grew to one hundred centres by the 1930s (KU, 2013). In the 1920s, concern over the varying quality of emerging nursery school programs in the United States triggered prominent figures in the field to decide how to best ensure the existence of high-quality programs. This was led by Patty Smith Hill who was a well-known figure in the Kindergarten Movement of the late nineteenth century and an advocate of progressivism within the International Kindergarten Union. Meeting in Washington, DC, the group negotiated the issue of a manual, called ‘Minimum Essentials for Nursery Education’ that set out standards and methods of acceptable nursery schools. Three years later, the group cemented the existence of a professional association of nursery school experts named the National Association for Nursery Education (NANE). NANE changed its name to the National Association for the Education of Young Children (NAEYC) in 1964 (Clifford & Crawford, 2008).
A 1939 UNESCO (United Nations Educational, Scientific and Cultural Organisation) memorandum laying out recommendations adopted by the International Conference on Public Education between 1934-77, acknowledged the need for child care facilities for the growing number of working mothers, and stressed the value of preschool, which it stated, should be available to all children. (Kamerman, 2006, p. 3)

While the focus on learning was building on the preschool age range (3 – 5 years), the focus for the birth to three year olds was solely related to care.

The Australian Pre-School Association, previously named the Australian Association for Pre-School Child Development, was established in 1939, as the national association for the advancement of pre-school development. The name was changed to the Australian Early Childhood Association (AECA), and then in 2003 to Early Childhood Australia (ECA), which is its current nomenclature. Early Childhood Australia is an advocacy agency, which aims to ensure quality, social justice and equity in all issues relating to the education and care of children from birth to eight years (Early Childhood Australia [ECA], 2000-2013).

In 1948, another organisation was founded in Prague, to benefit children under eight years of age. The World Organisation for Preschool Education - Organisation Mondiale pour l'Education Prescolaire (OMEP) is a non-profit, non-government, community-based organisation, which was established to advance interests and well-being of children across the world. This organisation is established in over sixty countries, and was established in Australia in 1969 (World Organisation for Preschool Education, OMEP, 2010). It continues today to defend and promote the rights of the child to accessible education and care.
The 1960s was a significant time for the evolution of early childhood. In the United States, the Head Start program was developed to provide comprehensive education, health, nutrition, and parent involvement services to low-income children and their families. It was originally conceived as a catch-up summer school program that would teach low-income children in a few weeks what they needed to know to start kindergarten. Experience showed that six weeks of preschool could not make up for five years of poverty. The Head Start Act of 1981 expanded the program. The program was further revised when it was reauthorised in December, 2007. Head Start is one of the longest-running programs to address systemic poverty in the United States. As of late 2005, more than 22 million pre-school aged children had participated (National Head Start Association, 2013). This program had an unintended consequence. Other people outside this target group began questioning if their children were missing out on this opportunity (Elkind, 2009). This unintended consequence was significant, as it would contribute to a wider scope of clientele for early childhood programs.

The changing views of women and their role also had a significant impact on the evolving nature of Early Childhood Education. Women began entering the workforce in increasing numbers, which resulted in a corresponding need for care outside the home (Papatheodorou, 2010). "Having your child cared for outside of the home, once looked down upon as an abrogation of a mother’s maternal instinct, developed into a socially accepted practice" (Elkind, 2009, p. 4). The whole focus for early childhood began to evolve.

The 1968 UNESCO report indicated that “36 million children under compulsory school age around the world were enrolled in preschool. In addition, nurseries
cared for 1 – 3 year olds, and these data were included and reported, but only by some countries” (Kamerman, 2006, p. 7). This ‘top down’ view reflected the understanding at the time that education that had been recognised as important for over six year olds, now encompassed children in the 3 – 5 year age range. Generally, there was still little value placed on the education of children under three years of age.

In 1972, the Child Care Act Australia was passed to provide assistance by the Commonwealth in respect of places where children all or the majority of whom are under school age may be cared for, in respect of the development of such places and in respect of research in connection with the care of children, and for related purposes. (Australian Government ComLaw (b), 2013)

Similarly, legislation in Sweden in 1985 stated, “By 1991 all children aged eighteen months to six years would have the right to a place in public child care” (Kamerman, 2006, p. 13).

In Australia, political interest was slowly increasing. The Honourable Kim Beasley (Senior) was the Minister for Education in the government of Gough Whitlam and a Labor member of the Australian House of Representatives for 32 years, from 1945 to 1977 (Australian Labor Party, 2013). In 1973, he stated that all children should have access to preschool, and that a national strategy was needed and should be directed at the family, not just the child (Nyland, 2001). Heron (1977) outlined that child care was being debated under the auspices of the competitive market (cited by Nyland, 2001). Elections Policy statements from
1977 identified the Labor party’s discussions on the aims of the Children’s Services Program and day care discussions became a debate about care and education (Stop Press, as cited in Nyland, 2001). While these preliminary discussions were essential, the dichotomy between care and education was evident.

The year, 1989, was historic in the early childhood sector. The United Nations Convention on the Rights of the Child (CRC) was held. It is a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children. The convention has been ratified by over two hundred United Nations member states, with the only exceptions being the USA and Somalia (Government of South Australia, 2009). Australia became a member in 1990. This was a pivotal time, as it reinforced the importance of the rights of the child.

Conference on Education for All, along with the CRC, held the conviction that access to preschool education was also a legal right” (Kamerman, 2006, p. 10). The 1990s also saw privatisation and moves toward “quality control in child care through the Quality Improvement and Accreditation System (QIAS)” (Nyland, 2006, p. 11). This was established through the National Association of Education for Young Children (NAEYC), and provided a ‘benchmark’ for quality in early childhood education and care centres, and the first approach to striving towards consistency across early childhood education and care centres.

In March 1998, the OECD Education Committee initiated a thematic review of early childhood education and care policy. Twelve countries volunteered to participate in the review, including Australia, Belgium, the Czech Republic, Denmark, Finland, Italy, the Netherlands, Norway, Portugal, Sweden, the United Kingdom and the United States of America. The review has “taken a broad and holistic approach that considers how policies, services, families and communities can support young children’s development and learning” (OECD, 2006, p. 12). In 2005, the UNCRC released a document that included a “positive agenda for the rights of early childhood” (Government of South Australia, 2009). Review of Early Childhood Education and Care (ECEC) policy by the OECD led to the term ECEC being adopted, which reinforced the need for a coherent approach to children’s early development and learning (Government of South Australia, 2009). This review also served to eliminate a separation between education and care, and reinforce the interrelationship between these in centre-based early childhood centres.
The Early Childhood Australia Code of Ethics was first developed in 1990 by a national working party, with considerable input from the early childhood field. The 2003-06 Code of Ethics Agenda resulted in a new Code of Ethics (2006), which was endorsed at Early Childhood Australia's National Council meeting in September 2006 and is still currently valid (Early Childhood Australia (ECA) 2000 – 2013).

2.1.2 Current landscape.

“The International focus on Early Childhood Education and Care and the policy initiatives and research it has generated provide a valuable knowledge base for Australian policy makers” (Government of South Australia, 2009, p. iv). New Zealand, the United Kingdom, Sweden and parts of Canada have all embarked on policy agendas that focus on the needs of children in the early years. These agendas appear to seek a more integrated and holistic provision of services than has previously been seen.

It is really within the last decade that ECEC has experienced a “surge of policy attention from governments around the world” (Government of South Australia, 2009, p. iii). The OECD has contributed to this stronger movement of early childhood on the political landscape. Reports from the OECD in 2001 and 2006, indicate that those countries with strong early childhood education and care systems have developed a systematic and integrated approach to policy. This policy reinforces the importance of children having rights (Mitchell, 2011).

Prior to the election of the Rudd Labor government in 2007, there was an absence of a national approach to early childhood education and care in Australia. This
reflected “deeply entrenched historical legacies” (Government of South Australia, 2009, p. 3). While there were some significant developments during that time, it was found in 2008 that the current level of expenditure on early childhood education and care in Australia was below that of most other OECD countries (Government of South Australia, 2009). In late 2007 the National Agenda for Early Childhood (Family And Community Services And Indigenous Affairs [FACSIA]) was released which is described as “a framework for action to promote the positive development of children living in Australia for birth to age eight” (Government of South Australia, 2009, p. 20).

In recent times, the Australian government has placed early childhood education and care at the centre of an “exciting and challenging agenda. Early childhood education and care is for the first time, being seen both as valuable in itself and as a tool to be utilised in the nation’s long term social and economic strategies” (Government of South Australia, 2009, p. iii). This emerging agenda is both exciting and challenging. There are significant developments toward regulations and standards that better reflect international evidence and aim to lead toward more positive outcomes for children and their families.

The introduction in January 2012 of the new National Quality Framework includes for the first time, national regulations for the provision of early childhood education and care and national standards of what constitutes quality care and education for young children. A number of policy commitments and initiatives outlined by the Government of South Australia (2009) have been developed and include:
• Universal early childhood education which provides all children in the year before school access to fifteen hours of play based education for a minimum of forty weeks a year delivered by degree qualified early childhood educators.

• Integrated parent and child centres which Rudd (2008) outlined as “bringing together maternal child health, long day care and preschool into one-stop shops” (as cited in Government of South Australia, 2009, p. 1).

• Indigenous strategy which will aim to have all Indigenous four year old children in remote Aboriginal communities enrolled and attending registered early childhood education centres.

• Early Years Learning Framework which emphasises play-based learning, early literacy and numeracy skills and social development.

• Improved quality through the national standards, investment in training and education of early childhood educators and a rating system to provide parents with access to information about options.

• The establishment of 260 new long day care centres on school, TAFE, University and community sites.

• Improved affordability of ECEC for families.

(Government of South Australia, 2009)

ACECQA (The Australian Children’s Education and Care Quality Authority) has now been established as the new national body ensuring high quality early childhood education and care across Australia. This authority is responsible for ensuring the National Quality Framework (NQF) is reflected within early childhood education and care centres. The recent commitment of funding
announced by Minister Kate Ellis, is to ensure children with additional needs receive education and development opportunities in the early years, and is to support the NQF goals of ensuring all children are receiving high quality care (Minister’s Media Centre, 2013). This funding and commitment support the UNCRC as the fundamental rights for all children include safety, a childhood, fair treatment, an education and the opportunity to play.

2.1.3 The importance of early childhood education.

As stated by ACECQA, “The importance of the early years to children’s lives is now beyond question. A good beginning is well recognised as the foundation for future development, health and well-being, not only in the early years, but also throughout life” (as cited in Australian Council for Educational Research [ACER], 2006-2007, p. iii). It is no longer just early childhood educators who recognise the importance of this time in a child’s life.

There is a growing body of research that confirms the importance of the early years (Government of South Australia, 2009; Kilburn & Karoly, 2008; Papatheodorou, 2010; Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005). A number of position papers and several major reports have focused on evidence of the impact of early childhood education and care on children, and have influenced policy and practice in Australia. These include ‘A Head Start for Australia’ (NSW Commission for Children and Young People & Commission for Children and Young People Qld, 2004) and ‘The Virtual Village: Raising a child in the new millennium’ (Department of Education and Children’s Services, 2005). These have underpinned initiatives such as Stronger Families, Stronger
Communities program (2003) and the National Agenda for Early Childhood (Department of Family and Community Services, 2005) (as cited in Elliott, 2006). There is growing evidence that centre-based early childhood programs lead to lasting, wide-ranging social benefits, including enhanced educational attainment, reduced teenage pregnancy, improved capacity and social capital (Karoly, Killburn, & Cannon, 2005; Yoshikawa, 1995). The Organisation for Economic Co-operation and Development (OECD) also recognises the impact that high quality early childhood programmes have on child well-being, development and education, and are considered significant in providing a fair start in life for all children (OECD, 2013). A longitudinal study conducted by the High/Scope Research Foundation of Ypsilanti, Michigan began in 1962 of 3 – 4 year old African-American children born into poverty. Half of the participants were exposed to a high quality preschool program while the other half were placed in a control group. Participants were interviewed in subsequent years, at different time-points. When participants were 27 years of age, statistics revealed that 71% of preschool program attendees graduated from high school compared to 54% of the control group; 29% of preschool program attendees earned $2000 or more a month compared to 7% of the control group; and only 7% of preschool program attendees had been arrested five or more times compared to 35% within the control group (Schweinhart et al., 2005). This study is an example of much of the research that focused on the benefits of early childhood attendance for children who were perceived as disadvantaged prior to this opportunity. While this is an isolated study, the long-term benefits on improved capacity and social capital are evident.
D’Onise, Lynch, Sawyer and McDermott (2010) outlined a number of other studies that considered the long-term benefits of attendance in an early childhood centre. While studies varied in their data collection methods and consequently, results, the evidence was most consistent on the effects of preschool participation on educational attainment (Reynolds, Temple, Robertson, & Mann, 2001; Schweinhart et al. 2005) with 7.7–17% more preschool participants completing school in the Perry Preschool study, Brookline Early Education Project and the Chicago Child Parent Centres study. College attendance has been found to be consistently greater for preschool attendees (from 4.7 to 22%) in the Abecedarian and Chicago Child Parent Centres studies (Reynolds et al., 2001). D’Onise et al. (2010) identified that the benefits of early childhood development interventions in countries outside of the USA were less well described, and that the results of these identified studies may not be generalisable to countries such as Australia with different health and social service systems.

The study by D’Onise et al. (2010) examined a range of social outcomes of adults aged 34–67 years who, between 1940 and 1972, attended a Kindergarten Union preschool in South Australia, a comprehensive, high-quality, centre-based preschool program. There were modest benefits for educational attainment (15.4% of preschool attendees obtaining a Bachelor’s degree compared to 12% in the non-attending group), risk of unemployment and income (2.8% of preschool attendees having been unemployed for more than five years compared to 3.9% in the non-attending group), but no evidence was found to support effects on type of occupation, full-time employment or housing tenure. It was concluded, however,
that preschool programs have the potential to enhance human capital development into adulthood (D’Onise et al, 2010).

Despite the limited quantifiable benefits from this study, there are a number of other areas of early childhood that are now at the forefront of educational research. Brain research has been an evolving area which underpins the importance of quality relationships in early childhood education. Understanding brain research means understanding the importance of positive, supportive relationships in early childhood development (Bredekamp & Copple, 1997; Shonkoff & Phillips, 2000). Gallagher (2005) describes three areas of brain research — neural development, stress hormones, and brain specialisation — and explains how knowledge of brain development can support early childhood educators' use of developmentally appropriate practice.

The brain’s innate plasticity, or ability to establish and modify patterns of thinking and behaviour, is most malleable in the first several years of life, though neuroplasticity extends for years after (National Scientific Council Center on the Developing Child, 2007). The early years represent the most unique and valuable opportunity to support children’s environment and promote healthy development proactively (Sripada, 2012). Woodhead (2009) and Shonkoff and Phillips (2000) concur that evidence from neuroscience confirms the importance of early stimuli on brain development (as cited in Papatheodorou, 2010). The continually evolving evidence of the development of the brain in the early years, would suggest the importance of the quality of interaction and stimulation during these early years. Subsequently, the importance of early childhood education and care is then reinforced.
While there is insurmountable evidence of the importance of early childhood education in children’s lives, there are still issues relating to accessibility for a number of children. Australia has had a rapid expansion of some service types, but it has not led to equitable access to services across geographical areas or population groups. According to the Government of South Australia (2009), not all children access formal services at the same level. Children who are Indigenous, those with additional needs, children from culturally and linguistically diverse backgrounds and children in rural areas have lower attendance rates than other children (Government of South Australia, 2009). “Particular attention needs to be given to the parents of disadvantaged children and those with special needs since research clearly shows the positive benefits of a real partnership between services and their families” (Government of South Australia, 2009, p.4). This partnership is an essential consideration in the current research.

2.2 Disability

As discussed in the previous section, the importance of the early years in a child’s life cannot be underestimated. When a child is born with, or acquires a disability early in life, these early years can be filled with confusion and uncertainty for their parents. Beckman and Beckman-Boyes (1993) wrote from a professional-parent perspective that, “the news that a child has, or is at risk from a developmental disability, is often among the most frightening and confusing pieces of information that parents will ever receive” (as cited in Carpenter, 2002, p. 8). The emotional impact on the family is significant. Balancing personal
needs, relationship needs, needs of the child with a disability and needs of other children becomes a significant challenge (Raver, 2005; Stallard & Dickinson, 1994). An Australian Research Council (ARC) funded study in South East Queensland Australia examined predictors, mediators and moderators of parent stress in families of preschool-aged children with developmental disability (Plant & Sanders, 2007). One hundred and five families participated and it was found that “difficulty of caregiving tasks, difficult child behaviour during caregiving tasks, and level of child’s disability are the primary factors contributing to parent stress” (Plant & Sanders, 2007, p. 122).

2.2.1 Historical perspective.

Families may also have concerns about how their child will be viewed and accepted by society as, historically, people with disabilities have not been treated as equals. A UK survey by Mencap in 2001, for example, revealed that parents of children with disabilities can feel rejected by society (as cited in Carpenter, 2003). “Children with disabilities experience stigma from birth and are more prone to exclusion, concealment, abandonment, institutionalisation and abuse” (Betts & Lata, 2009, p. 1). Throughout the 20th century, the treatment of people with disabilities began to change.

Caldwell (1973) devised a classification for the progression of attitudes toward people with disabilities. He identified that the Forget and Hide era existed until the mid 20th century. Families, communities and society in general seemed to try to deny the existence of people with disabilities. Children with disabilities were kept out of sight, and often institutionalised. The mid 20th century saw the progression to Screen and Segregate where there was recognition of children
with disabilities, although these children were always segregated into their own classes. This period lasted more than twenty years up until the early 1960s. The **Identify and help** period came with political and social activities, where the constitutional rights of people with disabilities began to be recognised. **Include and support** now recognises that people with disabilities should be included as full members of society with appropriate support to allow for meaningful participation and inclusion (as cited in Allen & Cowdery, 2005). As a result of this progression in thinking, including children with disabilities in mainstream or non-segregated early childhood programs has become a more common practice in developed counties around the world over the past 30 years (Rakap & Parlak-Rakap, 2011).

### 2.2.2 Inclusion in the International setting.

Researchers have reported the benefits of inclusion for children with and without disabilities (Buysse & Bailey, 1993; Lindsay, 2007; McDonnell & Thornson, 2003; Salend & Duhaney, 1999). “Besides a holistic attention to the earliest years of life, it is critically important for children with disabilities to access formal pre-primary education” (Betts & Lata, 2009, p. 2). Not only should this access be available, but children with disabilities should be supported to participate in early childhood education and care with non-disabled peers (Odom, Teferra, & Kaul, 2004).

Inclusion is promoted internationally in developed countries by both legislative mandates and societal values (Frankel & Gold, 2007; Odom, Hanson, Blackman, & Kaul, 2003). Inclusion is a practice in which early childhood educators are encouraged to explore new opportunities for children with and without disabilities.
in mainstream early childhood education and care centres. Odom, Teferra, and Kaul (2004) identified that “the belief that children with disabilities should participate within natural environments alongside their peers without disabilities is a shared value for many early care and education programs worldwide” (as cited in Frankel, Gold & Ajodhia-Andrews, 2010, p. 2). Although the context for each specific country varies, the underlying principles and challenges for implementation of inclusive practices remain strikingly similar (Frankel, Gold & Ajodhia-Andrews, 2010). This uniformity of principles is essential to ensure consistency of approach for children with disabilities and their families.

In May 2008, the United Nations (UN), passed a new law to ensure people with disabilities have the same rights as everyone else. This law is called the Convention on the Rights of Persons with Disabilities (UN, 2013). The United Nations Convention on the Rights of People with Disabilities declares that “all children with disabilities have human rights and freedoms equal to those of any other child” (UN, 2006). This coincides directly with the United Nations Convention on the Rights of the Child that asserts that all children have fundamental rights to an education and to experience full involvement in society (UN, 1989). These are both fundamental to inclusion in early childhood education and care centre.

Developed countries such as Canada, the United States, Australia, Sweden and Italy have made significant progress in the inclusion of preschool children into mainstream early childhood programs (Frankel, 2004; O’Brien, 2007; Palsha, 2002). This concept is just beginning to be an option in less developed countries
such as Guyana and Jamaica (Frankel, Gold & Ajodhia-Andrews 2010). In addition to being signatories on the UN Convention on the Rights of Persons with Disabilities, both the United States and Canada have significant legislative and policy directions to support children with disabilities. The Individuals with Disabilities Education Improvement Act (2004) provides free and public education for preschool children and protects the rights of the children and their families in America. The Americans with Disabilities Amendments Act (2008) has legislated that early care and education programs cannot discriminate against children with disabilities (ADA, 2008; Bowd, 1987; Gold, Liepack, Scott, & Benjamin-Wise, 1998; Individuals with Disabilities Education Improvement Act, 2004). In Canada, the Canadian Charter of Rights and Freedoms (1982) guarantees that no child can be excluded from receiving an education because of his or her disability (Bowd, 1987; Irwin, Lero, & Brophy, 2004; Killoran, Tymon, & Frempong, 2007). Positive legislation in these, and other developed countries, has contributed to the progress made in Australia.

2.2.3 National developments.

While Australia is behind many other developed countries in both legislation and societal recognition, the progress made in the past ten years has been significant. Australia now has legislation to underpin the philosophy and policy surrounding inclusion of children with disabilities. What remains a concern for families of children with disabilities, is the practical implementation of these positive foundations.

Over the past thirty years in Australia, a number of organisations and schemes have been established to advocate for the fundamental rights of people with
disabilities. While this is not a definitive list, Table 2.1 outlines a range of organisations and initiatives that have been established to support children, families and staff within the disability sector.

**Table 2.1 Development of organisations and initiatives in Australia**

<table>
<thead>
<tr>
<th>Date of establishment</th>
<th>Organisation / initiative</th>
<th>Key initiatives and role of organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>International Year of Disabled Persons</td>
<td>Raised awareness of disabilities in Australia and aimed for full participation in community life and equality of opportunity for people with a disability</td>
</tr>
<tr>
<td>1986</td>
<td>Federal Disability Services Act</td>
<td>Emphasised people with disabilities should have the same rights as other members of society to realise their individual capacity</td>
</tr>
</tbody>
</table>
| 1987                  | Child Australia                                              | Began in March 1987 with recurrent funding of $70K p/a provided by Commonwealth to 'People with disabilities' organisation  
                             | To develop a resource unit to support, train and resource child care centres to include children with disabilities |
| 1988                  | Ethnic Child Care Resource Unit                              | By 1988, the Resource Unit for Children with Disabilities produced its first marketable resource - a video entitled 'The Children are Teaching Us' 
                             | Staff included a full time coordinator, a part time administrative assistant and a full time integration worker |
| 1989                  | UN Convention on the Rights of the Child                     | Australia became a signatory on the convention in 2007 
                             | Reinforces the expectation of rights for all Australians |
| 1989                  | Resource Unit for Children with Special Needs (RUSCN)        | Adopted to reflect an increasing number of requests for support and formalised a Board of Management and election of Office Bearers 
                             | Expanded in 1991 to country areas through a brokerage model |
|                        |                                                               | In 1992, expanded to include fee relief to private child care centres |
| 1991                  | Commonwealth State Disability Agreement (CSDA)               | This was a landmark in the administration of disability services in Australia. 
                             | One major aim was to reduce the amount of duplication |
and administrative complexity that existed in funding and service arrangements for people with disabilities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>Disability Discrimination Act</td>
<td>Highlighted the entitlement of people with disabilities to be recognised as equal citizens. Major objectives to eliminate discrimination against people with disabilities; promote community acceptance that people with disabilities have the same fundamental rights as all members of the community; and to ensure as far as practicable that people with disabilities has the same rights to equality before the law as other people in the community.</td>
</tr>
<tr>
<td>1993</td>
<td>NSW Disability Services Act</td>
<td>Outlined how services for people with disabilities should be provided by organisations funded by the NSW government.</td>
</tr>
<tr>
<td>1997</td>
<td>Special Needs Subsidy Scheme (SNSS) Inclusion Support Subsidy (ISS)</td>
<td>Commonwealth introduced SNSS to assist services to include children with high and ongoing support needs through employment of an additional caregiver. ISS replaced SNSS in 2006.</td>
</tr>
<tr>
<td>2006</td>
<td>Convention on the Rights of Persons with a Disability</td>
<td>Impacted on disability policy and service provision.</td>
</tr>
<tr>
<td>2007</td>
<td>National Disability Service</td>
<td>Changed from Australian Council for the Rehabilitation of the Disabled. Aims to enable members to provide quality services and life opportunities for Australians with disabilities.</td>
</tr>
</tbody>
</table>

(Adapted from Child Australia, 2012)

The National Early Childhood Development Strategy was developed in 2009 collaboratively between the Commonwealth and states and territories, drawing on
work in the early childhood sector. Many experts in early childhood development across health, early learning and care, parenting and family studies, child protection, workforce development, social policy and economics were consulted to make sure that the strategy was based on solid evidence and had the right focus and balance. Broader public consultations sought input during 2008-2009 (COAG, 2009a). One of the outcomes the strategy aims to achieve is “Children benefit from better social inclusion and reduced disadvantage” (COAG, 2009a, p. 13).

Until January 2012, early childhood education and care centres were licensed by the Department of Community Services (DOCS). Children’s Services Regulations (DOCS, 2004) state that all children enrolled in the service are treated without bias regardless of ability; are encouraged to fully participate (with any necessary help and support) in programs at the service; and are given access to appropriate support services and specialised equipment and resources (DOCS, 2004). The introduction of the National Quality Standards in Australia in 2012 is the first national approach to early childhood, and ensures a consistent and holistic approach to the delivery of high quality early childhood education and care for all children, irrespective of diverse or complex needs. The National Quality Standards outline seven quality areas, including educational program and practice, children’s health and safety, physical environment, staffing arrangements, relationships with children, collaborative partnerships with families and communities, and leadership and service management (ACECQA, 2011).

Each State and Territory government is responsible for legislation under which child care services are licensed. In New South Wales, the NSW Early Childhood
Education and Care Directorate, Department of Education and Community (DEC) has this responsibility. The new National Regulations, Children (Education and Care) Regulations implemented in 2012, state that:

> [a]n approved provider must take reasonable steps to ensure that the education and care service provides education and care to children in a way that (a) maintains at all times the dignity and rights of each child; and (b) has regard to the physical and intellectual development and ability of each child being educated and cared for by the service. (ACECQA, 2011, p. 163)

This joint position statement by Early Childhood Australia (ECA) and Early Childhood Intervention Australia (ECIA) sets out a shared commitment to inclusion in early childhood education and care, with the purpose of creating a vision for high quality inclusive practices in early childhood education and care (ECA/ECIA, 2012). The foundation of this position statement is children’s rights and ethical practice. “It will assist everyone in ECEC services as well as support professionals to fully include children with a disability and to achieve high quality outcomes for all children” (ECA/ECIA, 2012, p. 1). This position statement is a pivotal initiative based on the principle that children with a disability have the same rights as all children. “They [children with disabilities] share with all children the right to be valued as individuals and as contributing members of families, communities and society” (ECA/ECIA, 2012). It is then essential that early childhood education and care centres need to be supported and resourced appropriately so children with disabilities are fully included (ECA/ECIA, 2012).
These national approaches provide a foundation from which state and local initiatives can emerge.

