Disability Services
and Children's Centres
for Early Childhood Development
and Parenting

DECEMBER

2012
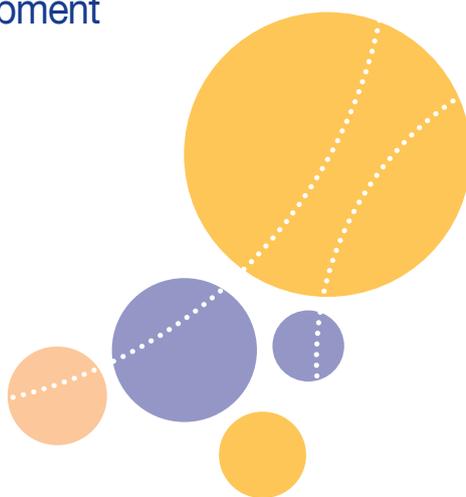
**Government
of South Australia**

Foreword

The former Minister for Education and Minister for Early Childhood Development, the Hon Jay Weatherill MP, asked the Ministerial Advisory Committee: Students with Disabilities (MAC: SWD) to investigate how families of children with disability and additional needs use the Department for Education and Child Development (DECD) Children's Centres for Early Childhood Development and Parenting. In addition to this, it was requested that the study investigate how disability organisations and other service providers assist these children and families to access and participate in the centres.

The study was guided by a project group, which included representation from Early Childhood Australia, non-government organisations and government agencies that provide disability services, the Department for Education and Child Development (DECD) Preschool Support Program and the DECD Children's Centres project. The project group members' diversity of expertise proved invaluable for the completion of the project.

We would like to thank all those who contributed to this work including members of the project group and participants from the study, in particular, the Directors for Children's Centres for Early Childhood Development and Parenting, families of children with disability using Children's Centres, DECD Disability Coordinators, staff of Inclusive Directions, Novita Children's Services, Autism SA, Department for Communities and Social Inclusion (DCSI) Disability Services (formerly Disability SA) and Early Childhood Intervention Consultants (ECIC) from the Women's and Children's Health Network (formerly Children, Youth & Women's Health Service).

Gratitude is also extended to Ms Alison Wells, Director, Margaret Ives Community Children's Centre, for piloting the on-line survey used to collect data in the study and Mr Adrian Barnett, DECD Project Officer, Educational Measurement and Analysis, for his technical assistance with the on-line survey.

Finally we would like to thank the staff of the Ministerial Advisory Committee: Students with Disabilities, Mr Skye Yuill, Ms Jo Shearer and Ms Miriam Parsons, for their work in undertaking the study, analysing data and producing the final report. We commend this report to the Minister for her information.

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Manager Children's Centres Project, (DECD)
Chairperson
Disability Services and Children's Centres for
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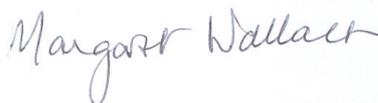
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Chairperson
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Executive Summary

In 2008 the South Australian Government committed to establish Children's Centres for Early Childhood Development and Parenting through the Department for Education and Child Development (DECD).

In December 2010 the Minister for Education and Minister for Early Childhood Development, the Hon Jay Weatherill MP, requested that the Ministerial Advisory Committee: Students with Disabilities investigate how families of children with disability and additional needs use DECD Children's Centres for Early Childhood Development and Parenting[1] and the level of services provided by disability organisations in assisting these children to participate at the centres.

This report presents the findings of this study in relation to access and participation in Children's Centres by children with disability and additional needs and their families. The report is provided to the Minister for Education and Child Development, the Hon Jennifer Rankine.

A project group was established to oversee the research. Members were selected for their involvement in early childhood education and care, and in providing disability services in the early childhood context. The project investigated all of the 21 Children's Centres that were operating when data collection commenced in 2011. Data was collected through questionnaires, face to face and telephone interviews and through other forms of consultation e.g. via email. Participants included all of the Children's Centres Directors[2] and a sample of families of children with disability and additional needs. DECD Disability Coordinators and staff of non-government organisations and government agencies providing disability services, who had involvement with the Children's Centres, were also consulted.

In accordance with the Children's Centres model, the study found significant variation across the centres at all levels. This included the location of the centres (in terms of regions and community demographics), the type of other education services nearby, the length of time that the centres had been open, the mix of facilities and physical environments, the range of service providers and programs offered at the centres and the presenting issues of children and families attending. This variation highlighted that Children's Centres, which are patterned on an integrated model with common elements, are unique, evolving and individualised entities aiming to meet the changing needs of the children and families of the community in which they are situated.

The method of data collection employed by the study resulted in a snap-shot in time of the circumstances at Children's Centres during the second half of 2011. At the time, there were a total of 303 children with disability and additional needs using the Children's Centres. This represented 12.5 per cent of the total enrolments of children attending the Children's Centres. The study was able to compare enrolment figures across preschool services only. It found that approximately ten per cent of children attending Children's Centres were children with disability and additional needs attending preschool (compared to seven per cent of children with disability across all preschools in South Australia). This finding suggests that families of children with disability and additional needs are using the preschool services of Children's Centres with higher incidence than other types of preschool services.

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[1] The full title of DECD Children's Centres for Early Childhood Development and Parenting hereinafter will be referred to as Children's Centres (Refer to Appendix 1 for background information).

[2] The person responsible for a Children's Centre is known either as the Director or Head of Early Years. The title 'Director' has been used in this report for simplification but should be interpreted as either Director or Head of Early Years, as the case may be.

Executive Summary *(continued)*

Information was collected on Aboriginal or Torres Strait Islander children with disability and additional needs. The study found that 20 per cent of Aboriginal or Torres Strait Islander children with disability attending preschool in South Australia were attending preschool at a Children's Centre. This favourable finding reflects the strategic plan for South Australia's Children's Centres (i.e. the *Outcomes Framework*, 2012) which actively promotes inclusion and seeks improved outcomes for Aboriginal children through a targeted approach.

Most of the children with disability and additional needs were aged 4-5 years (67 per cent), compared with 18 per cent of children who were aged 3-4 years and 15 per cent who were under three years of age. Amongst Aboriginal or Torres Strait Islander children with disability and additional needs at the Children's Centres, 52 per cent were aged between 4-5 years and 36 per cent were aged between 3-4 years. The remaining 12 per cent were aged 5-6 years (6 per cent) and 2-3 years (6 per cent). There were no Aboriginal or Torres Strait Islander children with disability under 2 years at the Children's Centres. The higher percentage of Aboriginal or Torres Strait Islander children with disability and additional needs aged between 3-4 years at the Children's Centres, compared to the percentage of all children with disability, indicates that the South Australian Government policy of *Early Entry* for Aboriginal or Torres Strait Islander children (where they are entitled to access preschool from three years of age) is working successfully and identifying additional needs early.

Almost half of the children with disability and additional needs were identified as having a speech and language impairment. This finding highlights the importance of having a speech pathologist as a part of the Children's Centres' multi-disciplinary teams. The next most common disability type was Global Developmental Delay. This was followed by Undiagnosed Significant Needs, Autism Spectrum Disorder, Physical Impairment and Social and Emotional. Only one per cent of all the children were identified as having a sensory impairment—Vision or Hearing Impairment (see Appendix 5 for the list of disability categories[3] used in this study).

It was uncertain whether families of children with sensory impairment choose more specialised early childhood services that are tailored specifically to meet their child's needs, such as those provided by the Cora Barclay Centre and CanDo:4Kids (whose services were found to be minimal at the Children's Centres). Consultation with staff of these organisations suggested that this is an area for further investigation to understand the finding fully. CanDo:4Kids intends to investigate the reasons for under-representation of children with sensory impairment (both vision and hearing impairment) in child care services in 2013.

Overall, Children's Centres were found to have a strong focus on inclusion and provision of early years intervention services to children with disability and additional needs and their families for the benefit of children's development. The higher than average percentage of children at the centres suggests that integrated services and the multi-disciplinary approach is working effectively to detect children's additional needs early, provide assistance with assessment or diagnosis of disability or developmental delay when required, and structure interventions in response to need.

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[3]   The eight categories of the DECD Preschool Support Program, plus 'Social and Emotional' (which was requested by Inclusive Directions), were used to describe the 'disability categories' for the Directors' questionnaire.

Executive Summary *(continued)*

Many participants in the study commented positively on the 'one stop' model for families. The services available at Children's Centres for families of children with disability and additional needs were found to enhance the well-being and learning outcomes of children.

Families commented that they used their Children's Centre because it was close to home. The reputation of the centre and the director was also an influencing factor. Families commented on the welcoming approach by staff of the centres. When available, families appreciated the assistance of the community development coordinators and family service coordinators and used parenting support programs. They also appreciated access to additional disability specific services and allied health consultants, which were available at some of the centres.

The study found that staff from government and non-government organisations providing disability services were working with all of the 21 Children's Centres involved in the study. Children with disability and additional needs were receiving assistance most frequently from DECD Disability Co-ordinators. The next most frequently used disability services were those provided by the health sector (e.g. Child Adolescent Mental Health Service [CAMHS], Aboriginal Health) and other education services (e.g. DECD Speech Pathology, Special Education Resource Unit [SERU] equipment supply), followed by Inclusive Directions, DCSI Disability Services, Autism SA, Early Childhood Intervention Consultants (ECIC) from the Women's and Children's Health Network (formerly Children, Youth & Women's Health Service) and Novita Children's Services.

Staff of disability services reported highly varied work roles depending on the needs of the children and families who used the Children's Centres. They provided assistance with initial contacts and support during transitions, and acted as a link between services and families to ensure that Children's Centre staff were informed of the children and families' needs. Staff also reported that they negotiated for the right levels of support for children, with emphasis on empowering families to select services. They assisted with enrolments and in organising specialist assessments. The types of direct services provided to children and families at the Children's Centres included physiotherapy, occupational and speech therapy, financial counselling and psychology. Autism Spectrum Disorder consultants, nurses, social workers, psychologists, physiotherapists, occupational therapists and speech pathologists provided these services. However, it should be noted that the full range of therapy services reported by participants was not offered by all disability service providers.

The mix of disability service providers and the effectiveness of the working relationships between multi-agency and multi-disciplinary teams were evidently strong but varied. Typically participants reported positive relationships—some described them as evolving. Confusion amid the network of stakeholders involved in the centres was reported by some participants. This related to the different roles, funding arrangements and processes to access services. Reciprocation of information between centres and disability services was identified as an area for improvement (particularly where new centres were concerned). Participants commented that this could be achieved by regular and systematic correspondence between Children's Centres and disability service providers, with updates on programs offered and services available.

Executive Summary *(continued)*

Furthermore, disability service staff reported that the task of building connections with Children's Centres was important and involved a variety of commitments. The following were some examples mentioned:

• taking membership on Children's Centres Enabling and Partnership groups[4]

• attending and contributing to interagency meetings

• assisting with programs

• working collaboratively with other agencies and organisations

• supporting the development of the relationship between child care and preschool services.

