

Early Childhood Transition

for Children with a Disability

Focusing on children's centres for early childhood
development and parenting



A report of the
Ministerial Advisory Committee:
Students with Disabilities (MAC:SWD)
South Australia
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Note: The term "site/s" includes centres, schools, settings;
the term "disability" includes disability and developmental delay; and
the term "parents" includes parents and guardians.

Foreword

The Minister for Education and Children's Services requested a study to investigate transition practice and processes for young children with a disability with particular focus on the Children's Centres for Early Childhood Development and Parenting and the role of disability agencies to support the transition process in this environment. The focus on young children and the Children's Centres is in the context of the State Government's commitment to improve early childhood services and learning outcomes for all young children in South Australia.

The study was guided by a small working party of committee members and consultations were held with those most commonly involved in the transition process with families of children with a disability: education providers, care providers and disability services staff.

Early childhood centres interviewed included the first five Department of Education and Children's Services (DECS) Children Centres for Early Childhood Development and Parenting, DECS special settings for preschool children with a disability and non-government integrated preschools. Senior personnel responsible for establishing the Children's Centres provided additional background information. Staff of seven disability agencies participated in the project and a focus group of disability personnel from the three education sectors was also convened. The report contains case studies provided by some of the study participants to highlight best practice in the transition of children and students with a disability.

I would like to thank all those who contributed to this work including members and staff of the Ministerial Advisory Committee: Students with Disabilities secretariat.

A handwritten signature in dark ink, appearing to read 'B. Matthews', with a long horizontal flourish extending to the right.

Brian Matthews

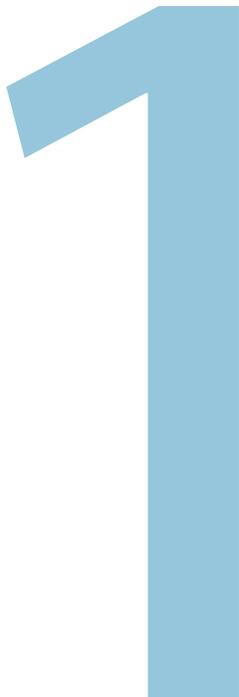
Chairperson

Early Childhood Transition for Children with a Disability: Focusing on Children's Centres for Early Childhood Development and Parenting

Ministerial Advisory Committee: Students with Disabilities

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Executive summary

This report of the Ministerial Advisory Committee: Students with Disabilities presents the findings of a project undertaken to investigate transition for young children with a disability from home to care, preschool and school. The focus was on the newly established Children’s Centres for Early Childhood Development and Parenting as examples of the model of integrated early childhood services.

The project was undertaken at the request of the Minister for Education and Children’s Services, and contributes to the ongoing commitment of the South Australian Government to deliver quality services to children with a disability and their families in their early childhood years. The aim of the project was to identify which transition model¹ and practices support the integrated delivery of early childhood care and education services for children with a disability, taking into consideration the role of disability agencies that provide consultancy to these services.

Qualitative methods for the inquiry were employed, including a review of the two main areas of literature (i.e. on integrated early childhood services and on transition), face-to-face interviews with individuals and groups, visits to integrated settings and case studies to illustrate effective transition processes and practices. Interviews took place with:

- the directors of the five established Department of Education and Children’s Services (DECS) Children’s Centres, staff from integrated schools (i.e. with a preschool on site) in the Catholic and Independent sectors, and staff from special preschool settings for children with a disability;
- staff from disability agencies that provide early childhood intervention and school support services for children with a disability and their families;
- education staff responsible for the provision of disability services and consultancy to preschools and schools from the three education sectors, to provide information on current service structures and processes used at times of transition; and
- personnel associated with the development of the South Australian Children’s Centres, to better understand the background and vision for these centres.

¹ The term model means exemplar for imitation—a best practice.

Five Children's Centres for Early Childhood Development and Parenting had been established at the time of the project's inquiry. Four of the Children's Centres had been operating for one term, and the fifth centre had been operating for six terms. During 2007, approximately 35 children with a disability attended these Children's Centres. Although, at the time of interviewing, none of the Children's Centres had yet experienced transition for children with a disability from preschool to school, the directors were able to comment on transition from home to the Children's Centre, and between childcare groups. They drew on their previous experiences to discuss transition into school for children with a disability.

The data indicated that the Children's Centres model of integrated early childhood care and education represents a strong model for working in partnership. Many respondents saw the Children's Centres as an opportunity to provide a one-stop-shop for services to support children and their families, with the potential for smooth transition across services as children developed. Directors agreed that it was convenient for families of children with a disability to have co-located childcare and preschool facilities on the one site. Families were able to leave their children knowing they would experience continuity between education and care, and that their children could develop strong attachments to their environment and the people within it. They recognised that parents² of children with a disability valued having a core group of staff at the one centre with whom they could share information and discuss their children's needs.

Directors acknowledged the need for the centres' programs and environment to respect and provide cultural diversity for families of children with a disability. When asked, directors commented that, at the time, the number of Aboriginal families and families with culturally and linguistically diverse backgrounds using the centres was low, but they anticipated that more of these families would access Children's Centres when they were established in their local neighbourhoods.

Staff envisaged that one particular advantage to families of children with a disability using the Children's Centres will be the provision of a hub for parenting programs and the convenience of access to health related services, as well as a venue for families to connect with one another. This aspect was considered particularly important for Aboriginal families of children with a disability and families of culturally and linguistically diverse backgrounds with children with a disability. They appreciated that the eventual aim was for Children's Centres to provide multiple services at the one centre, which would alleviate the stress of commuting from one location to the next to access child development services and parenting advice. They believed this could be particularly convenient for families of children with a disability, many of whom access several additional services for their child's needs.

Directors commented that the opportunity to work with children from a much younger age at the Children's Centres increased staff opportunities to identify children's developmental issues earlier and initiate timely early intervention and family support. From the perspective of the Children's Centres' directors, there were multiple advantages in being able to access both the Inclusion Support Program for children with a disability in childcare provided through Inclusive Directions and Novita Children's Services, as well as the DECS Preschool Support Program for those in preschool.

² The term parents includes caregivers and guardians.