### 2.2.4 NSW initiatives.

‘Stronger Together’, a NSW Government initiative, is a new direction for disability services in NSW 2006 – 2016, and has been informed by an intensive consultation process including people with a disability, their families, services providers, advocates, academics, peak bodies and the community generally (Australasian Society for Intellectual Disabilities [ASID], 2011). Three areas of effort are highlighted as being integral to achieving positive change.

- Strengthening families – enabling children with a disability to grow up in a family and participate in the community
- Count me in – promoting community inclusion – supporting adults
- Improving the system’s capacity and accountability – fairer and clearer ways to access services, greater accountability and more opportunities for innovation. (p. 5)

The focus is on improving choice by developing a range of opportunities that suit various ages and help people with a disability transition through their life stages, as well as raising public awareness and acceptance of people with a disability (ASID 2011). This initiative supports the need for greater access for children with disabilities into early childhood education and care centres.

To situate opportunities for early childhood education and care, it is firstly essential to consider how children with disabilities are viewed within the formal school system. Over the past century, it has been difficult for students with
disabilities to enter mainstream education. However, the Disability Discrimination Act (DDA) 1992, and the consequent DDA Standards for Education, 2005, continue to have a significant impact on the educational opportunities for all children (Brook & Hesketh, 2007). There are three formal school options for children with disabilities – enrolment in the local school, a special class in a mainstream school, or enrolment in a School for Specific Purposes (SSP) (DEC, 2011). Statistically, the number of children with disabilities attending government and non-government schools has risen from about 40,000 in 1981 to more than 150,000 in 2008, and in NSW, more than 76% of all students with a disability attend public schools (NSW Teachers Federation, 2010). The Department of Education and Training (DET) as it was previously known before changing its name to Department of Education and Communities (DEC) (2011) is “responsible for ensuring that students in government schools have access to the services and resources necessary to support educational programs” (NSW DET, 2008, p. 6). The NSW DEC Disability Action Plan 2011 – 2015 is part of the strategy to better engage people with a disability. It covers provision for children in NSW public schools, TAFE NSW, and Community and Migrant Education, whether or not they are predominantly for people with a disability. DEC has a commitment that “Students and staff with a disability will be provided the same opportunities as other people to take advantage of the range of education, training and employment opportunities provided by the Department” (DEC, 2011 – 2015, p. 8). While there are clear policy and legal obligations related to equality, the moral responsibility is just as important (Lindon, 2012).
The Federal Disability Discrimination Commissioner, Graeme Innes, believes there is huge value in children with a disability being integrated into mainstream schools with their peer cohort. His blindness prevented him from accessing mainstream education until late in high school. He believes we need to involve people with disabilities in society right from the beginning. In a speech for the PWD (People With Disabilities) anniversary dinner, Innes stated, “For hundreds of years we have excluded people with disabilities, which is exactly what we did to women and Aboriginal people twenty or thirty years ago” (Innes, 2011).

2.2.5 Research on inclusion.

In early childhood in particular, the importance of inclusion has been at the forefront of current initiatives and research. A range of benefits of inclusion have been outlined, discussed, and more recently, researched. An extensive literature review by Odom and colleagues revealed a number of findings, including, that positive outcomes were reported for children with disabilities as well as typically developing children in inclusive settings (Odom, 2000). These benefits have been supported by a number of other research studies. Thurman and Widerstrom (1990) summarised a number of studies that determined that children without disabilities significantly benefit from inclusive programs (as cited in Allen & Cowdery, 2005).

The benefits for children with disabilities have also received attention. Some of these benefits include gains in social competence and play skills (Lamorey & Brickner, 1993), and opportunities to observe and interact with other children (Govt of South Australia, 2009). High but realistic expectations of children can
also be well supported in an early childhood education and care centre (Ziviani, Feeney, Path, & Khan, 2011). For example, Peterson (1987) demonstrated through research, that a more demanding environment pushes the child ahead in a range of developmental areas and behavioural expectations.

In addition, other benefits included opportunities for the development of play skills. An exploratory study by Bray and Cooper (2007) compared play skills of children in mainstream and special education centres and found that the mainstream setting provided more opportunities for pretend play when children with disabilities were around typically developing children. The emphasis on play-based programming has also received support from an extensive review of literature in 2008, which reinforced the recognition within early childhood that play was an important vehicle for learning (Lester & Russell, 2008). The EYLF outlines ways educators in early childhood education and care centres can use play as a basis for individual children’s development, supporting the inclusion of all children in play, and helping to build caring, fair and inclusive learning communities within their centres (DEEWR, 2009).

Enrolment in an early childhood education and care centre, however, does not necessarily equate with inclusive practices that meet the needs of each individual child. With the introduction of the EYLF formally in January 2012, there were more specific guidelines that centres were required to adopt. It would seem in principle, that this would have a positive impact on the inclusion of children with disabilities. Within the section ‘Responsiveness to Children’, it states
Educators are responsive to all children’s strengths, abilities and interests. They value and build on children’s strengths, skills and knowledge to ensure their motivation and engagement in learning. They respond to children’s expertise, cultural traditions and ways of knowing, the multiple languages spoken by some children, particularly Aboriginal and Torres Strait Islander children, and the strategies used by children with additional needs to negotiate their everyday lives. (DEEWR, 2009, p. 14)

However, enrolment does not automatically manifest as inclusion. In a 2006 study, 77 directors and 77 early childhood educators were surveyed about their training to work with children with a disability, experience, attitudes to disability, inclusive practices and barriers to inclusion. Some educators believed that there were early childhood education and care centres that may willingly enrol a child with a disability, but then not meet the needs of the child (Mohay & Reid, 2006). This research implied that children with disabilities and their families may be offered ‘pseudo-inclusion’, where the mainstream services enrol children but provide little or no support or resources to enable participation (Cooper, 2010).

2.2.6 Early intervention.

The body of early childhood intervention literature is developing, however, in comparison with the field of special education, it is still a relatively new area (Pool, Macy, McManus, & Noh, 2008). Although the definition of early intervention varies slightly in the literature, the definition by Early Childhood Intervention Australia provides a concise and suitable definition to inform this research. “Early childhood intervention is the process of providing specialised support and services for infants and young children with developmental delays or
disabilities, and their families in order to promote development, well-being and community participation” (ECIA, 2013). In prior-to-school settings, it has been found that “early childhood interventions of high quality have lasting effects on learning and motivation” (Heckman, 2004, p. 1). Early intervention can work to provide a solid foundation for the child’s learning and development. It is essential that services for young children with disabilities begin as early as possible to promote healthy development and minimise the negative trajectory of the disability (Odom et al., 2003). Early intervention needs to be purposeful, and should be designed to ensure that learning and development are facilitated, while meeting the wider needs of the child and the family. “The intervention should manifestly make a difference” (Wolfendale, 2000, p. 4).

Much research has been conducted in relation to early intervention for children with disabilities. Significant issues have been highlighted in relation to the key stakeholders in the inclusion process – the child with the disability, the family of the child, and educators from early childhood education and care centres. A number of studies have been conducted into the impact of early intervention for children with disabilities on future outcomes in relation to all developmental areas. All children are individuals, so gains may be variable from one child to the next, irrespective of the quality, frequency and duration of the intervention. However, there is a strong consensus in the literature that despite these factors, early intervention is effective for young children with disabilities (Chau, Richdale & Gavidia-Payne, 2002; Jordan & Jones, 1999; Roberts, Mazzucchelli, Taylor & Reid, 2003).
A review of existing literature was conducted for the Victorian Chapter of Early Childhood Intervention Australia (ECIA) in 2009. The purpose was to consider current and emerging best practice in the provision of early childhood intervention. One of the key themes identified was the growing evidence base for the use of supported inclusion in mainstream settings as a key method of intervention (Coulthard, 2009). The importance of working within a family centred approach was highlighted, with essential skills of service providers being identified. These include establishing and maintaining collaborative relationships with families, helping parents determine goals for children, recognising, acknowledging and helping families build upon strengths and competencies and identifying and liaising with community resources (Coulthard, 2009). This evidence base implies that inclusion will, therefore, be most successful when a partnership approach is adopted.

The links to the newly implemented EYLF (2009) are clear. One of the key principles is partnerships. The EYLF recognises that families are children’s first and most influential teachers, and that learning outcomes are most likely to be achieved when partnerships between educators and families exist (DEEWR, 2009).

Partnerships also involve educators, families and support professionals working together to explore the learning potential in every day events, routines and play so that children with additional needs are provided with daily opportunities to learn from active participation and engagement in these experiences in the home and in early childhood or specialist settings. (DEEWR, 2009, p. 12)
Effective intervention strengthens the ability of families to provide effective support to their children and improves outcomes for the whole family. “Early intervention is society’s response to its social responsibility” (Carpenter, 2005, p. 10).

2.2.7 Limitations of early intervention services.

While there is little dispute regarding the effectiveness of early intervention, there are a number of factors which may affect this process. The success of the inclusion process for the child, family and early childhood education and care centre, is dependent on a range of variables. Just being in a mainstream setting is simply not enough for a child with a disability. For inclusion of all children to be meaningful, a vital partnership between the early childhood educator, the parents and specialists must occur to ensure there are strategies in place to support the genuine participation of all children into a quality program. This partnership and collaboration will not only have a positive impact on the child with a disability, but also their family, the educators, and other children and families accessing the centre.

As early intervention has been identified as being important, it would seem imperative that all families of children with disabilities have access to a range of early intervention options, including accessing early childhood education and care centres. However, further analysis of literature would suggest this is not always the case (Frankel, 2004, 2006; Karlsudd, 2003; Kilgallon & Maloney, 2003; Shaddock, 2006). Issues identified which impact on successful inclusion in an early childhood education and care centre are educator training, stress of parents and educators, and most significantly, the attitude of both parents and educators.
2.2.7.1 Educator training.

Kilgallon and Maloney (2003) researched educators in early childhood education and care centres and found common factors that were crucial to inclusion were their attitudes, expectations, types of support available, sources and forms of knowledge. These researchers argue that educators need support in working with children with disabilities for successful inclusion. Two significant issues for educators were cited as lack of training and stress, which had a crucial impact on their attitudes and willingness to include children with disabilities. Karlsudd (2003) conducted studies in Sweden and also found that many educators were dissatisfied with the skills they had acquired in their general training in meeting the needs of children with disabilities. Interestingly, the results of a questionnaire for parents found corroborating evidence that the parents also believed that educators were unqualified or under prepared to provide for their children’s support needs (Karlsudd, 2003).

Frankel (2004), conducted site visits to inclusive early childhood programs in Canada, United States and Australia. Snapshots of barriers and supports for inclusion were discussed, and results appeared consistent across these three countries. Early childhood educators often expressed low confidence in delivering services to children with disabilities because of a lack of teacher preparation and experience in exceptionality, appropriate instruction, and a lack of comfort in working with children with disabilities (Frankel, 2004). She also found that concerns relating to funding, staffing or quality were barriers to inclusive practices. However, positive attitudes, collaborative relationships, creative
problem solving approaches and consultative supports to early childhood educators ensured that services worked to meet the needs of each child.

For many educators, the minimal subjects relating to disabilities in a range of different training options left them unprepared for working with children with disabilities. The lack of preparation created anxiety for many educators. Using a comparative case study approach in an additional study in 2006, Frankel explored characteristics demonstrated by resource consultants and educators within preschool settings which enrolled children with additional needs. Through interviews, teachers stated that the inclusion of a child with a disability generated a sense of anxiety and discomfort, as the educators questioned their ability to promote the child’s learning and development (Frankel, 2006). The investigation also found that practical limitations such as time constraints, limited resources and differing philosophical views were barriers to inclusion (Frankel, 2006). It also appeared that the supervisor has a critical role in supporting inclusion and in promoting overall program quality (Frankel, 2006). These findings were consistent with other studies conducted on educators in mainstream school settings. In a synthesis of the literature about inclusive schooling, it was found that training for educators and support was inadequate (McGregor & Vogelsburg, 1998). In his study of mainstream education, Shaddock (2006) revealed many educators were apprehensive about including children with disabilities, particularly if they have limited experience or do not gain enough information about children’s learning styles.
2.2.7.2 Stress.

The next factor identified for educators was stress. Stress of educators appeared to be a direct result of lack of understanding or experience. Challenging behaviours of children with disabilities was rated by educators as one of the most significant sources of work-related stress (Robertson et al., 2005). Work-related stress was also cited by Simpson and Lynch (2003), who found that many caregivers doubt their ability to provide appropriate play experiences for children with disabilities. This can cause some anxiety and stress for educators who feel they are not meeting the needs of children. It appears the majority of educators agree with the concept of inclusion. However, their willingness to practise inclusion declines with the intensity and severity of the child’s disability (Mohay & Reid, 2006; Scruggs & Mastopieri, 1996).

2.2.7.3 Attitudes of educators.

In Toronto, the directors of 354 licensed preschools were interviewed about the inclusion of children with disabilities into their centres (Killoran, et al., 2007). It appears from these interviews that although the directors stated philosophically that they embrace inclusion, there were many centres that would refuse a child based on their disability. The authors concluded that these directors did not see the inclusion of children with disabilities as a human rights issue (Killoran, et al., 2007). The greatest barriers identified were physical challenges, limited training, insufficient funding and minimal ratios of educators to children (Killoran, et al., 2007). These barriers are consistent with the international research findings from Frankel (2004). While Frankel found that directors did make some positive
statements about inclusion, these were made less frequently than negative comments (Frankel, 2004).

For successful inclusion, a range of strategies required by educators were identified by the research literature. These included listening, being supportive, encouraging, empowering and focusing on strengths (Bratel, 2003). For inclusion to be successful, it is essential that everyone who is involved holds positive and productive attitudes towards children, and in particular, children who have a disability (Brickner, as cited in Mohay & Reid, 2006). ‘Together from the start’ was a document developed in the UK to outline the aims for service provision and quality practice. It was developed from a working group addressing current research and collaboration between education and health services. The emphasis is on the importance of effective and sensitive communication, and that “it is not only disabled children’s impairments which determine (their) quality of life, but also disabling attitudes and a disabling environment which can result in unequal access to community services and facilities” (DfES [Department of Education and Skills (UK)] /DoH [Department of Health UK], 2003).

2.2.7.4 Parent perspective.

Although early intervention and inclusion are important, not all parents feel empowered to access services. From the perspective of parents, there have been many issues identified which impact on their decision to send their child to an early childhood education and care centre. Booth La-Force and Kelly (2004) conducted a study which produced longitudinal data relating to children with disabilities. This US study surveyed parents in person and through phone
interviews. Booth La-Force and Kelly found that families of children with disabilities have needs for child care that are comparable to the needs of families with typically developing children. Surveys revealed that child care issues have been amongst the most important problems identified by parents of children with disabilities (Booth-LaForce & Kelly, 2004). The study found that, compared to typically developing children from another sample, participants entered child care at an older age and for fewer hours, were more likely to use informal care and were less likely to transition into formal care. Issues identified by the families as most significant included finding good quality care, cost, distance, transportation, integration with other services, and supporting children’s individual needs (Booth-LaForce & Kelly, 2004). Findings from this study also suggest that families would benefit from increased options about whether and when to initiate contact with early childhood education and care centres, and the type of centres available.

Llewellyn, Thompson and Fante (2002) discovered through multi-method research, that family uncertainty about where to go and who to ask is often compounded when children have complex medical conditions or high support needs. In a case study of one mother’s experience, it was found that professional differences in goals and approaches, a lack of partnership between the mother and the educator, and negative educator attitudes caused most frustration when selecting care (Bridel, 2005). These contributed substantially to her levels of stress.

Additional case studies concurred with Bridel’s findings. Bruder (2000) noted that “it is apparent that parents are not integrally or appropriately involved in their children’s interventions” (p. 109). Blackard and Barsch (1984) and Urey and
Viar (1990) point to evidence that parental perceptions of needs differ considerably from those of professionals (as cited in Sloper & Turner, 1992). A sample of 107 families in the study by Sloper and Turner (1992) revealed the importance of services which are easily accessible to parents, are co-ordinated and that provide an accurate and individual assessment of the family’s needs.

Booth-LaForce and Kelly (2004) also described how stress related to parenting a child with a disability is compounded when selecting an early childhood education and care centre. They report that parents often choose to have a child cared for by a family member for a number of reasons, including finding good quality care, confidence in educators, cost, special equipment needs, distance, transportation, and an overall concern that educators will not know how to support their child’s specific needs. A qualitative study using survey data found that family centredness of service co-ordination led to a significant reduction in the level of family need for support (Trute, Hiebert-Murphy & Wright, 2008). While these studies address the crucial parent perspective, the relationship between educators and parents is essential.

Another study of family members of young children with disabilities and early childhood educators in inclusive settings revealed that all respondents supported “access for all young children to early childhood programs, regardless of their abilities” (Hurley & Horn, 2010, p. 344). An essential characteristic of accessible early childhood programs is when all children and families are welcomed. Participants overwhelmingly indicated that they value caring personnel who were open to working with children who have disabilities (Hurley & Horn, 2010). This supported a previous study through which parents were surveyed and found that
worker strategies - such as being responsive to parents, listening, supporting, encouraging and empowering - helped reduce stress on families (Bratel, 2003).

2.2.7.5 Educator – parent communication.

Reedy and McGrath (2010) explored educator-parent communication in early childhood education and care centres, and reported on a number of research studies. McGrath had previously found, in 2003, that communication about the children and their activities was essential in maintaining trust between parents and educators, and that parents wanted as much information as possible about what happened at the centre during the day, whether verbal or written.

McGrath concluded that a range of formal or informal communication strategies can be put in place in an early childhood education and care centre to ensure this communication occurs (2003). Written communication can provide families of children with disabilities with meaningful opportunities to participate in the approaches necessary to support the growth and development of their children. Research has demonstrated that collaboration, communication and documentation are essential components in meeting the needs of all children (Turnbull, Blue-Banning, Turbiville, & Park, 1999). Turnbull et al. concluded that parent education needed to be transformed into partnership education, where the relationship between parents and service providers laid the foundation to meet the needs of the child.

Research has demonstrated that communication is a critical component of high-quality early childhood programmes and is integral to trust (Reedy & McGrath, 2010). The success of the communication, however, can be complicated by
differing communication styles and expectations, as well as by emotions. Every child and family is unique, and no one style of communication will meet everyone’s needs every time. Parents need to be partners in the planning and delivery of services, as parents are the informed experts on their children (Wolfendale, 2000). It would seem Wolfendale’s findings should be recognised by early childhood educators as fundamental to building a collaborative relationship. McGrath (2003) found that mothers described partnership with teachers in terms of each sharing their respective knowledge about the child with the other. It would appear that genuine respect between parents and early childhood educators is essential. “If she (the parent) is accepted as an expert on her child, then she can accept professionals as experts in their field” (Koshti-Richman, 2008, p. 44). This mutual respect can only be positive in understanding each individual child.

According to a recent survey conducted by CareforKids.com.au on behalf of KU Children’s Services, parents value the relationship between carers and individual children over qualifications, ratios and educational curriculum (CareforKids, 2003-2013). The survey of nearly 800 parents with children in care canvassed their opinion on what constitutes high quality care and asked parents to rank a range of indicators from 1 as most important to 9 as least important. When asked what they think are the most important indicators of a 'high quality' early childhood education (pre-school), 52 per cent of parents said the relationship that educators have with children and parents was the most important, followed by qualifications and experience of educators (39 per cent), and safety and cleanliness of the centre (37 per cent)(Care for Kids, 2003-2013). “The lesson
learnt from successful parent-professional partnerships in this research study was that the parent has a valid and valued contribution to make” (Carpenter, Addenbrooke, Attfield & Conway, 2004, p. 75).

While there are no ‘solutions’ to the issues identified by families and educators, there have been recommendations for the importance of a collaborative approach between parents and educators. Chau, et al. (2002) and Raver (2005) reported that children’s progress increases when a collaborative approach is taken. In Bratel’s report (2003), the importance of collaboration was highlighted as contributing to parent empowerment. “Support and collaboration are critical to making inclusion of a child with disabilities successful” (Kilgallon & Maloney, 2003, p. 12).

2.3 Transition

The importance of collaboration was also highlighted as a significant factor in relation to transition. Transitions can be defined as “key events and/or processes occurring at specific periods or turning points during the life course” (Vogler, Crivello, & Woodhead, 2008, p. 1) and are now recognised as central to young children’s experiences (Vogler, Crivello, & Woodhead, 2008). While transitions occur throughout the life span, the current thesis focused on transitions for children with disabilities into early childhood education and care centres.

2.3.1 Transition to school.

Transition to school has been guided by a number of theoretical perspectives, policy initiatives, and research. Developmental stage theories provided a dominant framework to understand children’s transition. In addition, Piagetian
theory has been recognised within transition to school (Vogler, et al., 2008); and Vygotskian socio-cultural psychology recognises the importance of social, cultural and economic processes (Vogler, et al., 2008). “Transitions can be understood as key moments within the process of socio-cultural learning whereby children change their behaviour according to new insights gained through social interaction with their environment” (Vogler, et al., 2008, p.8). While these theories have provided some well-recognised perspectives, ecological theory has recently been recognised as being appropriate in transitions throughout childhood.

The ecological model highlights important partnerships that influence the success of the transition, including children, family, teacher, school and community (Giallo, Treyvaud, Matthews & Kienhuis, 2010). This has become a significant theory within transition to school, and because of this theory, it is now recognised that families may also require support through this transition. An ecological theory supports the findings of Dockett and Perry (2001), that positive and effective transitions “take into account the context of the community and its individual families and children” (as cited in Dockett & Perry, 2003). This is the theoretical perspective that guides this thesis.

In spite of the theoretical perspectives mentioned above, the timing of transition relies more on the structure of the formal education setting. “The timing of institutional transitions in early childhood varies across countries and regions according to how the primary school system is organised at the local level” (Vogler et al., 2008, p. 15). In some countries, early childhood education and care programs are part of the formal school process, while in other countries, early childhood education is separate from formal school (Woodhead & Moss, 2007).
Until the introduction of the first National Curriculum for Early Childhood in 2012 in Australia, different states in Australia had different systems. While early childhood education has gained increasing recognition, it is still based on voluntary enrolment, while formal schooling is compulsory for all children aged six and above.

In Australia, transition to school has attracted much attention in both media and research, and is defined as, “schools and prior to school services working together with families to help facilitate a smooth and seamless transition of young children into school” (NSW Public Schools, 2007). In 2010, a week-long conference was held in regional Australia, which was initiated by internationally recognised Australian researchers on transition to school, Dockett and Perry. This conference involved key education researchers from the USA, UK, Iceland, Finland, Sweden, Hong Kong and New Zealand. Over the week, researchers shared their research and major developments in early childhood education around the world, then met with policymakers from around Australia and local early childhood educators. This informed the development of a draft position statement. The ‘Transition to School Position Statement’ was launched by Director of the Australian Institute of Family Studies, Professor Alan Hayes, in 2011 (Charles Sturt University, 2011). The AusParenting in Schools Transition to Primary School Parent Program was developed by the Parenting Research centre, and is one element of the multi-component AusParenting in Schools Program which was designed to strengthen family and school partnerships (Giallo et al., 2010).

Over the past decade, there has been significant research on the factors contributing to the success of transition to school. Margetts (2002) studied 197
children in their first year of school, their parents and eight teachers at four government schools in Victoria, Australia. Her study aimed to identify factors influencing the adjustment of children to their first year of school (Margetts, 2002). Her research found that transition to school was more successful when there is a continuity of expectation, ongoing communication, gradual preparation for the children and parental involvement (Margetts, 2002).

Dockett and Perry’s research (2005) conveyed children’s perspectives, experiences and expectations about school. They found that there is no single best approach to suit all children in all contexts, and that what matters to children is often different to what matters to adults (Dockett & Perry, 2005). However, social adjustment was identified by teachers, parents and children as a significant factor in the transition process (Dockett & Perry, 2003).

For parents, the transition process can be overwhelming, and research has focused on ways to alleviate their concerns. Dockett and Perry (2003) found that parents often judge the success of the transition to school by the level of positivity the child expresses. It is then understandable that parents of children with disabilities find this more overwhelming, as it may not be as easy to determine their child’s enjoyment or positivity about school. The Starting School Research Project investigated the perceptions and expectations of all those involved in young children's transition to school (Dockett & Perry, 2003). Through questionnaires and interviews, it was found that parents hoped their child, irrespective of whether the child had a disability or not, would not ‘stick out’ from the group and that he or she would fit in. Many parents were also concerned about the consequences of a negative relationship between the child and teacher and expressed concern about
whether the teacher would like their child (Dockett & Perry, 2003). This would be a shared concern across a number of parents, irrespective of the presence of disability.

Addressing a range of perspectives, a descriptive study on the Sunshine Coast in Australia detailed early childhood transition activities conducted in three schools as reported by school administrators (Noel, 2011). Significant relationships were identified, including:

- the relationship between conceptions of readiness and characteristics of transition programs,
- the need to improve collaboration between preschool and school,
- the development of transition programming geared toward preschoolers,
- and for schools to move from a series of transition activities to fully planned, monitored and evaluated programs. (Noel, 2011, p. 44)

Two further studies were conducted by Mirkhil in Melbourne, Australia in 2010. The first examined the multidimensional nature of children’s transitions to school (Mirkhil, 2010a). This study was conducted across three long day care centres in inner suburban Melbourne, with the purpose of gaining an insight into children’s views about their transition to school. The findings from this study related to children’s understandings of school, experiences children look forward to, and things that increased their anxiety. Overall, children were excited about starting school, but the transition process had a significant impact on the children, and in fact, on all stakeholders involved (Mirkhil, 2010a). The second study went on to explore the perceptions of the key adult stakeholders, including parents, early childhood educators, and primary school teachers. This study, across three kindergartens and three primary schools, revealed that the key adult stakeholders
had varying views on the necessary ‘ingredients’ of the transition process. However, they all saw this as a key transition and highlighted the necessity of a collaborative approach (Mirkhill, 2010b).

These Australian results were supported by a study in New Zealand, where semi-structured interviews were used to survey both early childhood teachers and teachers in formal school settings (Timperley, McNaughton, Howie, & Robinson, 2003). Twenty schools and twenty-seven early childhood education and care services participated, and it was found that all adults who were stakeholders in the transition process, perceived transition to school as important. However, educators from early childhood centres had different expectations to school teachers. It appeared the school teachers believed the early childhood centre “should prepare children for learning numeracy and literacy skills at school by familiarising them with appropriate routines and expected behaviours” (Timperley, McNaughton, Howie, & Robinson, 2003, p. 35). However, the early childhood educators believed that while they “should prepare children by teaching developmentally appropriate numeracy and literacy skills, schools should offer opportunities for children to become familiar with appropriate routines and expected behaviours” (Timperley, McNaughton, Howie, & Robinson, 2003, p. 35). Nevertheless, 100% of schools and 93% of early childhood centres in the study supported a collaborative approach to transition (Timperley, McNaughton, Howie, & Robinson, 2003).

It is clear from the research literature that transition programs can be beneficial for both children and their families, especially when a collaborative approach is taken. However, there is also evidence that further research and practice could
lead to ensuring the transition to school caters for each unique child and their family.