Participants discussed the physical space available at Children's Centres. Some had limited space for one to one service provision, meetings, training, storage of equipment, group work and for disability service providers to work from the centre. In contrast, other centres had spacious and well-designed physical environments with consulting and meeting rooms—there were no issues with limited space at these centres. It appeared from the responses that limited space was more of an issue in the older centres.

The majority of families of children with disability who enrolled their children at the Children's Centres were using preschool services. Less used long day care (which is available at 12 of the 21 Children's Centres) and only a small number of families used occasional care services (which were available at eight of the 21 Children's Centres).

Additional support for children with disability and additional needs attending long day care is available through Inclusive Support Agencies (of which there are two in South Australia – Inclusive Directions and Novita Children's Services), and for those attending preschool services through the DECD Preschool Support Program. Directors explained that targeted funding to employ additional support for children with disability and additional needs to access occasional care services was not available. This resulted in families of children with higher needs having limited access to occasional care. Occasional care has the potential to provide a valuable service for families of children with disability and additional needs but changes to the current system need to occur for equitable inclusion of these children in this service.

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[4]   Enabling Groups are established in the development phase of the Children's Centres and move to a partnership group when the centre is operational. The Partnership Group comprises the service partners and participating agencies committing services to work in the centre. The group plans and provides integrated direction and management support for the achievement of outcomes for children and families within the Children's Centre.

Executive Summary *(continued)*

The study also found co-location of the Children's Centres with educational services was valued by participants and provided the potential for smoother transitions. Some families commented that support services for their children with disability and additional needs were not as prevalent in the school system, which caused anxiety for families at the point of transition. Families were concerned about losing supports that their children had received at the Children's Centres.

The Department for Education and Child Development published an *Outcomes Framework* for Children's Centres in 2012 (after this study had concluded), which articulated the aspirations of Children's Centres for all children—that:

- children have optimal health and development
- parents provide strong foundations for their children's healthy development and wellbeing
- communities are child and family friendly
- Aboriginal children are safe, healthy, culturally strong and confident.

This study has found that children with disability benefitted from access to the universal services offered at Children's Centres and from a targeted approach, which is responsive to their additional needs. It is therefore recommended that children with disability and additional needs be added to the *Outcomes Framework* as a targeted group.

Recommendations

Based on the findings of this study, the Ministerial Advisory Committee: Students with Disabilities presents the following recommendations for consideration—that:

1. Staff of Children's Centres and disability service organisations continue to engage regularly and share with one another information about programs and services that are available for children with disability and additional needs and their families.

2. Speech pathology services, including direct therapy services, should be available for children with disability and additional needs at Children's Centres because of the high number of children with this additional need at the centres.

3. Changes are made to the Occasional Care program to assist in the full inclusion of children with disability and additional needs.

4. The Children's Centres *Outcomes Framework* includes specific targets for children with disability and additional needs and their families, and any evaluation of the Children's Centres should include an analysis of the outcomes for children with disability and additional needs and their families as a specific cohort.

Introduction

Children's Centres for Early Childhood Development and Parenting are designed to bring together care, education, health, community development activities and family services to support the needs of families and their young children.

The effectiveness of this model of integrated services has already been demonstrated in the United Kingdom and Canada (Department of Education and Children's Services, 2005). On this basis, the South Australian Government has committed to establish 38 Children's Centres for Early Childhood Development and Parenting[5]. It is anticipated that all 38 centres will be completed and operational by 2013-2014 (see Appendix 1 for background information on the development of the Children's Centres).

In December 2010 the former Minister for Education and Minister for Early Childhood Development, the Hon Jay Weatherill MP, requested a study to investigate how families of children with disability and additional needs[6] use Children's Centres and the level of services provided by disability organisations in assisting these children to participate at the centres. This report presents the findings of research undertaken by the Ministerial Advisory Committee: Students with Disabilities on behalf of the Minister in response to this request. The report is presented to the Minister for Education and Child Development, the Hon Jennifer Rankine MP, for her consideration. It is anticipated that the findings, discussion and recommendations will inform future developments for Children's Centres in the provision of services to children with disability and their families to enhance the inclusion of these children and their families at the centres.

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[5] The full title of Children's Centres for Early Childhood Development and Parenting hereinafter will be referred to as Children's Centres.

[6] The term 'children with disability' has been used sometimes in this report for simplification but refers to children with disability and additional needs.

Project Design

This research project investigated the 21 Children's Centres that were operating as at May 2011(Term 2) when data collection commenced (see Appendix 2 for a list of children's centres that participated in the study).

A project group was established in April 2011 to oversee the study. The group was chaired by Ms Heather Ward, Manager Children's Centres Project, Department for Education and Child Development. The project drew on the expertise of the group's membership who were people selected for their involvement in early childhood education and care and in providing disability services in the early childhood context (see Appendix 3- Project Group Membership).

The project was established to:

- report on the use of Children's Centres by children with disability and their families
- describe the relationship between Children's Centres and disability services to support the inclusion of children with disability at the centres
- describe aspects of the skills and training of staff, and planning and communication practices in relation to children with disability and additional needs.

(See Appendix 4 for Terms of Reference.)

Methods of Investigation

Four methods of investigation were used for the study. All questions for the inquiry were developed in consultation with project group members. Interviews were audio recorded, transcribed and returned to the participants for verification. In instances where the interviews were not audio recorded, a written record was taken and then returned to the participants for verification. Overall, a total of 72 people participated in this study. This sample was made up of 21 Directors, 19 parents[7], 4 DECD Disability Coordinators and 28 staff from both non-government and government organisations who provide disability services.

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[7]   The term 'parents' has been used in this report for simplification but should be interpreted as parents or carers. The term 'families' has also been used in this report to encompass both parents and carers.

Project Design *(continued)*

1 Survey of Directors of Children's Centres

Twenty-one Children's Centres Directors were surveyed using a questionnaire, which was available to complete on-line. Some directors experienced problems accessing the on-line survey and completing the questionnaire because of technological difficulties. Those who had difficulty were provided with other options to complete the questionnaire, including phone interview, face to face interview and via email. All of the Children's Centres directors completed the questionnaire (n=21, 100 per cent response rate). (See Appendix 5 for the questions asked of the directors.)

As a supplementary question, the directors were asked to provide information about which of the children with disability or additional needs who attended their centres were Aboriginal or Torres Strait Islander. Eighteen of the 21 directors provided this information either by email or phone response (n=18, 86 per cent response rate).

2 Interviews with Families

Researchers selected four Children's Centres to visit as a sample from the set of 21. One withdrew and so three centres were visited. It was recognised when choosing Children's Centres that many areas of difference exist. The sample was chosen to represent this diversity. For instance:

- all were located in different regions; two were metropolitan centres and one was a country centre
- one centre had an Intensive Preschool Program[8], the other two did not
- one service provided child care and preschool, the other two centres provided preschool and occasional care
- the three centres provided a broad range of programs and services that illustrated the differences across the Children's Centres.

Some areas of difference between Children's Centres were not captured in the sample. All centres visited had been operating for 12 months or less, they were either purpose built or newly extended and were stand-alone centres co-located with a primary school. The sample did not capture characteristics of the first round of Children's Centres, those centres which had been opened for longer than 12 months and those co-located with birth to year 7 schools or birth to year 12 schools.

While visiting the three Children's Centres, researchers conducted focus group interviews with families of children with disability and additional needs who were using the centres. Parents completed a short questionnaire to capture information about their children before the focus group interviews commenced. The interviews were audio taped and later transcribed. (See Appendices 6a & 6b for the questions asked of families.)

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[8] Inclusive Preschool Programs were operating in two of the twenty one Children's Centres that participated in the study. Inclusive Preschool Programs support children with disability and high support needs to optimise their learning outcomes within a local preschool setting.

Project Design *(continued)*

Fifteen parents across the three Children's Centres provided responses through focus group interviews. Three parents, who were unable to attend the focus group interviews but wanted to respond, were provided with the short questionnaire and the focus group questions and returned their responses by post. One parent responded via a telephone interview. Overall a total of 19 parents responded. They provided information on 23 children with disability. Sixteen of these children were attending either long day care, preschool, occasional care, the Inclusive Preschool Program or combinations of these. Seven children were not attending the centre but either they or their parents had attended programs at the Children's Centres e.g. My Time, Learning Together. Some parents continued to attend programs at the centre even though their children had moved on. They were able to talk about their children's experiences in the past and their own experiences using the Children's Centres for the parenting and community programs offered.

3 Interviews with DECD Disability Coordinators

Face to face interviews were conducted with four DECD Disability Coordinators who worked with Children's Centres in four different regions. The coordinators were selected because they worked with the Children's Centres in the sample group of four which were intended to be visited[9]. A written record of the interviews was later verified by each interviewee via email. (See Appendix 7 for questions asked of the DECD Disability Coordinators.)

4 Focus Group Interviews with Non-Government Organisations and Government Agencies providing disability services

Focus group interviews were conducted with staff of government agencies and non-government organisations regarding the services they provide to children with disability and their families to access and participate in Children's Centres. Seven non-government organisations and two government agencies that provide disability services were contacted to establish whether they would participate in the study. Four of the non-government organisations declined due to their minimal contact with Children's Centres at the time. Five focus group interviews were conducted (i.e. three with staff of non-government organisations and two with staff of government agencies). A total of 28 staff participated. The focus group interviews were audio taped and transcribed. (See Appendix 8 for questions asked of staff of non-government organisations and government agencies providing disability services.)

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[9] An interview with the coordinator of the fourth centre still took place even though the centre withdrew from the visit.

Project Findings

The findings of this study represent a snap-shot in time of circumstances at Children's Centres during the second half of 2011.

The centres that participated in the study were located in eight of the 12 Department for Education and Child Development (DECD) regions. These were:

- Eastern Adelaide
- Eyre and Western
- Far North and Aboriginal Lands
- Limestone Coast
- Murray and Mallee
- Northern Adelaide
- Southern Adelaide
- Western Adelaide

The Northern Adelaide region had the highest representation of Children's Centres (n=7, 33 per cent) and the highest number of children with disability (n=120, 40 per cent). At the time of this study there were no Children's Centres located in the Yorke and Mid North, Fleurieu and Kangaroo Island, Adelaide Hills and Barossa regions.

The locations of the South Australia's Children's Centres were selected on the basis of international evidence that shows access to high quality early education and care can counter the effects of social and economic disadvantage (Australian Government Department of Education, Employment and Workplace Relations, 2009a). Hence, in the first instance, the centres have been placed in communities of highest need. They are designed as integrated services with localised variation to meet community needs.