Directors welcomed the proposal of regular access to disability agencies for families at their centres to provide advice on the development of Negotiated Education Plans and to provide therapy services for children with a disability attending the centre. Discussions regarding the involvement of disability agencies had begun with representatives of some organisations, but the details of their accommodation and frequency of service were yet to be determined. Directors commented that, at present, disability consultants from these agencies were providing services at the centre as they would to other care and education centres. The staff of disability agencies interviewed were unable to comment fully on their experience of providing consultancy services for children at the Children's Centres because the centres were relatively new at the time of interviewing, and they knew of only a few children enrolled at the centres receiving their services. The findings of this project confirmed that opportunities present for greater involvement of families of children with a disability in the Children's Centres and an increase in the number of children with a disability enrolled at these centres is possible. This would be followed by an increase in the involvement of disability agencies to provide consultative and therapy services at the centres.

With regard to transition for children with a disability, the data emphasised the importance of a planned approach and that transition plans needed to be recorded clearly and consistently applied. The project found that overarching policy statements, which articulate the principles of transition for children with a disability, were not prevalent in the childcare sector or the three education sectors (State, Independent and Catholic). Transition was most often described as a universal process and guidelines were incorporated into other policy documents pertaining to the different education and care sectors. Policy statements related to transition were generally developed at individual centres and these could vary from one to the next, with provisions for children with a disability also varying.

Currently, directors and principals have the lead responsibility for transition for children with a disability. The directors of the Children's Centres reported that they had not yet developed their own transition policy for children with a disability or plan for their centre. Some used the DECS' Negotiated Education Plan (NEP) framework or worked with the children's receiving schools' transition policies, and within that negotiated for children with a disability. They consistently reported that transition processes needed to be flexible in order to respond to the individual needs of children with a disability and their families' choices. All project participants agreed that transition processes work best when a partnership approach is employed and planning for transition starts early.

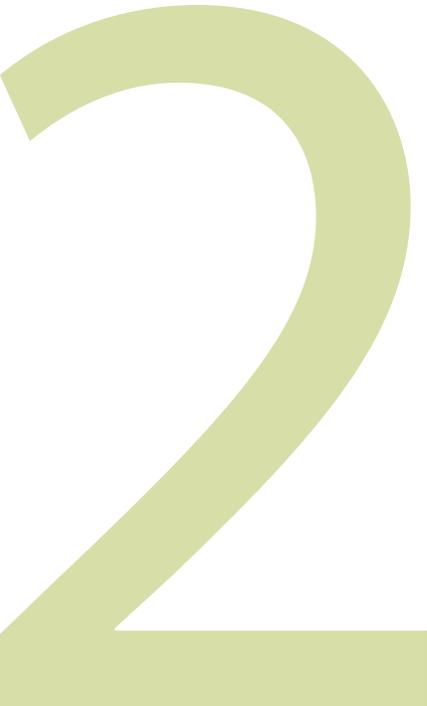
The project's participants emphasised that early planning assists with the identification of additional requirements for the children's education and care provisions in the new setting, and allows time to request information from other professionals or to coordinate modifications to the new environment in a timely manner (e.g. a guidance officer or psychologist's assessment, report and recommendations; a health, therapy or equipment assessment; development of a health support plan; modification to buildings or the provision of equipment). Directors predicted that children with a disability, transitioning from a Children's Centre to attend school at the same location, would experience smoother transitions because these children would already be familiar with the school environment and be known to their peers and school staff.

Agency consultants were regarded by care and education providers as specialists in their field and able to offer advice regarding the best transition processes and practices for particular children with a disability. Disability agency staff clearly indicated their willingness to share their knowledge to support successful transitions for children with a disability registered to receive their services. However, some tensions regarding case management of children with a disability were expressed by disability staff, who held the view that their professional opinions had not always been respected by carers and teaching staff.

The Organisation for Economic Cooperation and Development (OECD, 2006) determined that the most effective strategy for providing early childhood education and care was a systemic and integrated approach that is decentralised at a local level to allow authorities to care for local needs, but with services tied to well conceptualised government policies. The OECD review further ascertained that a more unified approach to facilitate transition from early childhood settings into schools was needed, and that this represented a challenge for governments. In addition, the report recommended universal and appropriate access to early childhood education and care for all children, and emphasised that the range and complexity of a universal approach to access means that funding is targeted at children in need of special support, including children with a disability and children with a developmental delay.

The care and education staff who contributed to the Ministerial Advisory Committee: Students with Disabilities' project stated that they would welcome an overarching transition statement to guide them through the transition process for children with a disability and provide a framework for consistency. Based on their experience and knowledge of successful transition processes and practices, they agreed that such a document would include:

- a description of the role of parents, consultants and directors/principals and a definition of transition including a glossary of terms;
- general information about placement options for children with a disability and processes for enrolment, including information on where to access up-to-date and specific information;
- guidelines for administrative responsibilities;
- a description of the transition planning processes used by the different sectors and the documents that can assist these processes;
- emphasis on the need for flexibility in transition practices and capacity for negotiation;
- methods for sharing information; and
- guidelines for maintaining confidentiality and respecting privacy.



Recommendations

Based on the findings of this project, the Ministerial Advisory Committee: Students with Disabilities recommends that:

- 1** Overarching guidelines regarding transition for children with a disability be developed by the Ministerial Advisory Committee: Students with Disabilities in consultation with the care and education sectors. These guidelines will contain guiding principles for all care and education sectors that reflect
 - the position of the care and education sectors on the inclusion and involvement of children with disabilities and their families and where to access support.
 - a heightened awareness of transition as a sensitive time for children with a disability and their families.
 - the benefit of flexible transition practices for children with a disability, taking into consideration individual children and their families' needs and the additional time required for their transition support.
 - the processes for consultation with families and other people involved with service provision and transitions for children with a disability.
 - the importance of increased dialogue during times of transition between representatives of disability agencies and the education sectors, and between staff within the education and care system.
 - the requirement to record transition plans for children with a disability, with clear explanations of the processes and strategies, and that these are communicated to families and applied consistently in practice.
- 2** The guidelines are used to guide and strengthen transition processes for children with a disability at a local level in all care and education settings, including Children's Centres.
- 3** Representatives of disability agencies continue to be consulted and involved in decisions regarding the development of Children's Centres for Early Childhood Development and Parenting, with regard to the provision of their services at these centres.