2.3.2 Transition to School for Children with Disabilities.

While the research literature has shown the transition process may be unique to all young children and families, transition experiences of those children who have disabilities can pose significant challenges for the child, families and professionals who work with the child (Rous et al., 2007, p. 137). However, the lack of empirical research in this area would suggest that while policy outlines appropriate expectations, the practical application of this policy for transition is not as easy for many children and their families as it should be. Children with disabilities face a complex transition to kindergarten, yet in 2007, major gaps existed in the research knowledge about this process (Janus et al., 2007). Although transition to Kindergarten for children with disabilities had not been widely researched, the past five years have seen far more attention being paid to this area (Chadwick & Kemp, 2002; Fenlon, 2005; Janus et al., 2007; Prigg, 2002).

In the absence of substantial empirical literature, a number of reports and documents have been developed specific to transition to school for children with disabilities. Until recently, there appeared to be a segmented approach, with different states and territories within Australia producing their own policies and corresponding documents. In 1997, for example, the Department of School Education in New South Wales developed a document specifically for the
transition of a child with a disability into school entitled ‘Transition to school for young children with special learning needs: guidelines for families, early childhood services and schools’ (NSW Dept of School Education, 1997). This document provided transition guidelines and formalised the process of enrolment into school for children with disabilities, provided information and guidance for families regarding the appropriate steps in the transition process, and also outlined the roles and responsibilities for those involved in the transition. These transition guidelines provided a platform for subsequent documents and processes. ‘Who’s going to teach my child? A guide for parents of children with special learning needs’ was published in 2008 with detailed information regarding school options, support, services and resources (NSW DET, 2008).

In South Australia, the Department of Education, Training and Employment developed a resource folder in 1999, entitled ‘Including Children with Disabilities and/or Developmental Delay in Preschools: guidelines for successful practice for preschools and schools’. The guidelines advocated that an “effective response to the needs of children with disabilities and/or developmental delay relies on cooperative partnerships between families, education and care workers, community organisations and support services” and supported a coordinated and collaborative approach to inclusion (DETE, 1999, p. 1). Also in South Australia, in 2008, the Ministerial Advisory Committee on Students with Disabilities, produced a report of a project undertaken to investigate transition of children with disabilities from home to care, preschool or school (Shearer, 2008). Interviews were conducted with educators from early childhood centres, disability agencies, and disability consultants; visits were made to integrated services; and case
studies were conducted for illustration of the transition process. It was evident that the early childhood centres’ integrated approach, “represents a strong model for working in partnership” (Shearer, 2008, p. 6). Amongst other findings, the data also revealed the importance of a planned approach, where transition plans were recorded and consistently applied (Shearer, 2008). The project also found that, in the absence of an overarching policy statement, individual centres constructed their own policy statements on transition which could result in inconsistency (Shearer, 2008). However, all project participants agreed that the transition process would be most effective, “when a partnership approach is employed and planning for transition starts early” (Shearer, 2008, p. 7).

The Ministerial Advisory Committee on Students with Disabilities determined that an overarching transition statement was required to guide people in the transition process and provide a framework for consistency (Govt of South Australia, 2008). The DEC now has a number of documents to build this framework. In NSW, ‘Getting Ready for School –a guide for parents of a child with a disability’ was developed in 2011 (DEC, 2011). The Queensland government has a similar document – ‘Education for all children with a disability – a guide for parents’ (DET Queensland, 2012).

The NSW DEC has developed a Disability Action Plan for 2011 – 2015. This disability action plan is part of the NSW DEC Strategy to better engage people with a disability. It sets out a process for “continuous improvement over a five year period 2011 – 2015” (p. 2). It has been developed in accordance with the ‘Guidelines for Disability Action Planning by NSW Government agencies’ (2008) developed by Ageing, Disability and Home Care (ADHC) of the NSW
Government of Family and Community Services (FACS). It is also in accordance with the NSW government disability employment strategy 2010 – 2013, EmployAbility – “a sector wide approach to employing, developing and retaining employees with a disability” (Rees, 2009, p. 2). While restricted to individual states or territories, what is particularly notable is the collaborative approaches taken in development of these reports and documents.

While this segmented approach informed individual states or territories, there was an absence of a National approach. In line with the Federal government commitment under the National Framework for Protecting Australia’s Children, a national strategy was developed. ‘Investing in the Early Years – A National Early Childhood Development Strategy’ (2009) is a collaborative effort between the Commonwealth and the state and territory governments to ensure that by 2020 all children have the best start in life to create a better future for themselves and for the nation (Council of Australian Governments [COAG], 2009). This strategy builds on and links with a number of landmark Commonwealth election commitments and COAG early childhood development reforms in 2008. While this document relates to all children, one of the outcomes the strategy aims to achieve is that children benefit from better social inclusion and reduced disadvantage. This is significant in relation to children with disabilities. As a signatory to the United Nations Convention on the Rights of the Child, Australia has a longstanding commitment to nurture and protect children in our society. The strategy will help ensure that children’s rights and needs are at the centre of policy development and service delivery (COAG, 2009). Specific outcomes for children
relate to improved health, cognitive and social development leading to improved transition to school (COAG, 2009).

The content of The Disability Action Plan for 2011 – 2015, and ‘Investing in the Early Years – A National Early Childhood Development Strategy’ (2009), pertain primarily to transition to school. While the scope of this research was on transition to early childhood education and care centres, many identified factors of successful transition into formal schooling may be applicable to the early childhood setting as well. The literature on transition to formal schooling indicates the appropriate steps in the transition process and the importance of a collaborative approach with families, which may also translate into early childhood settings.

Some significant research has occurred in the past decade relating to transitions into formal school settings for children with disabilities (Chadwick & Kemp, 2002; Fenlon, 2005; Janus et al., 2007; McIntyre et al. 2006; Prigg, 2002). In 2002, Prigg conducted semi-structured interviews with six paediatric occupational therapists from one geographic area in New South Wales. This pilot study gave rich descriptions of participants’ perspectives regarding their experiences of supporting children with additional needs through their transition to school. Participants described working collaboratively with teachers and other school personnel as important, although a lack of time led to dissatisfaction. However, collaboration with parents was seen as the most essential factor in the success of the transition (Prigg, 2002).

Also in 2002, Chadwick and Kemp investigated the transition of 314 children with disabilities to mainstream classes in New South Wales state schools. The
perspectives of parents, sending service providers and receiving teachers were included. The research was supported by the New South Wales Department of Education and Training (DET). An important, yet unexpected finding was that the correlation between the child’s disability and the success of the integration was not statistically significant. It was found, however, that a number of factors were more important for successful integration. These included the attitude of the receiving school, teacher attitudes toward the adequacy of the support they received, preparation of the child and the parents, and the receiving teacher’s perception of the value of liaising with families (Chadwick & Kemp, 2002).

Fenlon (2005) reflected on her personal experience as a parent of a child transitioning to school, and also as an Administrator for Special Education in the Baldwinsville school district in New York. She felt that the most important element in the transition process for children with disabilities was the relationship with the family, which supports the findings of Chadwick and Kemp (2002) and Prigg (2002). Meeting with the service providers and establishing and fostering a supportive relationship with the child’s family long before the transition to school was crucial in the success of the transition process (Fenlon, 2005). Another study conducted in South California recruited sixty-seven preschool children, their mothers and teachers (McIntyre et al., 2006). This study contributed to a larger longitudinal, multi-site study investigating parent, child and teacher contributions to the emergence of behaviour difficulties in children with intellectual disability. The findings from this particular study reflected the importance of families working with the school staff as partners to support the child and reduce the likelihood of behavioural difficulties (McIntyre et al., 2006).
While these studies all described the importance of partnerships and collaboration with families in the transition process, other research has explored different elements of the transition process. A study by Janus, et al. (2007) measured the impact of disability on the family, using semi-structured interviews with the parents of forty children who had disabilities regarding their child’s experience of transition to school. It was found that barriers for satisfactory transition to school still exist for children with disabilities, as the disability adds complexity and challenge to the situation. This reinforces the need for parents to be involved in the transition process. Fowler et al. (1991) strongly recommended that “parents become involved as much as possible in the transition to effectively identify and access the services available and best suited to their child's needs” (as cited in Janus et al., 2007).

While the studies used different methodologies and addressed a range of factors relating to transition to school, all identified the importance of the relationship between the educator and family. This has been mirrored within the disability and inclusion section of this review. It is clearly a major finding which underpins the success of not only the transition process, but the inclusion of the child within the service. The importance of the relationships between families and educators sits clearly within the ecological model, which provides the foundation for this thesis.

2.3.3 Transition into early childhood education and care centres.

In the report ‘The South Australian inquiry into Early Childhood services’, transition was identified as moving from preschool or child care to school, but it is now understood to also apply to movement within and between early childhood services (DECS, 2005). The 2008 project (Govt of South Australia) was
concerned with transitions in early childhood, from home to formal child care, preschool and school (birth to eight years of age) (Shearer, 2008). While it did address some common factors impacting on the success of transition, the majority of this document was dedicated to the transition of children into formal school.

Whilst there is extensive literature on transition into school and sometimes on transition of children with disabilities into school, there is a dearth of literature on transition into early childhood education and care centres for either typically developing children or young children with disabilities. This is an important transition. “The transition into formal early learning centres such as preschool and child care represents a significant milestone for children and families” (Hare & Anderson, 2010, p. 19). For many families, it is the first time their child has been left with non-family members. This can create conflicting emotions. Parents may be apprehensive about issues such as educators understanding their child, being aware of his or her interests, likes and dislikes, being compassionate and caring toward the child. However, for other parents, it may also be reassuring to know that children are being cared for by qualified educators who understand child development, and their children have opportunities to play with other children. Enrolling children in an early childhood education and care centre can also remind parents they have support in caring for their child, and allow them increased opportunities for work, recreation time or alone time (Queensland Government, 2012). Irrespective of the parent feelings, the importance of developing partnerships between the educators and parents is again highlighted. Educators must be willing to consider that some parents may need reassurance, advice or support (Turnbull, 2006). Collaboration allows the sharing of
information, feelings, concerns and working together for the best outcomes for children and families. Supported transition provides parents with an ongoing quest for options and opportunities for their children (Ankeny, Wilkins, & Spain, 2009).

As previously identified, research has established the importance of the early years for all children as a foundation for lifelong wellbeing and sustainable societies (Govt of South Australia, 2008; Kilburn & Karoly, 2008; Sripada, 2012). While early childhood professionals have long recognised the value of high quality early years education, it is essential that parents also understand the crucial importance of these early years. “For young children, care and education cannot be separated. Young children learn through play and learn best when receiving quality care. It is important to recognise that high quality education early in life gives children the best start” (Queensland Government, 2012, p. 31). This is applicable to all children, irrespective of disability or not. However, for parents of children with disabilities, understanding the foundational nature of the early years in a child’s life may lead to more interest in enrolling children into early childhood education and care centres. It would then appear that a positive transition into, and ongoing inclusion in the early childhood education and care centre would help establish a positive trajectory for the child’s development. While this knowledge is becoming increasingly more widespread, the transition into early childhood education and care centres continues to be a neglected area within the research and literature.
2.3.4 Transition into Early Childhood Education and Care Centres for children with disabilities.

During the first five years of life, young children with disabilities and their families experience numerous and complex transitions (Rous et al., 2007). Some of these transitions include changing providers, approaches and settings, depending on intervention needs. Transition may also include changes in services at a program level or a provider level. These transition experiences have been documented to be stressful, inefficient, and problematic for children with disabilities, their families and agencies engaged in the transition process (Kochanek, Costa, McGinn, & Cummins, 1997).

The importance of an efficient transition into early childhood education and care centres cannot be underestimated. This transition provides a foundation for the inclusion of a child with a disability in an early childhood education and care centre. As early childhood is not compulsory in Australia, parents may choose to keep children at home if the transition into early childhood is an additional stress. Parents of children with disabilities need to feel that educators are going to work efficiently to ensure the transition process is positive for the child. This would provide much needed reassurance. A study of continuity from preschool to school was conducted in the UK in 1982. A metaphorical reflection pertinent to transition was included. “When a seedling is transplanted from one place to another, the transplantation may be a stimulus or a shock. The careful gardener seeks to minimize the shock so that the plant is re-established as easily as possible” (Cleave, Jowett & Bate, 1982, p.195).
While children with disabilities and their families may face specific barriers to social participation and inclusion, it has been found that the needs of children with disabilities are often the same as the needs of other children (Turnbull, 2006). This reinforces the need for all young children to have access to quality early childhood. Young children’s inherent needs can be fostered through the early childhood environment. In the Early Years, families have a more direct role in the service than they do in school, so the importance of communication between families and educators is paramount. A study conducted in South Australia interviewed five directors of Children’s Centres for Early Childhood Development and Parenting. The directors emphasised the vital role families played in the transition process. The contribution of families, particularly in relation to information relating to their child’s past experiences, was invaluable in the success of the transition (Shearer, 2008).

A number of agencies and organisations have developed booklets, fact sheets, and training options, to assist early childhood educators, schools, and families, with transition planning and support (Shearer, 2008). One organisation leading an initiative is Novita Children’s Services. Novita Children’s Services was first established in 1939 as the Crippled Children’s Association of South Australia, to care for children diagnosed with polio. Novita has now grown to become one of South Australia’s premier children’s charities – and a recognised and celebrated world leader in the research, development and provision of quality services to children and families living with physical disabilities and acquired brain injuries (Novita Children’s Services, 2012). There is a focus on transition in The Life Needs Model of service delivery Novita has adopted. “The model requires
services to be structured to provide programs that meet the needs of children at different ages and stages with a particular emphasis at times of transition” (Novita Children’s Services, 2007, p. 2). While the research discussed does indicate the need for support during transition processes, the information relating specifically to transition into early childhood education and care centres cannot be found. The development of organisations and the production of booklets, documents, and fact sheets highlight the importance of support during transition, but the availability of empirical research on transition into early childhood education and care is limited. In the absence of relevant literature on the specific area of transition into early childhood education and care centres for children with disabilities, I have drawn on Bronfenbrenner’s ecological theory to provide a robust theoretical foundation for this study.

2.4 Bronfenbrenner’s Ecological Theory

Bronfenbrenner's ecological theory was developed to understand children’s development as an interaction between the child and his/her environment at particular points in time (Bronfenbrenner, 1986). This theory seeks to explain the complex interactions of multiple factors, and how these influence the transition process for young children with disabilities during the early childhood years (Rous, et al, 2007). At the heart of Bronfenbrenner’s ecological model is the child (See Figure 2.1). “Children are viewed as having their own individual, biological and maturational characteristics that influence and are influenced by their engagement with the world” (Talay-Ongan & Ap, 2005, p. 18). Bronfenbrenner’s
model of the ecology of human development acknowledges that humans do not develop in isolation, but in relation to their family and home, school, community and society. Bronfenbrenner's concept of the ecology of human development, however, viewed these environments as nested settings in which a person develops over time throughout the life course (Damon & Lerner, 1998).

The major contributions of ecological theories are (a) its emphasis on factors within the immediate setting (e.g. Home, classroom); (b) the interrelating influences of different settings in which a child participates (e.g. Communication between parents and teachers); and (c) the influences of the broader ecology (e.g. State policies, cultural values). (Odom & Wolery, 2003, p. 165)

This theory identifies five systems or layers – microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1986).

The microsystem incorporates the immediate surroundings of the child, including the child’s family, peers, school and neighbourhood. The child is seen to be an active participant in the construction of these social settings. The mesosystem refers to the relationship between the different microsystems, such as the connection between the family and school experience. This is a crucial system in relation to the collaborative partnerships that are essential for the transition of children with disabilities into early childhood centres. The exosystem explores the connection between a social setting that the child does not have an active role in, or immediate contact with. This may refer to something like parental occupation or demands from the parents’ place of work. The macrosystem refers to the culture in which individual children live. In relation to children with
disabilities, societal views on disabilities, support for rights and inclusion would all exist in this system. The chronosystem is the final layer or system, which considers changes over time across all systems. Transition points in the lives of children with disabilities and their family are significant here.

Figure 2.1 Bronfenbrenner’s Ecological Model (Dockett & Fleer, 1999, p. 81)

An ecological model of inclusion requires an analysis of inclusion at the microsystem level of children, families and centres; the mesosystem level of collaborations and relationships; the exosystem level of organisational structures, policies and external resources; and the macrosystem level of cultural beliefs, assumptions and values (Odom & Diamond, 1998). This continued collaboration is essential to allow for creative and successful solutions for early childhood inclusion (Frankel, 2004). “Inclusion is a complex process that involves
coordinated participation at all levels of the ecological system” (Frankel, 2004, p. 315).

The child's interactions with the microsystem (home and school) are of particular importance when considering early intervention programs (Copland, 1995), as the success of these programs are influenced by the relationships between the people within the microsystem. Bronfenbrenner’s approach to understanding families is helpful because it is inclusive of all of the systems in which families are enmeshed (Garbarino, 1992). For example, play is recognised by early childhood educators as being essential to children’s learning, and early childhood educators have successfully integrated play into educational curricula. Using an ecological approach, communication would occur between the educators, early intervention professionals, and the family, to ensure the philosophical base of learning through play is understood by all. This will then enhance the young child's opportunities for real integration into the mainstream (Copland, 1995).

The EYLF, 2009 outlines five outcomes for children, which are positioned within principles and practices. Outcome two is “Children are connected with and contribute to their world…Children’s connectedness and different ways of belonging with people, country and communities helps them to learn ways of being which reflect the values, traditions and practices of their families and communities” (DEEWR 2009, p.25). This current National framework highlights the importance of the ecological model, through strengthening connections within the individual contexts for each child.
The ecological theory provided a basis for ‘family systems theory’, which was a commonly accepted framework in the 1980s. According to this theory, “the family is viewed as a growing and everchanging system that has its own structure, resources, functions, and interactional patterns” (Bailey, 1987, p. 264). This theory recognise[s] that each family is ‘nested’ within other systems in society, such as neighbourhoods, communities, cultural groups, agencies, social attitudes, and legal decisions (Bronfenbrenner, as cited in Bailey, 1987).

2.4.1 Effective transitions.

Bronfenbrenner’s ecological theory was the first model applied to understanding the transition framework (Bronfenbrenner & Evans, 2000; Bronfenbrenner & Morris, 2006). Within this ecological model, the importance of microsystem influences on child development, such as family and school program, as well as broader contextual influences are highlighted. Effective transition frameworks focus on the relationships and processes that occur among families and multiple programs (Rous et al., 2007). This ecological model is an important framework to consider during all transitions, and provides a significant foundation for the Early Years Learning Framework (DEEWR, 2009). Acknowledging the role of the interwoven systems is essential to situate the child within the family and the community.

According to Bronfenbrenner, successive transitions into (and within) day care, peer group, school, and work, are of particular significance (Bronfenbrenner, 1986). He outlines three stages of transition:
(a) Pre-existing inter-setting relationships (how the process of transition and its developmental effects are influenced by the presence or absence of prior connections between the two settings);
(b) Transition feedback (occurring once the child has entered the new setting, and can markedly alter attitudes, expectations, and patterns of interaction within the family, especially in relation to the child); and
(c) Post-transition changes in relations between settings (where the child's development may be further affected by shifts over time in the nature and extent of linkages between the family and the early childhood centre) (Bronfenbrenner, 1986).

Theory and research explained here point to the importance of connections existing between the family and the various other settings. The need for collaboration and close relationships between families and educators has been well documented in the literature. It would appear that a shared care approach between educators and families in early childhood education and care centres will maximise positive results for everyone. This partnership approach strengthens the confidence parents have that their child’s needs will be met, helps alleviate stress for families, and provides knowledge and confidence for educators.

2.5 Summary

This literature review has outlined the importance of the early years in a child’s life, and the role of the early childhood education and care centre. It also covers the progression of attitudes to and services for disability, from an historical
perspective through to current attitudes, initiatives and organisations. The benefits of early intervention for children with disabilities have been well documented in the literature, as well as factors that impact on the success of early intervention. While there is literature and research on transition to school, there is little literature addressing transition into early childhood education and care centres, and particularly, for children with disabilities.

Transitions represent critical decision points for families as well as developmentally important changes in the context of children's lives (Rice & O'Brien, 1990). More knowledge of the factors that contribute to transition is essential to ensure a balanced approach between parents of children with disabilities and educators within early childhood education and care centres. While previous research has contributed to the success of the inclusion of children with disabilities in early childhood education and care centres, it does not address the transition process. Rather, it addresses factors contributing to successful inclusion of children with disabilities once they are attending the early childhood education and care centre. While this is essential information, the neglected area of transition into the early childhood education and care centre is addressed in this current research. In addition, this research focuses on the essential balance between parents of children with disabilities and educators in early childhood education and care centres.

Within the literature, Bronfenbrenner’s ecological model (Bronfenbrenner, 1986) was identified as being an important framework for both inclusion and transition. This framework will provide the foundation for the current research, as relationships are central to the focus of this study. This research sought to
explore perceptions of both parents of children with disabilities, and early childhood educators, in relation to the process of transitioning into early childhood education and care centres. For inclusion to be successful, it is important the transition for the child with a disability into the centre is positive, and lays a solid foundation for not only the child with a disability, but their family, the educators, and the other children and families within the centre. This research will contribute to the limited research on transition into early childhood centres for children with a disability.
Chapter 3: Method

3.1 Introduction

This study aimed to explore parent and educator perceptions relating to the process of transition for children with disabilities into early childhood education and care centres. The study was guided by the following question:

What are the issues involved in the transition of children with disabilities into early childhood education and care centres, according to the perceptions of key stakeholders?

To gain perceptions of both parents of children with disabilities, and educators within early childhood education and care centres, representatives from both groups of people were included in the study. To provide further detail, the following questions formed the basis of the data collection.

- What experiences have parents encountered accessing, and enrolling in early childhood education and care centres for their children with disabilities?
- What experiences have educators encountered in enrolling children with disabilities in early childhood education and care centres?
- What perceptions do the key stakeholders hold in relation to facilitating a smooth transition for children with disabilities into early childhood education and care centres?

3.2 Research Design

To gain rich data, mixed method research was selected for the current study. This involves the collection of both qualitative and quantitative data. This method has
been used for previous studies on inclusion of children with disabilities (Li, Marquart, & Zercher, 2000), as it enables a broader perspective and deeper understanding than could be obtained through a single research method (Mertens, 2005). To situate this research, quantitative data were needed to address specific areas of disability and reflect percentages relating to incidence and level of experience and comfort of educators. As this research focused on the lived experience of both parents of children with disabilities, and educators in early childhood education and care centres, qualitative data were required to gain an accurate and holistic picture of the experiences for both important groups of people.

This mixed methods research had two distinct phases. Mixed method research was selected to gather data on the experiences of a larger sample as well as in-depth understanding of the lived experiences of a smaller cohort. From a methodological point of view, mixed methods offer promising ways of addressing concerns of diverse groups by allowing elaboration of initial information (Mertens, 1998). Two phases of data collection occurred. Table 3.1 outlines when these two phases occurred, the number of participants, the data collection method, and which research sub-questions they were addressing.
<table>
<thead>
<tr>
<th>Research question</th>
<th>Data collection method</th>
<th>Number of participants</th>
<th>PHASE</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>What experiences have parents encountered accessing, and enrolling in early childhood education and care centres for their children with disabilities?</td>
<td>Parent Questionnaire</td>
<td>13</td>
<td>1</td>
<td>July 2009 – December 2009</td>
</tr>
<tr>
<td>What experiences have educators encountered in enrolling children with disabilities in early childhood education and care centres?</td>
<td>Educator Questionnaire</td>
<td>37</td>
<td></td>
<td>January 2010 – December 2010</td>
</tr>
<tr>
<td>What experiences have parents encountered in accessing, and enrolling in early childhood education and care centres for their children with disabilities?</td>
<td>Parent focus groups</td>
<td>2 groups – total 10 participants</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>What perceptions do parents hold in relation to facilitating a smooth transition for their children with disabilities into early childhood education and care centres?</td>
<td>Educator interviews</td>
<td>10 individual interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What experiences have educators encountered when enrolling children with disabilities in early childhood education and care centres?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What perceptions do educators hold in relation to facilitating a smooth transition for children with disabilities into early childhood education and care centres?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Phase 1 included questionnaires with the two different groups being given different questionnaires to complete, although these were distributed at a similar time. One questionnaire was designed for the parents of children with disabilities (Appendix 1), and the other was designed for educators working in early childhood education and care centres (Appendix 2). Participant information sheets were distributed to parents (Appendix 3), and educators (Appendix 4). The information obtained in the questionnaires from both participant groups informed subsequent data collection methods by providing the basis of content for interview and focus group questions. Both quantitative data and qualitative responses were collected in the questionnaires.

Phase two consisted of parent focus groups, and individual interviews with educators. Once the questionnaires for the parents were completed, the parents were given the opportunity to be involved in a focus group. Participation in the focus groups was voluntary, and an additional participant information sheet was distributed to explain the focus group participation (Appendix 5). Ten parents consented to participating in these focus groups. These ten parents were divided into two groups – one group contained six parents, and one contained four. This was a purposeful selection, as the parents had all previously participated in fixed term supported playgroups, where they had established relationships. According to one parent, who had an existing relationship built from a supported playgroup environment, when she is with those other parents, ‘there is no mask – you can just be yourself’ (P2). This level of comfort in being free to ‘be yourself’ was clearly an important factor in gathering rich and honest data.
A number of questions were written after the completion of the questionnaires. These were intended to guide further exploration of issues evolving from the questionnaires. Similar questions were used as a stimulus for these groups (Appendix 6). For example, question one stated, “For those who identified in the questionnaire that your child is not enrolled in a centre, please elaborate on your reasons for not having your child in an early childhood centre”. There were also notes recorded for the researcher to encourage discussion relating to whether the parent was not ready, and reasons for that. These questions and notes included encouraging discussion about which elements of their child’s disability caused the parents the most anxiety when thinking about attending a preschool or long day care.

The researcher’s role in the focus groups was to facilitate, moderate, monitor and record group interaction which was guided by questions and topics identified by the researcher (Bouma & Ling, 2004; Punch, 2000). Morgan (1988) suggested focus group interviews rely, not on a question and answer format of an interview, but on the interaction within the group. The reliance on interaction between participants is designed to elicit more of the participants’ point of view (as cited in Mertens, 1998, p. 174). While the initial intention had been to video record the focus groups, it became evident that this may have made parents feel uncomfortable. For this reason, audio recording was selected.

For the early childhood educators, the questionnaires provided the foundation for individual interviews to be conducted in Phase two. If the centre chose not to participate in the interviews, the questionnaire information was submitted anonymously. Educators indicated in the questionnaire if they were willing to
participate in a follow-up interview to allow for further exploration of individual experiences and perspectives (DiCicco-Bloom & Crabtree, 2006), then an additional participant information sheet was distributed (Appendix 7). The information from the educator questionnaires and information from parent questionnaires was used to develop interview topics and questions (Appendix 8). All participants who agreed to participate in focus groups or individual interviews completed a consent form (Appendix 9).

The primary focus in the interviews was to use open-ended questioning to elicit the most comprehensive information. This approach is well supported in literature. “Interviews are a good way of accessing people’s perceptions, meaning, definitions of situations and constructions of reality. It is also one of the most powerful ways we have of understanding others” (Punch, 2000, p. 175). Ten individuals from different early childhood education and care centres in a range of locations across the Illawarra were selected to interview, to provide the best representation of these centres in the area. Audio recording was used during the individual interviews with additional notes made during the interviews to inform this process.