In accordance with the Children's Centres model, this study found significant variation across the centres at all levels including:

- the mix of children's services e.g. preschool and long day care; preschool and occasional care; preschool, with an inclusive preschool program and occasional care; crèche but no preschool or long day care
- the facilities and physical environment e.g. purpose built centres, older pre-existing centres and older pre-existing centres that had been newly extended and/or renovated
- the location of centres in terms of region and community demographics
- the location of centres in relation to other educational services e.g. stand-alone centres co-located with a primary school, co-located with birth to year 7 schools or birth to year 12 schools
- the duration that the centres had been open e.g. centres open for longer than five years, centres open for less than six months
- the range of service providers located on site e.g. speech therapy, occupational therapy, child health checks, hearing services
- the range of programs available on site for families and children e.g. parenting programs, playgroups, cooking classes
- the presenting issues of children and families attending.

This variation highlights that Children's Centres, which are patterned on an integrated model with common elements, are unique, evolving and individualised entities aiming to meet the changing needs of the children and families of the community in which they are situated.

Project Findings *(continued)*

Profile of children with disability using the Children's Centres

The study found there were 303 children with disability and additional needs[10] enrolled across the 21 Children's Centres for Early Childhood Development and Parenting. These children accounted for 12.5 per cent of the total enrolments at the centres (n= 2418), ranging from three per cent to 27 per cent across the centres. Of the children with disability, 50 were reported to be Aboriginal or Torres Strait Islander[11].

The number of children with disability and additional needs at each centre ranged from three to 30. The number of Aboriginal or Torres Strait Islander children ranged from zero to 15. Across 18 of the centres, five reported no Aboriginal or Torres Strait Islander children[12].

The majority of children with disability and additional needs enrolled at the centres were aged between 4-5 years (n=204, 67 per cent). Fifty-five of the children (18 per cent) were aged between 3-4 years and 20 children (4 per cent) were aged 2-3 years. Only 11 children (4 per cent) were aged under two years and 13 children (4 per cent) were aged 5-6 years. There were no Aboriginal or Torres Strait Islander children with disability under two years. Most of the Aboriginal or Torres Strait Islander children with disability attending the Children's Centres were aged between 4-5 years (n=26, 52 per cent) or 3-4 years (n=18, 36 per cent). The remaining number were aged 5-6 years (n=3, 6 per cent) and 2-3 years (n=3, 6 per cent). The higher incidence of children in the 3-4 year bracket is likely due to the *Early Entry* policy of DECD for this group of children.

The ratio of male to female children with disability and additional needs was approximately 2:1 (male n=199, 68 per cent & female n=96, 32 per cent). Amongst Aboriginal or Torres Strait Islander children, the male to female ratio was similar (male n=30, 64 per cent & female n=17, 36 per cent).

Almost half of the children with disability and additional needs were identified as having a Speech and Language impairment (n=146, 48 per cent). The next most common disability type was Global Developmental Delay (n=48, 16 per cent). This was followed by Undiagnosed significant needs (n=32, 10 per cent), Autism Spectrum Disorder[13] (n=22, 7 per cent), Significant Challenging Behaviour (n=19, 6 per cent), Physical Impairment (n=18, 6 per cent) and Social and Emotional (n=15, 5 per cent). Only 1 per cent of all the children were identified as having a Sensory Impairment (Hearing Impairment n=1, Vision Impairment n=2).

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[10]   Researchers provided nine disability and additional needs categories for participants to select from for each individual child enrolled at their Children's Centre. (See Appendix 5 for the list of disability categories used in the study.)

[11]   Three out of twenty-one directors did not report whether the children with disability attending their Children's Centre were Aboriginal or Torres Strait Islander.

[12]   The gender of eight children was not recorded; three of these were Aboriginal or Torres Strait Islander children.

[13]   Autism SA data on the age of children diagnosed with ASD reveals the most common age for a diagnosis of autism is three years but the average age is six years. For Asperger syndrome the most common age at diagnosis is seven years with the average age 10.8 years (L. Davies[Autism SA] 2012, pers comm September).

Project Findings *(continued)*

Figure 1 The number of children by disability category
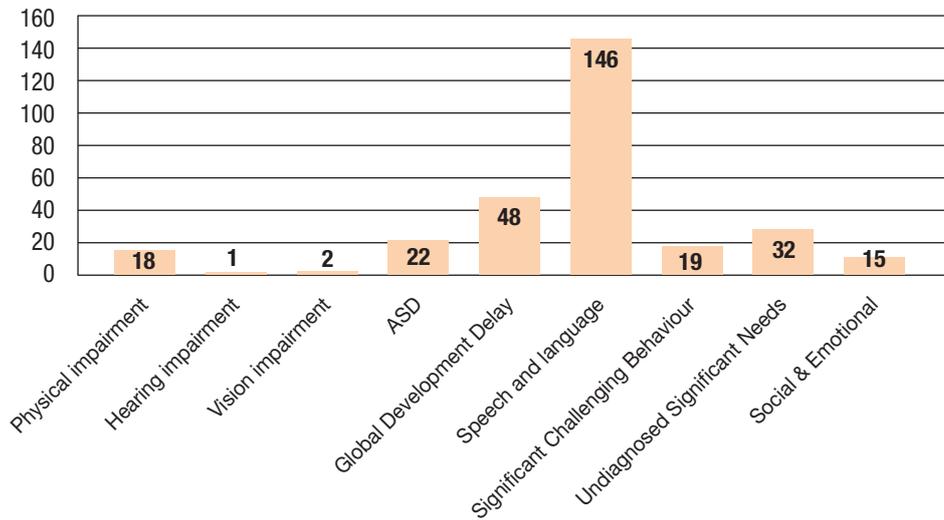
Of all the Aboriginal or Torres Strait Islander children with disability and additional needs at the Children's Centres, over half were identified as having a Speech and Language Impairment (n=30, 60 per cent). The next most common disability type among these children was Undiagnosed Significant Needs (n=7, 14 per cent). No Aboriginal or Torres Strait Islander children were identified as having a Sensory Impairment.

Figure 2 The number of Aboriginal or Torres Strait Islander children by disability category
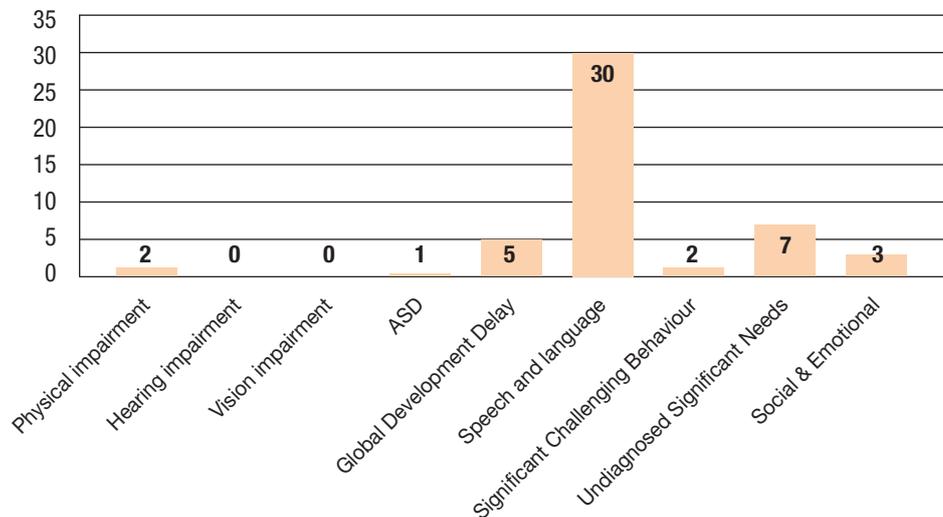
Project Findings *(continued)*

Families' use of the Children's Centres

Of the 303 children with disability enrolled at the Children's Centres, 255 used preschools, 68 attended long day care and 18 used occasional care. Of the 50 Aboriginal or Torres Strait Islander children with disability enrolled at the Children's Centres, 45 used preschools, 9 attended long day care and none used occasional care.

Reasons for using Children's Centres

The reasons for a family using a Children's Centre were not always about the direct needs of the child. Families most often commented that they used their Children's Centre because it was close to home. The reputation of the centre and the director was also an influencing factor. Families commented on the welcoming approach by staff of the centres. They were also attracted by the access to multiple services at the one site. When available, families appreciated the assistance of the community development coordinators, family service coordinators and parenting support programs. They also appreciated access to allied health consultants and additional disability specific services offered at some centres to assist children with disability. Families commented that the Inclusive Preschool Programs were significant in gaining understanding and support for their children.

A small number of families commented that they had moved house to be closer to a children's centre because of the centre and director's reputation for being inclusive and supportive of children with disability.

Staff of non-government organisations and government agencies and Children's Centres directors provided similar responses about why families of children with disability used Children's Centres. They commented that having multiple services on one site was attractive to families because of the potential for smoother transitions. Other regularly mentioned reasons for accessing Children's Centres were for respite, early intervention services and social skills development.

Project Findings *(continued)*

Disability services provided for families using Children's Centres

Directors were asked to identify which disability services were providing support to children with disability at their centres. One hundred and seventy five of the children with disability and additional needs were receiving assistance from DECD Disability Co-ordinators (58 per cent). The next most common disability service utilised was 'other'[14] (n=124, 41 per cent), followed by Inclusive Directions (n=24, 8 per cent), DCSI Disability Services (n=22, 7 per cent) and Autism SA (n=22, 7 per cent), Early Childhood Intervention Consultants (ECIC) from Women's and Children's Health Network[15] (n=21, 7 per cent) and Notiva Children's Services (n=16, 5 per cent). Three children were receiving services from Down Syndrome SA, two from CanDo:4Kids and none were receiving services from either the Cora Barclay Centre or Guide Dogs Association of South Australia and Northern Territory.

Figure 3 **The number of children using particular disability services at Children's Centres**
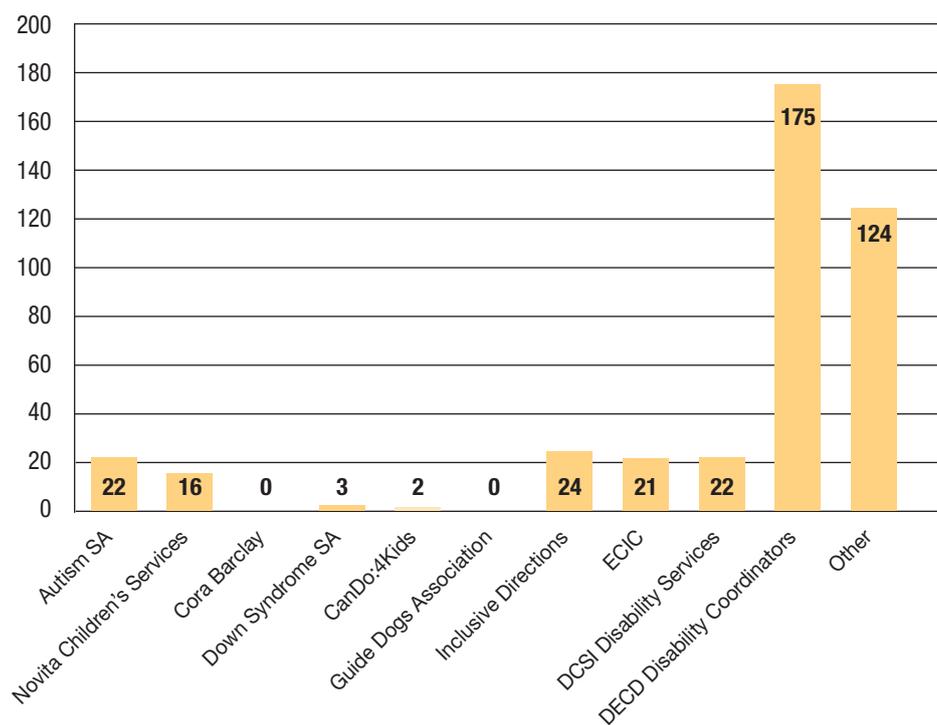
Note - Participants were not limited to one response.