Introduction

The Australian Bureau of Statistics reported that, in 2005, “the use of formal care for very young children was low (7% of children under one year), but increased from age one (31%) up to age three (53%). From age four, when many children have started preschool, the proportion of children using formal childcare dropped to 38%, with a further decrease for five year olds (22%) when most children have started school. For 6–8 year olds, 17% attended formal care.” (Australian Bureau of Statistics, 2006, p. 4)

Comparable statistics on attendance at childcare for children with a disability were not available from the Australian Bureau of Statistics. However, the Ministerial Advisory Committee: Students with Disabilities collects data from disability organisations that support families or young children, and also consults with the education sectors to verify the data. In 2007, these data indicated that approximately:

- 1150 South Australia children with a disability and in their early childhood years were receiving early intervention and inclusion support services from non-government agencies;
- 500 of these children were attending formal care supported by one of the agencies;
- 35 children with a disability attended the five newly established Children’s Centres for Early Childhood Development and Parenting for care and preschool services;
- 1700 children with a disability attended preschools; and
- 3500 children with a disability were enrolled in junior primary classes of schools³.

Therefore, in 2007, approximately 5700 children with a disability attended formal care, preschool or junior primary school and were receiving additional services to assist with their disability or developmental delay.

³ Junior primary classes include reception, year 1 and year 2 classes.

Early childhood research has established the importance of positive early years experiences for all children as a foundation for lifelong wellbeing and sustainable societies. The South Australian Government has taken this knowledge into account and continued to demonstrate its ongoing commitment to providing quality early childhood services in this state.

In response to the Human Capital Reform Program, sponsored by the Council of Australian Governments, the South Australian Government has developed its *Action Plan for Early Childhood and Child Care* (Government of South Australia, 2007a), which is linked to both the *South Australia's Strategic Plan, 2007–2014* (Government of South Australia, 2007b), and the Department of Education and Children's Services (DECS) *Statement of Directions 2005–2010* (Department of Education and Children's Services, 2005a).

The South Australian Government's emphasis on early childhood is aligned to that of the Australian Government's *National Agenda for Early Childhood*⁴ which has acted as a framework for collaborative effort across the nation "to give Australian children the best possible start in life" (Commonwealth of Australia, 2007, p. 2).

Internationally, the age range of early childhood years is defined as lasting from birth to age eight. During this period, South Australian children have opportunities to participate in a range of care and educational settings, including their family home and community-based programs, informal and formal⁵ childcare, preschool and school. Integrated care and education centres already exist in some South Australian communities (e.g. Yankalilla, Goolwa and Clare), but the newly established Children's Centres for Early Childhood Development and Parenting in South Australia, being promoted by the South Australian Government, expand on this concept and provide a broader range of integrated early childhood services for families and the community. Children with a disability have access to these universal services and disability consultants are available to support their inclusion when needed. Transitions occur as children move between these environments.

Three major aspects of knowledge about child development in the early years have influenced the government's focus and strategic planning to expand early childhood care and education services. These are:

- research findings on the crucial pathways and patterns laid down in the brain in the first three to four years;
- the impact of early childhood poverty and stress on health, education and life opportunities; and
- aspects of contemporary changes in family structures, which have made childcare an integral service for many families (Department of Education and Children's Services, 2005b).

⁴ The Australian Government's national plan for early childhood is, in part, the nation's contribution to the United Nations strategic plan entitled *A World Fit for Children* (2002).

⁵ Formal care is regulated childcare away from the child's home. It includes before and/or after school care, long day care, family day care and occasional care. Informal care is non-regulated care arranged by a child's parent/guardian, either in the child's home or elsewhere. It comprises care by (step) brothers or sisters, grandparents, other relatives (including a parent living elsewhere), or by unrelated people (e.g. friends, nannies, baby-sitters). It may be paid or unpaid. (Australian Bureau of Statistics, 2006)

The Organisation for Economic Cooperation and Development (OECD) report, *Starting Strong II: Early Childhood Education and Care* (Organisation for Economic Cooperation and Development, 2006), discusses the links between quality early childhood education and care and the economic strengths of a society.

The OECD review determined that the most effective strategy for providing early childhood education and care was a systemic and integrated approach that is decentralised at a local level to allow authorities to care for local needs, but with services tied to well-conceptualised government policies.

The OECD review further ascertained that a more unified approach to facilitate transition from early childhood settings into schools was needed, and that this represented a challenge for governments. In addition, the report recommended universal and appropriate access to early childhood education and care for all children, and emphasised that the range and complexity of a universal approach to access means that funding is targeted at children in need of special support, including children with a disability and children with a developmental delay.

At present in South Australia, transition between home, care, preschool and school for all children is managed by the directors and principals of centres and schools in partnership with parents. In this context, transition is recognised as a process that assists children and their families to move in small steps from one environment to the next. The typical processes of transition usually need modification for children with a disability.

The Ministerial Advisory Committee: Students with Disabilities' project on early childhood transition for children with a disability and their families was completed at the request of the Minister for Education and Children's Services. The aim of the project was to identify which transition model and practices support the integrated delivery of early childhood care and education services for children with a disability, while taking into consideration the role of disability agencies that provide consultancy to these services.

Most literature regarding early childhood transition is devoted to transition to school and is based on the needs of typically developing children in the school context and concerning the perspectives of education personnel. Very few studies were sourced concerning children with a disability and transition that included the perspectives of early intervention staff (Chadwick & Kemp, 2002).

Transition to school is commonly recognised as one of the major challenges children have to face in their early years. It is further recognised that the challenge extends to all concerned, as parents, teachers and children manage the changes which can accompany the move to school settings (University of Western Sydney, 2000, p. 1) and that successful transitions involve collaboration between all these groups (ibid.). The small corpus of transition research that focuses on children with a disability also acknowledges that the transition of a child with a disability to first year school presents many challenges for the child, the family and the educator, and that collaborative consultation is widely acknowledged as best practice in the planning and implementation of educational support in inclusive settings (Foley, 2005).

Margetts (1999) documents the discontinuities and challenges that all children experience moving from preschool to school, such as changes to the physical environment, curricula, teaching staff, peer groups and level of parent involvement. She states that it is important to have continuity between previous childhood experiences and school experiences and expectations, and that transition programs can bridge the gap by developing strategies to help children adjust to school. Margetts advocates that four critical elements need to be incorporated into transition program planning: program continuity through developmentally appropriate curricula, maintenance of ongoing communication between staff at preschool and school levels, preparation of children for transition, and involvement of parents. All education sectors in South Australia have developed planning tools for children with a disability because transition to school requires specialised planning to facilitate continuity as they move across environments (Foley, 2005).