3.3 Site

The study was conducted in the Illawarra area, and was selected purposefully. The researcher has had a long term engagement in the early childhood industry in the Illawarra – from an early career educator in a preschool setting, work in the tertiary sector at both TAFE and University of Wollongong, and involvement in supported playgroups for children with additional needs. This resulted in a number of connections and collegial relationships in both the disability and early
childhood sector, which allowed for the easy securing of participants. The early childhood education and care centres selected represented stand-alone centres, as well as centres representing the three key service providers in the Illawarra – Kindergarten Union (KU), Big Fat Smile, and Illawarra Area Child Care (IACC). Table 3.2 outlines information about the specific early childhood education and care centres that were selected.

Table 3.2 Overview of selected early childhood education and care centres

<table>
<thead>
<tr>
<th>Centre type</th>
<th>Management type / affiliation</th>
<th>Location</th>
<th>Years of operation</th>
<th>Ages of the children</th>
<th>Hours of operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>Owner / operator</td>
<td>South Illawarra</td>
<td>18 years</td>
<td>2 – 5 years</td>
<td>7.30 am – 5.30 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Stand-alone, Community based</td>
<td>North Illawarra</td>
<td>60 years</td>
<td>3 – 6 years</td>
<td>9 am – 3 pm Extended hours 8.45 am – 3.45 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Part of an Organisation, Community based</td>
<td>North Illawarra</td>
<td>36 years</td>
<td>3 – 6 years</td>
<td>9 am – 3 pm Extended hours 8.30 am – 3.30 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Part of an Organisation Community based</td>
<td>North Illawarra</td>
<td>14 years</td>
<td>3 – 6 years</td>
<td>9 am – 3 pm Extended hours 8.30 am – 3.30 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Stand-alone, Community based</td>
<td>South Illawarra</td>
<td>38 years</td>
<td>3 – 6 years</td>
<td>9 am – 3 pm Extended hours 8.30 am – 4 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Church affiliated, community based</td>
<td>South Illawarra</td>
<td>60 years</td>
<td>3 – 6 years</td>
<td>8.30 am – 3.30 pm</td>
</tr>
<tr>
<td>Preschool</td>
<td>Church affiliated, community based</td>
<td>South Illawarra</td>
<td>30 years</td>
<td>3 – 6 years</td>
<td>9 am – 3 pm</td>
</tr>
<tr>
<td>Long Day care centre</td>
<td>Part of an Organisation Community based</td>
<td>North Illawarra</td>
<td>25 years</td>
<td>Birth – 6 years</td>
<td>8.15 am – 5.15 pm</td>
</tr>
<tr>
<td>Long Day Care Centre</td>
<td>Part of an Organisation Community based</td>
<td>North Illawarra</td>
<td>24 years</td>
<td>Birth – 6 years</td>
<td>7 am – 6 pm</td>
</tr>
<tr>
<td>Occasional Care Centre</td>
<td>Part of an Organisation Community based</td>
<td>North Illawarra</td>
<td>16 years</td>
<td>Birth – 6 years</td>
<td>8.30 am – 4.30 pm</td>
</tr>
</tbody>
</table>
NB: While the centres cater to children up to 6 years of age, they are all prior to formal school centres.

Through the supported playgroups for children with additional needs, the researcher had worked in partnership with people from Ageing, Disability and Home Care (ADHC), formerly Department of Ageing, Disability and Home Care (DADHC) and there was an established rapport between ADHC and University of Wollongong, which facilitated researcher access. Researcher involvement in the Early Childhood Intervention Committee (ECIC) and support of a number of people in the field also allowed access to relevant participants.

One focus group with parents of children with disabilities was conducted on a local school campus, where parents had previously attended supported playgroups. This site was selected as it was a neutral environment, but one where parents had previously developed a trusting relationship with the researcher, and where they felt comfortable. The other focus group was conducted at a local indoor play centre. This location was selected by parents as they conveyed they could just ‘relax and pay attention while the children play’. The selection of location by the participants was essential for maximum level of comfort for the participants. Educators were interviewed within their individual centres. This location was also chosen to provide the educators with the most secure and comfortable environment which would provide a foundation for the most candid response.

3.4 Participants

The participants were chosen by purposive sampling. This is where the researcher selects the cases with a specific purpose in mind (Charles & Mertler, 2002;
Neuman, 2004; Punch, 2000). To inform a balanced approach to this research, the participants of this research included both parents of children with disabilities, and educators working in centre-based early childhood education and care settings.

3.4.1 Parents.

Distribution of questionnaires to parents of children with disabilities became problematic as a result of ethical considerations which will be outlined in section 3.6. Parents from the current supported playgroups (at the time of data collection), were invited to participate. A total of 13 questionnaires were completed, which were from all the parents in attendance over the two days of playgroup. All parents who completed the questionnaire consented to participate in the follow up focus group. By the time the focus groups were conducted, there were three parents who were no longer able to participate, which left ten parents to participate in the focus groups. All parents who participated in the focus groups were mothers ranging in age from 25 to 45 years. Some were first time parents whose only child was the one with a disability, while others had older children as well as the youngest child with a disability. Two of the families also had a child younger than the one with the disability. Some mothers were single, some married or divorced. As there were a range of disabilities, there were varying lengths of time since diagnosis. This resulted in the mothers all being in an individual stage of acceptance of, and comfort with their child’s disability. The information demonstrates that although the parent participants were all female, there were a range of other demographics represented.
3.4.2 Educators.

During July 2009, the participant information sheet and questionnaires were distributed by mail to all early childhood education and care centres within the Wollongong phonebook, which included long day care and preschool settings in the defined research area, from the Northern suburbs of Wollongong to Gerringong in the South. Stamped envelopes were included to encourage responses. There were a total of 125 questionnaires mailed out, and between August and October, 37 responses were received. This represents almost 30% response rate. No attempts were made by the researcher to gain more response, as it was believed the most honest responses would have come from those who voluntarily chose to participate. The percentage of responses was consistent with the expected response rate of between 10 and 50% for mailed questionnaires (McBurney & White, 2007).

From the 37 responses received, 22 people consented to a follow-up interview. While the initial questionnaire did not specify gender, all respondents who consented to an interview were female. This is reflective of the sector, where the 2002-3 Child Care and Early Years Workforce survey showed males to be only 1-2% of all workers in prior to school settings (Rolfe, 2005). As indicated above, ten respondents were selected for individual follow up interviews, to ensure a balanced approach. Without intention, all educators who were selected for an interview had at least ten years experience in early childhood education and care. Consent forms were completed by all those who were selected for an interview (Appendix 9). An equal number of parents and educators were included to ensure an appropriate balance between these two equally important groups of people.
3.5 Data collection instruments

As previously mentioned, data collection occurred in two phases and entailed initial questionnaires followed by focus group, and individual interviews (see figure 3.1).

![Data collection instruments diagram]

Figure 3.1: Data collection instruments

3.5.1 Questionnaires.

Questionnaires were distributed to both parents of children with disabilities and educators in early childhood education and care centres.

3.5.1.1 Parents of children with disabilities.

A questionnaire (Appendix 1) was distributed that began with two questions to gather background information about the age of the child, and whether or not the child was enrolled in an early childhood education and care centres. Two short-answer questions gathered information about the child’s diagnosis if applicable and area of additional need. This information provided an overview of significant factors that may influence the information presented in the remainder of the questionnaire. After this initial information, there was one section for parents to
fill in if their child was already attending an early childhood education and care centre (Section A), and one section for parents who had not yet enrolled their child in an early childhood education and care centre (Section B). This was necessary, as one group of parents had experience to base their responses on, while the other group of parents were discussing current apprehensions and perceived difficulties.

The questionnaire clearly stated the required sections to complete for relevance and the most accurate data. Section A, for parents whose children were enrolled in an early childhood education and care centre, asked questions relating to the length of time the child had been enrolled in the centre, and if they had previously been enrolled in another centre, why they had chosen to leave. The subsequent questions included forced choice responses with sections to explain each response, related to the transition into the service and whether the educators had explained how they would meet the needs of the child. Parents were asked if the transition was successful or not, and their reasons for selecting this response. A list of strategies was created by the researcher, on the basis of existing literature and successful inclusion. This list was provided for parents to select whether any of them would have assisted in making the transition more successful. The responses (of which any number could be selected), included:

- Open communication with staff
- Desire by staff to enrol your child
- More staff training to meet the needs of children with additional needs
- Use of a communication dictionary
- Slower transition (i.e. Shorter periods of time while settling in)
• IEP meeting
• Individual meeting with staff to discuss child’s needs
• Securing an individual worker for your child
• Involvement of other agencies your child has previously accessed
• Other (Please explain)

Section B was for parents whose child was not enrolled in an early childhood education and care centre. The first question in this section asked the parent if they had approached any centres, and the reasons for this. If they had approached centres, they were asked to comment on reasons for not enrolling their child. The remaining question gave them a list from which they could select as many responses as desired regarding things that would make it easier for them to enrol their child in a centre. This list was the same list as outlined above for Section A respondents.

### 3.5.1.2 Strand 2 – Educators in early childhood education and care centres.

As with the parents, the questionnaire for educators began with three initial questions that related to the centre, including the age of children enrolled, and centre type. This information was sourced, as there are differences between centres licensed for 3 to 6 year old children, and those licensed for birth to 6 year old children, and there may also be differences relating to hours of operation. A list was included for educators to select which areas of disability were experienced by children they had enrolled within their centre. The categories for selection were:

• Behavioural difficulties
• Emotional difficulties
• Cognitive delay
• Language difficulties or delays
• Difficulty communicating
• Mobility restrictions
• Sensory impairment
• Other (please specify)

Level of support needs were identified, whether or not a termination of enrolment for a child with a disability had occurred and reasons for that. Educators were asked to identify reasons for successful communication between staff and parents, whether they felt transitions had been satisfactory and why or why not. As with the parent questionnaire, the participant was then asked to indicate which of the following list they felt would have assisted in a successful transition for a child with a disability into their centre. The list was created on the basis of existing literature, and included:

• Establishing a communication dictionary (a summary of communication attempts by the child so the cues can be ‘read’ by educators).
• Discussion of appropriate visuals for the child.
• Formulation of an individual plan.
• More knowledge within staff regarding inclusion of children with additional needs.
• Willingness of educators to include child.
• More open communication.
• Establishing goals for child in partnership with parents.
3.5.2 Strand 1 - Focus Groups.

The choice of completing questionnaires as a foundation for focus groups was deliberate. As with the educators, the parent questionnaires were designed to gain some initial information. Once parents had indicated an interest in the research through completion of the questionnaire, they were asked to elaborate on their responses by participating in the focus groups. Some research indicates that the construction of the questionnaire may be more comprehensive if topics and questions are determined from focus group interviews (Yin, 2011). However, the questionnaires provided significant information that informed the content of the focus groups. Focus groups were used after the survey to flesh out interviews and information on topics identified in surveys (Punch, 2000).

At the end of the questionnaire, parents were asked if they would be willing to participate in a focus group, and a participant information sheet was distributed (Appendix 6). Prior to the focus group, these parents completed a consent form (Appendix 5). Responses from parent questionnaires provided a basis for deeper exploration through follow-up focus groups. Information obtained from the educator questionnaires also led to discussion topics for parent focus groups, which were guided by the following questions:

**Sub-questions for parents:**

- Have the parents of children with disabilities experienced any stress and anxiety relating to their child enrolling in an early childhood education and care centre?
• What concerns do parents have about their child with disabilities being enrolled in an early childhood education and care centre?
• What issues exist for their child to be enrolled in the early childhood education and care centre of their choice?
• What do these parents believe could make the process of transition more inclusive for their child and themselves?
• If children are already in an early childhood education and care centre, how did the transition process happen? Do they believe their children are now included appropriately? (Appendix 6)

Group interaction was directed by questions and topics identified by the researcher (Bouma & Ling, 2004; Punch, 2000). Despite using the leading questions above, there were three main areas that parents identified as the discussion topics.

1. Factors that have contributed to positive transition experiences
2. Negative situations that have occurred during transitions
3. Things they would like to see occur in transitions

The researcher’s role included facilitating, moderating, monitoring and recording group interaction. Focus group interviews rely on the interaction within the group, which is designed to elicit more of the participants’ point of view (Mertens, 1998). Audio recording of these focus groups was later transcribed.

3.5.3 Strand 2 – Interviews.

Individual interviews with willing early childhood educators were conducted. Twenty two educators agreed to a follow-up interview, however, only ten were
selected to ensure that there was an even representation of both parents and educators. These ten were selected purposefully based on accessibility and ensuring a range of centres was represented. These educators were given a participant information sheet (Appendix 7) and completed a consent form (Appendix 9). Individual interviews were conducted with ten participants from a range of centres which included preschools, long day care centres and occasional care centres. The centres also reflected private centres, community based centres, those who were affiliated with an organisation and stand-alone centres, as outlined earlier in section 3.3. The choice of centres was deliberate. A number of centres had a positive reputation for significant success in the transition process, so these were selected to gain more understanding of the factors that contributed to their success. The remaining centres were selected to provide a range of different providers and service types in an attempt to understand how these issues affect different types of services. This decision was made to improve the possibilities for generalisability when the services cover the range in the field rather than being focused on one service type only. The information from the educator questionnaires and information from parent questionnaires was used to develop interview topics and questions. The primary focus in the interviews was to use open-ended questioning to elicit the most comprehensive information. As these interviews were conducted individually, notes were taken throughout the interview, as well as audio recording which was later transcribed. The proposed interview questions were common questions, then individual questions were used to elaborate on particular issues where relevant (Appendix 8). These related to expansion of questionnaire responses, as well as exploring reasons behind behaviours and practices. These were guided by:
Sub-questions for educators:

- What do educators identify as barriers or difficulties in including children with disabilities?
- Does having children with disabilities in the centre provide extra challenges and stresses? Why?
- What do educators believe could make the process of transition into the centre easier for themselves, the child and family?
- What do educators understand about relevant policies, rights and responsibilities?

The content considered:

- areas of disability that presented the most challenge to educators and perceived reasons for this
- educator attitudes toward inclusion of children with disabilities, and possible reasons that might impact (participant was prompted to consider options such as training and experience)
- from the list of things identified in the questionnaire, which things had they used to support effective transitions and how successful these were, or reasons for not using particular documents or processes
- the level of communication between educators and parents of children with disabilities that has occurred.

As with all other data collection methods, the participant was asked if there was anything else they wanted to comment on, or add at the end.
3.6 Procedures

3.6.1 Ethics.

Ethics approval was granted by the University of Wollongong Human Research Ethics Committee prior to the commencement of the research (See approval letter in Appendix 10). The initial research proposal addressed a number of ethical issues which included:

- Construction of questionnaires needed to reinforce anonymity unless participants were willing to provide contact details for follow up focus groups or interviews
- Educators who participated in interviews were instructed not to disclose any identifying details of any children enrolled in their centres
- Construction of questionnaires needed to ensure honest responses without subconscious influence based on the level of passion of the researcher
- A meeting with ADHC (at the time DADHC) Manager ensured the researcher could thoroughly explain the research. Approval from Regional office of DADHC was given to introduce the research through the DADHC newsletter and ask for willing parents to contact the researcher if they choose to participate (A copy of this newsletter information is included in Appendix 11).

When dealing with opinions of people, it is essential that an honest and accurate account is reflected by the researcher. Consideration of how to best represent both parents of children with disabilities, and early childhood educators was paramount.
3.6.2 Access to parents for initial questionnaire.

Some issues arose relating to the distribution of questionnaires to parents of children with disabilities through Ageing, Disability and Home Care (ADHC, formally DADHC). While the inclusion of the questionnaire and invitation to contact the researcher was included in the newsletter, it became evident that this was not going to yield sufficient results. Only one response was received from a grandmother of a school-aged child with disabilities. As this child was out of the required age range for this research, this response was not included in the data. As a result of this lack of response, alternative ways to access information from families was sought. Through the researcher’s contact with parents in supported playgroups, further interest was gained. Anonymity of the questionnaires was still assured, and parents were directed to only complete the questionnaire if they chose to, and place in a box which the researcher could later access. All parents of the two current groups at the time were very interested in sharing their experiences both in the questionnaire and agreeing to participate in the focus group. As previously mentioned, by the time the focus groups were scheduled, three parents were unavailable, but their questionnaire responses were included.

3.6.3 Initial entry into centres.

While the geographical location of this research was defined, questionnaires were distributed by mail to all early childhood education and care centres within the Wollongong Local Government Area phonebook inviting all educators to participate. This included those in the Child Care section as well as the Kindergarten section, covering all centres that provided centre-based care and education for children under formal school age, as outlined in 3.4.2.
3.6.4 Focus groups and interviews.

The opportunity to gain participants for the parent focus groups and individual educator interviews, arose directly from the questionnaire. At the end of the parent questionnaire, a specific question asked if they would be willing to participate in small discussion groups to discuss these issues further. If the respondent circled yes, a section was available to include name and contact phone number. All parents who completed the questionnaire were happy to participate in these focus groups. This demonstrated the importance of this issue for parents of children with disabilities.

At the conclusion of the educator questionnaire, participants were asked if they would consent to an interview to elaborate and clarify questionnaire responses. Of the 37 questionnaires received, 22 participants completed their contact details and consented to an interview. This represents almost 60% of participants, which also reflected an interest in this issue for educators. While the intention was to reflect the perceptions of educators within early childhood education and care centres, it could be assumed that the responses received were not necessarily reflective of the sector as a whole. Although it is speculative, one would assume that the respondents represent a more positive cohort of educators relating to inclusion of children with disabilities.

3.7 Data Analysis

Data were analysed through multiple methods according to the type of data collected.
3.7.1 Phase 1 Questionnaires.

Questionnaires were divided into those received from parents and those received from educators. Within each group, the small number of questionnaires received allowed the researcher to collate the participants’ responses onto a master copy of the questionnaire in a word file. The intention was to then calculate descriptive statistics.

Forced choice items were collated and the data from these were displayed in relevant graphs for a visual representation of this statistical information. Figure 3.2 is an example from the educator questionnaire.

Open-ended responses were read, and key words highlighted and clustered into initial codes. This allowed the researcher to determine themes and frequency of responses. “Coding is the process of combing the data for themes, ideas and categories and then marking similar passages of text with a code label so that they can easily be retrieved at a later stage for further comparison and analysis” (Gibbs...
& Taylor, 2010). This coding then leads to establishing themes, which Saldana points out are the outcomes of coding, categorisation and analytic reflection (Saldana, 2009). Figure 3.3 is an example of the way one of the themes was identified.

![Figure 3.3 Identification of a key category](image)

**3.7.2 Focus groups and interviews.**

The following summarises the initial goals of the analysis process.

**3.7.2.1 Parents.**

The goal of analysis was to determine commonalities between parents in relation to equitable access, acceptance, stress and the impact these have had on their decisions relating to early childhood education and care centres.

**3.7.2.2 Educators.**

For educators, the goals were to determine attitudes, barriers to inclusion and perceived reasons for these concerns; and to find commonalities between centres
and determine what factors influence attitudes and willingness to enrol children with disabilities.

Much of the available research information suggests that while it is important to have a specific topic, “data analysis done simultaneously with data collection enables you to focus and shape the study as it proceeds” (Glesne, 2006, p. 148).

The individual interviews and focus groups were audio-taped, then transcribed. Following this, key terms were highlighted. The research focus and design from the start was designed to draw out key themes that emerged from both educators and parents relating to transition into early childhood education and care centres for children with disabilities. It appeared from an early stage that thematic analysis would be a highly appropriate method of data analysis for this component of the research.

The data reflect perceptions of individuals which were determined through questionnaires and follow-up interviews and focus groups. From the fifty questionnaires collected, ten individual educator interviews and two parent focus groups (10 parents in total), were conducted. All interviews were conducted and transcribed by the researcher, which allowed the researcher to be very familiar with the data. This familiarisation with the data is a key to thematic analysis (Flick, 2009).

Reading through the transcribed interviews, key elements were identified and comments written alongside the relevant sentence or paragraph. Coding allows patterns to be identified (Auberbach & Silverstein, 2003). From this, the selections of relevant text were systematically searched for repeating ideas.
Attempts were made to cluster the information into the themes that emerged. “Coding is thus a method that enables you to organise and group similarly coded data into categories or ‘families’ because they share some characteristic – the beginning of a pattern” (Saldana, 2009, p. 8). This development of themes at times were interwoven, and led to a number of sub-themes. For example, role of the educator was identified as significant and recurring. Within the educator role, a number of sub-themes also emerged. These included learning strategies, introducing the parent to other services, and educators becoming a resource for the family.

3.8 Validity and Reliability

To ensure validity within this study, a number of strategies were adopted. The initial questionnaire content was built from discussions with colleagues both in the disability and early childhood sectors. A number of years of informal observation and anecdotal information from experts provided the foundation for the content included, as well as ongoing review of literature and research within the field. These factors contribute to the validity of the study, as the data was collected and interpreted to accurately represent the population that was studied (Yin, 2011). The construction of the questionnaire containing both forced choice responses as well as open-ended questions for qualitative data ensured that respondents were able to accurately present their views. Once the draft questionnaire had been compiled, feedback was sought from early childhood research students, practitioners in the field and two case workers from the disability sector. Changes were made to wording and layout of the questionnaire.
to ensure the most valid instrument was used in data collection, resulting in internal validity. As there were no correct expected responses, the questionnaires allowed participants to provide honest and authentic responses. Questions used non-judgemental language to reduce the likelihood of responses being what they thought would be the desired response by the researcher.

Multiple sources for data collection were used to ensure credibility of data. The deliberate use of questionnaires, interviews and focus groups allowed participants to represent their views in more than one way. This triangulation of data seeks to increase the accurate representation of participant information, and as a result, lead to more credible research (Mertens, 2005). It also involves checking the information that has come from different sources or methods for consistency of evidence (Mertens, 2005). This checking was done throughout the data collection process. Peer debriefing was used throughout the whole process, with both colleagues from supported playgroups, feedback from conference participants and representatives of the early childhood education and care sector.

Member checks were used throughout the interviews and focus groups. They were not only used at the conclusion, but during, and after discussion. During the focus group and interviews, the researcher restated points made by participants to ensure clarification. This often led to further information being given by the participants, or for them to agree that what I had interpreted was what had been intended. At the conclusion, a summary of key points was shared with the participants to ensure their key messages had been included. The process of member checking involves verifying with participants that you are representing perspectives and viewpoints accurately (Mertens, 2005).
As this research is not dependent on environmental variables, but rather on individual perceptions, it could be assumed that a similar study conducted in another area would render similar results. However, as it is location specific, it is not possible to state that these findings reflect the views of all parents of children with disabilities in the given age range, or that the findings reflect all educators within early childhood education and care centres.

It was always the intention of the researcher to present a balanced view of both parents of children with disabilities, and educators working in early childhood education and care centres. Parents and educators are key stakeholders, being influenced by, and influencing, the success of the transition of children with disabilities into early childhood education and care centres. A stakeholder is best defined as “a person, group or organization that has direct or indirect stake in an organization because it can affect or be affected by the organization's actions, objectives, and policies” (BusinessDictionary, 2007). This authenticity is essential as the basis for determining how best to work with both groups of people to ultimately meet the needs of the children with disabilities.

In this chapter, the data collection methods for phase one and phase two have been described, including the participants, site and specific methods used. An outline of the analysis process has been described. The next chapter will present results and findings from this data collection.
Chapter 4: Results

4.1 Introduction

This chapter presents the results from the data collected. As indicated in chapter 3, data were collected from parents of children with disabilities and educators in early childhood education and care centres. Results are presented separately for the parents and educators. Results of data collected from parents are divided into questionnaires and focus groups. Results from educators from early childhood education and care centres are presented from the questionnaires and individual interviews.

4.2 Parent questionnaires

Thirteen parents responded to the questionnaire and the results are presented below. The initial questions provided basic demographic information to situate the later responses. These included questions relating to age of child, area of disability of their child and whether or not the child was enrolled in an early childhood education and care centre. The children’s ages were identified as being between 2 years and 1 month, and 4 years and 5 months, with an average age of approximately 3 years.

Of thirteen families involved in this study, eleven had received a formal diagnosis and two had not. For those who had received a formal diagnosis, identified disabilities included Severe Mychlonic Epilepsy Infancy (SMEI) with a global delay and sleep disorder, Autism Spectrum Disorder (ASD) without global delay, ASD with global delay, Pervasive Developmental Disorder (PDD), global delays,
Cerebral Palsy, Foetal Alcohol Syndrome and Trisomy 21 (also known as Down Syndrome). Figure 4.1 outlines the specific diagnoses of the children whose parents participated in the research.

![Specific diagnoses](image)

**Figure 4.1 Specific Diagnoses**

The parents of the two children who had not received a diagnosis indicated that the main areas of concern included general delays with walking, talking, communication and overall developmental delays. Of all the children, seven were currently enrolled in an early childhood education and care centre, and one was in family day care. Five children were not enrolled in early childhood education and care centres.

As stated in Chapter 3, the questionnaire was then divided into two sections. Section A was for parents whose child was currently enrolled in an early
childhood education and care centre, and Section B for parents who had not yet enrolled their child.

Section A began with questions regarding the length of time children had been in centres and if they had previously been enrolled in another centre. For all the families whose children were enrolled in an early childhood education and care centre, the length of time in centres ranged from six months to more than 24 months, as shown in Figure 4.2. For the eight children who had been enrolled in a centre, fifty percent had been enrolled for between 12 and 24 months.

![Figure 4.2  Length of time of enrolment in centre](chart.png)

There were only two children who had previously been enrolled in another centre. The reasons listed by the parents for leaving the last centre included distance from home, lack of availability of trained educators, lack of specialist assistance, children’s needs not being met, lack of understanding about their child and a lack of communication between educators and parents. One of the parents who had needed to withdraw their child, reported a negative experience in another state in Australia.
In relation to successful transitions, six parents felt the educators explained how they would meet the needs of the child, while only two felt this had not been done successfully. Parents explained ways they believed the transition had been positive. The responses included feeling that nothing was going to be a problem. “The director listened to everything I had to say and nothing was a problem. This really helped me feel less stressed” (PQ8). Another parent felt that the transition was positive because the day care centre accommodated them with a very flexible approach. One parent commented that the centre explained how they would support the child from the beginning. “They explained how they would use visuals and apply for an aide if that was needed” (PQ4).

The other positive responses related to liaison with other organisations and practitioners with whom the child was already familiar. One parent was reassured because, “They (the centre) were already working with ADHC” (PQ13). An additional parent also found the centre’s willingness to involve other practitioners very helpful. “We were shown through the centre and she (director) asked to have a visit from my child’s therapist. Each week they would ask what they needed to work on, and they applied for funding for an extra staff member” (PQ8).

Of the eight families, there was only one that indicated the transition into the service was not satisfactory. Other families identified it was satisfactory but there was still room for improvement. It is evident from these responses that open communication was the most identified factor in successful transitions. Educators seeking information from families, a willingness to meet the child’s needs and enthusiasm and interest of staff were also rated highly. The least commonly
identified factors related to having initial visits for educators to get to know the child, the inclusion of educational toys, having regular meetings, and using a communication book. Reasons families felt transitions had been satisfactory are outlined below in Figure 4.3.