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14   Due to the large number of different services accessed by children with disability across the Children's Centres the category 'other' was included as a *'disability service used'* in the survey to directors. Responses were subsequently divided into six sub categories. These were: health (e.g. CAMHS, Aboriginal Health), educational (e.g. DECD speech pathologist, SERU), private (e.g. private psychologist, occupational therapist), Families SA, non-government organisations (e.g. Anglicare) and other. These have been reported separately in Figure 5.

15   The Women's and Children's Health network was formerly known as the Children, Youth & Women's Health Service.

Project Findings *(continued)*

Amongst the Aboriginal or Torres Strait Islander children with disability the most common disability service used was that of the DECD Disability Co-ordinators (n=35, 70 per cent). The next most common disability service utilised was 'other' (n=27, 54 per cent) followed by DCSI Disability Services (n=4, 8 per cent) and Inclusive Directions (n=3, 6 per cent).

Figure 4 **The number of Aboriginal or Torres Strait Islander children utilising particular disability services at Children's Centres**
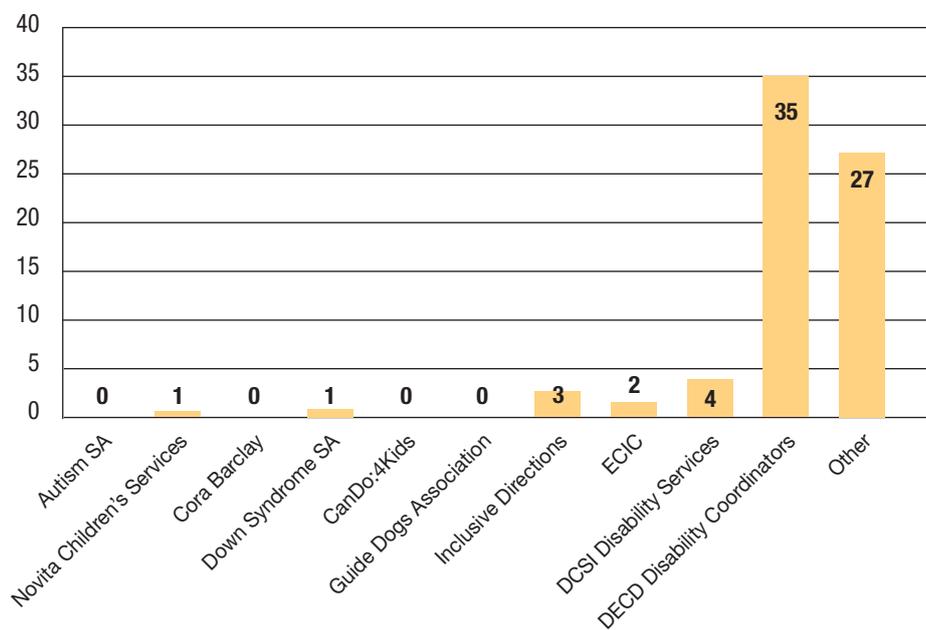

Note - Participants were not limited to one response.

Project Findings *(continued)*

Of the 124 children who were identified as accessing 'other' disability services, 73 (59 per cent) accessed a service from health. The next most common other service used was from education (n=37, 30 per cent) followed by Families SA (n=11, 9 per cent).

Figure 5 **The number of children accessing 'other' disability services by sub category**
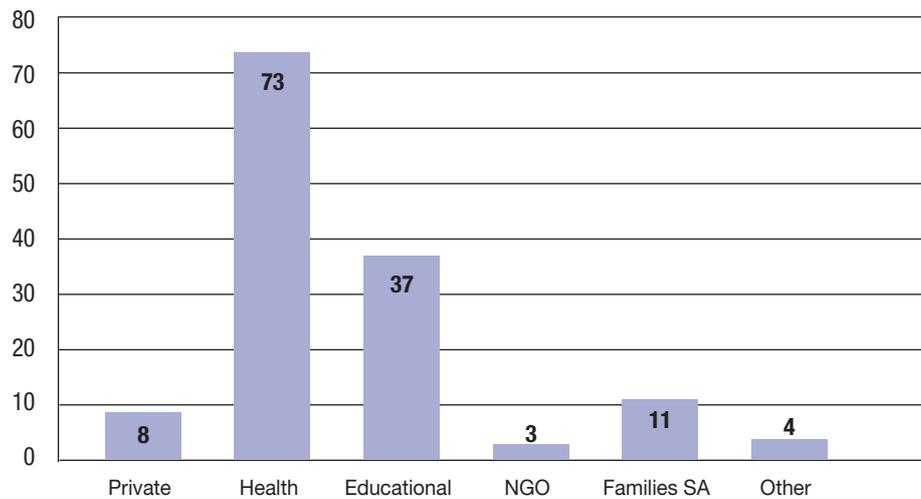
Note - Participants were not limited to one response.

Among the 27 Aboriginal or Torres Strait Islander children who were identified as accessing 'other' disability services, 25 (93 per cent) accessed a service from the health sector. The next most common service utilised was from education (n=16, 59 per cent) followed by Families SA (n=8, 30 per cent).

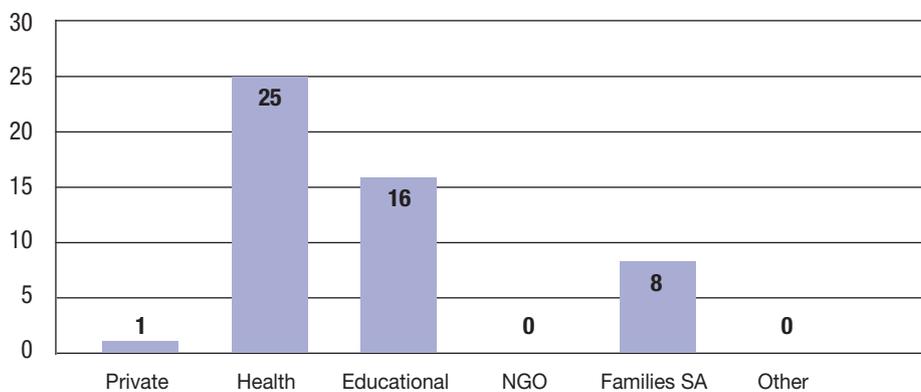**Figure 6** **The number of Aboriginal or Torres Strait Islander children accessing 'other' disability services by sub category**

Note - Participants were not limited to one response.

Project Findings *(continued)*

Staff from government and non-government disability services were working with all of the 21 Children's Centres involved in the study which included services funded through the Ministerial Advisory Committee: Students with Disabilities — Novita Children's Services, Autism SA, Down Syndrome SA, Inclusive Directions, CanDo:4Kids and other services, for example, DCSI Disability Services, DECD Speech Pathologists, Special Education Resource Unit (SERU), Families SA and Child Adolescent Mental Health Service (CAHMS). The level of involvement of staff from government and non-government disability services at the Children's Centres varied at each individual centre.

The findings indicated that support related to direct services for children with disability at the centres was most prevalent. Enrolment support and working with families was not as frequently reported, which indicated that the Children's Centres have developed their own capacity to undertake these tasks for children with disability and their families without requiring additional support from external services.

Physical environment of Children's Centres

The staff of government and non-government organisations providing disability services discussed the physical space available to accommodate their work in the Children's Centres. Their responses differed greatly depending on the centres with which they worked. It was reported that some of the Children's Centres had limited space for one to one service provision, meetings, training, storage of equipment, group work and for disability service providers to work from the centre. A few participants commented that some of the centres were not very easy to access.

These findings were reiterated by a third of directors who mentioned that the constraints of the physical environment in their centres in terms of limited space (e.g. lack of room to store equipment) and noise levels (e.g. poor acoustics) impacted on their ability to accommodate the needs of children with disability. This also impacted on the centres' abilities to provide space for service providers to work and for parent groups.

In contrast, other centres had accessible, spacious and well-designed physical environments with consulting and meeting rooms—there were no issues with limited space at these centres. It appeared from the responses that limited space was more of an issue in the older centres.

Modifications to services for children with disability

Families of children with disability were asked to report on changes and modifications that had occurred at the centres to support their children. Families provided a range of responses from no modifications to minor alterations (e.g. installing bathroom rails), additional sensory materials and greater supervision of their children. Families most often commented that centres had accessed additional professional support to assist their children to participate in the centres' programs.

The majority of directors reported a large spectrum of specialist equipment used by the centres depending on the individual needs of children. This included physical access equipment, sensory equipment, adapted toys and hydraulic change tables. Visual aids were the most frequently reported type of equipment used at the centres.

Project Findings *(continued)*

Staff of non-government and government organisations reported having assessed the Children's Centres environments to determine the access needs of children with disability, modifications to recommend and equipment required. Qualified staff offered advice on equipment for individual children and periodically checked the equipment used by children at the centres. It was reported that many of these organisations supplied or arranged for the supply of equipment to Children's Centres on a loan basis but, in particular, Inclusive Directions was the principle provider for child care services and SERU was the main provider for preschool programs.

Staff skills and training

Stability of staffing was seen as a strength of the Children's Centres. Directors believed that this enabled the knowledge and skills acquired through training to be retained at the centre and embedded in centre practice. In addition, training providers had time to develop familiar and trusting relationships with staff and could tailor training to the needs of a particular centre.

Directors were asked to list the type of training received by staff to support children with disability at the centres. Directors commented that the types of training required varied greatly and depended on the children attending the centre at the time.

The following areas of training were undertaken or required by staff across the Children's Centres to support the inclusion of children with disability:

• Disability specific training (e.g. Autism Spectrum Disorder)
• Communication—Speech and Language Development
• Social and emotional/behaviour support
• Family support
• Strategies for learning
• Technology
• Physical and occupational therapy skills
• Manual handling
• Personal care
• Medical needs and First Aid

The most requested type of training for staff from the areas above was speech and language development followed by training in the area of Autism Spectrum Disorder.

Directors, DECD Disability Coordinators and staff of non-government and government organisations all emphasised that having strategies to release staff for training opportunities and professional development was integral. Directors reported that their ability to release staff to undertake training was challenging because they needed to backfill the positions and were constrained by their centre's budget to do so.