According to Sue Dockett, co-researcher of the University of Western Sydney's Starting School Research Project, "one of the most important things to focus on is the importance of relationships" (NSW Department of Education and Training, 2002, p 1). Dockett and Perry (2002) advocate that there should be time and opportunity for teachers, parents, children and preschool personnel to develop relationships with each other and that this includes reciprocal visiting of teachers and parents at early childhood and school sites. Margetts (1999) supported a series of school visits for children and parents to familiarise children with the environment, to provide opportunities to participate in classroom activities and develop social relationships, as well as to foster relationships between teachers, parents and children. Research has established that teachers, who facilitate parent participation, tend to engender positive attitudes towards school in parents and children (University of Western Sydney, 2000).

Foley's research investigated the strong support for collaborative practice and evidence that "collaboration in inclusive transitions to school has been identified as a weak link in the transitional chain" (Foley, 2005, p. 1). Earlier research found that the expectations that early childhood and primary school teachers have of one another regarding the facilitations of transitions are very different. The perception of each group was that the other group did not take enough responsibility for the transition of children (Foley, 2005).

Research by Newman in *The Transition to School for Children with Special Needs: A Phenomenographic Study* (1995) reported that significant transition issues revolved around weak relationships and differing expectations between school, preschool staff and families, which impacted on the development of effective transition processes (Newman, 1995, p. 4). Foley's study supported by earlier research concluded "that parental experiences of transition, and the apparent disparity between early childhood and primary school philosophy and practice are two factors which suggest that stakeholders are not being supported in the practice of effective, family centred dialogue" (Foley, 2005, p. 4).

The influence and management of expectations of all stakeholders is a common theme in the literature (Foley, 2005; Margetts, 1999; Newman, 1995). There is evidence that teachers developing transition programs are influenced by their theoretical position and their expectations of children and families in different environments (University of Western Sydney, 2000) and that this could impact on effective transitions for children with a disability and their families. Teachers' expectations, some of which are formed during the transition period, directly influence school experiences. Teachers with low expectations of children with a disability have the potential to adversely affect transition and continuity of these children's school experiences. This study's data also revealed that parents need to have realistic expectations about the most suitable environment for their child.

The Starting School Research Project, undertaken by the University of Western Sydney, emphasised the importance of recognising and managing the expectations of children and advocating for children's participation in discussions on transition. An effective transition program should "recognise and support the influence and expectations of children as well as parents and teachers on school experiences" (University of Western Sydney, 2000, p. 4). The study discussed how children's experience of success or otherwise has a direct impact on their future success at school and their own sense of self and self-esteem. The research suggested that school children, who have experienced the school context through repeated visits, are more likely to hold realistic expectations and that this assisted with their adjustment to school. The research concluded that effective transition programs have the potential to help children and their parents feel comfortable, valued and successful in school and to avoid negative outcomes (ibid.).

Research has also focused on the identification of critical skills required for effective transition for typically developing children. Margetts discusses that the "adjustment to school depends to a large extent on the child possessing the necessary social, behavioural and academic skills to respond to the demands of the new environment and to work independently" and that the absence of any of these can impact on children's adjustment (Margetts, 1999, p. 1). Other studies reveal that school teachers, preschool teachers and parents can have different views of what skills are critical for school (Hains et al, 1988; Kemp & Carter, 2005). A study by Hains and colleagues in 1989 reported that teachers in the first year of school focused on children's ability to function within the classroom environment whereas preschool teachers placed a strong emphasis on the skills they saw necessary for a successful transition to school (as cited in University of Western Sydney, 2000, p1).

For children with a disability, there is general agreement that transition to school must include a child preparation component, but there has been debate in the research over what type of skills taught to children with a disability will increase their chances of experiencing a successful transition and a subsequent successful integration (Kemp & Carter, 2005). Surveys of NSW Kindergarten (reception) teachers of typically developing children have identified skills such as listening to the teacher and following teacher directions, communication and self-help skills designed to promote independence as critical skills (ibid).

Chadwick and Kemp's 2002 study targeting teachers of all identified students with disabilities in state kindergarten (reception) classes in New South Wales—as well as parents and early intervention workers—supported earlier findings regarding critical skills. Both groups surveyed ranked the same skills in the top four, but in different order. The Kemp and Carter study (2005), which focused on the essential skills for successful integration nominated by teachers of children with intellectual disabilities, included classroom, social and self-help skills—all skills which were nominated in earlier studies. The Kemp and Carter study also investigated the relationship between teacher perception and child performance on selected skills and the relationship between teacher perception of integration success and selected skills. The researchers concluded that research of success should not rely entirely on the perceptions of teachers.

The parent and teacher guide produced by Autism SA supports the preparation of children and students with Autism Spectrum Disorder for moving from environment to environment. It states that part of preparing children and students for change is providing them with the opportunity to become familiar with the new environment—often incrementally—to understand the workings of the new environment and to minimise fear of the new environment. “Careful use of strategies will help students understand their environment and their expectations” (Handley, 2006, p. 3). Suitable preparation will not only set up students to fully engage in learning and be comfortable in the new environment, but will also minimise their stress and their families' stress.

Transition for children with a disability continues to remain a concern for many parents and the DECS report of the Inquiry into Early Childhood Services (Department of Education and Children's Services, 2005b) found the lowest levels of satisfaction were expressed by parents of children with additional needs and that it was also this group for whom joined up services are most important. The recommendations of that inquiry address these concerns with the development of an integrated early childhood service system and building a system which improves transition through the stages of early childhood, including the five to eight year old stage in junior primary school (Department of Education and Children's Services, 2005a). The implementation of integrated early childhood service systems in South Australia has the potential to address some of the issues raised in the literature that hinder effective transition, by providing continuity of experience, maintaining parental involvement, strengthening positive relationships between care, preschool and school staff, and managing expectations.



HOME • CHILDCARE • PRESCHOOL • SCHOOL

Project design

In December 2006, the Minister for Education and Children’s Services sought advice from the Ministerial Advisory Committee: Students with Disabilities regarding transition for children with a disability in their early childhood years (from birth to eight years of age). The committee had previously identified that difficulties arise for this group at points of transition. These difficulties include the transfer of information regarding the child’s wellbeing and additional needs, the number of transitional changes that occur for the child and the family; and changes in the type of service provided both within a service and from one service to another.