![Figure 4.3 Reasons for satisfactory transitions]

**Figure 4.3 Reasons for satisfactory transitions**

Reasons cited by parents for unsuccessful transitions included a lack of communication and time spent with the family. One mother stated she had “to ‘drop and go’ on first day” (PQ3). Another mother stated, “There was no clear leader. With different people being involved all the time, I felt like no-one really knew” (PQ11).

Parents were asked to comment on whether a number of options would have further assisted in the transition process. Parents could select a number of different responses. Communication was again cited as the most significant, with the same number of participants also indicating that a communication dictionary
would help improve transition. Educators seeking goals for child was not rated highly. However, being willing to include the child, educators having more knowledge of the child’s disability, formulation of an individual plan and use of appropriate visuals when required were all rated as being important. Figure 4.4 indicates how important each of these was for the individual families.

**Figure 4.4 Parent perceptions on improving transition**

Section B was completed by five parents who had not yet enrolled their child into an early childhood education and care centre. From the five responses, two families had approached a centre and three had not.

The two parents who had approached a centre, gave reasons for choosing not to enrol their child. One parent felt she wanted her child to be older but had started making enquiries regarding what was available. The other parent wanted to wait until her child was walking and had some ability to look after himself before starting at an early childhood education and care centre.
The three parents who had not approached any centres at this time were asked to select reasons for not exploring enrolment from a list of responses. They were given the opportunity to explain or elaborate on their responses. All three parents indicated they had not approached a centre because they wanted to wait until their child could communicate. “He cannot communicate. I am worried about him not being able to get his needs met or being left to just run around all day” (PQ1). The worry expressed here links to the other significant concern held by parents, that the educators may not understand the child’s needs. Other responses that were selected by parents include being unsure of where to start and not finding a suitable centre. Two parents felt their child was too young, while the other significant response related to separation difficulties, cited equally for both the child and the parent. This information is expressed in Figure 4.5.

![Figure 4.5 Reasons parents had not approached centres](image)

**Figure 4.5 Reasons parents had not approached centres**
Question two asked if any of the following responses would make it easier for the parents to enrol their child in a centre. These parental perceptions are outlined in Figure 4.6, which reveals that all criteria were selected as assisting in the transition process. Educators having more training and incorporation of a slower transition were both mentioned as being significant. However, the most cited criterion was securing an individual worker for the child. This is consistent with concerns parents had cited in the previous question. The concerns identified by parents in the previous question related to people not understanding their child, and their child being unable to communicate.

![Parent perceptions for improvement of transitions](image)

**Figure 4.6 Parent perceptions for improvement of transitions**

The final question in the survey invited the parents to raise any issues they had not had the opportunity to address. The only parent who responded to the final open-ended question felt that early childhood had to be about fun, and a respite for the
children themselves. This parent went on to state that early childhood lays foundations for children’s development. Consequently, she expressed her conviction that early childhood workers make a dramatic contribution but are underpaid and undervalued.

4.3 Parent focus groups

As indicated in Chapter 3, thirteen parents initially volunteered to participate in the focus groups, but by the time the focus groups were being held, there were ten parents still available to participate. Responses from parents in both focus groups reinforced and elaborated on the results from the questionnaires. The focus group discussions focused on three main areas, which included:

4.3.1 Factors that contributed to positive transition experiences.
4.3.2 Negative situations that occurred during transitions
4.3.3 Particular processes, procedures or other elements parents would like to see occur in transitions.

These areas were common to each of the parent focus groups. Hence, the findings are not represented individually for each focus group. Rather, the findings have been collated within the four themes identified above.

4.3.1 Factors that contributed to positive transition

The theme, ‘Factors that contributed to positive transition experiences’ stimulated discussion around positive factors. Although the initial questions reflected the majority of parents had been happy with the transition, many still discussed things they had been unhappy about. Most parents contributed to the discussion around ways they believe the transition could have been improved. The parents
supported each other’s comments by adding their own experience or reinforcing their agreement with the points raised. All parents agreed on these factors in ensuring the experience was positive for them and their child. Some of these related to people, and others related to processes.

Parents felt that having a key person to identify with was important. “I always go to the same person to talk to because I know they know the most about my child” (P4). Positive educators were rated highly by parents, with one parent stating “For me when I went to the centre it was about people who were positive about having him there” (P1). The importance of educators being willing to listen to parent suggestions was cited as significant. “When I tell them things about my child, I want them to listen and feel like they will take my ideas on board” (P9).

Parents valued the opportunity to remain at the centre for as long as they liked. One parent commented that “I don’t want to feel rushed. It took me ages to be happy to even send him to a centre, so I want to be able to stay until I am ready to go, not feel like I am being pushed out the door” (P1). Another parent found having a plan in place reassured them that their child was not wandering aimlessly. “Having some kind of plan, whether it is a formal one or not, helps because you feel like they are doing something to help your child, not just letting him wander around all day” (P5). The use of a communication book was identified as being a very useful initiative. “With the communication book you are actually getting feedback that is important” (P9). Another parent reinforced that communication books allowed them to be able to find out more about what their child has been engaged in during the day. “You can get home and think, ‘I
forgot to ask about...’ then you open up the bag and there it is and you can read that when you get five minutes” (P4).

4.3.2 Negative situations that occurred during transitions

The second key area encompassed negative experiences parents had encountered during transition into early childhood education and care centres. Some parents had not had negative experiences, but still shared concerns. They began their discussion using the points raised around factors contributing to positive experiences. Parents identified that educators being negative or educators dismissing parent suggestions made parents feel uncomfortable. “Sometimes they aren’t even saying anything that is really negative, but you just feel like... you just feel like when you are explaining something they just look at you like they aren’t really listening anyway” (P9). Parents unanimously agreed that being rushed out of the centre or feeling there is no plan for their child, made the experience difficult for both them and their child.

Initial contact with the early childhood education and care centre was very important to the parents. Three parents shared their experience of contacting centres and feeling that the educators changed their attitude as soon as the words ‘disability’, or ‘additional needs’ were used.

When you are going around, and sometimes you might go to up to twelve centres and their reception is, you know, as soon as you mention that your child has got special needs, it is sort of like, ‘Oh – I don’t know if we can do that’, not – ‘let’s see how many days we’ve got’. It is really frustrating. (P2)
One of the biggest factors that contributed to negative experiences for parents was not having a key educator. In this research, a ‘key educator’ was discussed as being someone who is aware of that particular child, is involved in the child’s day, and ensures the parent understands the fundamental role the key educator plays in the child’s day. The parents indicated that having this key educator provided reassurance that there was someone looking out for their child, someone that they felt they could relate to, identify with and trust. Conversely, the absence of the key educator caused concerns for parents, as they were unsure as to whom they should be speaking. Gaining general feedback from educators such as “She had a great day” was not well received. Parents commented that they wanted specific and honest information about their child’s day, with one parent stating, “I don’t know what happened there but I drove past one day and saw him still up against the fence crying and they were telling me he was fine during the day and he was still in the same spot I had left him three hours before” (P2).

The discussion evolved to include the expectations the parents believed were placed on them by the educators. Some of the additional expectations parents discussed related to information and resources. While one parent commented that she was happy to share information about her child, she also believed it was up to the centre to develop their knowledge base, not just rely on the parent to contribute all the information about the child. Another parent was concerned that she was expected to develop a lot of the augmentative, alternative communication aids (AAC) that her child may need. She believed that the centre should take responsibility for the development of resources, rather than the parent having to do so. The parents unanimously agreed that these expectations added additional
stress to them at this transition point. “The last thing I want to do is spend my day taking photos because I’ve done that at home, I’m not doing it there as well – I am paying good money for them to do that!” (P5).

Parents in both groups expressed dissatisfaction at having to sign forms to apply for additional funding as soon as they arrived at the centre for the first visit. While they could see this was potentially of benefit to their child, they felt at times the centre was more interested in the funding than their child. This parent was very concerned that some centres are just taking their child so they can access additional funds. “Sometimes you just feel like they (educators) are happy saying ‘we can get funding’, but they say that before they even ask your child’s name!” (P3).

4.3.3 Particular processes, procedures or other elements parents would like to see occur in transitions

The final key area emerged from parents, considering what they believed could be implemented to ensure positive transitions into early childhood education and care centres. A number of factors were identified and have been clustered into four smaller themes, which include personal characteristics, ability to listen to parents, being interested in the child’s ability, and being willing to discuss ways the child might be included.

Parents indicated that personal characteristics of educators were important, as these reflect attitude. The characteristics which were explored by the parents included honesty, openness and having a genuine interest in the child.
There is a young girl who has only just started but I have shown her how to do a few things. She told me she hadn’t had much experience, but she is always wanting to know how to do things and she actually went to a workshop with me. (P2)

A common point of discussion in both focus groups was the need for educators to be responsive to individual parents. Listening to the parent rather than just telling the parent what to do was important to parents. The parents indicated that they like educators to seek out information but then ask the parents’ opinions in relation to how things will work for their individual child. One parent commented on her positive experience when her daughter transitioned into the early childhood education and care centre. The parent stated that there was a period of about six weeks from when she first went in until her daughter began full time in the centre.

*In that time, they got some resources and information because they hadn’t had a child with cerebral palsy. They sourced heaps of stuff from the Spastic Centre [Now Cerebral Palsy Alliance] then asked me things about her specifically and ways of doing things.* (P4)

Parents commented that while they obviously want educators to respond to their child’s disability, they also appreciate educators being interested in the child’s ability. They all agreed that sometimes they felt overwhelmed with things their child was having difficulty with, so hearing about their child’s successes was really important to them. One mother commented that,

*I don’t know if it is just me, but every time we go to a specialist, or the hospital or therapy, I am always being told what he can’t do and what has
to be done to help him. I know there is lots he can’t do, but with my other child people were always telling me what he could do. I just want that. (P2)

While discussing other factors they would like to see occur in transitions, a number of parents commented on the necessity of knowing how their child was being included in the service. “It makes you feel like your child is important, and everyone wants to feel their child is important” (P3). In addition, the parents would welcome the opportunity to share ideas that have been effective at home.

While parents did not want to have to be at their child’s centre all the time, they did feel that it was essential that educators were willing to discuss ways their child might be included. The discussion evolved to include things such as the importance of having a planning meeting and using a communication book.

You do want to know what they are planning to do with your child – what things they are putting in place so when you get home you can do those things too; and the other way around as well – that is why the communication book works well for me. (P2)

4.4 Educator questionnaires

Findings from the questionnaire and individual interviews will be presented separately.

The initial demographic questions showed that 25 long day care centres, 11 preschools and one occasional care centre returned the questionnaires. Ages of children were from birth to 6 years, with 13 responses showing enrolment of
children between birth and 6 years (35%), 16 between 2 and 6 years of age (43%) and eight enrolling children between 3 and 6 years of age only (22%).

Of the 37 centres, 24 had children with disabilities enrolled while 13 did not. Of the total 37 centres, 34 had previously had children with disabilities enrolled, with only three services not ever having enrolled children with disabilities. The questionnaire probed reasons the centres had not ever enrolled children with disabilities. The reason all three centres cited for not having enrolled children with disabilities was that no children with disabilities had requested enrolment.

The areas of disability of children currently enrolled in early childhood education and care centres included Autism Spectrum Disorder, physical disabilities, sensory impairment, language difficulties or delays, global delays, cognitive delay, behavioural disorders or children who were not yet diagnosed. The main percentages included children with ASD, sensory impairments and language disorders or delays. The percentages are reflected in Figure 4.7.

![Areas of disability](image)

**Figure 4.7** Areas of disability of children currently enrolled
The second part of the questionnaire addressed questions relating to perceived level of support required for the children with disabilities as well as the main areas of disability that were evident within the centres.

Definitions of low, moderate and high support needs were identified by the researcher in the questionnaire. These definitions allowed educators to understand that for this research, low support needs refer to children only requiring small adaptations or modifications in experiences. Moderate support needs infer that extra assistance may be required to complete tasks and be involved in the service. Children identified as being high support needs require assistance to have their needs met. Educators were asked to indicate how many children had high, medium or low support needs. As seen in Figure 4.8, the results from the questionnaire identify that low support needs were fewer (20%) than high support needs (37%). Given this unexpected finding, the questionnaire responses were examined in more depth during interviews with educators. These results are explored later in this chapter. The responses from educators will be explored further during interviews, as the perceptions of support needs may differ from one setting to the next. It would also appear that the definition of high support needs may have been confusing. This will be explored further in the discussion chapter.

![Figure 4.8 Level of support needs](image_url)

Figure 4.8 Level of support needs
Data were also gathered relating to specific areas of disability that were currently, and had previously been represented in centres. This is relevant to consider in this research, as it may be determined that educators require additional support to ensure effective transition for children with specific areas of disabilities into the early childhood education and care centre. Educators were directed to select from the following categories: behavioural difficulties, emotional difficulties, cognitive delay, language difficulties or delays, difficulty communicating, mobility restrictions and sensory impairment. Other areas identified by educators included ASD, Down syndrome, medical issues, being tube fed, Foetal Alcohol Syndrome, global delays and Prader Willie syndrome. Figure 4.9 indicates the numbers of responses for each category of disability. It is important to note these cannot be added to reflect the total number of children as many children were identified as having multiple areas of disability. Therefore there is no one-to-one correspondence of the number of needs identified and the number of children and as such, this figure is not represented in percentages.

![Category of disability currently enrolled](image)

**Figure 4.9** Category of disability currently enrolled
Educators were asked if they had ever had to refuse or terminate the enrolment of a child with disability. Only one educator stated she had, and the reason was that they did not feel they could meet the needs of the child. This response was given in an anonymous questionnaire as the respondent did not agree to an interview. Therefore, further exploration of this response was not possible.

The remaining questions addressed specific elements relating to the transition process. Responses regarding whether the communication between parents and educators was open and honest were generally positive, with 32 positive responses and five negative responses recorded. A number of reasons were identified for communication successes between educators and parents. Educators believed that most parents explained the child’s needs thoroughly and seemed eager to inform the centre. “I find that parents are very keen to share information about the child so the service can be as informed as possible to best meet the needs of the child” (EQ24). Another reason cited by educators was that a comprehensive orientation by the centre ensured that families were free to ask questions. Educators felt they were open with the families, treating them equally regardless of disability, and communication diaries being used between service providers assisted in ensuring a positive transition occurred.

Educators indicated that the biggest barriers to effective communication arose when parents were either in denial about their child’s needs, or that they were unaware of the extent of the child’s needs. “Some parents preferred not to discuss anything and in some cases appeared to be in denial about any problems their child was experiencing” (EQ16). Educators identified that parents need to be open and honest with them, and the primary reasons for ineffective
communication were perceived by educators to be a result of parent understanding about the child’s needs.

Question 10 asked if the educators felt transitions into the service were satisfactory. All educators agreed that transitions were satisfactory. However, the following two questions asked ‘If yes, what made the transition satisfactory?’ and ‘If the transition was not satisfactory, please explain why’. When exploring responses, it would seem these two responses could be combined to identify factors which contribute to positive transitions.

When considering the main reasons for satisfactory transition, the questionnaire provided a range of options described by the researcher from the literature. To elicit additional responses, an ‘other’ category was also included. Reasons listed for positive transitions included having individual meetings, construction of Individual Education Plan, enthusiasm or interest of educators, parent explained additional needs thoroughly, parents were willing to discuss child’s needs and open communication. Figure 4.10 visually represents the number of responses for each particular criterion listed.

![Figure 4.10 Reasons for positive transitions](image)

**Figure 4.10** Reasons for positive transitions
In addition, other reasons such as communication books, support from external professionals, links to other organisations, transition visits prior to full enrolment, and provision of materials and equipment were cited as being important.

Despite all responses indicating transitions were satisfactory, there were reasons listed by educators to explain why the transition was not satisfactory. Again, it would appear that while in general the transitions were rated as being satisfactory, there were additional considerations educators had identified that would improve the process of transition into the early childhood education and care centre. Reasons listed by educators as to why transitions were not satisfactory related to parents withholding necessary information, or parents preferring not to discuss their child. “Some parents just don’t give you much information at this time. One parent did supply reports and diagnosis information but then staff had to read this to try to make sense of it. She could have explained more” (EQ8).

The remaining questions related to perceptions regarding what may have assisted the transition process. Of the choices presented, more open communication was cited the most frequently. This was closely followed by educators having more knowledge about inclusion, discussing appropriate visuals, and implementing a communication dictionary. Figure 4.11 summarises these responses.
Figure 4.11 Strategies or processes identified to assist in success of transitions

The final question was open-ended, asking educators if there was anything else they would like to add. The comments made covered a range of areas, including the importance of making time for meetings, visits and relationship building. One educator commented on the need for ongoing training within the centre, “Having training for staff on a variety of issues that children are affected by such as illnesses would be good, not just behaviour management techniques” (EQ23). The importance of early intervention was mentioned, as well as the need for parents to know about resources available. One educator believed that difficulties can arise relating to inclusion due to affordability, as well as educating other parents and families within the service.

*It can be difficult having children with additional needs in our service due to staffing ratios and affordability and educating other parents/families*
within the services about the needs of the additional needs child and the impact it can have on other children. (EQ31)

It was mentioned that all educators need to remain informed, as “Keeping staff informed and trained would assist in willingness to enrol children with additional needs” (EQ2). Funding issues were also raised. “I think more services should have children with special needs, but support and funding should be made relatively easy and funding approved within 5 days of applying” (EQ12).

Finally, participants were asked if they would consent to an interview to elaborate and clarify questionnaire responses. Of the 37 questionnaires received, 22 participants completed their contact details and consented to an interview. As outlined in chapter three, ten participants were selected for individual interviews to maintain balanced perceptions from educators and parents.

4.5 Educator interviews

From the ten individual educator interviews, common themes emerged from responses which will be discussed below.

All educators who participated in the interviews had either recently, or previously enrolled children with disabilities. However, one educator commented that they had not had a child with a diagnosed disability for approximately ten years. This centre provides care and education to children while parents are studying. The educator who participated in the interview explained the majority of additional needs they experienced were related to culturally and linguistically diverse children (CALD), and sometimes challenging behaviours. She did comment that,
'I wonder if it might be hard to have a child with a disability and do a course. I don’t know if it has anything to do with it, but it just seems like we are a bit different to other places’ (E8).

The remaining questions determined a number of important areas, which included disabilities educators had found more challenging, educator attitudes to enrolling children with disabilities and possible reasons, processes and procedures educators had participated in during the transition process. Other things that emerged were educators wanting to know more about including documents they may be able to use, experience with communication with families and ideas on how to improve this communication, In addition, they were able to identify any other issues they wished to raise or comments they wanted to make. Each of these areas will be explored individually below.

4.5.1 More challenging disabilities.

Educators were asked to describe areas of disability that provided more challenge to them. The responses were clustered into four themes:

- high support needs;
- parents not acknowledging their child has a disability;
- children without a diagnosis; and
- challenging behaviour;

Nine out of ten educators identified a number of elements which can be categorised into high support needs. High support needs imply both breadth — including multiple or interrelated needs — and depth of need, which relates to the level of intensity (Rankin & Regan, 2004).
High support needs included medical issues, feeding concerns, and mobility restrictions. Medical needs were mentioned as providing a challenge, as many educators felt that they challenged their duty of care. They explained the level of responsibility in relation to medical needs can be overwhelming, with the educator role bordering on nursing. One educator stated, “You feel very responsible and it is scary. If something goes wrong, do I have the skills to deal with it?” (E5). Other educators agreed that medical needs were definitely outside their area of expertise and knowledge, and it was a challenge to determine how competent they were to deal with these issues.

Feeding issues were mentioned by a number of educators. One educator identified that coming across a child who required tube feeding was quite confronting. Another educator commented on a child with multiple disabilities who was orally fed but required significant support. “I wasn't sure if I was choking him or feeding him and I found it really distressing because I didn't know if I should still be trying to put this food in when he seemed like he is choking” (E6).

Two educators believed that mobility restrictions were physically and emotionally challenging. One commented that when a child presents with severe cerebral palsy, there are challenges with the equipment they require, as they use a wheelchair, or require particular seating. “We had one child with severe physical issues. He was hard to move, hard to lift. When we had to change him and get him on to the change table, it was really hard work” (E1).
Parents not wanting to admit or acknowledge their child has a disability were also highlighted as being a significant challenge for educators, with 7 of the 10 respondents mentioning this.

*One mother was like ‘No – there is nothing wrong with my child’ and she spoke to every staff member – quizzing everyone to try to get someone to agree with her I guess, then would all the time be telling us all the things he did at home.* (E2)

It was acknowledged by one educator that it sometimes seems that parents just cannot accept that their child has some sort of disability, and it takes persistence on the part of the educator while the parent develops this acceptance.

*It was a really long time with one family – probably eighteen months that it took... finally, what it took was the D & A (Diagnosis and Assessment) team. So we had been trying to talk to her since they started but she wasn’t convinced. Funny though, once she found out, she did say ‘I kind of knew anyway’.* (E7)

The lack of awareness from some parents often meant that the educator was the first one to mention the difficulties being experienced by the child.

*We are very aware that we might be the first to mention their child is showing some signs of some sort of delay or developmental difference, so we would approach that in a very sensitive way.* (E3)

Six educators reported that children without a diagnosis provided an additional challenge. Without a diagnosis, educators found it difficult to know where to start. ‘*We had a little boy who had not been diagnosed. We had no idea what*
was wrong with him for a long time and that was really hard” (E1). The challenge for educators when there is no diagnosis is the feeling of not understanding the child. “When is it an unknown, it is a bit of a guessing game” (E2).

Some of the educators identified the issue relating to a lack of diagnosis was that, in many cases, parents are having difficulty acknowledging or admitting to the child having a disability. This can put a strain on a developing relationship. “It is really about preserving the relationship with the parents - to then be able to suggest they get a diagnosis might be beneficial” (E3). Another educator commented:

> It is frustrating when you know there is something not quite right and they (parents) are not willing to go and get it followed up. Well – there is not much you can do about it really. You are fairly limited. I mean you still work with them and try to cater to their needs but there are no other professionals to liaise with about the child, there is no funding and you are sort of flying blind. (E9)

Educators highlighted that funding guidelines and restrictions require children to have a diagnosis. The lack of available funds when there is no diagnosis was identified as difficult for services and created additional challenges for educators within their existing workloads. One educator commented that when the centre is not receiving funding for a child, “it compromises a child’s experience and the other children, and the other staff. If a child is under-funded for what they need, it affects their full participation” (E5).
Four educators commented on the impact challenging behaviour has in the service. All mentioned safety issues that relate to managing challenging behaviour within the centre. “It is the most difficult to manage in a safe environment and sometimes the most difficult to understand” (E2). Another educator commented, “Non-compliance in behaviour is definitely our biggest one because they are more aggressive and you are dealing with risk management and if people have not had experience with violence, it can be very stressful” (E7).

4.5.2 Educator attitudes.

Educators were asked to describe whether they felt educators in the service were positive toward enrolling children with disabilities, and the reasons for these responses. The respondents all agreed that in general there was a positive attitude. However, these responses would be expected from willing participants. A number of reasons were given for positive attitudes, but also a number of variables were identified which impact on this positive attitude. Each educator identified at least one of the variables listed below, with all participants citing more than one. The distribution was relatively even, with all being identified as very significant influences on attitudes of other educators. These include:

- Balancing or sharing the load.
- Confidence.
- Training.
- Support.
- Experience.
Balancing the needs of the child with the disability and the needs of other children in the centre was identified as being really important. It was also identified that you need to ensure you can provide appropriately for each child. One educator identified, “There is no resistance from staff, but we do need to make sure we balance everything for all the children” (E10). This was supported by another educator who believed a balance was essential to be able to cater effectively for all children.

There is certainly no resistance to enrolling children with special needs. I think we do need to balance out what we can handle for the best interest of the child really, because there is no point in having more children with special needs than you can properly cater for. (E4)

Sharing the load between educators was cited as being essential in managing children with additional needs. One educator commented, “Our staff are positive, but we do make sure we rotate educators to share the load” (E3).

All educators identified that confidence was a big issue in relation to how inclusive the educators were. It appeared that a number of educators felt that some people within the centres were not confident in their ability to manage children with varying levels of support. Typical responses from educators included statements such as, “Confidence and competence seems to come from training and experience” (E2). Another educator elaborated on this response, “If people haven’t had any training, or they don’t have any experience, there are definite differences – they lack confidence, and sometimes competence” (E7).
Training was identified as being a significant factor that contributed to the attitude of educators. One educator commented that, “More qualified educators seem to take on a greater role” (E2). Another educator agreed that the most important thing was “Training – always training” (E7). The issue did not seem to relate to initial training, but instead, ensuring that training continued to respond to the changing needs of the children, families and the centre.

The level of support received by the centres was identified as being an important factor in the attitude of educators. “We need to make sure that everyone provides support for educators who are in the more challenging roles” (E4). Four educators were in centres that were part of a larger organisation. All four believed that their centre had a very positive attitude toward children with disabilities, which they attributed to the support from their organisation. “Staff are very positive – being part of a bigger organisation though means we know we can get support” (E2).

The final factor that was identified by educators as being significant in staff attitudes was experience.

Without experience, you probably do look at it (including child with disability) and find it a bit threatening in a way because you are not sure if you are going to be able to do the right thing by the child. (E10)

There was significant support of previous statements regarding the impact of one person with a positive attitude as a role model for others. It was identified that having someone with more experience is definitely positive for less experienced educators, as they can observe practices of more experienced educators. This can
lead to development of skill and experience which has a significant impact on the educator’s attitude toward children with disabilities.

Having those experienced people is helpful, and I think reassuring for young people coming through who are less experienced, because they can model the interactions and behaviour management and all those things. Over time the staff build up capacity. (E5)

4.5.3 Processes and procedures for success

Educators were reminded of the questionnaire and the section that related to things they feel would contribute to the success of transition of children with disabilities. Overwhelmingly, developing a positive relationship with families was cited as the most essential, with a positive attitude of educators a very close second. Other responses included being flexible to ensure that each child is viewed as an individual, and the transition can be tailored to what suits each child and family. Accessing funding was identified as important to be able to provide required support for each child and family. Other factors identified by educators as contributing to a successful transition were having support within wider organisations, and being able to liaise with other agencies to develop knowledge and receive guidance. Ongoing training was identified as being essential, and each centre having policies to support the inclusion of children with disabilities.

Building positive relationships with families was identified as being essential. Some specific strategies were described which included helping parents realise you are on their side, being sensitive to families, thinking about the way you speak with parents, and encouraging visits to the service prior to enrolment. One
educator summarised her experience by stating, “I must say one thing is definitely the rapport we establish and the time that the family can see us putting in to communicate and develop a relationship with their child” (E2).

Encouraging visits to the centre allowed the parents to feel comfortable before the child began at the centre. Some centres believed that providing parents with this opportunity allows the parent to develop their confidence in the centre. One educator commented that allowing children to transition slowly into the service gave parents, as well as the child, the opportunity to spend time getting to know the service. “We have quite long, slow transitions and get them to visit a lot before they start. We will visit at home if that is something they want” (E3).