Project Findings *(continued)*

Roles and responsibilities

DECD Disability Coordinators

The DECD Disability Coordinators' roles varied at the Children's Centres and those interviewed described their roles differently. One coordinator explained that the variation was due to the differing needs of Children's Centres, as well as the skills of individual coordinators. All DECD Disability Coordinators reported working mostly with children from three and a half years of age and older. Younger children with disability were referred to Inclusive Directions for support by an Inclusion Support Facilitator.

DECD Disability Coordinators' reported:

- having pre-referral conversations with staff of Children's Centres about children presenting with needs
- conducting observations at the centres
- supporting families by providing information on DECD processes to identify school pathways and options
- talking with families to explain education and other supports available
- discussing reasonable accommodation strategies with staff of centres
- discussing referrals
- reviewing preschool support
- co-ordinating funding
- contributing to individual children's plans e.g. transition and behavioural support.

Other roles included delivering professional development to staff and development of new documents and meeting processes, in particular improving transition planning with schools.

All of the DECD Disability Coordinators reported that their role in working with Children's Centres involved interacting with other disability service providers from non-government organisations and government agencies. Some of the coordinators commented that the Children's Centres were evolving and complex with an extensive range of service providers working with the centres. At the time of the study, relationships and processes for working together at Children's Centres were still forming at a number of centres.

Project Findings *(continued)*

Staff of non-government organisations and government agencies that provide disability services

Staff of non-government organisations and government agencies also reported highly varied work roles depending on the needs of the children and families who used the centres. In summary, they provided assistance with initial contacts and support during transitions and acted as a link between services and families to ensure Children's Centre staff were informed of the children and families' needs. Staff also reported that they negotiated for the right levels of support for children. During focus group interviews, they mentioned providing support and information to empower families to select services for their children (including child care and preschool). They assisted with enrolments and in organising specialist assessments. A few of the staff reported that they referred parents to programs at Children's Centres, although this was typically the role of the community development coordinator at the Children's Centre.

In addition, staff of non-government and government organisations commented that some families did not want to engage with the process of acquiring special options for their children, as it drew attention to their child's disability or additional needs. They raised the issue of some families struggling to come to terms with their children's diagnosis and not always wanting disability service staff working with their children at the centres. These staff spoke of the importance of supporting families in these instances by working directly with the Children's Centres' directors and staff.

All of the participating non-government organisations and government agencies provided some form of training, modelling or coaching for staff of Children's Centres. They also spent time observing children, analysing difficulties and making suggestions on a needs basis. The type of direct services provided to children and families at the Children's Centres included physiotherapy, occupational and speech therapy, financial counselling and psychology. Autism Spectrum Disorder consultants, nurses, social workers, psychologists, physiotherapists, occupational therapists and speech pathologists provided these services. Participants reported that not all of these services were provided by their organisation.

Some staff of non-government organisations and government agencies also spoke of providing assessments for children and starting the referral process for accessing special provisions. They were involved in developing care, transition, behavioural support and negotiated education plans. A few staff mentioned that they ran groups at the Children's Centres, for instance My Time[16], parenting workshops and autism groups.

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[16] MyTime groups provide facilitated peer support for parents, grandparents and carers of children with disability, developmental delay or chronic medical condition. A facilitator and play helper support each group to socialise with other group members, discuss relevant topics, access information and develop support networks with other carers.

Project Findings *(continued)*

Staff from all of the non-government organisations and government agencies discussed the importance of sharing information and exchanging knowledge with the Children's Centre staff and that this was an important part of their role. They also viewed it as their responsibility to build connections to ensure that information sharing was occurring. Furthermore, disability service staff reported that the task of building connections with Children's Centres was important and involved a variety of commitments. The following were some examples mentioned:

- taking membership on Children's Centres Enabling and Partnership groups
- attending and contributing to interagency meetings
- assisting with programs
- working collaboratively with other agencies and organisations
- supporting the development of the relationship between child care and preschool services.

Communication practices

Communication practices that are working well

Families, DECD Disability Coordinators and staff of non-government organisations and government agencies reported that the staff at the Children's Centres were approachable and created an open and welcoming environment. This was considered to be very important, in particular by families of children with disability.

Children's Centre directors, DECD Disability Coordinators and staff of non-government organisations and government agencies all reported practices that enhanced communication between centres and services, which in turn helped to improve the quality of care and education for children with disability. These were:

- Strong leadership—if the director was open and welcoming to outside organisations this filtered through to staff and became embedded in the centre's culture
- Providing a wide distribution of what was available at centres e.g. emailing or mailing programs to organisations and providing programs via a centre website
- Disability services providing centres with information on what they offer and the processes involved to access their services. Familiarity of services with centres enhanced information sharing and relationships
- The capability of the community development coordinator as a conduit for sharing information between centres, services and families was important.

Project Findings *(continued)*

Opportunities for improvement

It was acknowledged that every site was different and that this sometimes made it confusing for families and disability service providers to know what services were available at each site. At the same time, Children's Centre directors and staff of non-government organisations and government agencies commented that relationships were still being developed and that maintenance, reflective thinking and improvement in communication was an ongoing process.

It was also acknowledged by some non-government organisations and government agencies staff that their processes to provide information to centres, particularly new centres where a relationship had not been established, could be improved e.g. emailing Children's Centres information about the services they offer. Conversely, some Children's Centres needed to provide more information to disability services about the programs and services that were provided at the centres. Disability service providers found it difficult at times to find information to give to families about what services and programs each individual Children's Centre provides.

Suggestions to improve communication from participants in the study also included:

* Improving information sharing between services and centres around which children were receiving disability services from non-government organisations and government agencies
* Improving information sharing between non-government organisations and government agencies around which children and families they were providing services to
* Providing clearer and more consistent information to families about what disability services are available and the processes to access these services.

Strengths of Children's Centres

Families, DECD Disability Coordinators, Children's Centres directors and staff of non-government organisations and government agencies identified strengths of the Children's Centres. In summary their responses expressed appreciation for:

* dedicated and caring staff who were open and empathic to parents of children with disability and who were family friendly in their approach
* a broad range of services and programs providing extra support to families of children with disability
* various educational and parenting programs
* a multi-disciplinary approach to support
* the well-equipped environment
* a strong inclusive culture
* directors' positive relationships with their communities
* continuity when transitioning from childcare to preschool.

Project Findings *(continued)*

Families commented positively that the sense of community they felt from their involvement in Children's Centres was a real strength, as indicated by the following comments:

> *The village raises a child ethos is really strong here, particularly with the staff. It's really good that they take on each individual family's culture and that they include their culture in the centre.*

> *The community spirit has been fantastic.*

> *Everyone knows the staff and it's a lovely community.*

The importance of the role of the community development coordinator and family services coordinator was repeatedly emphasised by the study's participants. Community development coordinators and family services coordinators ensured a holistic approach to support and care for families of children with disability. They organised programs to meet families' needs and developed relationships with other agencies to deliver an integrated approach to care and education for families and their children with disability.

Staff providing disability services also reported that the clustering of services at Children's Centres was clearly a strength of the service model. Having therapists on site and the facilities for therapists to consult allowed conversations and spontaneous chats to occur with families. This immediacy was considered important for families, *"rather than having to go to an office"*. Purpose built centres were better placed to provide this breadth of service because of their well-designed physical layout with capacity for consulting rooms. One staff member articulated this strength as follows:

> *Having the therapist on site means the therapist can introduce themselves to the parents and develop a trusting relationship, and then start to broach the issues of their child needing some additional support. Appointments can happen right there at the centre. It's less intimidating.*

Project Findings *(continued)*

Areas for development

Of the few families who reported difficulties, wait times to have their children assessed was of most concern. Directors of the Children's Centres also shared this concern. Families reported frustration and confusion around where to get a diagnosis or the supports required for their children with disability, particularly when they transitioned to school. Some families commented that Children's Centre staff had ably assisted them to get a diagnosis and support for their children, and they were grateful for the services they received at Children's Centres, but were concerned about losing the supports that were present at the centres when their children went to school.

Parents suggested better promotion of Children's Centres amongst families to reduce confusion about the differences between Children's Centres, stand-alone preschools and long day care services. Information should highlight the additional services that are available for families of children with disability at Children's Centres. Concern was raised by participants that playgroups specifically for children with disability were not available at all of the centres.

Strong leadership and demonstration of inclusive practices across all aspects of services provision were highlighted as important factors for the effectiveness of the integrated services model. This included promoting equity for staff of multi-disciplinary teams and emphasising professionalism across different service domains. Staff of non-government organisations and other government agencies that provided disability services stressed the importance of their involvement on the Children's Centres management committees to contribute their perspectives on services for families of children with disability at the centres.

Discussion

Evaluations of the United Kingdom and Australian experiences of Children's Centres and integrated services have identified a variety of factors, including co-location of services and the presence of multi-disciplinary teams, as being important to their successful functioning (Whalley, 2006; Weeks, 2004). Multi-agency service initiatives have benefits for families including improved well-being and quality of life, reduced impact of social isolation, parent satisfaction with provision of needed services and improved flow of resources and services (Department of Education and Early Childhood Development, 2008).

Co-location of services and multi-disciplinary teams are a feature of South Australian Children's Centres, and participants of this study commented that they valued the range of services at centres and the availability of skilled staff and specialist services from different disciplines to assist in the inclusion of and services to children with disability. One parent commented:

> *We had to come all the way from [country town] to the hearing centre [in the city] and he had a speech therapist in [a town which was a 1 hour drive], so we were going all around the countryside; whereas here [at the Children's Centre] it's a one stop shop, it's all here and if something is needed they find it and get the best for the child.*

Inclusion of children with disability and additional needs at Children's Centres

There are strong ethical, rational, empirical and legal arguments for the inclusion of children with disability and additional needs in high quality early childhood programs and community activities, like Children's Centres (McLoughlin and Stonehouse, 2006). Research indicates that children with and without additional needs benefit from inclusive practices and that when appropriate adaptations are made, children with disability and additional needs make the same progress in inclusive programs as they do in segregated specialised programs (ibid, 2006).

The current Australian legal and ethical framework in which Children's Centres operate emphasises that inclusive practice is high quality practice (Brien and Grant, 2008). It is acknowledged that children with disability "have a need to be able to participate in everyday activities with their peers, while families need to be able to continue to participate as members of their own communities" (Scope, 2005). Families of children with disability and additional needs are entitled to access universal children's services with targeted programs to address specific needs (Commonwealth of Australia, 1992).

Legislation such as the Disability Discrimination Act (Commonwealth of Australia, 1992), the Disability Standards for Education (Commonwealth of Australia, 2005) and the Equal Opportunity Act (Government of South Australia, 1984) guide the operation of children's services, as does Australia's commitment to both the United Nations Convention of the Rights of the Child (1989) and the United Nations Convention on the Rights of Persons with a Disability (2006). Key disability reforms and developments at state and national levels also influence the operation of Children's Centres.