The project investigated transition processes and practices from home to care, preschool and school, with a particular emphasis on the model of integrated early childhood care and education services being established by the South Australian Government at the time. Children’s Centres for Early Childhood Development and Parenting were selected as prime examples of this integrated services model.

Research question

The committee agreed that the project would seek information on:

- which transition model supports the integrated delivery of early childhood and education services for children with a disability;
- how non-government agencies work with the integrated model of early childhood care and education services to support transition for children with a disability; and
- whether current transition practices are aligned with contemporary social structures and family demands.

The committee appointed Dr Brian Matthews as chairperson to oversee this project. Dr Matthews is the Minister's nominee to the committee and senior lecturer in the Department of Disability Studies at Flinders University. Other professionals with expertise in this topic were called upon as needed to assist with the project's development and interpretation of the findings.

Methods of investigation and analysis

Qualitative methods were used to investigate the topic. These included a review of two main areas of literature (i.e. integrated early childhood services and transition), face-to-face interviews with individuals and groups, visits to integrated settings for early childhood care and education, and family case studies to illustrate transition processes and practices. Interviews took place with:

- the directors of the five established DECS Children's Centres, staff from integrated schools (i.e. with a preschool on site) in the Catholic and Independent sectors, and staff from special preschool settings for children with a disability;
- staff from disability agencies that provide early childhood intervention and school support services for children with a disability and their families;
- education staff responsible for the provision of disability services and consultancy to preschools and schools from the three education sectors, to provide information on current service structures and processes used at times of transition; and
- personnel associated with the development of the South Australian Children's Centres, to better understand the background and vision for these centres.

A qualitative approach was also used to analyse the collective responses of the interview participants. The findings were grouped into common themes to highlight the model of transition used by care and education staff. Included were common processes and practices employed to facilitate transition successfully, as well as areas of difficulty and opportunities for further development. The interpretation of these data forms the basis for discussion and recommendations, with an explicit focus on the integrated model of early childhood services provided by the Children's Centres.



Background

Integrated early childhood care and education services

In the 1960s, the United States of America (USA) implemented the Head Start program as part of a national strategy to provide early intervention to children of poor and minority families. Evaluations of this program showed clear evidence that support and intervention in the early years of children’s lives makes a positive difference (National Head Start Association, 2007). The findings also showed that disadvantaged children benefit more from interventions that are designed to meet their needs. While this program’s focus is on delivering high-quality child development services to children from low-income families, the program is inclusive of children with a disability, with an emphasis on the involvement of parents.

Many countries have established children’s centres providing integrated early childhood services based on the evidence of Head Start and other research, including Canadian-based investigations into the brain function of young children (McCain M N & Mustard J F, 1999), and United Kingdom (UK) based research on early childhood development and parenting (by Margie Whalley and her colleagues at *Pen Green*, see <<http://www.pengreen.org>>). In 1995, the USA Early Head Start program was established to serve children from birth to three years of age, in recognition of the mounting evidence that in these very early years of children’s development the foundations are laid for their future growth and development.

Children's centres were first established in the UK in 1999 to provide early education, childcare, health and family support, through the initiative of the Sure Start program (see <<http://www.surestart.gov.uk>>). This program brought together services for the benefit of young children and their families living in low socio-economic areas. The program concentrated on providing children's centres in some of the most disadvantaged areas in England. By 2007, there were over 1500 centres across England, and the British government announced its intention to continue investing in early childhood by developing, extending and modifying existing centres in less disadvantaged areas to bring the total number of children's centres to 3500 by 2010. To this end, it planned to contribute an additional £351 million.

These children's centres were evaluated against key factors such as the effectiveness of partnership and inter-agency work, the nature and extent of parental involvement, services that are particularly innovative or those that are of concern, and consumer satisfaction. The evaluation findings have been used to comment on the efficacy of the program and highlight the positive outcomes for children and their parents.

The children's centres have been very successful since their inception. Their aim was for every family to have access to a range of services that would deliver better outcomes for both children and parents, meeting their needs and stretching their aspirations. This was achieved through the following principles:

- Services for everyone
- Flexible delivery
- Starting very early
- Respectful and transparent
- Community driven and professionally coordinated
- Outcome driven

(from Sure Start website at <<http://www.surestart.gov.uk>>).

In Australia, the integrated early childhood services model "includes services that operate two or more of the following programs: preschool, long day care, occasional care, out of school hours care, vacation care and in some instances health care, speech pathology and others" (Early Childhood Australia Incorporated, 1999). South Australian Children's Centres for Early Childhood Development and Parenting have similar aims to the Sure Start Children's Centres established across England.

In 2004, the South Australian Government recognised the need to review the way early childhood services were provided in South Australia. To that end, the Minister for Education and Children's Services established the Inquiry into Early Childhood Services in June of that year. The scope of the inquiry was broad and included a review of health, childcare, preschool, school, family support, and care and protection services in this state. As a result of the findings of this inquiry, one of the recommendations was "that a range of measures are undertaken to integrate and improve coordination of services for children with additional needs" (Department of Education and Children's Services, 2005b, p. 192).

The Children's Centres for Early Childhood Development and Parenting have grown out of the findings of the Inquiry into Early Childhood Services, influenced by the Sure Start Program of the UK and advice from consultant experts such as Professor Dorothy Scott, Professor Phillip Gammage and Professor Fraser Mustard.

The state government's vision for early childhood services "places the child firmly in the centre of all service provision and increases support to the family to help their child develop into a happy, healthy and productive member of their community" (Department of Education and Children's Services, 2005b, p. 22).

Families of children with a disability usually have a greater number of service connections than other families. This means that these families may be working with many professionals and their children may experience multiple settings for therapy, early intervention and family support. Integrated settings provide an opportunity to alleviate some of the pressures on families to manage attending multiple appointments.

Transition processes and practices

Transition is defined as the movement from one set of circumstances to another, resulting in changes to environments, relationships, behaviours, routines, roles and expectations. It is a process of change that for some may require substantial preparation, planning, adjustment and support (Department of Education, 2007). In the report of the South Australian Inquiry into Early Childhood Services, transition had previously been emphasised as the time of moving from preschool or childcare to school, but now is understood to apply to movement within and between all early childhood services (DECS, 2005a). This project has been concerned with transitions in early childhood, from home to formal childcare, preschool and school (i.e. from birth to eight years of age).