All respondents identified at least one of the following to assist in the transition process. They identified it was important to find out what parents want, use the parents as a resource, and engage in informal discussions and formal meetings such as IEP meetings. It was also identified that it is essential to provide information to parents and be sure not to try to diagnose. One educator explained that they (the educators in the service) spend a lot of time observing children to identify strengths and interests, but also to be aware of any areas the child is having difficulty with. She did believe, however, that educators must be careful not to contribute to the stress of parents by insensitively discussing concerns. She stated, “It is not up to us to just go and disclose concerns to a parent unless we have spent some time building up that picture” (E3).

The attitude of educators was identified as having a significant impact on the child’s engagement and the parents’ comfort in the centre. Specifically, educators identified the importance of all educators working together and supporting each
other. Three educators believed that having one positive person in the centre could lead to other educators being positive. She explained, “It definitely helps when someone says ‘yes – we can do this’. It helps other people feel like maybe it isn’t going to be too hard” (E4).

Flexibility within the early childhood education and care centre was identified as being significant, with an educator stating that you need to be flexible to meet children’s needs. She explained that sometimes they have to reassess routines to ensure it suits all of the children in the centre. She explained, “We would love to have a roving morning tea and have done before, but we can’t do that now because we have an epi-pen child and we need to watch exactly what is eaten and when” (E3). It was identified that each child needs to be viewed as an individual and attempts should be made to meet his or her needs.

To assist a child to be engaged in the service, one of the educators mentioned that children should not be set up to fail. Being realistic about what the child requires was identified as important so all children can achieve. This can be particularly relevant for children who may require some sort of visual support. If the child requires Augmentative and Alternative Communication (AAC), these need to be incorporated into the centre in a natural and inclusive way.

Funding was related to a number of other issues for centres. Without a diagnosis, the ability to access funding is limited. There can be significant delays in accessing funding for children with a diagnosis. “It can be really hard to cater properly for the child when you haven’t been able to get any funding yet” (E5). One centre identified that there were often insufficient funds. “The funding is
disgusting. We only get 5 hours @ $15.95 per hour. For the work people do with children with challenges, that is just disgusting” (E1).

The opportunity to engage with a range of other professionals was identified as having a very positive impact. The specific strategies identified by educators related to visiting other professionals, and creating networks by encouraging people into the centre as well. One educator commented that educators can benefit from attending appointments if the parent is in agreement. She stated, “It helps us if the parent will let us go to a paediatrician appointment so we can listen, talk through our fears and learn how we can accommodate the child. That can all go into the plan” (E3).

Encouraging other professionals into the centre allows educators to learn appropriate strategies to support the child. “Inviting the child’s physio into the preschool helped us to learn appropriate strategies to use” (E9). Creating connections with other teams or professionals was also identified as important for having the best opportunity to meet the needs of the child. “I do try and invite as many other people that are involved with that child as possible or sometimes they will invite me to their meetings” (E10).

Positive relationships between management and educators were identified as being important. Educators felt it can be challenging for them when they are trying to convince their committee about the importance of meeting the needs of the child. “I am still struggling with getting through to the committee and this is important because they are ultimately the ones who influence the parent body” (E9).
Being part of an ‘umbrella organisation’ was identified from someone in one of these organisations as being really essential to the level of support received. “The support we get [from our organisation] is definitely valuable” (E7).

Training was overwhelmingly identified as being an essential characteristic of managing a child with disabilities within the service. “Professional development really does help. You feel a bit more empowered” (E5). It was also identified that despite initial training, you must be aware of your limitations. “Sometimes you have to realise that even with experience you come across something you don’t know, and need to learn about” (E1). The training comments did link to attitude, however. One educator commented that “if you are open to learning, that is probably more important than your initial training” (E1).

Having policies in place within the centre was identified as making it easier for everyone to understand the priorities and guidelines of the centre. “It is a matter of making sure policies are in place, and also everyone being able to read that policy, understand it and interpret it to other people” (E9).

**4.5.4 Processes to include during initial contact.**

Educators were asked to identify processes they believed would be beneficial to include during initial contact. Responses addressed a number of different processes. These included establishing if the child has a disability, taking time to talk to parents and asking parents about their concerns. Additional responses included reassuring parents that the centre has resources to support the child, long slow transitions, and asking parents how much they want to share.
All ten educators felt that being aware of a disability from the beginning was important, so developing this knowledge during initial contact was helpful. One educator commented that they request parents complete an initial form when they apply for enrolment, which asks whether the child has visited a paediatrician in the past twelve months, or if the child has had any assessments in this period. A following question asked directly if the parent had concerns they would like to share. The educator found this to be really valuable, as “nine times out of ten the parent will tell us something then I call them. When they come in I can say ‘Now you wrote such and such’ and it means it is their concern I am going with” (E3).

A number of educators commented that many parents are nervous when they first bring their child to the centre, but this can be much more overwhelming when the child has a disability. Educators felt it was important for parents to feel comfortable and initial visits were a good way for this to happen. “The visits are so important because you develop a sense of trust prior to the child enrolling. You get to know the families and the child as a unit so you can support them” (E4). One educator felt that being direct with the parents as soon as they identify a disability helps to put them at ease.

On first contact the question is asked whether their child has any additional need or disability. If it is acknowledged at that point, I say ‘Well, as a community based preschool we have the resources to provide additional staff for that, and we want to provide anything your child might need’. (E9)

It was identified that sometimes parents are already linked to a range of services, but in many cases if the child is young, the parent has not been able to develop a
lot of connections. One educator explained, “*We have a lot of really good connections with other services. We explain to the parents we can link with others as well*” (E3). In another situation, a parent was only just acknowledging there could be a problem, so the educators assisted by explaining what they would do in the service, but also “*We put him on to speech, we sent the dad to the paediatricians – you know, full on, trying to get more for that child*” (E1).

It was recognised that some children may not be able to initially manage a full day in the centre. In these cases, it is not suitable for the child to start straight away with full-day attendance, but instead may require just a couple of hours. All educators indicated that it was reassuring for parents to be able to spend time in the centre so their child could get to know the environment prior to being left for the whole day.

*Let them visit – there is no obligation to visit for any amount of time, it’s just whatever you do for as long as you can. They might stay for half an hour, or stay for three. People can come in and just sit around and there is no fee for that. Some people do it for months, and other people do a couple of visits and once they are comfortable in a setting and they get to know us a bit better then they are ready to start to leave their child.* (E6)

All educators also agreed they would be happy for parents to leave their child for a shorter period of time to start if they preferred, however, all but two were required to charge full-day attendance even if the child attended for a shorter day. One centre stated, “*We only charge people for the time they attend if they need a slow transition – that often makes them more comfortable doing it*” (E3).
It was indicated by a number of educators, that respecting the amount of information a parent wants to give you is important. According to one educator, the parent will often want to tell you a lot about their child’s disability, but there might be things they do not want to talk about. Another educator commented that parents should only be expected to tell you what they want to. In relation to the way to share information with parents, educators all agreed that establishing this from the parent’s preference is important.

One little girl we had last year – her mum was really big on emails. We often used to drop her emails as simple as – you know, what her child did that day, or there’s a new message in her book, or we had a visit from a therapist. (E2)

Another educator commented that sometimes the parent thinks they want to share information with a communication book but then does not really use it. She went on to explain that even with good intentions, parents sometimes use the book as one-way communication and they do not contribute to it. “One mother doesn’t really communicate back to us in the book but we still give it to her, we still show it to her when she comes in” (E9). It can be important to look at the big picture and modify communication strategies as required. “One parent we have wanted to write in a diary, but I find word of mouth works better. She is going through a stressful time and that personal approach is better than just a piece of paper” (E2).

These responses were based on the educators’ responsibilities, both in relation to their own role, and the importance of developing positive relationships with families. One response explained that all educators need to be realistic, both in
what they feel they can achieve and what their previous knowledge is. It was identified by four respondents that reading up on the area of disability helped to facilitate better transitions. A number of key processes relating to establishing relationships with parents were identified.

4.5.5 What educators could learn more about.

Educators identified a number of areas they would like to continue developing within. These can be categorised into three themes: documents, finding out who can support them, and having the opportunity to liaise with other services a child might access.

When discussing which documents might be useful to include, one educator commented that communication books would be a useful inclusion for her centre. “A communication book could help to keep communication channels open” (E9). Another educator admitted that communication dictionaries were something they were unfamiliar with, but could be helpful. “We don't know much about communication dictionaries but they sound like they would be useful” (E10). A number of educators believed that asking parents more about a child’s disability would be useful, as being more aware would assist in the transition process. One commented that, “Forms for families to fill out could give us more information” (E6).

A feeling of being isolated was identified by one educator who believed that sometimes not knowing how to access support prevented the transition being as efficient as it could be. “Sometimes you feel a bit isolated and wonder who can help” (E2). In support of previous comments, a number of educators who were
part of a bigger organisation believed they had the opportunity to gain support through their organisation. One educator expressed concern that other ‘stand-alone’ services may not have the same opportunities for support. “Services that aren’t part of an umbrella organisation need someone to be able to go out and help them be realistic about what they can offer and what help they need” (E4).

Liaising with other services a child might access was identified as important. One educator commented that inviting other providers to a meeting would assist in being able to collaboratively identify goals to meet the child’s needs. “We try to organise a meeting where other support agencies can come and contribute to that” (E10). At times, especially for a child with high support needs, the team of people providing support to a child can be quite extensive. One educator believed that inviting everyone to contribute would provide a more comprehensive understanding of how the child is functioning. “We had one child who had sixteen people that the child had to see - it would be good to get in contact with those other providers to help us in the centre too” (E5).

4.5.6 Communication with families.

Educators were asked to reflect on positive communication strategies they had used with families. In addition, they commented on improvements that could be made to the communication process.

Educators identified that having a positive attitude, and establishing rapport with families, are key to good communication with families. This positive communication provides a solid foundation for the relationship required between educators and parents. “Communication must be suited to the family, whether it is
through emails, or booklets – making sure these are tailored to the way the family wants to use them but don’t forget daily chats” (E2). Another educator commented that both formal and informal meetings were necessary from the start. “If you are just having information visits, you don’t necessarily get down to really talk about things” (E4). Discussion occurred around the importance of having formal meetings. It was identified that organising IEP meetings early on supported both parents and families. “Ideally the IEP is done early on so the parents can contribute to that but having it done early helps us to get a lot of knowledge from the parents too” (E10).

Educators identified some documents that would support the transition by enhancing communication. One educator uses photo booklets which are given to families on enrolment with photos of educators and the main experiences that will be available throughout the day. “Having their own little booklet and being able to work through that to identify staff. It gives them a sense of belonging and I think that is really important” (E4). Another educator used a similar document they call welcome books.

_We regularly do welcome books for children where we have photos of all the staff or photos of different things depending on the child. And they can share that with grandma, ‘This is my new preschool’, maybe mum would need to verbalise for this. We use welcome books a lot._ (E5)

All educators believed that the most essential thing is developing a relationship with the family. Regular, honest communication was identified as being important, which included sometimes telling parents when their child had experienced distress or difficulty in participation. However, it was also identified
that helping parents to celebrate small successes for their children can be a very positive way to build a relationship and increase communication.

The final section provided a number of additional responses that had not been previously addressed. One educator identified that their centre had a high number of families who are Culturally and Linguistically Diverse (CALD), which she believes may make it difficult to determine if the child has a disability, particularly one that impacts on communication. The educator commented, “If a child had a language delay, we might not know that if the child does not speak English” (E8). The educator commented this is where liaison with additional agencies, such as the Illawarra Multicultural Service (IMS) or a refugee support agency would be valuable links.

Another educator felt that it was essential not to pass judgement on families. Discussion occurred around this with four other educators. It was discussed that irrespective of individual circumstances, every parent has the right to their child being in the service. One educator commented that “They (parents) should be afforded the same respect and right as everyone else” (E1). Another educator made a similar comment,

*It’s about not passing judgement. A child who was maybe here very early and left here until very late – we have 12 carers, but there’s maybe only one at home with two or three other children. They have the right to have a job, or even to have a day to themselves.* (E2)
Communication between educators is absolutely essential. “We come together to talk about issues all the time. I think if you’ve got a staff that was disjointed who didn’t talk, it would just be a disaster” (E1).

The final things that were identified were things that the educators thought would help them. These included developing a kit with numbers for speech, occupational therapy, or other therapies, providing information about support groups, Illawarra Communication Service (ILLCOS), and other local services. The educators commented that this would ensure they were able to direct parents to services that may benefit them or their child. An orientation checklist was also identified as something that would assist to ensure that the educators were completing all tasks or procedures to assist in successful transition.

This chapter explored the findings from both parents of children with disabilities and educators from early childhood education and care centres. Findings were outlined for the questionnaires, as well as the focus groups conducted with the parent participants. Parents outlined reasons they believed contribute to positive transitions into early childhood education and care centres, as well as ways the transition could be improved. Parents unanimously felt that educators needed to be responsive to the needs of an individual child and family, and that feeling their child was valued and included was essential.

Responses from questionnaires collected from educators were collated and explained. Questionnaire responses included information about areas of disability educators had experience with, and information that addressed success of transition into, and inclusion in their education and care centre. Individual interviews that were conducted with ten educators were reviewed and content of
responses explained. Questionnaire responses were elaborated and discussions occurred around areas of disability that were challenging to educators, educator attitudes to enrolling children with disabilities, and possible reasons for these attitudes. Training, experience and confidence were highlighted as essential in the promotion of positive attitudes. A number of processes and procedures were discussed that educators had participated in during the transition of a child with a disability, things educators wanted more information about, and the crucial role of positive communication with families. This information will be discussed in chapter 5.
Chapter 5: Discussion

5.1 Introduction

This study aimed to explore parent and early childhood educator perceptions relating to the process of transition for children with disabilities into early childhood education and care centres. The study was guided by the question, “What are the issues involved in the enrolment of children with disabilities into early childhood education and care centres, according to the perceptions of key stakeholders?” To gain perceptions of parents of children with disabilities and educators within early childhood education and care centres, representatives from both groups of people were included in the study. Sub-questions related to experiences of access and enrolment into early childhood education and care centres for both groups. This discussion chapter will explore the responses of the parents of children with disabilities and the educators within early childhood education and care centres. These responses will be synthesised, with similarities and contrasts in opinions being addressed. This information will provide a foundation for the final sub-question which related to the perceptions that these key stakeholders hold in relation to facilitating a smooth transition for children with disabilities into early childhood education and care centres.

In this chapter, the results are discussed in relation to relevant literature, as well as addressing the relationship to Bronfenbrenner’s Ecological theory, which is the theoretical framework for this research. A number of key themes were identified in the results section that will provide a foundation for this discussion chapter. These included initial concerns both from parents and educators, factors that
contributed to a positive transition experience, negative situations that have occurred, and reasons for those. In addition, discussion occurred around ways to improve this transition and what could contribute to making this a more positive experience for all involved.

5.2 Making the decision to enrol

A major finding from the data collected from parents of children enrolled in early childhood education and care centres was that the decision to send their child to a centre was an ‘emotionally draining’ and stressful experience. Even without considering whether one particular centre would meet the child’s needs, they all identified that they had struggled with a ‘Will I? / Won’t I?’ dichotomy of whether or not to enrol their child in an early childhood education and care centre. The parents who had not yet enrolled their child in an early childhood education and care centre agreed that the decision was extremely difficult, and even before starting to consider centres as possibilities, there were a number of issues to consider. Initial concerns for parents were, for many, embedded in their minds, long before even approaching a centre.

Adjustment to living with disability, as well as concern about community perceptions, were significant considerations for families. While a family may have had a number of years to adjust to living with disability in one of their children, they may also have experienced events or perceptions during this time that have made them reluctant to enrol their child in an early childhood education and care centre. For example, a parent may have had a negative experience with
their child at a local playgroup, or even in a shopping centre, which left them with a negative feeling about their child being around other children in a mainstream early childhood education and care centre. This does not mean they are wanting a ‘special school’ environment, rather that it may be easier for them to just keep their child at home than having to address challenges that may arise from enrolment in an early childhood education and care centre. Parents may feel anxious that people may not understand their child if the child was unable to express themselves in the traditional way. In this research, a number of parents had concerns that their child was not able to communicate adequately enough to be left with unfamiliar people.

Mobility issues were also identified as a concern for parents in this research in relation to their child attending an early childhood education and care centre. As a result, parents often chose to have a child cared for by a family member or remained at home with their child themselves. This current research study supports previous research, which identified reasons for parental reluctance to send their child to a centre. The primary reason was a concern that educators would not know how to support their child’s specific needs (Booth La-Force & Kelly, 2004; Llewellyn, Thompson, & Fante, 2002). Other reasons identified as being a concern for parents included the ability to find good quality care to start with, including whether the parents could have confidence in staff, what the cost would be, whether special equipment needs would be addressed, how far away a good quality centre may be, and transportation issues to get there (Booth La-Force & Kelly, 2004; Llewellyn, Thompson, & Fante, 2002). The anxiety parents may
experience would appear to be justified in a number of cases as educators also agreed that the more complex needs of a child increased their level of anxiety.

A number of parents who participated in this research explained their anxiety when first separating from their child. For many parents, the opportunities for leaving their child with babysitters, or even family and friends, can be limited by the support needs of the child. This often results in the parents having had less time away from their child than had many parents of children without disabilities. It was reported that transition into an early childhood education and care centre can be an exciting time, but also an overwhelmingly emotional experience. Separation can be difficult for both children and their parents, and this is not limited to parents of children with disabilities. As early childhood education is non-compulsory education, some parents may not feel ready to separate from their child, and can justify not having to separate by believing the child will receive the best quality care at home.

However, the whole premise of early childhood education and care centres is not just about respite for the parents, but about the extensive benefits of early education for children. Some parents may question the value of prior-to-school education as, being non-compulsory education, mixed messages may emerge. Extensive research over the last decade, however, reflects the lifelong impact of high quality education and care for all children, including children with disabilities (Betts & Lata, 2009; Buysse & Bailey, 1993; Frankel, Gold, & Ajodhia-Andrews, 2010; Heckman, 2004; Lamorey & Brickner, 1993; Lindsay,
It would also appear to be beneficial for parents to understand how everyone benefits from enrolling children with disabilities. This is not a new idea. From the early 1990s, research has been conducted which supported the notion that whole ‘school’ communities develop a better understanding and acceptance of individual differences, and educators become more aware of individual differences in all children when diversity is represented within the group (Block, 1994; Guralnick, 1999; Lipsky & Gartner, 1991; Peck, Donaldson, & Pezzoli, 1990; Stainback & Stainback, 1990; Stainback, Stainback, & Forest, 1989).

It was evident from the responses by some parents in this study that they were aware of the benefits of early childhood education and care, and felt they ‘should’ send their child. This awareness can increase feelings of guilt at making the decision to keep the child at home. If the parent felt more reassured that people could cater for their child, could find an appropriate centre and believed that their child would be accepted, this decision may be easier to make. The opportunity to enrol their child in an early childhood education and care centre would also allow the parent to return to work if they so desired, or have time to pursue other interests. While this is not desired by everyone, many parents will experience this natural flow throughout their life as their child becomes older and more independent. For parents of children with disabilities, they may feel guilty for desiring this natural progression. More than one parent within the current research study indicated there was much more guilt about leaving their child with
a disability than they had previously felt with other children who did not have a
disability.

It was also evident from discussions with parents that, while new situations can be
overwhelming for anyone, when there are added concerns about acceptance and
‘fitting in’, this situation can become almost too overwhelming to consider.
Experiences parents have had prior to this will have a profound impact on their
comfort in approaching another new situation. For example, parents from this
research expressed that they sometimes feel judged by their own extended family,
and fear intolerance or discrimination from others. This contributes to their
reluctance to enter another new environment. If a parent finally approaches an
early childhood education and care centre, educators will need to be welcoming,
and help allay fears, or the parents may just choose not to go. While this may be
the case for all parents, irrespective of disability, the additional apprehension and
concerns only increase the anxiety and stress of the parents of children with
disability.

Recommendations from the current research, addressing this issue, would be
having a brochure for parents (given out by disability agencies) with information
addressing some of these concerns, and outlining basic benefits of early childhood
education and care. This would need to be in conjunction with an information
package for centres which will be discussed later in the ‘Recommendations for
practice’ section of this chapter.
5.3 Positive aspects of transition for children with disabilities

In this research study, parents unanimously agreed that educators being welcoming and enthusiastic was necessary, and that initial positive contact with the centre is crucial. The added anxiety parents of children with disabilities may be experiencing, emphasises just how important the response of educators is. Once parents have made the decision to actually go to an early childhood education and care centre, the initial contact with the centre is crucial in determining whether or not the family chooses to follow through with an enrolment. Meeting enthusiastic and helpful educators on this first visit will have a positive impact. However, the disposition of the educators was not sufficient to reassure the parents their child was in the right place.

Parents who participated in this research believed a number of factors contributed to them feeling secure in their choice of centre and their decision to enrol. The results of this research show that educators need to give parents time and opportunity to explain their concerns, as well as what they want their child to gain from the early childhood education and care centre. This response from educators reassured parents that the educators understand a little about their child, and lays the foundation that the educators are willing to work with the parents to meet the needs of the child. This finding supports findings from other research studies over the last decade, which found parents valued responsiveness and support from educators, and that caring educators who were open to working with children with disabilities were highly valued by parents (Bratel, 2003; Hurley & Horn, 2010). From the educators’ perspective, a parent being honest about their child had a very positive influence on the transition of the child into the centre, as there are no
‘surprises’, and strategies can be put into place straight away to ensure the child is supported from the beginning.

Another significant finding was that having a key person to identify with was important to parents. This key person gave parents a sense of security and familiarity, and allowed them to feel there was someone who always had the child’s best interest at the fore. It is not acceptable, however, that the key worker is the only person who has knowledge of the child. Liaison is essential between all educators to ensure everyone understands how to best meet the needs of the child. The key worker, however, can provide the family with a person with whom they can be comfortable and develop trust more quickly. The key worker is then responsible for ensuring all educators develop knowledge and understanding of the child as well, so all educators become more enabled and empowered as part of the team around the child (Davies, 2007). Confidence in educators has been highlighted in previous studies as significant in educator attitude toward inclusion of children with disabilities (Frankel, 2004). Parents may then develop more confidence in other educators as well as the key worker, as they see the other educators develop more confidence, experience and skills. This is essential, as previous studies have identified that parents often believe educators are underqualified, underprepared, and lack confidence in working with children with disabilities (Karlsudd, 2003; Simpson & Lynch, 2003).

Another key finding from the educators in this study was their view that when they were open with the families, treating them equally regardless of the children’s disability, a more positive transition occurred. Educators also believed
that positive transitions for children, families and the educators themselves can result from having individual meetings with families, which may include the construction of an Individual Education Plan. It would appear, then, that guidelines on how these meetings are conducted could be helpful in ensuring appropriate content is covered.

Transition was more successful when educators were willing to liaise with other organisations and practitioners with whom the child was already familiar. The linking to other organisations and practices may be more significant here, as some children with disabilities have a number of different service providers in their lives. Over time, the parents have hopefully developed trusting and supportive relationships with these practitioners. When these organisations or practitioners are involved in the early childhood education and care centre from the start, parents have more confidence that the educators will have a better understanding about the child. It is also reassuring to the parents that the educators are taking an active role in developing their understanding and expanding their knowledge.

The importance of the partnerships between family and early childhood education and care centres sits centrally within the mesosystem of Bronfenbrenner’s ecological theory (Bronfenbrenner, 1986), which was introduced in chapter two. Many children have strong links to support services or therapy teams, so these people are already enmeshed into the closest layers of the ecological theory. This is significant and is explored further in 5.7 – Summary of Recommendations for Theory.
Good communication between educators and parents arose as a recurring theme throughout this research, which supports findings from previous studies. Coultard, 2009, highlighted the importance of working within a family-centred approach, where communication is an essential component. Additional studies explored a range of issues relating to inclusion, and all identified communication between parents of children with disabilities and educators as being crucial (Chadwick & Kemp, 2002; Fenlon, 2005; McIntyre, et al., 2006). In addition, communication between parents and educators is a fundamental component of the EYLF (DEEWR, 2009).

A number of reasons were identified for communication successes between educators and parents. It is evident from the parent responses that open communication was perceived as the most significant factor in successful transitions. Tailoring communication to suit the family is essential for optimal inclusion in a centre and would support previous findings that the most effective early intervention is a system designed to support family patterns of interaction that best promote children’s development (Guralnick, 2000). It would appear that a comprehensive orientation which establishes the relationship with the family would be beneficial for all involved. In addition, transition visits prior to full enrolment, and the inclusion of initiatives such as communication books and communication dictionaries would lay the foundation for a more positive relationship and ongoing communication.

Clearly, educators having a positive attitude toward children with disabilities is essential to the success of the transition. In this research, educator participants all believed there was generally a positive attitude to children with disabilities within
their service. As this research is based on voluntary participation, this would be expected. It is less likely that an educator who is not positive toward children with disabilities would have chosen to become involved in this research. Parents who participated in this research, however, shared both positive and negative experiences. Some of the negative experiences parents recalled would also suggest not all services are as responsive as the ones that voluntarily participated in this research. This could be seen as a limitation to this research as it is not necessarily reflective of all early childhood education and care centre educators. This potential limitation will be explored further in the ‘Limitations’ section later in this chapter. However, it would be hoped the new National Quality Framework for Early Childhood Education and Care would have a positive impact across all early childhood education and care centres.

The National Quality Framework includes legislation, regulations, standards and frameworks. The introduction of the new Education and Care Services National Regulations, and National Quality Standards, implemented in 2012, led to more transparent guidelines on the requirements and responsibilities of educators. Specific statements address the dignity and rights of every individual child, with clear reference to additional needs (ACECQA, 2011). One of the key statements relating to the commitment to full participation of children with disabilities and their families, involves “enabling their (children’s) initial access as well as supporting their day-to-day participation in the program” (COAG, 2009b, p. 10). The Early Years Learning Framework outlines that educators must be aware of strategies used by children with additional needs to “negotiate their everyday lives” (DEEWR, 2009, p. 14). These legislative requirements would
lead to educators within early childhood education and care centres being compelled to state they agree with inclusion even if they do not. This guideline can then lead to challenges when the philosophical base of the educators does not align with the recommended practices.

Enrolment in a centre does not necessarily equate with inclusive practices that meet the needs of each individual child. Some early childhood environments may willingly enrol the child, but then do not meet the needs of the child. “It is in the engagement, not in the enrolment, that social inclusion occurs” (Grace & Trudgett, 2012, p. 11). In these circumstances, it would imply children with disabilities and their families are offered ‘pseudo-inclusion’, as identified in the literature review chapter, where the mainstream services enrol children but provide little or no support or resources to enable full participation (Cooper, 2010). For some educators, however, developing a positive attitude has occurred over time, as they were able to identify strategies they use such as working together to support each other – balancing and sharing the load, which supports the Early Childhood Australia Code of Ethics (ECA 2006). These are essential strategies to ensuring that positive attitudes are both developed before transition and maintained for successful inclusion on an ongoing basis.