Discussion *(continued)*

The South Australian Government has included early childhood as a strategic priority and has articulated its commitment to invest in the early years, early intervention and improvement of service coordination, with professionals working together to support the most vulnerable. Children with disability and their families are amongst the most vulnerable in society. Children's Centres, with their integrated service model, provide opportunities for children with disability to explore their learning potential early and are part of the Government's response to achieving *Every Chance for Every Child* (Department for Education and Child Development, 2012a).

It is within this context for children's services in Australia, and more specifically in South Australia, that the inclusion of children with disability and additional needs in Children's Centres is integral and well supported by Government.

Prevalence of children with disability and additional needs at Children's Centres

In 2011 a total of 18,771 children were enrolled in preschool services in South Australia. Children with disability and additional needs accounted for 1327 of these children, i.e. approximately seven per cent of total enrolments (D. Dennis [Department for Education and Child Development] 2012, pers comm October). By way of comparison, this study found that approximately ten per cent of children attending Children's Centres were children with disability and additional needs attending preschool services. This finding suggests that families of children with disability and additional needs are using the preschool services of Children's Centres with higher incidence than other types of preschool services.

The study also found that 45 of the children with disability attending preschool at the Children's Centres were Aboriginal or Torres Strait Islander children. Overall, in 2011 there were 206 Aboriginal or Torres Strait Islander children with disability and additional needs attending preschools in South Australia (D. Dennis [Department for Education and Child Development] 2012, pers comm October), indicating that 20 per cent of Aboriginal or Torres Strait Islander children with disability were attending preschool at a Children's Centre. This favourable finding reflects the strategic plan for South Australia's Children's Centres to actively promote inclusion and seek improved outcomes for Aboriginal children through a targeted approach. The *Outcomes Framework* for Children's Centres aims for Aboriginal children to be safe, healthy, culturally strong and confident, including those with disability and additional needs (Department for Education and Child Development, 2012b).

The ratio of male to female children with disability at the centres was approximately 2:1 for all children, including the cohort of Aboriginal children, which is consistent with Australian Bureau of Statistics' census data[17] (2009).

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[17] It is acknowledged that the definition of disability used by the Australian Bureau of Statistics (ABS) differs from the definition of disability used in this study. Whilst direct comparison cannot be made, data from the ABS has been used to provide some indication and comparison.

Discussion *(continued)*

Most of the children with disability and additional needs were aged 4-5 years (67 per cent), compared with 18 per cent of children who were aged 3-4 years and 15 per cent who were under three years of age. This can be explained by the fact that families of children with disability are more likely to send their children to education and care services, as they get older (ibid, 2009).

Amongst Aboriginal or Torres Strait Islander children with disability and additional needs at the Children's Centres, 52 per cent were aged between 4-5 years and 36 per cent were aged between 3-4 years. The higher percentage of Aboriginal or Torres Strait Islander children with disability and additional needs aged between 3-4 years at the Children's Centre, compared to the percentage of all children with disability, indicates that the South Australian Government policy of *Early Entry*, where Aboriginal or Torres Strait Islander children are entitled to access preschool from three years of age, is working successfully and identifying additional needs early.

Breadth of disability and additional needs at Children's Centres

Speech and Language Impairment was found to be the most frequently occurring disability category at the Children's Centres (48 per cent), which was even more frequent amongst Aboriginal children (60 per cent). These findings are consistent with those of Llewellyn, Thompson and Fante (2002)[18] who reported that Speech and Language Impairment was the most frequently occurring disability and additional need across all service types. The findings also concur with earlier research undertaken by the Ministerial Advisory Committee: Students with Disabilities (2003), which reported a higher proportion of Aboriginal children with a communication and language disability than non-Aboriginal children (11.1 per cent compared to 4.7 per cent). The incidence of Otitis Media[19] and subsequent hearing loss was found to be responsible for this higher prevalence and a major contributor to Speech and Language Impairment. These findings further highlight the importance of having a speech pathologist as a part of the Children's Centres' multi-disciplinary teams.

In contrast, very few children with Sensory Impairments (n=3) used Children's Centres of which none were Aboriginal. It is uncertain whether families of children with Sensory Impairment choose more specialised early childhood services that are tailored specifically to meet their child's needs, such as those provided by the Cora Barclay Centre and CanDo:4Kids (whose services were found to be minimal at the Children's Centres). Consultation with staff of these organisations suggested that this is an area for further investigation to understand the finding fully. CanDo:4Kids intends to investigate the reasons for under-representation of children with Sensory Impairment (both Vision and Hearing Impairment) in child care services in 2013 (L. Cohen [CanDo:4Kids] 2012, pers comm November).

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[18] It is acknowledged that the definition of disability used by the Llewellyn, Thompson and Fante Study (2002) differs from the definition of disability used in this study. Whilst direct comparison cannot be made, data from this study has been used to provide some indication and comparison.

[19] The occurrence of Otitis Media amongst Aboriginal children is estimated to be ten times that of non-Aboriginal children (Ministerial Advisory Committee: Students with Disabilities, 2003).

Discussion *(continued)*

Children's Centres for families of children with disability and additional needs

Children's Centres were found to have a strong focus on inclusion and actively aim to provide early intervention services to children with disability and additional needs and their families. The higher than average percentage of children with disability at the centres suggests that the multi-disciplinary approach is working effectively to detect children's disability and additional needs early, provide assistance with assessment or diagnosis when required and structure interventions in response to need.

According to the participating families, their children with disability and additional needs have experienced enhanced well-being as a result of attending a Children's Centre. Families of children with disability spoke only positively of their children's experiences with parents commenting:

> *He seems happier in himself and always tells us he loves coming.*

> *Being here has been so beneficial to my daughter and her development because there have been so many opportunities available to her… She has a primary carer and they have a bond, but whilst she has an attachment to her she is also very happy to be around the other workers…*

> *I can see the difference in her, she's happier here and her siblings are at the school so I think she'll be happier there too.*

Although there was variation in numbers of Aboriginal children with disability and additional needs across the Children's Centres, families reported that centres were providing culturally safe environments and inclusive programs for their children. Some participants commented on the strong relationships between the Children's Centres and Aboriginal communities and how the leaders at the centre drove this connection.

One Aboriginal parent commented:

> *Right from the start it's [the Children's Centre] been absolutely excellent I can't say anything bad about it…They've [her two Aboriginal children with disability and additional needs] just blossomed since being at the centre.*

She further commented on how her two boys really wanted to attend their centre:

> *I said to the boys, "no we're not going to the Children's Centre today, it's raining" and they said, "No, we want to go. We really like it".*

Discussion *(continued)*

Services used by families of children with disability and additional needs

As mentioned earlier, this study found the majority of children with disability enrolled at the Children's Centres used preschools. Less used long day care (which was available at 12 of the 21 Children's Centres) and only a small number of children with disability used occasional care at the Children's Centre (which was available at eight of the 21 Children's Centres). This pattern of use was similar for the cohort of Aboriginal children with disability and additional needs at the centres. It should be noted that Children's Centres provide either long day care services or occasional care services but not both.

Children with disability and additional needs attending preschool can receive support to assist with their inclusion through the Preschool Support Program[20]. If they attend long day care they can receive support through the Inclusion Support Subsidy, administered by Inclusive Support Agencies (of which there are two in South Australia – Inclusive Directions and Novita Children's Services). Directors explained that targeted funding to employ additional support for children with disability and additional needs to access occasional care services was not available and this impacted on centres' capacity for inclusion. This results in families of children with higher needs having limited access to occasional care services depending on the supports available. Families of children with disability often need more respite from their children as a way of coping with additional demands (Department of Education and Children's Services, 2004). Occasional care has potential to provide a valuable service for families of children with disability but changes to the current system need to occur for equitable inclusion of these children in this service. Funding available to long day care and preschool providers should also be available for occasional care services to include children with higher support needs.

Equipment provisions at Children's Centres

The provision of specialist equipment and modifications to the centre was not raised by participants of the study as an issue of contention. Children's Centres that have both long day care and preschool may have two different providers of equipment i.e. Inclusive Directions and SERU. A child who attends both services at the same centre could potentially be provided with two separate pieces of the same equipment, according to the equipment providers' guidelines. Pragmatism at the centre and flexibility with the guidelines would ensure sensible arrangements for equipment provision at Children's Centres.

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[20]   The Preschool Support Program provides extra staff to preschools to support the teaching and learning of children with additional needs. It is a free program provided by the Department for Education and Child Development.

Discussion *(continued)*

A separate inquiry into equipment supplied for children and students with a disability in South Australia has been undertaken by the Ministerial Advisory Committee: Students with Disabilities during 2011. The report of this study describes further the processes for acquiring equipment for children with disability and additional needs.

Children's Centres and school services

The study found co-location of the Children's Centres with educational services was valued by participants and provided the potential for smoother transitions. Nevertheless, it was noted that participants did have concerns around transitioning to school. Families commented that school support services for their children with disability and additional needs were not as prevalent as those available at Children's Centres, which caused anxiety for families at the point of transition. Families were concerned about losing supports that their children had received at the Children's Centres. Some also expressed concern about the suitability of the local school for their child. Some parents commented that they did not feel their child was ready for mainstream education but did not want them to attend a special school. The limited number of places for children in special education classes was discussed as a problem. Although the Children's Centres' ability to provide smooth transitions from childcare to preschool and then on to primary school was identified as a strength and a convenience for families, not all schools had special classes or units to cater for children whose disability was more severe. These families had to go elsewhere and in these circumstances co-location was not a benefit.

Children's Centres and disability service providers

A diverse array of disability service staff (from non-government organisations, government agencies and the Department for Education and Child Development) took on a multitude of roles in Children's Centres to assist in meeting the needs of children with disability and their families. The mix of disability service providers and the effectiveness of the working relationships between multi-agency and multi-disciplinary teams varied. Typically participants reported positive working relationships or evolving working relationships. Some reported confusion amid the network of stakeholders involved in the centres and the different roles, funding arrangements and processes to access services. For some the range of services and programs in the centres was like a maze. At times this made negotiating the provision of services to children with disability and their families difficult and frustrating. However, it should be emphasised that these findings were not consistent. Smooth collaboration with other services is occurring amongst many Children's Centres and was considered a strength, but further clarification of roles and responsibilities is required in some instances.

Conclusion

The study's participants were asked to reflect and report on the services for children with disability at the Children's Centres. Most frequently families reported high levels of satisfaction with Children's Centres. Similarly, many of the staff of the non-government organisations and government agencies providing disability services at the Children's Centres were unaware of any negative issues and chose to focus on the strengths of the centres in their responses. Having extra space at the centres to provide group programs was considered critical for community building, and the presence of disability service staff at the centres allowed for relationships to develop between Children's Centres and disability services.