Over the past decade, transition to school guidelines have been developed in a number of states and include guidelines specifically developed for students with additional needs. In New South Wales (NSW), the Starting School Research Project conducted by the University of Western Sydney produced a resource entitled *Beginning School Together: Sharing Strengths* (Dockett & Perry, 2001), which explored guidelines for transition to school for typically developing children. The resource nominates the following ten basic guidelines for effective transition to school:

- establish positive relationships between children, parents and teaching staff;
- facilitate each child's development as a capable learner;
- differentiate between "orientation to school" and "transition to school" programs;
- draw upon dedicated funding and resources;
- involve a range of stakeholders;
- plan well and evaluate effectively;
- be flexible and responsive;
- provide a base of mutual trust and respect;
- encourage reciprocal communication among participants; and
- take into account the contextual aspects of the community, and of individual families and children within that community.

More recently, the NSW Department of Education and Training produced a parent guide to starting kindergarten (reception) entitled *Time to Start School*, (NSW Department of Education and Training, n.d.) This guide provides information for families on all topics related to starting school, including transition programs. In 2006, a new strategy entitled *Our Young Learners: Giving Them the Best Possible Start – An Education Strategy for the Early Years from Kindergarten to Year 4* (NSW Department of Education and Training, August 2006) also discusses the transition needs of children, including children with a disability, in early childhood. *Childcare and Children's Health* (a NSW publication providing health care information for childcare staff and families) discussed transition to school in its September 2006 issue. The article discussed the need for transition programs to be planned, identifying specific outcomes, but with a flexible approach to the particular needs of individual children and their families. According to the article, key considerations for transition identified in the research included familiarity, continuity, communication and parent involvement (Centre for Community Child Health, September 2006 p. 2).

State education departments such as South Australia and New South Wales have also been instrumental in developing transition guidelines or inclusion guidelines that support transition for children with a disability. In 1997, the NSW Education Department developed the guide *Transition to School for Young Children with Special Learning Needs*. According to research published after the guide's implementation, these transition guidelines articulate that meeting teacher, student and family needs during transition is best facilitated via a flexible, family focused agenda which engages all professionals and parents in collaborative planning (Foley, 2005).

In South Australia, the Department of Education, Training and Employment developed a resource folder entitled *Including Children with Disabilities and/or Developmental Delay in Preschools: Guidelines for Successful Practice for Preschools and Schools*. The guidelines advocated that "an effective response to the needs of children with disabilities and/or developmental delay relies on cooperative partnerships between families, education and care workers, community organisations and support services" and supported a coordinated and collaborative approach to inclusion (DETE, 1999, p. 1). Section 11 of the resource discusses preschool to school transition, including best practice strategies, planning considerations, responsibilities and a transition pathway (ibid.). Preschool to school transition checklists have been developed by DECS districts to assist transition processes in their local district.

The transition pathway discussed in these guidelines focuses on the use of the Negotiated Education Plan (formerly the Negotiated Curriculum Plan) for facilitating transition for children with a disability. The Negotiated Education Plan (NEP) is a process for collaborative planning between the school, the family, the student and other agencies/support services. The intention of the NEP is to develop an appropriate Learning Plan based on both the needs of the student and the requirements of the South Australian Curriculum, Standards and Accountability (SASCA) Framework (DECS, 2007a). The Learning Plan is a plan that documents curriculum access, participation and achievement for students (Special Education Resource Unit (DECS), 2003). Similar plans are used in the Catholic and Independent sectors and are entitled Action Plans and Student Support Plans respectively.

Enrolment procedures for children entering preschool and school may vary across the three education sectors, but all are designed to obtain relevant information that will inform planning for the individual child. DECS preschool enrolment procedures are designed to “ensure that all physical needs and support requirements for children with a disability are documented appropriately” (Ministerial Advisory Committee: Students with Disabilities, 2006, p. 24). This is the time “external specialist services may assist by providing information during the enrolment process and attendance at preschool” (ibid.), which was confirmed by participants in this study. Enrolment and transition processes are interlinked, because enrolment information will inform transition and inclusion into the preschool from home or childcare, and transition to school in the future. In DECS preschools, early entry and extended enrolment can be negotiated and can form an extended and gradual transition into preschool and later into school.

Disability agencies are also concerned and involved with transition of children within their service and in their move between home, childcare, preschool and school. Agencies such as the Cora Barclay Centre, CanDo4Kids, Disability SA and Novita Children's Services and others offer transition planning and support at key transition stages or as part of children's annual review process. CanDo4Kids relationship with the South Australian School of Vision Impairment involves both organisations in transition planning for new students. The Life Needs Model of Service Delivery, which is currently being adopted by Novita Children's Services, has a focus on transition. “The model requires services to be structured to provide programs that meet the needs of children at different ages and stages with a particular emphasis at times of transition such as when a child begins school” (Novita Children's Services, 2007, p. 2). Other agencies, including Inclusive Directions, Down Syndrome Society of SA and Autism SA, have developed electronic resources, booklets, fact sheets and training options to assist childcare personnel, schools and families with transition planning and support. The Down Syndrome Society of SA has developed a booklet series on transition for use by families and teaching staff. Disability agencies in other states, including Spastic Centre of NSW and Vision Australia, have also developed specific transition resources for young children.

In 2006, Autism SA produced a guide for parents and schools entitled *Making Change Easier* (Handley, 2006) to help students with Autism Spectrum Disorder prepare for changes during the school day, from day to day, from year to year and transition from school to school. It deals with all changes, from the small changes in the day to changing year levels or moving schools. Children and students with Autism Spectrum Disorder “often find any change, however minor, to be stressful, due to their difficulty with not knowing what to expect and not being able to predict what is expected of them in a new situation and it is for this reason that any change can cause an increase in anxieties which can lead to challenging and unusual behaviours” (Handley, 2006, p. 13). Although this statement describes typical characteristics of Autism Spectrum Disorder, many of the same issues that affect this cohort could be generalised to other children and students with a disability.



Findings

1 Integrated care and education centres

Five Children’s Centres for Early Childhood Development and Parenting had been established at the time of the project’s inquiry. Four of the Children’s Centres had been operating for one term, and the fifth centre had been operating for six terms. The directors of these centres were interviewed using the same interview questions. The data collected reflected the different lengths of time working with this new model, as well as the different experiences of the staff at these centres. Although none of the Children’s Centres had yet experienced transition for children with a disability from preschool to school, the directors were able to comment on transition from home to the Children’s Centre, and between childcare groups. They drew on their previous experiences to discuss transition into school for children with a disability.