This current research revealed that parents feeling welcome and teacher-parent communication were essential in ensuring the transition process into an early childhood education and care centre was successful. These findings contrast to a recent study in the US that found that parents feeling welcome and teacher-parent communication were cited by very few respondents, at approximately 4% and 2%
respectively (Glenn-Applegate, et al., 2011). However, both the US study and the current study agreed that parents were reassured by educators who were caring, stable and responsive to children’s individual needs. This appears to be a consistent finding, and one which would be expected. What is needed are clear recommendations and guidelines for educators in how to approach the initial meetings with parents to reassure them and facilitate open communication.

5.4 Challenges in the transition of children with disabilities

Challenges experienced by both parents and educators arose from not experiencing those positive aspects discussed in Section 5.3. The responses from parents and educators revealed that primarily each group ‘blamed’ the other for less successful transitions. Overwhelmingly, a lack of communication between the parents and educators is the biggest challenge for both the parents and the educators.

Educators, however, did identify the areas of disability which provided the biggest challenge for them. These included children with high support needs, challenging behaviour, lack of diagnosis or parents being unaware or unwilling to accept their child has a disability. Due to the complex elements of some areas of disability, and lack of experience of educators, it would be expected that high support needs would provide more challenge for educators and that they would be less frequently occurring than lower support needs. However, in the questionnaire component of the research, there was a confusing finding. Definitions of low, moderate and high support needs were identified by the researcher in the
questionnaire; however, when indicating the number of children who would be placed in each category, the numbers did not reflect the expectation of the researcher. The results from the questionnaire identify that low support needs were selected less frequently (20%) than high support needs (37%). The definition given by the researcher for high support needs included that ‘Children identified as being high support needs required assistance to have their needs met’. It would appear that this definition created the discrepancy within the percentages, as many children across all levels of disability, and those without, often require assistance to have their needs met. As part of the method for the current study, the questionnaire was piloted and was reviewed by a number of people; however, the reviewers were all experts in the field, so had a good working knowledge of what low, moderate and high support needs would encompass. This is probably why no feedback was given on the potential ambiguity of these definitions. On reflection, it is clear that this description may have caused the unexpected results. Within the interviews with educators, when referring to high support needs, it was evident that they did understand the concept, and that the inconsistency outlined above was only evident in the responses to that one question from the questionnaire.

Additional areas identified by educators as being challenging were when children do not have a diagnosis, or if parents are unaware, or unwilling to accept their child has a disability. There were a number of reasons educators were challenged by this lack of knowledge. Although early childhood educators were aware of recognising each child as an individual, a child having a diagnosis can give the educator a starting point to research and develop an understanding of the
diagnosis, then consider the impact on a particular child. The lack of diagnosis can also leave educators managing a child without adequate support, as guidelines for funding often require a diagnosis. For example a diagnosis is needed to access funding through the National Inclusion Support Subsidy Provider (NISSP) (KU Children’s Services, 2013). Without the diagnosis, the child may not be able to get the additional support they, and the centre, require. A lack of diagnosis can also mean that parents are either unaware of a child having a disability, or they themselves are feeling lost. Parents being unaware relates to one of the most significant barriers to effective communication identified by educators. When parents were either in denial about their child’s needs, or when parents were unaware of the extent of the child’s needs, communication can be difficult. A diagnosis can allow for a common understanding as a foundation for the beginning communication between parents and educators.

The final area of disability that caused concern for educators was challenging behaviour. This supports findings of previous research which found that challenging behaviours of children with disabilities is rated by staff as one of the most significant sources of work-related stress (Robertson et al., 2005). It would appear that undergraduate courses address challenging behaviour, but may not be reflective of the intensity or frequency with which some children may demonstrate challenging behaviour. Inclusion of sufficient professional experience during undergraduate training may also expose pre-service educators to a wider range of experience. Educators may benefit from ongoing professional development in this area, with a specific focus on practical strategies to assist in
challenging behaviour, for example, how to manage behaviours of children who have Autism Spectrum Disorders (ASD).

Educators identified that parents need to be open and honest with them, and the primary reasons for ineffective communication were perceived by educators to be a result of a lack of parent understanding about the child’s needs. Healey proposed that some parents cannot distinguish between the “unconscious wish for an idealized normal child from an unthinkable, sudden reality of one who is not” (Healey, 1997). This inability to distinguish between these links strongly to issues relating to unresolved grief. In much of the literature, the term unresolved grief is used interchangeably with chronic sorrow and chronic grief. In most situations where people grieve, they will at some point, develop emotional closure. However, for families of children with disabilities, the sense of loss can become easier, then manifest again at a transition point that would have occurred in the child’s life if there was no disability. The relevance of this parental sense of loss for educators within early childhood education and care centres, is that there is no one path toward acceptance of a child with a disability. Every family will be unique in their experiences, and there is no place for judgement or speculation. Early childhood educators must ensure that every family is respected as an individual family, and be aware that families of children with disabilities may be in very different stages of acceptance of their situation.

During initial contact with early childhood education and care centres, it would seem some parents are reluctant to fully and honestly explain their child’s disability. There are a number of reasons parents may not give much information about their child’s additional needs. Giving detailed information about their
child’s disability can sometimes result in parents feeling the disability is all encompassing. While disability is one part of the child, and may impact on a number of aspects of the child’s life, the child does not need to be defined by his or her disability. Some parents may feel giving too much information will result in their child being ‘pigeon-holed’, or defined by the disability.

It would appear, however, that some parents are defensive, which can be interpreted negatively by educators who may feel parents are not being honest. However, parents may fear discrimination and rejection, particularly if the child has high support needs, or complex disabilities. From the onset, some parents felt that attitudes and opportunities were different as soon as the word ‘disability’ or the term ‘additional needs’ were spoken. This perception ultimately springs from societal attitudes which may be less positive toward disability. These attitudes within society are a significant, and overarching consideration, which is reflective of Bronfenbrenner’s macrosystem (Bronfenbrenner, 1986), as outlined in the literature review chapter. The macrosystem includes societal attitudes, legislation for early childhood education and inclusion, and the values held towards inclusion. Attitudes can only improve through more education and less fear. Accountability and responsibility within early childhood education and care centres may also inadvertently lead to less acceptance of children with complex disabilities. While this practice goes against the recommendations in the regulations and national frameworks (as outlined in section 5.3), it also may result in educators being outside their ‘comfort zone’, being beyond their level of expertise, knowledge and skills, and fearing recrimination for making errors in caring for the child.
Another key finding in the research was that many educators felt they lacked the required knowledge about disability, and how to appropriately include children with a range of additional needs. Lack of knowledge by educators on disability and inclusion significantly impacts on the success of the transition into early childhood education and care centres. Undergraduate education courses provide some knowledge about working with children with disabilities. However, this is insufficient in many cases to provide adequate confidence to educators (Frankel, 2004; Shaddock, 2006). Many educators are worried they will appear to be discriminatory, or reflect a lack of knowledge, if they ask the parents questions about their child’s disability. However, not asking questions can lead to a cycle of ignorance and lack of awareness. Questions must be asked so knowledge can be extended, and confidence can subsequently grow. Again, further targeted and effective professional development should be undertaken if this cycle is to be overcome.

Parents within this study identified that educators being negative or educators dismissing parent suggestions made them feel uncomfortable. Parents unanimously agreed that being rushed out of the centre or feeling there is no plan for their child, made the experience difficult for both them and their child. It would appear that the centres where parents felt this way were not reflective of the National Quality Standards which state, “Respectful, collaborative relationships strengthen the capacity and efforts of parents and families and of early childhood education and care and school age care services to support their children and promote each child’s learning and wellbeing” (COAG, 2009b, p. 11). Having a key educator as described in Section 5.3 would ensure parents felt there was
always someone to go to, who was aware of the child and their immediate and evolving needs.

Another challenge for parents, identified in the focus groups, was feeling the pressure to develop resources for their child. The added expectation to create resources left some parents feeling that during their small amount of respite, they would have to focus again on the child with the disability. While parents can see the benefits of this, some felt it was unfair to pay for the child to attend the centre, but then have to spend the entire day creating resources for the centre to use. It is essential that educators consider the expectations placed on parents, and develop some knowledge of the processes and practices that may be useful to support children with disabilities.

It would be unrealistic for educators to have knowledge of all disabilities within the ever-increasing gamut of all needs. However, what it is important is that educators know where and how to access further information and support. The ability to access information allows the educator to find out information prior to their discussion with the parent, so some of the burden is removed from the parents. The crucial catalyst for the educator needs to be a positive attitude to fuel the desire to extend knowledge and experience, rather than a concern there is now a complex challenge to negotiate. While they may feel a little overwhelmed when a new situation arises, educators who have a positive attitude will explore how to approach this new situation. Educators who are able to view new situations as an opportunity will embrace the challenge; and the benefits will extend beyond the child and the family, but also to the educators themselves.
Both educators and parents raised concerns about current funding processes and procedures. Funding issues create a challenge for both parents and educators. Some parents felt pressured to sign forms straight away to apply for funding, which left them feeling the centre only wanted their child because they attract additional funding. While in some cases this may be true, it would appear from this current research that the educators are keen to get the process of additional funding started, as they feel they often cannot meet the child’s needs without the additional money. For educators, the process of applying for funding may be tiresome, and an additional task that needs to be completed before the child can be sufficiently included. For example, to access additional resources, or additional workers, further funding may be needed. Again, it would seem that communication would assist in clarifying this situation. If educators were able to explain the purpose of the funding, how it would benefit the child, and the difference it may make to the child’s experience, parents may feel reassured by this, rather than feeling defensive about it. Having guidelines in place on how to address this issue would be beneficial.

Within this research, attitudes of both parents and educators continually arose relating to a number of issues in the transition process. Attitudes of both parents and educators will have the biggest impact during the initial contact and transition process (Karlsudd, 2003; Kilgallon & Maloney, 2003; McGregor & Vogelsburg, 1998). The educators in the current study identified significant influences on ensuring positive attitudes toward children with disabilities, which included balancing or sharing the load; confidence; training; support; and experience.
Clearly the lack of these will result in additional challenges in the transition of children with disabilities into early childhood education and care centres. As predicted, “inclusion is more than a trend and it is likely that in the next few years more children with disabilities will be in regular child care and preschool classes” (Block, 1994, p. 49). Block elaborates that while many teachers found inclusion difficult and even frustrating at times, that the experience is really rewarding and some teachers comment that inclusion has helped them to be more aware of the unique needs of all children, and how to meet those needs. The opportunity to include children with disabilities then will impact in a positive way on developing confidence and skills. It has been argued that teacher attitudes are one of the most influential variables in the success of inclusion initiatives (Hastings & Oakford, 2003).

The current research confirmed findings from other research that reflected the importance of communication and positive attitudes from both parents and educators as the foundation to alleviate potential challenges. The findings from the current research led to recommendations for practice, for policy and for theory. Consistent to the approach reflected throughout the current research, recommendations will address both parents of children with disabilities, and educators within early childhood education and care centres. Information for educators on how to begin the process of inclusion positively could be combined with information in a parent brochure on approaching initial meetings positively.
5.5 Summary of recommendations for practice

The central message emerging from the findings is that for transition to be effective and successful for everyone, positive and open communication must occur between parents and educators. While this may seem like a straight-forward ‘solution’, it is an extremely complex concept. The current research illustrates that preparation for both the parents of children with disabilities, as well as the educators, would provide an optimal foundation for positive communication, essential for a successful transition to occur. Consequently, the recommendations for practice that arise from the current study, include the following:

- Brochure for parents.
- Information package for early childhood education and care centre educators.
- Opportunities for ongoing training for educators.
- Collaboration with others (between educators within the centre and with external organisations).

5.5.1 Brochure for parents.

In response to the key findings related to ‘Making the decision to enrol’, recommendations from the current research would be to develop a brochure for parents. This brochure would need to be written in a reassuring, encouraging tone to initially ensure a more positive response. Remembering that many parents would receive extensive paperwork from a number of agencies, this brochure needs to have a friendly and warm quality, rather than a clinical, seemingly
acrimonious one. The opening statements should reinforce that enrolling in an early childhood education and care centre is a big step and may seem overwhelming. This brochure should include a brief explanation of why early childhood education and care is beneficial for all children, irrespective of type or severity of a child’s disability. There need to be questions parents can ask educators, and what information the parents should share with educators and the reasons for that. In addition, a few points about things parents can expect should be included, which may include things such as funding, communication opportunities, how they can expect their child to be included, as well as a reinforcement that the parents are always considered the experts in relation to their own child. It is essential parents understand that every child is unique, and, as educators may not have a lot of experience with the way disability impacts on a particular child, educators would appreciate parents sharing information with them. This brochure would need to be available to parents before beginning the task of accessing early childhood education and care centres. This brochure could be available from places like Child Health Services and disability agencies.

5.5.2 Information package for early childhood education and care centre educators.

Earlier in this chapter, discussion explored the findings from the current research relating to the number of issues that arose for educators, and the impact of these on their ability to provide a solid, positive transition into an early childhood education and care centre for a child with a disability and their family. It is proposed that an information package for educators would be beneficial. This package would need to include:
• A brief introduction identifying the key elements from Education and Care Services National Regulations, National Quality Framework, Early Years Learning Framework, and Early Childhood Australia Code of Ethics that relate to inclusion, and the importance of ensuring children with disabilities have the right to be included within every early childhood education and care centre.

• General information for educators on how to approach families, what the families may be feeling, and feelings the educators may be experiencing, such as anxiety, apprehension and fear.

• Guidelines on how to ‘set the scene’ for positive transition into the centre.

• An orientation checklist, which would provide both the educator and parent reassurance that significant processes, procedures and policies have been addressed. For example, identifying what nappy changing facilities are available, and what the nappy changing process might be for a child who is four years of age.

• Ways to identify a ‘key worker’ to reassure parents there is always someone to go to, who is aware of their child and their immediate and evolving needs, which will assist parents in their own transition into an early childhood education and care centre.

• How to explain the purpose of the funding, how it would benefit their child, and the difference it may make to their child’s experience. This information about funding will allow parents to feel reassured, rather than defensive about it.

• Examples of forms for parents to complete to give permission for educators to contact therapists, or other providers the child has accessed.
• Examples of questions educators could ask to develop their knowledge.

• How to reassure parents and explain policy, procedures and practices which will support the child, such as embedded intervention (McWilliam & Casey, 2008).

• An example of a welcome book that could be developed to give parents to read with their child prior to beginning.

• When, and how to set dates for IEP, and other planning meetings.

• Suggestions on different ways that communication could be enhanced with parents of children with disabilities, such as communication books.

• Proformas, or templates for developing things like communication dictionaries (e.g. if the child does ‘x’, what does it mean?), and Individual Education Plans (IEP).

• Local contacts, such as therapy, support agencies for both parents and educators, and organisations that may benefit children, parents and educators.

It is essential that this information package is developed in a ‘user-friendly’ way, so information is comprehensive, yet accessible to all educators, irrespective of qualifications and experience. This information package needs to be presented in sections that are easy to find and read. Templates and formats for all specific documents should be reproducible, and also be attached in electronic format, or a link provided so they can be accessed electronically. This information package should be produced, and initially distributed to all early childhood education and care centres in the geographical area of this research study at no cost to the services. Distribution to all centres would ensure that the information is available.
to all early childhood education and care centres in this area, not just for a select few who chose to purchase such a document. If it was up to individual centres to purchase it, it could be assumed that those who already value inclusion may be keen to further develop knowledge. However, those early childhood education and care centres that do not understand the importance of inclusion, may not see purchasing such an information package as a priority. The availability of this information package is an essential component of this research, which links to the social justice foundation which will be discussed in the conclusion of this chapter. This research was presented to the Illawarra branch of the Early Childhood Intervention Co-ordination (ECIC) committee, who supported the importance of this resource, and have offered to cover the cost of printing and distribution for the Illawarra area once it has been developed. If implemented in the Illawarra region, feedback on the success of this information package could be sought to determine its usefulness. If successful, liaison could occur with organisations in different geographical locations around Australia to determine if the final section of local support services could be modified, then the package could be made available nationwide. In addition, Minister Andrew Constance recently announced a new two-year investment in early childhood intervention. One component of this is an Early Childhood Intervention Inclusion Project (Focus on Inclusion) which is a partnership between ADHC (funders) and ECIA NSW that aims to strengthen service capabilities in supporting children 0-8 within the community, through sector leadership and guidance (ECIA, 2013). This research should be shared with ECIA NSW to contribute toward these aims.
5.5.3 Opportunities for ongoing training for educators.

This research confirmed that ongoing training for educators is an essential strategy to ensure that knowledge is continually developed about children with disabilities, issues that surround children with disabilities, and ways to effectively include children with disabilities in early childhood education and care centres. The more information that is shared, the less likely educators are to feel isolated, and ‘out-of-their-depth’, dealing with issues they have not experienced or received previous education about. This sharing of information and experience could lead to a reduction in ‘fear-of-the-unknown’, and an opportunity to clarify concerns and have questions answered by a range of professionals. There are already some appropriate professional development opportunities through conferences by organisations such as Early Childhood Intervention Australia (ECIA), Australasian Society for Intellectual Disabilities (ASID), International Forum for Child Welfare (IFCW) and The National Investment for the Early Years (NIFTeY). This is not an exhaustive list, as there are a number of conferences every year in Australia, and internationally, which would contribute much to educators’ understandings. However, a significant barrier to attending these conferences is the financial impact on an early childhood education and care centre.

While it would be beneficial for centres to budget for attendance at a National or International conference, a priority for these benefits must have been established. It would seem that a more realistic and practical solution is to look for local, inexpensive opportunities for educators to develop more skills, experience and knowledge in relation to inclusion of children with disabilities into early
childhood education and care centres. This may also be possible through networking, either in person, or through an online format. Educators could share their experiences, their developing knowledge through conference attendance and experiences, and the skills they are developing. At this time, the Illawarra branch of the Early Childhood Intervention Co-ordination (ECIC) committee has recently conducted a needs assessment of local early childhood education and care centres to determine the most appropriate and relevant training options to support services to include children with disabilities. This committee is aiming to subsidise training within the following year to ensure very low cost training is available for educators within this region.

5.5.4 Collaboration with others.

Collaboration with others needs to occur within the service, as well as externally with other organisations and service providers. This may require educators to ensure they share their developing knowledge with their colleagues, to ensure the maximum number of educators are learning about the child, to further develop knowledge and experience to empower and enhance all involved. In relation to external services, the section in the information package for early childhood education and care centres with relates to Local Services is a much-needed foundation. This will provide links to a range of service providers, who the educators in the early childhood education and care centre my not previously have known about.
5.6 Summary of recommendations for policy

Every early childhood education and care centre should have a policy that relates to inclusion of children with disabilities, even if it is part of a broader policy addressing inclusion in relation to a range of areas of diversity. However, the latter may not contain the requisite specific information. Each centre should have a specific policy that details the rationale for including children with disabilities, which should be supported by legislative and ethical guidelines. In addition, specific information should be included which relates to how children with disabilities can be included. Practical strategies will support the overall purpose and significance of inclusion. Of specific benefit would be to include information that supports the transition of the child into the centre.

The 2012 joint position statement on the ‘Inclusion of Children with a Disability in Early Childhood Education and Care’ sets out a shared commitment to inclusion, and provides a framework for development and implementation of policy and programs designed for young children (ECIA/ECA, 2012). This position statement is a powerful and crucial document, which could be the basis for a centre-based policy. It addresses rights and the responsibility of centres to ensure these rights are positioned centrally for all children. This position statement identifies the need for action, reflective of a common concern to build the capacity of early childhood education and care, and support professionals to support high quality inclusion (ECIA/ECA, 2012). This research project takes one small step toward positive action in this area.
5.7 Summary of recommendations for theory

Bronfenbrenner's ecological theory provides the foundation for this research, as the relationships between the child, family and community are central to the research study. It has been recognised that the ecological perspective is an effective framework for understanding children’s transitions (Blaise & Nutall, 2011). While as a whole system, Bronfenbrenner’s ecological system reflects the important elements of early childhood education and care, the transition of children with disabilities into these early childhood education and care centres requires additional exploration and explanation. To ensure the relevance specifically to transition of children with disabilities into early childhood education and care centres, some additional considerations need to be addressed.

The traditional representation of Bronfenbrenner’s theory has the child sitting centrally within the ecological model, and the outer layers, directly or indirectly influence the developing child (Bronfenbrenner, 1986). The content covered within the microsystem, mesosystem, exosystem and macrosystem are all relevant to this research study, but can be explored further for additional relevance.

A significant consideration of Bronfenbrenner’s theory in the context of the current research is the impact the child has on the other layers within this system. A child with a disability can alter the expected scope and influence within other layers, such as the impact on the family unit, school options, parent workplace and increased reliance on medical and other health services. The more significant the disability, the more impact this will have on the outer layers of the model. As can be seen in the evolving diagrams of the ecological model (Figures 5.1, 5.2,
5.3, 5.4 and 5.5), the two-way arrow reflects both the inward, and outward trajectory within the system when a child has a disability.

In the microsystem, the relationship between the home and the early childhood education and care centre is paramount. “The more alike the settings are in terms of beliefs and practices, the more cohesive will be the child’s experiences across these settings” (Szarkowicz, 2005, p. 18). The relationship that develops between the home and the early childhood education and care centre is reciprocal, and will significantly influence other relationships within this layer. If the transition into the early childhood education and care centre is positive for the child and family, there will be a solid foundation of support for moving into the school system. The positive experience of early childhood will set up a more secure and seamless experience to transition into school. As identified earlier, the early childhood experience lays the foundation for lifelong education, so the success of inclusion in the inner layers of the microsystem and mesosystem will influence future opportunities and attitudes.

The notion of the ‘local community’ within this microsystem would be expected to be much more significant for families whose children have disabilities, than for those that do not. Within the traditional representation of Bronfenbrenner’s theory, ‘local community’ refers to people outside the family who may have a role in the child’s life (Bronfenbrenner, 1986). This local community could include the local butcher, or a neighbour, church group, or kindy-gym. However, for children who have disabilities, it is likely they would have a number of service providers who spend a significant amount of time with the child and their family. This results in the importance of placing ‘Support Services’ as a separate entity within
this layer of the system. These service providers are often important figures in the lives of children and their families, and have a place in the microsystem and mesosystem (Arney & Scott, 2010). While a child without a disability may see a local GP, and possibly a dentist, a child with a disability may have a number of different service providers they see regularly. For example, a child with Down Syndrome may have a local GP, a dentist, a paediatrician, an optometrist, an ophthalmologist, a cardiologist, and an ear, nose and throat specialist (ENT). In addition, the child may see a physiotherapist, a speech therapist, have a case worker from a disability agency, and attend a supported playgroup. Depending on the child’s needs, some of these providers may see the child weekly, and as a result, it would be expected that relationships are developing and these people are more significant to the child, and the family, than would have been expected. Figure 5.1 outlines this adapted microsystem.

Figure 5.1 Microsystem layer

“Bronfenbrenner stressed that children are active participants in shaping their own development as a result of interactions and relationships within that environment” (Kearns, 2010, p. 236). As the complexity and severity of a child’s disability increases, the child may not be able to be an active participant in shaping their
own development. This demonstrates the importance of the parents being advocates for their child. The parents need to be supported to be able to influence and guide the decisions that are made which will impact on the child with the disability and the rest of the family.

Within the mesosystem, the relationships between the microsystem are further explored. As previously acknowledged, the relationships that exist between the parents and the educators within early childhood education and care centres, are absolutely crucial. If parents and educators develop mutual trust, respect and openness, the interaction between the significant parties will be positive. Including other service providers in planning meetings, and review discussions will allow everyone to be part of a collaborative, interacting team who are acting in the best interests of the child. It was discussed within the findings chapter that some educators are worried they will be sued if they do the wrong thing. This can result in educators restricting opportunities for children, or at worst, declining enrolment for a child with a disability. Open communication from the transition into the early childhood education and care centre is essential, and will have a significant impact on how comfortable the parents and the educators are to respond appropriately to the child’s individual needs. Figure 5.2 identifies the reciprocity required within the mesosystem of the key components of the microsystem.
Figure 5.2 Mesosystem layer

The exosystem contains elements such as media and parents’ place of work (Bronfenbrenner, 1986). Within the media, the depiction of disability is a significant influencing factor on children. The Early Years regulatory framework sits within the exosystem and provides a foundation for best practice in all areas of early childhood education and care, including the inclusion of children with disabilities. However, while the regulatory framework is a positive initiative which ensures consistency within inclusive practice, media still portray disability in conflicting ways. For example, Australia’s paralympians are well recognised for the contribution they make to sport within Australia, yet the mainstream television coverage of the Paralympics was far less significant than the television coverage of the Olympics. The hero in a show will never have a stutter, but a stutter may be included as a characteristic of someone a show is attempting to portray as simple or docile. Positive media coverage, however, will include someone signing in the corner of the television, or including someone using a
wheelchair who is a talented singer in a show like ‘Glee’. While these positive media representations do exist, there is still a long way to go to increase the positive depiction of disability within mass media.

There are often significant impacts of disability on the parents’ workplace. Employment opportunities may be restricted based on factors such as location, flexibility and level of responsibility. These are not isolated factors, and can be influenced by the level of support the child requires, as well as the level of support the family receives. However, choice of work will often be impacted on by disability. These additional considerations within the exosystem are outlined in Figure 5.3.
The macrosystem level explores attitudes and values (Bronfenbrenner, 1986). As Australia is a diverse nation, it could be expected that attitudes toward people with disabilities are positive. However, research conducted with a range of cultural groups in Australia revealed that none of the six cultural communities surveyed were fully accepting of any disability group, and all communities were more positive in their attitudes toward people whose disabilities were less visible (Westbrook, Legge, & Pennay, 1993). As explored in the literature review, attitudes within society of people with disabilities have improved during the 21st century. However, the findings of Westbrook and colleagues’ study demonstrate that the attitudes and hierarchies of acceptance were very similar to those reported over the previous 23 years. These findings have important implications for both people with disabilities as well as health practitioners (Westbrook, Legge, & Pennay, 1993). Much still remains to be achieved in Australia in relation to attitudes and social integration of people with disabilities.

Laws explored in the literature review, such as Disability Discrimination Act 1992, protect individuals across Australia from direct and indirect discrimination. The Act makes harassment on the basis of disability against the law. While laws such as this sit centrally within the Macrosystem, the treatment of people with disabilities may not always reflect this legislative requirement. For example, if someone has a cognitive delay, they may not realise they are being discriminated against, unless a family member or friend becomes aware and can advocate for the rights of the person with the disability. Legislative requirements specifically for early childhood education and care were outlined in the literature review chapter. The differences in interpretation of these documents, and challenges in monitoring
adherence to them, can still leave children with disabilities being excluded from early childhood education and care opportunities available to their non-disabled peers. Educators developing positive attitudes toward inclusion will ensure that the educators become advocates for children with disabilities and their families in the transition into early childhood education and care centres.