Overall, this study found the model of integrated services available through Children's Centres to be working well for families of children with disability and additional needs. Disability services have a clear presence at many of the centres. Children with disability and additional needs are using the centres at a rate higher than stand-alone early childhood education and care services and they and their families are benefitting from the services at the centres.

Since this project commenced, the Department for Education and Child Development has published an *Outcomes Framework* for Children's Centres, which articulates the aspirations of Children's Centres for all children—that:

- children have optimal health and development
- parents provide strong foundations for their children's healthy development and wellbeing
- communities are child and family friendly
- Aboriginal children are safe, healthy, culturally strong and confident.

(Department for Education and Child Development, 2012b)

This study has found that children with disability benefitted from access to the universal services offered at Children's Centres, as well as a targeted approach, which is responsive to their additional needs. It is therefore recommended that children with disability and additional needs be added to the *Outcomes Framework* as a targeted group.

References

Australian Bureau of Statistics (2009). *Children with a disability*. Retrieved 9 August 2012 from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Jun+2012>

Australian Government Department of Education, Employment and Workplace Relations (2009a). *Social Inclusion and Early Childhood Development.* Commonwealth of Australia: Canberra, ACT.

Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments (2009b). *Belonging, Being, & Becoming: The Early Years Learning Framework for Australia.* Commonwealth of Australia: Canberra, ACT.

Brien, J. and Grant, C. (2008). *What Next?* Workshop presented at Early Childhood Australia National Conference (October): Canberra, ACT.

Commonwealth of Australia (1992). *Disability Discrimination Act*. Canberra, ACT.

Commonwealth of Australia (2005). *Disability Standards for Education*. Canberra, ACT.

Council of Australian Governments (2009). *National Quality Framework*. Council of Australian Governments: Retrieved 30 August 2012 from <http://www.deewr.gov.au/earlychildhood/policy_agenda/quality/pages/home.aspx>

Council of Australian Governments (2012). *National Quality Standard*. Council of Australian Governments. Retrieved 30 August 2012 from <http://www.deewr.gov.au/Earlychildhood/Policy_agenda/quality/documents/nqstandardchildedu.pdf>

Department of Education and Children's Services (2004). *Report on the Conduct of Focus Group Research into Early Childhood Services*. Government of South Australia: Adelaide, SA.

Department of Education and Children's Services (2005). *The Virtual Village: Raising a child in the new millennium.* Government of South Australia: Adelaide, SA.

Department of Education and Children's Services (2008). *A companion document to the Adelaide thinker in residence report: J. Fraser Mustard, Adelaide Thinker in Residence 2006-2007*. Government of South Australia: Adelaide, SA.

Department of Education and Children's Services (2009). *Preschool Access Profile Guideline for supporting children with disabilities and additional needs in preschool settings*. Government of South Australia: Adelaide, SA.

Department for Education and Child Development (2010). *Children's Centres for Early Childhood Development and Parenting: Progress Report 2010*. Government of South Australia: Adelaide, SA.

Department for Education and Child Development (2011). *Children's Centres for Early Childhood Development and Parenting: Progress Report 2011*. Government of South Australia: Adelaide, SA.

References *(continued)*

Department for Education and Child Development (2012a). *Every Chance for Every Child*, Policy Discussion Paper Four. Government of South Australia: Adelaide, SA.

Department for Education and Child Development (2012b). *The South Australian Children's Centres for Early Childhood Development and Parenting: Outcomes Framework*. Government of South Australia: Adelaide, SA.
Retrieved 23 August 2012 from
<http://www.decd.sa.gov.au/docs/documents/1/OutcomesFrameworkChildren.pdf>

Department of Education and Early Childhood Development (2008) *Evaluation of Victorian children's centres*. State of Victoria: Melbourne, Victoria.

Government of South Australia (1984). *Equal Opportunity Act*. Adelaide, SA.

Haddad, L. (2002). *An integrated approach to early childhood education and care*. UNESCO Early Childhood and Family Policy Series, No.3. UNESCO: Paris, France.

Llewellyn, G., Thompson, K. and Fante, M. (2002). Inclusion in early childhood services: Ongoing challenges. *Australian Journal of Early Childhood*, 27(3), p. 18-23.

McCain, M. N. and Mustard, J. F. (1999). *Reversing the real brain drain: Early years study final report*. The Canadian Institute for Advanced Research: Ontario, Canada.

McCain, M. N., Mustard, J. F. and Shanker, S. (2007). *Early Years Study 2: Putting Science into Action*. Council for Early Child Development: Toronto, Canada.

McLoughlin, J. and Stonehouse, A. (2006). *Inclusion in Children's Services: Next Steps*. Noah's Ark Incorporated: Melbourne, Victoria.

Ministerial Advisory Committee: Students with Disabilities (2003). *Aboriginal students with disabilities*. Ministerial Advisory Committee: Students with Disabilities: Adelaide, SA.

Mustard, J. F. (2008). *Investing in the Early Years – Closing the gap between what we know and what we do*. Adelaide Thinkers in Residence (April): Adelaide, SA.

Scope (2005). *"More than my child's disability…": A comprehensive literature review about family-centred practice and family experiences of early childhood intervention services*. Scope Limited: Melbourne, Victoria.

United Nations (1989). *Convention on the Rights of the Child*. United Nations: New York, USA. Retrieved 9 August 2012 from
<http://www2.ohchr.org/english/law/crc.htm>.

United Nations (2006). *Convention on the Rights of Persons with Disabilities*. United Nations: New York, USA. Retrieved 9 August 2012 from
<http://www.un.org/disabilities/convention/conventionfull.shtml>.

Weeks, W. (2004). Creating attractive services which citizens want to attend. *Australian Social Work*, 57(4), p. 319-30.

Whalley, M. (2006). *Children's Centres: The new frontier for the welfare state and education system? Engaging with the struggle*. Pen Green Research, Training & Development Base: Corby, Northamptonshire, UK.

APPENDIX 1

Background information on DECD Children's Centres for Early Childhood Development and Parenting in South Australia

The importance of Early Childhood

The importance of childhood in the life cycle is well established. Research in neuroscience and biology has further confirmed the importance of the early years, in particular the first five years, as being critical to the long term health and development of children and their future life chances as adults (Haddad, L, 2002; Mustard J F, 2008). The benefits to society, both socially and economically, in investing in high quality universal early childhood services have also been acknowledged by the South Australian Government.

The origins of Children's Centres in South Australia

In June 2004 the Government established an inquiry into early childhood services. In consultation with families, community members, service providers, agencies and government staff, a vision for early childhood services to support the optimal development of young children and their families was developed. The report of this inquiry was titled the *Virtual Village: Raising a Child in the New Millennium*, (Department of Education and Children's Services, 2005). One of the recommendations from the inquiry was that integrated child and family centres be developed (ibid, 2005).

The Government responded with an announcement that it would establish 20 Children's Centres for children aged 0 to 8 years, and their families (Department of Education and Children's Services, 2008). A further 18 centres were subsequently announced making a total of 38 Children's Centres for Early Childhood Development and Parenting to be established in South Australia (Department of Education and Children's Services, 2011). The vision and goals for Children's Centres had been informed by international experiences. The goals included the provision of qualified early childhood staff to work with families to provide quality learning opportunities and care, to support children's healthy development and well-being, and to offer:

- a mix of high quality developmental programs and care for children from birth through to the early years of school
- child health information, family support, play groups and play activities
- early assessment of children's development
- health services such as hearing and eye tests, immunisation and specialised support such as speech and occupational therapy at some centres (Government of South Australia, 2005).

These goals were similar to recommendations made for early child development and parenting centres in the Ontario Early Years Study (McCain and Mustard, 1999) and, more recently, in the Canadian Council for Early Child Development's report, Early Years Study 2: Putting Science into Action (McCain et al., 2007).

APPENDIX 1 *(continued)*

Establishing Children's Centres

The first Children's Centre in South Australia commenced operation in 2005. Late in 2006 and early 2007 Dr Fraser Mustard was the Adelaide Thinker in Residence and helped shape Children's Centres by utilising his expertise in early childhood development (Department of Education and Children's Services, 2008). At the end of 2010 14 Children's Centres were operating and had been officially opened. It was anticipated that a further five centres would be opened during Term 1 2011 and another two during Term 2 2011. By Term 2 (May) 2011 there were 21 Children's Centres operating in South Australia with the vision to support children and families to achieve the best possible outcomes in a universal setting, with targeted responses for children and families who require additional support (H. Ward [Department for Education and Child Development] 2012, pers comm June).

Children's Centres are guided by the Council of Australian Government's *National Quality Framework* (2009), which is an important early childhood reform designed to deliver a higher standard of education and care for Australian children. A key aspect of the *National Quality Framework* is the *National Quality Standard* and rating system, which from 2012 sets a new national benchmark for the quality of learning and care in early childhood services. Children's Centres' staff use *Being, Belonging and Becoming - Early Years Learning Framework (EYLF)*, to develop curriculum (Australian Government Department of Education, Employment and Workplace Relations for the Council of Australian Governments, 2009b). The EYLF is a part of the *National Quality Standard* (Council of Australian Governments, 2012). It reinforces the principles laid out in the United Nations Convention on the Rights of the Child, which states that all children have the right to an education that lays a foundation for the rest of their lives, maximises their ability, and respects their family, cultural and other identities and languages without discrimination (United Nations, 1989).

The emphasis of Children's Centres is on collaboration.

> *Children's Centres focus on children's learning and development within the context of their family and community. Through a collaborative partnership approach, government and non-government agencies develop a multi-disciplinary team that provides:*
>
> * *a combination of universal and targeted services for young children (antenatal to eight years of age)*
> * *programs designed to strengthen the capacity of families and the community to respond to children.*
>
> (H. Ward [Department for Education and Child Development] 2012, pers comm June).

APPENDIX 1 *(continued)*

Children's Centres services, programs and staff

Children's Centres offer a range of services and programs in response to the needs and strengths of the community in which they are situated. They have strong connections to local schools with the intention of making transition from the centre to the school easier for both parents and children. According to the Department for Education and Child Development (2010 & 2011) all Children's Centres provide universally available education and care programs such as preschool and child care (long day care, occasional care and crèche), family support programs and services, playgroups, community development activities, health programs and information.

Children's Centres also provide additional programs and services to meet the needs of children and families within the local community. These aim to be dynamic and are determined by the leadership team and staff at the centres, government agencies, non-government and community based organisations, parents and community members.

Children's Centre staff have a knowledge of other programs and services within the local community and connect families to these services when additional support is required to meet a child and their family's needs (ibid, 2010 & 2011).

Children's Centres staff include a Director or Head of Early Years, early childhood qualified teachers, early childhood workers, a mix of qualified and unqualified child care staff and a community development coordinator (CDC) who facilitates parenting and community programs. In Children's Centres that have specific needs additional staff with expertise provide targeted support. Centres may also employ:

- allied health staff e.g. speech pathologists, occupational therapists
- Child and Family Health Services clinic staff e.g. maternal health nurses
- family services coordinators (FSC) who provide support for families experiencing child development problems or parenting difficulties and who are considered more vulnerable than other families
- health promotion officers.