In addition to the five directors of the Children’s Centres, the director of The Briars Special Early Learning Centre (for children with a significant disability); the director of the Elsie Ey kindergarten (which hosts an inclusive preschool program for children with a significant disability); the principal, preschool teacher and special education coordinator of St Joseph’s Primary School Hectorville (Catholic Education SA); and the Junior School principal, Early Learning Centre director and special education coordinator of St John’s Grammar School (Independent schooling sector) were also interviewed using the same questions.

Children's Centres for Early Childhood Development and Parenting

All of the Children's Centres for Early Childhood Development and Parenting were administered by DECS and each centre was different, having grown out of the community it served and having made use of the facilities available. Therefore, there were areas of strength and areas that were still developing. It was evident from the emphases of the directors' responses that their perspectives were influenced by what their Children's Centre had grown from and how it had been shaped to meet the community's needs. This depended upon whether the centre was originally a preschool, childcare centre or co-located with health services, and upon the cultural diversity of the community. The directors' past professional experiences and strengths also contributed to the discussion.

Directors agreed that it was convenient for families of children with a disability to have co-located childcare and preschool facilities at the one centre. Families were able to leave their children knowing they would experience continuity between education and care, and that their children could develop strong attachments to their environment and the people within it.

Directors acknowledged the need for the centres' programs and environment to respect and provide cultural diversity for families of children with a disability. When asked, directors commented that, at the time, the number of Aboriginal families and families with culturally and linguistically diverse backgrounds using the centres was low, but they anticipated that more of these families would access Children's Centres when they were established in their local neighbourhoods. At the time of this project, DECS was planning to establish in the near future Children's Centres at Oceanview College, Port Lincoln and Murray Bridge. Childcare centres and preschools already operating in these areas had reported a high number of Aboriginal families using these services. To further support Aboriginal families in accessing education and care services, DECS had already established the position of Aboriginal Inclusion Officers in each district and was in the process of changing the breadth of responsibilities of Aboriginal Education Workers to establish better connections between the community and education and care services.

Staff envisaged the advantages to families of children with a disability of using the Children's Centres as the hub for parenting programs and health related services, as well as a venue for families to connect with one another. This aspect was considered particularly important for Aboriginal families of children with a disability and families of culturally and linguistically diverse backgrounds with children with a disability. The staff appreciated that the eventual aim was for Children's Centres to provide multiple services at the one centre, which would alleviate the stress of commuting from one location to the next to access child development services and parenting advice. They believed this could be particularly convenient for families of children with a disability, many of whom access several additional services for their child's needs.

Directors had noticed that there was a general trend for children to move directly from childcare to school because childcare centres were able to provide a preschool program. Directors commented that some families were not accessing their local preschool because the short session times, without easy transfer to a childcare provider, were less convenient. The integrated model seemed better suited to family work commitments. However, in contrast, two of the directors commented that families in their area were not using the childcare service offered by their local Children's Centre because the cost was prohibitive in relation to their families' financial circumstances. These families missed the more affordable occasional care and crèche services previously provided by the preschool.

Care and education staff believed the advantages of the Children's Centres included working with children with a disability from a much earlier age, and therefore being able to assess their development; forming a relationship with parents; and collaborating with other service providers as the need arose. It had been the directors' experience that some families needed time to come to terms with their child's situation and to look at what options were available for their child's future needs.

One of the huge advantages of the integrated setting is working with the family over a much longer period of time and helping them through transitions.

(Director of a Children's Centre)

Staff commented positively on the Children's Centre model. They had already experienced an increased level of support services for children with a disability and their families.

Directors explained that additional support for children with a disability in childcare is provided through Inclusive Directions, and Novita Children's Services with some DECS Disability Support Services available. Directors explained further that support for children with a disability attending preschools in South Australia, including those located at the Children's Centres and the Catholic and Independent schools involved with this project, was provided through DECS. Children with a significant disability could access the DECS Preschool Support Program from early entry onwards (i.e. two terms before their eligible year of full time preschool). The preschool early entry process was a transition pathway from home to preschool or from care to preschool for children with a diagnosed disability.

The only concern expressed about the model of integrated care and education during the interviews was that some children may find it difficult to be together in the same peer group all of the time. If their relationships were difficult, this model provides minimal opportunities for children to be accepted into a new group and find new friends.

Transition

Care and education staff viewed transition as periods of changing circumstances that could be both positive and challenging for children with a disability and their families. They commented that transition provided opportunities for children to experience and explore a new environment and, with planning, consultation and preparation, transition could be designed to suit children's needs and encourage their development.

Policy

The project found that overarching policies, which articulated the principles of transition for children with a disability, were not prevalent in the childcare sector or the three education sectors (state, Independent, and Catholic). Transition was described as a process and guidelines were incorporated into other policy documents (e.g. Department of Education and Children's Services, 2006; Department of Education and Children's Services, 2007a; Catholic Education South Australia, 2005; and the enrolment policies of Independent schools and childcare centres).

Transition processes were listed in the DECS *Negotiated Education Plan* (Department of Education and Children's Services, 2003) and in Catholic Education SA's *New Enrolment and Support Procedures for Students with Disabilities* (Catholic Education SA, 2002). The Association of Independent Schools of SA's document *Students with Disabilities: Enrolment Guidelines for Independent Schools* provided enrolment guidelines for Independent schools (South Australian Independent Schools Targeted Programs Authority Inc., 2006), and Family Day Care's *What is Family Day Care? Information for Families*, (Department of Education and Children's Services, 2007b) included strategies for families settling children into the care setting. One of the concerns for directors of the Children's Centres was the requirement to use different enrolment forms, one for childcare and another for preschool—they commented that the preschool enrolment form seeks more information than the childcare form (e.g. other languages spoken at home and the parents' anticipated choice of school), and thought that perhaps the two may combine as the centres develop.

Policy statements related to transition were generally developed at individual centres and these could vary from one to the next. None of the directors of the Children's Centres reported that they had developed their own transition policy or plan for their centre. Some used the NEP framework instead or worked with the receiving school's transition policy and, within that, negotiated for children with a disability. They consistently reported that transition processes needed to be flexible in order to respond to the individual needs of children with a disability and their families' choices.