While the health system can be represented in a number of layers within Bronfenbrenner’s model, at a macrosystem level, it is pertinent to consider the role of medical intervention in relation to the incidence of disability. Medical advancements have ensured that some disability-related illnesses have been eliminated within Australia, such as polio which often resulted in disability. However, with the technology fuelled medical system, many babies who would previously not have survived gestation or birth are now born and living beyond infancy. In a number of cases, disability is a result of either the medical intervention, or was the condition which made the pregnancy or birth vulnerable (AIHW, 2005). In relation to young children with disabilities in an early childhood education and care centre, there may be children who have alternative feeding regimens, or have additional medical care requirements which are unique elements of that child. To ensure educators are meeting the needs of each child, additional learning may be required to develop skills and knowledge in processes such as gastrostomy feeding, or seizure management, for example. These macrosystem elements are all demonstrated in Figure 5.4.
Figure 5.4 Macroystem layer

In addition, it can be seen in Figure 5.5, that this research has revealed an additional link across all systems. The chronosystem relates to changes over time across all of the systems, and is particularly relevant to consider at all transition points across the lifespan. For children with disabilities and their families, there may be additional transitions not experienced by their non-disabled peers. For example, a child with complex and multiple disabilities may need to transition to tube feeding which was an unexpected, or additional transition to that of non-disabled siblings. However, transitions such as moving out of home, or getting married may not be transitions experienced by someone with complex and
multiple disabilities. A parent of a child with a disability may grieve the loss of these experiences. Clearly this is a generalisation which does not apply to all people with disabilities. It is however, important to consider across the chronosystem that transition points are always significant.

In addition, the ‘Communication’ link visible across the layers signifies how crucial this is in relation to children with disabilities and their families. Communication must occur, from the outermost macrosystem, through all the layers to the child, and from the child back through the entire systems approach. Family-centred practice requires ongoing communication, linking all relevant service providers and practitioners with the family to ensure everyone is working collaborative to meet the needs of the child. Parents and educators can become strong advocates to communicate concerns, and celebrate successes with local, state and federal politicians, as well as being representatives on a number of committees to ensure their voice is heard.
5.8 Limitations

It is important to recognise that this research study is reflective of the in-depth experience and opinion of ten parents of children with disabilities, and ten educators from early childhood education and care centres. They were able to provide balanced and important information which led to significant findings, but this study is limited to the perceptions of these individuals only. While it could be assumed that the experiences of parents of children with disabilities are not
different in every geographical location, it cannot be assumed that the parents who participated in this research reflect the experience or perceptions of all parents of children with disabilities.

As indicated in 5.3, ‘Positive aspects of transition of children with disabilities’, participation by educators in this research was voluntary, and it could be assumed that those who responded were interested in the area of inclusion of children with disabilities. The 37 educators who responded by completing the initial, anonymous questionnaires represented centres with a higher percentage of enrolment of children with disabilities than would be expected if it was required by all centres in the specified geographical location to respond. The ten educators selected for interviews were selected to represent a range of early childhood education and care centres, and had consented to be interviewed. Again, it could be concluded that the attitudes, experience and responses of these voluntary participants would be reflective of a more inclusive educator.

5.9 Implications for further research

Conducting a similar study across a wider geographical location, or gathering participants from varied locations across Australia would allow generalisations to be made regarding the perceptions and experiences of a wider representation of participants. A longitudinal case study could explore the child and family experience from the initial thoughts regarding early childhood education and care, to enrolment and transitioning into the centre. A study such as this could monitor positive experiences, as well as areas requiring additional work. Following this
child and family through into formal schooling would also demonstrate the importance of the early childhood education and care experience for ongoing educational and social opportunities.

Chapter 5 has presented an analysis of research findings, linked to research and situated within Bronfenbrenner’s Ecological Systems framework. This chapter aimed to inform the reader of the researcher’s interpretation of the research findings, with strong links to the foundational framework and relevant literature.
Chapter 6: Conclusion

The value of early childhood education as a foundation for lifelong learning and well-being is well established within the literature (Govt of South Australia, 2009; Queensland Govt, 2012; Shearer, 2008). In most Western, industrialised countries, parents are seeking prior to school education and care for their children (Bon Lijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998). In Australia, the number of children using early childhood education and care centres has almost quadrupled in the last twenty years (ABS, 2011). However, it would appear that this is not necessarily the case for parents of children with disabilities. Numbers of children with disabilities in early childhood education and care centres do not appear to be reflective of the currently reported percentages of children with disabilities, as outlined in the introduction. It was found that in general, children from disadvantaged backgrounds, do not attend child care at the same rate as their ‘more privileged’ peers. Recent statistics revealed that children with disabilities make up 5.2% of the population of children from birth-to-five years. However, only 2.5% of these children were in approved care (Govt of South Australia, 2009).

This research has identified a number of barriers which may contribute to this inconsistency. Parent insecurity regarding other people understanding their child is very significant. This insecurity is only exacerbated when educators demonstrate a lack of comfort with, knowledge of, and experience with children who have disabilities. Honest and open communication between the parent and educator during the first introduction will provide an essential foundation for a successful transition into the service.
The motivation behind this research was a social justice perspective which is reinforced by the UN Convention on the Rights of the Child, and that of the Rights of People with Disabilities. At the centre of this research was the important principle of rights and opportunities for all young children. Social justice is crucial in the case of children who often do not have a lot of control over their environment and decisions within it (Welsh & Parsons, 2006). This potential inequity is exacerbated when children have disabilities. Rawl’s social justice theory (Garrett, 2005), is essential for this research focus, and provides a fundamental base for the issue of transition of children with disabilities into early childhood education and care centres. It is crucial that the rights of all children are protected, and that children are not excluded because of disability, as the consequences of exclusion can be devastating for the well-being of those excluded (Terzi, 2005).

From a social justice perspective, it is essential that all children have the opportunity to be engaged in positive early childhood education and care experiences. Inequity still exists, despite the significant legislation and documentation that should ensure the rights and opportunities for all children are fair. The transition into early childhood education and care centres for children with disabilities will be the first formal transition, whether this occurs at six months, or four years of age. The importance of success in this transition cannot be underestimated, as the experience in early childhood will be the foundation for all subsequent educational and social opportunities for the child.

This research study has provided a ‘lived experience’ perspective to the transition of children with disabilities into early childhood education and care centres. This
research has contributed to the existing body of knowledge on inclusion of children with disabilities. This research has highlighted the importance of the process of transition into the early childhood education and care centre, and the impact this will have on the subsequent inclusion of the child with a disability. The recommendations arising from this research have the potential to improve the process of transitioning into an early childhood education and care centre for children with disabilities. A positive approach by parents of children with disabilities and educators within early childhood education and care centres will ensure that the rights of every child are respected, and the inclusion of all children is an achievable and enriching process for all involved.

We know that equality of individual ability has never existed and never will, but we do insist that equality of opportunity still must be sought.

~ Franklin D. Roosevelt ~
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Appendix 1

University of Wollongong

PARENT QUESTIONNAIRE

Please select the answers that most accurately represent your situation

Age of child (in years and months) ___________________________

Has your child received a formal diagnosis? (Please circle) Yes / No

If yes, please indicate diagnosis

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If no, please outline main areas of additional need

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Is your child currently enrolled in an Early Childhood centre? (Please circle) Yes / No

If yes, please complete section A

If not, please complete section B
Section A

Please complete only if your child is currently enrolled in an early childhood centre.

1. Please indicate length of time your child has been in an early childhood centre
   - 0 - 6 months
   - 6 - 12 months
   - 12 months - 2 years
   - Above 2 years

2. Was your child enrolled in another centre prior to this centre? (Please circle)
   - Yes
   - No

   If yes, please indicate reasons for leaving last centre
   (Please tick all relevant responses)
   - Location
   - Availability of trained staff
   - Lack of specialist assistance
   - Felt child’s needs were not being met
   - Lack of communication between staff and parents
   - Lack of understanding of your child
   - Other

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   If no, please continue

3. When transitioning into the service, did staff explain how they would meet
   the needs of your child? (Please circle)
   - Yes
   - No

   Please explain:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. Did you feel the transition into the service was satisfactory? (Please circle)  
Yes / No

If yes, please complete question 5

If no, please complete question 6

5. If yes, what made the transition satisfactory? (Please tick all relevant responses)

- Individual meeting
- Construction of an Individual Education Plan (IEP)
- Enthusiasm / interest of the staff
- Willingness to meet the needs of the child
- Staff sought information from you about your child
- Open communication
- Other

Please explain:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

6. If the transition was not satisfactory, please explain why

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Do you feel any of the following would have assisted?
(Please tick all relevant responses)

- Establishing a communication dictionary (i.e. Specific discussion about your child's communication system)
- Discussion of appropriate visuals for your child
- Formulation of an individual plan
- More knowledge within staff relating to your child's disability
- Willingness of staff to include child
- More open communication
- Seeking your goals for your child
- Other
Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Do you have anything else you would like to add?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Would you be willing to participate in small discussion groups to discuss these issues further? (Please circle)  Yes / No

If yes, please complete your details below.

Name: _________________________________________________

Phone: _________________________________________________

Thank you so much for participating in this questionnaire.
If you have any questions, please feel free to phone me on 0407 220979.

Jane Warren
Section B

Please complete only if your child is NOT enrolled in an early childhood centre.

1. Have you approached any early childhood centres? (Please circle)
   Yes / No

If yes, why did you choose not to enrol your child? Please explain.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If no, please indicate why. (Please tick all relevant responses)

- Child is too young
- Separation difficulties
- Have not found a suitable centre
- Unsure of where to start in finding a centre
- Concerned about the centre not understanding your child's needs
- Parent not ready to separate from child
- Previous negative experience when accessing a centre
- Other

Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Do you think any of the following would make it easier for you and your child in enrolling into a centre? (Please tick all relevant responses)

- Open communication with staff
- Desire by staff to enrol your child
- More staff training to meet the needs of children with disabilities
- Use of a communication dictionary
- Slower transition (i.e. Shorter periods of time while settling in)
- IEP meeting
- Individual meeting with staff to discuss child's needs
- Securing an individual worker for your child
- Involvement of other agencies your child has previously accessed
- Other
Please explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Do you have anything else you would like to add?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Would you be willing to participate in small discussion groups to discuss these issues further? (Please circle) Yes / No

If yes, please complete your details below.

Name: _________________________________________________

Phone: _________________________________________________

Thank you so much for participating in this questionnaire.
If you have any questions, please feel free to phone me on 0407 220979.

Jane Warren
APPENDIX 2

STAFF QUESTIONNAIRE

Please complete the following questions as accurately as possible

1. Service type (please circle)  Preschool / Long Day Care / Occasional Care

2. Please indicate age range of children in your centre
   - 0 - 6 years
   - 2 - 6 years
   - 3 - 6 years
   - Other (please specify)

3. Do you have children with disabilities currently enrolled in your service?
   - Yes
   - No
   
   If yes, please indicate diagnosis or outline main areas of need
   
   If no, please continue

4. Have you previously had children with disabilities enrolled in your service?
   - Yes
   - No
   
   If no, please move to question 7
   
   If yes, please continue
5 Please indicate level of support needs for children you currently have, or previously have enrolled in your service (You may select more than one)

- **Low support needs** (only require small adaptations of modifications in experiences)
- **Moderate support needs** (may require extra assistance to complete tasks and be involved in the service)
- **High support needs** (requires assistance to have needs met)

6 Please indicate all areas of additional need children have who are currently, or previously have been, enrolled in your service (Select all that apply)

- Behavioural difficulties
- Emotional difficulties
- Cognitive delay
- Language difficulties or delays
- Difficulty communicating
- Mobility restrictions
- Sensory impairment
- Other (please specify)

7 If you have not had children with additional needs enrolled in your centre, please indicate reasons (You should select all reasons that apply)

- No children with additional needs have requested enrolment
- Did not feel we could meet the needs of the child
- Were unable to gain support the child required
- Did not feel confident to enrol the child
- Did not feel we understood the child's needs
- Other
- Please explain:

8 Have you ever had to refuse enrolment to a child with additional needs, or terminate their enrolment?

   Yes / No
If yes, please select all reasons that apply

Did not feel we could meet the needs of the child
Availability of trained staff
Lack of specialist assistance
Felt insecure about child – e.g. communication, feeding, etc.
Lack of communication between staff and parents
Did not feel we understood the child’s needs
Other

Please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If no, please continue

9 When parent first approached the centre, did you feel the communication between parent and staff was open and honest? (Please circle appropriate response)

Yes / No

Please explain

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10 Did you feel the transition into the service was satisfactory? (Please circle)

Yes / No
If yes, what made the transition satisfactory? (Please tick all relevant responses)

<table>
<thead>
<tr>
<th>Individual meeting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of an Individual Education Plan (IEP)</td>
<td></td>
</tr>
<tr>
<td>Enthusiasm / interest of the staff</td>
<td></td>
</tr>
<tr>
<td>Parent explained child's additional needs thoroughly</td>
<td></td>
</tr>
<tr>
<td>Parent was willing to discuss child's needs</td>
<td></td>
</tr>
<tr>
<td>Open communication</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

(Please explain)

If the transition was not satisfactory, please explain why

________________________________________

________________________________________

________________________________________

11 Do you feel any of the following would have assisted? (Please tick all relevant responses)

<table>
<thead>
<tr>
<th>Establishing a communication dictionary (a summary of communication attempts by child so the cues can be 'read' by staff)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion of appropriate visuals for the child</td>
<td></td>
</tr>
<tr>
<td>Formulation of an individual plan</td>
<td></td>
</tr>
<tr>
<td>More knowledge within staff regarding inclusion of children with additional needs</td>
<td></td>
</tr>
<tr>
<td>Willingness of staff to include child</td>
<td></td>
</tr>
<tr>
<td>More open communication</td>
<td></td>
</tr>
<tr>
<td>Establishing goals for child in partnership with parents</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

(Please explain)

________________________________________

________________________________________

________________________________________
12  Do you have anything else you would like to add?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Would you be willing to participate in an interview with me to discuss these matters further?

Yes / No

If yes, please complete the details below:

Name: ______________________________________________________________

Contact phone number: ______________________________

Thank you for completing this questionnaire
PARTICIPATION INFORMATION SHEET FOR FAMILIES

TITLE: Empowering families and centre staff for successful inclusion of children with disabilities into early childhood centres.

PURPOSE OF THE RESEARCH
This is an invitation to participate in a study conducted by a researcher undertaking a Doctorate of Education at the University of Wollongong. The purpose of the research is to gain an accurate idea of your experiences in accessing early childhood centres. Particular focus is on the period of transition into early childhood centres, which is from your initial contact with the centre through to your child’s full enrolment in the centre. Even if you have not enrolled in an early childhood centre, completion of the questionnaire will help me to understand reasons this might be difficult for some families. Your honest responses will help to determine if existing transition processes are meeting the needs of children with disabilities and their families.

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Dr Rose Dixon
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If you choose to be included, please complete the attached questionnaire. All information in this questionnaire is anonymous to ensure your privacy is respected. If you are willing to participate in further discussions regarding the transition into early childhood centres, please complete the contact information section at the end of the questionnaire. The questionnaire information is a crucially important part of the process, so even if you do not wish to include your contact details, the completion of the questionnaire will still be a vitally important part of this research. If you are willing to participate in further discussions, you will be invited to elaborate on your questionnaire responses. Typical discussion points may be why you believe the transition was so successful for you and your child, what made the transition difficult for you and your child and what might make the transition more successful. Focus groups and interviews will be audio or video taped for transcribing.
Apart from the time it takes to complete the questionnaire and potential interview time if you consent to this, we can foresee no risks for you. Your involvement in the study is voluntary and any identifying information can be withdrawn at any time. Refusal to participate in the study will not affect your relationship with any early childhood centres, the University of Wollongong or impact on any services you currently receive.

This research is self-funded and you will not incur any costs at any stage of the research process. This research will provide a basis for determining if any documents or processes can be constructed to make the transition process into early childhood centres easier for centre staff and families of children with disabilities. Findings from the study may be published in relevant educational journals. Confidentiality is assured, and early childhood centres, children and families will not be identified in any part of the research.

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

If you have any questions regarding the content of the research, please feel free to contact me on 0407 220979 or jwarren@uow.edu.au

Thank you for your interest in this study.

Jane Warren
PARTICIPATION INFORMATION SHEET FOR CENTRE STAFF

TITLE: Empowering families and centre staff for successful inclusion of children with disabilities into early childhood centres.

PURPOSE OF THE RESEARCH
This is an invitation to participate in a study conducted by a researcher undertaking a Doctorate of Education at the University of Wollongong. The purpose of the research is to investigate the challenges and successes for centre staff by gaining an accurate idea of your experiences in enrolling children with disabilities. Particular focus is on the period of transition into early childhood centres, which is from the initial contact with families through to the child’s full enrolment in the centre.

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Faculty of Education   Faculty of Education
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jtrezise@uow.edu.au   roselyn@uow.edu.au

If you choose to be included, please complete the attached questionnaire. All information in this questionnaire is anonymous to ensure your privacy is respected. If you are willing to participate in further discussions regarding the transition into early childhood centres, please complete the contact information section at the end of the questionnaire. The questionnaire information is a crucially important part of the process, so even if you do not wish to include your contact details, the completion of the questionnaire will still be a vitally important part of this research. If you are willing to participate in an interview, you will be invited to elaborate on your questionnaire responses. These interviews will be audiotaped for transcribing.

Apart from the time it takes to complete the questionnaire and potential interview time if you consent to this, we can foresee no risks for you. Your involvement in the study is voluntary and any identifying information you submit can be withdrawn at any time.
Refusal to participate in the study will not affect your relationship with the University of Wollongong.

This research is self-funded and you will not incur any costs at any stage of the research process. This research will provide a basis for determining if any documents or processes can be constructed to make the transition process into early childhood centres easier for centre staff and families of children with disabilities. Findings from the study may be published in relevant educational journals. Confidentiality is assured, and the centre, children and families will not be identified in any part of the research.

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

If you have any questions regarding the content of the research, please feel free to contact me on 0407 220979 or jwarren@uow.edu.au

Thank you for your interest in this study.

Jane Warren
INFORMATION SHEET FOR FAMILIES FOR FOCUS GROUP PARTICIPATION

TITLE: Empowering families and centre staff for successful inclusion of children with disabilities into early childhood centres.

PURPOSE OF THE RESEARCH
This is an invitation to participate in a study conducted by a researcher undertaking a Doctorate of Education at the University of Wollongong. The purpose of the research is to gain an accurate idea of your experiences in accessing early childhood centres. Particular focus is on the period of transition into early childhood centres, which is from your initial contact with the centre through to your child’s full enrolment in the centre. Participating in a focus group will allow further exploration of issues relating to transition into early childhood centres.

RESEARCHER
Jane Warren
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RESEARCH SUPERVISORS
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Dr Rose Dixon
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roselyn@uow.edu.au

If you choose to be included in the focus groups, you must give written consent. Typical discussion points for the focus groups may be why you believe the transition was so successful for you and your child, what made the transition difficult for you and your child and what might make the transition more successful. Focus groups and interviews will be audio or video taped for transcribing.

Your involvement in the focus groups is voluntary and any identifying information can be withdrawn at any time. Refusal to participate in the study will not affect your relationship with any early childhood centres, the University of Wollongong or impact on any services you currently receive.
This research is self-funded and you will not incur any costs at any stage of the research process. This research will provide a basis for determining if any documents or processes can be constructed to make the transition process into early childhood centres easier for centre staff and families of children with disabilities. Findings from the study may be published in relevant educational journals. Confidentiality is assured, and early childhood centres, children and families will not be identified in any part of the research.

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

If you have any questions regarding the content of the research, please feel free to contact me on 0407 220979 or jwarren@uow.edu.au

Thank you for your interest in this study.

Jane Warren
Appendix 6

Proposed questions and discussion topics for focus groups for parents of children with disabilities

Specific questions may be adapted or added to based on responses from questionnaires. However, the following are draft questions at this stage.

1. For those who identified in the questionnaire that your child is not enrolled in a centre, please elaborate on your reasons for not having your child in an early childhood centre. *Encourage discussion relating to whether the parent is not ready, and reasons for that.* Also encourage discussion about which elements of their child’s disability causes them the most anxiousness when thinking about attending a preschool or LDC.

2. If your child is, or has been enrolled in a centre, please elaborate on the transition process. *Encourage discussion relating to how the level of communication between staff and themselves influenced the success of the process, whether they felt the centre was excited and interested in their child, whether staff made every effort to understand their child, etc.*

3. Do you have a communication dictionary for your child? Was this discussed with the centre staff?

4. Did you have an IEP meeting with the centre staff? Did this have any impact on the success of the transition?

5. Does your child use AAC? Were centre staff interested in your child’s strategies for communication?

6. Are there any things that you would like to add to help me understand the process of transition for your child?
INFORMATION SHEET FOR CENTRE STAFF PARTICIPATING IN FOLLOW UP INTERVIEWS

TITLE: Empowering families and centre staff for successful inclusion of children with disabilities into early childhood centres.

PURPOSE OF THE RESEARCH
This is an invitation to participate in a study conducted by a researcher undertaking a Doctorate of Education at the University of Wollongong. The purpose of the research is to investigate the challenges and successes for centre staff by gaining an accurate idea of your experiences in enrolling children with disabilities. Particular focus is on the period of transition into early childhood centres, which is from the initial contact with families through to the child’s full enrolment in the centre.

RESEARCHER
Jane Warren
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Dr Rose Dixon
Faculty of Education
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roselyn@uow.edu.au

If you choose to be interviewed, you are required to give written consent. If you are willing to participate in an interview, you will be invited to elaborate on your questionnaire responses. These interviews will be audiotaped for transcribing.

Apart from the time it takes to complete the questionnaire and potential interview time if you consent to this, we can foresee no risks for you. Your involvement in the study is voluntary and any identifying information you submit can be withdrawn at any time. Refusal to participate in the study will not affect your relationship with the University of Wollongong.
This research is self-funded and you will not incur any costs at any stage of the research process. This research will provide a basis for determining if any documents or processes can be constructed to make the transition process into early childhood centres easier for centre staff and families of children with disabilities. Findings from the study may be published in relevant educational journals. Confidentiality is assured, and the centre, children and families will not be identified in any part of the research.

This study has been reviewed by the Human Research Ethics Committee (Social Science, Humanities and Behavioural Science) of the University of Wollongong. If you have any concerns or complaints regarding the way this research has been conducted, you can contact the UoW Ethics Officer on (02) 4221 4457.

If you have any questions regarding the content of the research, please feel free to contact me on 0407 220979 or jwarren@uow.edu.au

Thank you for your interest in this study.

Jane Warren
Appendix 8

Proposed Interview questions for Centre Staff

Specific questions may be adapted or added to, based on responses from questionnaires. However, the following are draft questions at this stage.

1. If you have not enrolled children with disabilities into your service, could you explain in detail the reasons for this? *Encourage discussion relating to whether families have approached your centre and you were unable to accommodate them, or if you have not received any applications from families of children with disabilities.*

2. For children with disabilities that have been enrolled in your service, have there been any particular areas of disability that have provided more challenge for your staff than others? *Encourage discussion relating to specific areas of disability that have proven more challenging such as behaviour disorders, multiple disabilities, physical disabilities, sensory impairment, etc.*

3. Do you perceive the attitude of all your staff to be positive in relation to enrolling children with disabilities? If not, can you identify any reasons for this? *Discuss things such as past experience of staff, level of training, personality, etc.*

4. From the things identified in the questionnaire, are there any things you have not had experience with? Can you identify any reasons for this? *Discussion should relate to things such as IEP, Communication dictionary, etc.*

5. Are there any documents you have previously used that have assisted in the enrolment of a child with disabilities into your service? *Refer to things discussed in previous question.*

6. Please comment on the level of, and ways that communication occurred between centre staff and parents when a child with additional needs was enrolled.

7. Do you have any other things to discuss or comment on that may assist in my understanding of transition of children with disabilities into your service?
CONSENT FORM FOR FOCUS GROUPS / INTERVIEWS

As outlined in Participant Information Sheets, your involvement in the focus groups and interviews will allow you to elaborate on the information you have provided in the questionnaires.

Please complete the consent form below.

I, ____________________________ consent to being interviewed / participate in a focus group as part of study conducted by Jane Warren who is undertaking a Doctorate of Education at the University of Wollongong. I understand the purpose of the research is to gain an accurate idea of people’s experiences in transition of children with disabilities into early childhood centres. Particular focus is on the period of transition into early childhood centres, which is from initial contact with the centre through to the child’s full enrolment in the centre. Participating in a focus groups or interviews will allow further exploration of issues relating to transition into early childhood centres.

I understand the interviews will be audiotaped, and the focus groups will be videorecorded. This is for transcribing purposes and after transcribing is completed, will be destroyed.

I understand I am free to withdraw from this study at any time and as a result, the information I have provided in the interviews / focus groups will not be included.

Findings from the study may be published in relevant educational journals. Confidentiality is assured, and early childhood centres, children and families will not be identified in any part of the research.

Signature: ____________________________ Date: ____________________________

Please print name: ____________________________
Ms Jane Warren  
42 Barton Drive  
Kiama Downs  
NSW 2533

Dear Ms Warren

Thank you for your response dated 16 March 2009 to the HREC review of the application detailed below. I am pleased to advise that the application has been approved.

Ethics Number: HE09/034  
Project Title: Empowering families and centre staff for successful transition for children with disabilities into early childhood settings  
Researchers: Ms Jane Warren, Dr Jillian Trezise  
Approval Date: 19 March 2009  
Expiry Date: 18 March 2010

The University of Wollongong/SESIAHS Humanities, Social Science and Behavioural HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. The HREC has reviewed the research proposal for compliance with the National Statement and approval of this project is conditional upon your continuing compliance with this document. As evidence of continuing compliance, the Human Research Ethics Committee requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved  
- serious or unexpected adverse effects on participants  
- unforeseen events that might affect continued ethical acceptability of the project.

You are also required to complete monitoring reports annually and at the end of your project. These reports are sent out approximately 6 weeks prior to the date your ethics approval expires. The reports must be completed, signed by the appropriate Head of School, and returned to the Research Services Office prior to the expiry date.

Yours sincerely

A/Professor Steven Roodenrys

Chair, Human Research Ethics Committee

Cc: Dr Jillian Trezise, Faculty of Education
Appendix 11

INFORMATION FOR DADHC NEWSLETTER TO INTRODUCE RESEARCH

Research into transition of children with disabilities into early childhood settings

My name is Jane Warren and I am enrolled in a Doctorate in Education at University of Wollongong. I am planning to undertake some research, and hoping some of you will share your experiences with me.

My previous experience working in preschool allowed me to work closely with children with disabilities and their families. I have also had the privilege of sharing time with children and their families in supported playgroups.

There has been a lot of research, and processes put into place to assist in the transition to school, but there is very little information about transition into preschools and long day care centres. I am sure that there are many people who have had a successful experience when they first approached an early childhood centre for their child. Unfortunately, I am sure there are others of you who may not have experienced the same success, or may be reluctant to send their children at all.

I believe that the information you can share will be crucial in helping to improve the process for future families of children with disabilities. I would love to hear about the experiences people have had, or the reasons that their children are not currently enrolled in a centre. The goal from this research is to find out whether there are processes or documents that could be put in place to make the transition more successful for children with disabilities, their families and staff working in early childhood centres.
I will be approaching centres myself, but to protect your privacy, you have the choice whether a questionnaire is sent to you or not. Even if you are happy for the questionnaire to be sent, you are under no obligation to complete it. If you would be willing to complete one of the anonymous questionnaires, or would like further information about my study, please contact me on 0407 220979 or email me jwarren@uow.edu.au

Participation in these questionnaires is entirely voluntary and completely anonymous.

I look forward to gaining a better understanding about transition into early childhood centres for your child and family.

Sincerely,

Jane Warren