(Department for Education and Child Development, 2010 & 2011)

All staff at Children's Centres work both with parents, children, communities and a variety of professionals from a range of agencies (government and non-government) to meet the needs of each child and their family.

APPENDIX 2

List of Children's Centres that participated in the study

1. Blair Athol North
2. C.a.F.E (Children and Families Everywhere) Enfield
3. Cowandilla
4. Elizabeth Grove Community Campus
5. Forbes (located at Plympton South)
6. Hackham West
7. il nido (located at Paradise)
8. John Hartley (located at Smithfield Plains)
9. Kaurna Plains (located at Elizabeth)
10. Keithcot Farm (located at Wynn Vale)
11. Kirton Point (located at Port Lincoln)
12. Mount Gambier (located at Mulga Street Primary School)
13. Ocean View College (located at Taperoo)
14. Parafield Gardens
15. Parks (located at Angle Park)
16. Port Augusta (located at Rupert Street)
17. Renmark
18. Tinyeri (located at Murray Bridge)
19. Trinity Gardens
20. Woodcroft Heights
21. Woodville Gardens

APPENDIX 3

Project Group Membership

Chairperson

Heather Ward	Ministerial Advisory Committee: Students with Disabilities, *Department for Education and Child Development, Early Years representative* (2011)
	Department for Education and Child Development, *Manager Children's Centres Project*

Members

Kerry Bissaker	Ministerial Advisory Committee: Students with Disabilities, *Minister's Nominee*
Louise Davies	Autism SA, *Executive Manager, Service Development*
Cathie Home (up to June 2012) **Helen Connolly** (from September 2012)	Ministerial Advisory Committee: Students with Disabilities, *Early Childhood Australia (SA Branch) representative*
Zarinah Jaafar (proxy Rochelle Hay) *or*	Department for Communities and Social Inclusion, Disability Services *Program Manager Children's Services*
Julie O'Leary (proxy Kath Vannan)	Department of Communities and Social Inclusion, Disability Services, *Clinical Lead, Social Work*
Helen Kowalenko	Ministerial Advisory Committee: Students with Disabilities, *Department for Education and Child Development, Early Years representative (2012)*
Lynette Rule	Novita Children's Services *Acting Service Area Manager Early Childhood Service*

Ministerial Advisory Committee: Students with Disabilities

Christel Butcher	*Executive Officer (2011)*
Jo Shearer	*Executive Officer (2012), Project Officer (2011)*
Skye Yuill	*Project Officer*

APPENDIX 4
Terms of Reference

1. To develop a report for the Minister to inform her of Government agencies and Non-government organisations' service provision in supporting families of children with disability and additional needs to access and participate in Children's Centres in South Australia.

2. To describe the use of Children's Centres by families of children with disability and additional needs.

3. To discuss the skills and training requirements of staff at Children's Centres to include children with disability and additional needs at the centres.

4. To discuss the planning, communication and transition practices of staff at Children's Centres regarding children with disability and additional needs and their families.

5. To discuss the relationship between Children's Centres and Government agencies and Non-government organisations to support the inclusion of children with disability and additional needs at the centres.

APPENDIX 5

Director's Questions

1a) How many children with a diagnosed disability and additional needs are currently enrolled at the Children's Centre (include those with an 'Undiagnosed Disability')?

1b) Overall, how many children are currently enrolled at the Children's Centre (include those with a diagnosed disability and additional needs)?

2) Please provide detailed information about each child with a disability and additional needs in the following table (gender, age, disability category, care and education services used, other programs accessed at the Children's Centre and disability services used by the family).

3) Why are the services of the Children's Centre used by families of children with disability and additional needs? (e.g. child care for parents who work, study or are looking for work, respite, inclusion and social skill development, Early Intervention services, preschool, Inclusive Preschool Program, Speech and Language programs, smooth transition to school, parent education, parental support [e.g. Incredible Years, My Time])

4) What specialist equipment is used by children with disability and additional needs at the Children's Centre (e.g. adapted toys, physical access equipment, visual aids, hydraulic change table)?

5) Describe how staff members, including new staff, are informed of the individual needs of children with disability and additional needs at the Children's Centre.

6) Please list the training received by staff to support children with disability and additional needs at the Children's Centre (by training provider and training provided).

7) What training and development would the Children's Centre see as beneficial for present and future learning?

8) Which government agencies and non-government organisations have the Children's Centre liaised with to assist the inclusion of children with disability and additional needs?

9) Please indicate the type of support provided for children with disability and additional needs attending the Children's Centre.

10) When is contact made between the Children's Centre and government agencies or non-government organisations that provide disability support services—and how is it maintained?

11) Please describe the Children's Centres' capacity, in terms of physical space, to accommodate disability service providers (e.g. consulting rooms, equipment for children).

APPENDIX 5 *(continued)*

12) Please describe the strengths of the Children's Centre to include children with disability and additional needs (e.g. staff skills and experiences, visiting specialist staff).

13) What gaps have the Children's Centre staff identified in the provision of services for children with disability and additional needs? Please describe.

14) What are the areas of further development and support required to include children with disability and additional needs and their families at Children's Centres? Please comment.

15) Any further comments.

Note to Question 2

This question incorporated a table, which allowed the directors to record a brief profile of each child with disability or additional needs at the centre. One of the variables was 'disability category'. The eight categories of the DECD Preschool Support Program, plus 'Social and Emotional' (which was requested by Inclusive Directions), were used to describe the 'disability categories' for the Directors' questionnaire.

The nine disability categories were:

1   *Physical Impairment (P)*
2   *Hearing Impairment (H)*
3   *Vision Impairment (V)*
4   *Autistic Disorder (A)*
5   *Global Developmental Delay (G)*
6   *Speech and Language Impairment (S)*
7   *Significant Challenging Behaviour (B)*
8   *Undiagnosed Significant Needs (U)*
9   *Social and Emotional*

The DECD categories are listed in the *Preschool Access Profile* (2009) <http://www.decd.sa.gov.au/speced/files/links/DECS_PAP_Guidelines_final.pdf>.

In the case where a child had more than one disability, participants were asked to select the child's primary disability—the one that enabled them to receive support.

Note to Question 9

This question was supplemented with a list of set items from which to select. These were: general advice and support; creating inclusive environments; enrolment; working with families; planning and programming; written information; staff training; modelling/coaching; liaising with therapists; providing therapy and advice, e.g. speech therapy, occupational therapy; specialist equipment; additional staffing; transition; other-please describe.

APPENDIX 6a

Families' Questionnaire about their Children

1. Your child's age (years : months).

2. Your child's gender (Male or Female).

3. What is your relationship to your child?
   (Mother, Father, Mother and Father, Grandparent, Other-please describe)

4. What does your child receive additional support for?
   (e.g. Speech & Language, Physical Impairment, Vision Impairment, Hearing Impairment)

5. Which service/s of the Children's Centre do you use?
   (e.g. Long Day Care (Child Care), Occasional Care, Preschool)

6. Do you use other programs offered at the centre?
   (e.g. My Time, Learning Together)

7. What services provide extra support for the specific needs of your child?
   (e.g. Novita Children's Services, Autism SA, Disability SA)

8. Any further comments.

APPENDIX 6b

Families' Focus Group Questions

1. Why did you choose this Children's Centre for your child/ren?

2. What changes/modifications have occurred to support your child at the centre?

3. Who do you talk to at the Children's Centre about your child's needs? Is there a key worker or primary care giver/educator?

4. If your child attends more than one service offered at the centre tell us about the differences and similarities? (e.g. Preschool , Occasional Care, Long Day Care)

5. What works well for your child at the centre? Why?

6. Are there any difficulties for your child? Please explain further.

7. Are there any further comments you would like to make?

APPENDIX 7

DECD Disability Coordinators' Questions

1. Could you please list the DECD Children's Centres for Early Childhood Development and Parenting (from the list provided: see Appendix 2) that you work with?

2. Could you please describe your role working with the Children's Centres?

3. Do you service the Centres as a whole or are Preschool, Long Day Care and Occasional Care serviced differently? Please describe.

4. Is there any way in which your work is different when working in/with Children's Centres? Please describe.

5. Please describe your working relationship with Inclusive Directions?

6. What are your interactions like with other Disability Service providers?

7. What type of support do DECD Disability Coordinators provide to assist children with disability and additional needs and their families at the Children's Centres?

8. How do you provide information to the Children's Centres about the services DECD can offer?

9. How and when is initial contact made with a Children's Centre?

10. With whom at the Children's Centre do you share information?

11. How are you informed of the individual needs of children with disability and additional needs at a Children's Centre?

12. Do you provide information to families of children with disability and additional needs about the services offered at the Children's Centres?

13. Please describe the Children's Centres' capacity, in terms of physical space, to accommodate you when you are working at a Children's Centre (e.g. consulting rooms, equipment for children).

14. What do you perceive are the strengths of the Children's Centres to include children with disability and additional needs?

15. What strengths do DECD Disability Coordinators bring to Children's Centres?

16. What gaps have you identified in the provision of services for children with disability and additional needs at the Children's Centres? Please describe.

17. What training and development do you feel would benefit staff at the Children's Centres?

18. Are there any further comments you would like to make?

APPENDIX 8

Staff of Non-government Organisations and Government Agencies' Questions

1. Could you please list the DECD Children's Centres for Early Childhood Development and Parenting (from the list provided: see Appendix 2) that you work with?

2. Could you please describe your role working with the Children's Centres?

3. Please describe your working relationship with the DECD Children's Centres for Early Childhood Development and Parenting.

4. How do you provide information to the Children's Centres about the services your agency can offer?

5. What type of support has been provided by your agency to assist children with disability and additional needs and their families at the Children's Centres?

6. How and when is initial contact made with a Children's Centre?

7. With whom at the Children's Centre do you share information?

8. Describe the reasons you are working with Children's Centres?

9. How are you informed of the individual needs of children with disability and additional needs at a Children's Centre?

10. How do you provide information to families of children with disability and additional needs about the services offered at the Children's Centres?

11. Is your agency involved in assisting families to select education and care services? Please describe (e.g. your processes, criteria for selection and information provided to families).

12. Which other agencies at the Children's Centres does your agency work with?

13. Please describe the Children's Centres' capacity, in terms of physical space, to accommodate you when you are working at a Children's Centre (e.g. consulting rooms, equipment for children).

14. Does your agency provide specialist equipment to the Children's Centres? If yes, please describe (e.g. adapted toys, physical access equipment, visual aids, hydraulic change table).

15. What do you perceive are the strengths of the Children's Centres to include children with disability and additional needs?

16. What strengths does your agency bring to Children's Centres?

17. What gaps have you identified in the provision of services for children with disability and additional needs at the Children's Centres? Please describe.

18. What training and development do you feel would benefit staff at the Children's Centres?

19. Are there any further comments you would like to make?