Processes and practices

The directors of the Children's Centres had responsibility for leading the transition process from home into care or preschool, in consultation with parents. When a family had previously developed a relationship with a disability agency and had a history of service provision from that agency, the directors may have sought advice from these professionals regarding the child's transition into care or preschool. When preschool children transition to school, the directors and the parents would liaise with the principal of the receiving school and disability consultants from the education sectors. These consultants and those from disability agencies are involved only at the request of the director, principal or family.

Staff commented that transition planning for children with a disability should begin as early as possible. However, discernment and sensitivity on behalf of the person responsible for managing the transition process was important, so that children have time to settle into their environment and parents have time to adjust to the additional needs of their child and any special requirements for their child to attend care, preschool or school. Directors commented on the advantages of being able to discuss and develop a modified program early and to inform services in advance of any additional support required, so the school could prepare ahead of children's transition visits, and instil confidence in the families transferring to the new setting.

Care and education staff suggested that as part of the transition process the receiving teacher or support staff should visit the previous setting to observe the child with a disability in his or her current environment. This may mean a visit to the family home, childcare centre, preschool or current classroom. These visits provide an opportunity to observe and share information about the children's needs and abilities outside a formal transition meeting. Staff also suggested that it was beneficial for teachers as well as parents to have all of the information about a child's needs contained in one document or portfolio.

Directors explained that the first planning meeting for transition to school is usually held at the Children's Centre/preschool with later meetings held at the school. They said it was best when all participants at these meetings are provided with an agenda. Staff emphasised that no information should come as a surprise to parents at transition meetings—the staff member (teacher or therapist from a support agency etc.) should discuss any issues with parents prior to these transition meetings. Similarly, it should be discussed with parents who will be attending the meetings. Directors stated that the presence of too many people at meetings regarding transition for children with a disability could be overwhelming for the parents. They suggested that where more than one consultant from an agency worked with a child, it was best that one representative provided a combined report at the meeting. Staff of preschools and schools also commented that parents could be encouraged to attend transition meetings with an accompanying person to support them. This would provide “a second pair of ears” and the opportunity to reflect on discussions with another person after the meeting.

The number of transition visits for children with a disability and whether these are supported or not is determined at these transition meetings. The length of time for each visit and the number of transition visits can vary depending on each child's needs. Directors reported that planned transition visits over a period of four to five weeks are usual, with the duration of each visit increasing. They advised that it was beneficial to gradually include recess and lunchtime, as well as class time. Sometimes, a long transition period was recommended and, in other cases, this could be disruptive. At times, no transition visit was considered best because this caused the least confusion—again, the emphasis was on flexibility for individual needs. Directors also emphasised that during transition visits they considered that it was the role of the staff member accompanying the child with a disability to engage with school staff and share information about the child's needs, not just to supervise the child in his or her new environment.

Directors expressed concern about the cost of releasing teachers from preschool to support school transition visits for children with additional needs, because the teacher's absence from the preschool needed to be covered by another teacher. Where a child with a disability was receiving preschool support, this issue was less concerning when the preschool support worker allocated to the child was able to accompany the child to the new school environment and share necessary information about the support requirements of the child with school staff. However, this became problematic when the preschool support worker was supporting more than one child at the same time and the transition visits were able to be scheduled only during times that the preschool support worker was employed, which may not suit the school's schedule. Directors explained that these types of administrative and logistical issues were their responsibility to negotiate, and should not become a cause of distress for families of children with a disability.

School principals explained that schools aim to be able to show children their classroom as well as other aspects of the school prior to their attendance, and liked to advise what teacher they would have when they started school—but this was not always possible. They reported that they were reluctant to introduce children with a disability to a classroom that might not end up being theirs as this could cause confusion and distress.

School staff commented that transition can involve many different practices to prepare the child for change. In addition to actually visiting and experiencing the new classroom setting and routine, physical items could be given to children to take home to help with their adjustment (e.g. a school bag, books, classroom items). Staff mentioned the use of photographs, which provided an opportunity for children with a disability to visually and cognitively rehearse their new setting, with as many repetitions as they needed to gain confidence, without actually being there. Schools provided children with a folder of photographs showing their new environment. Staff commented that some older children had received a folder each year as they moved from one classroom to the next. This meant that they ended up with a library of folders documenting their time at school and their transitions from year to year. Daily communication books between home, care and education settings had also been useful for sharing information with parents when face-to-face or telephone communication was not possible. For some children, it was important for them to be familiar with the entire school environment prior to attending full time, and boundary training could be necessary for their personal safety. These types of needs and strategies that work well with a child with a disability would be recorded in the children's transition document.

Directors suggested that for children with significant needs it might be of benefit to discuss the child starting preschool later (i.e. older than four years of age) or having extended preschool time to align with their anticipated timing of school start. This is to ensure that children receive the benefit of at least four terms in their reception class at school. DECS Preschool Enrolment Policy allows for extended time at preschool for children with a disability. However, there are many considerations as to whether this option should be taken up—depending on the needs of individual children. Directors stated that some children with a disability would benefit from extended time to mature further, to experience being among the eldest in the group, and the leadership opportunities that this presents. Other children with a disability would benefit from remaining with their friends in their already established peer group and transitioning with this group, so the social dynamics can continue to develop positively. Yet again, some children with a disability, particularly those with high support needs, may have extended time in preschool until the most suitable schooling option is negotiated.

Directors emphasised that families are a vital part of the transition process and that they depended upon the contribution of families, particularly for information about past experiences of how their children responded to change. It had been the directors' experience that families, while encouraged to contribute to the process of transition, often did not know what to suggest to support their child through transition and, at times, looked to the directors for guidance. Sometimes, families' requests for specific transition conditions or for particular school placements were not possible because of a limited number of options. Directors explained that issues such as these should be discussed openly with families so they can work in partnership with the preschool and school to consider the options and make adjustments when needed.

Managing external support services

Children's Centres and schools are able to access services from disability agencies for information, professional development, consultancy, and for therapy for individual children. Staff of disability agencies were perceived as a source of expertise and knowledge to inform and assist education and care staff to provide the best service for children with a disability in care, preschool or school. In order to request services from a disability agency, parental permission had to be obtained first and their child needed to have a specific diagnosis of disability or a confirmed global developmental delay.

The level of support provided to centres varied depending on the needs of the child and his or her family, and the frequency of visits also varied, but directors stated that it was usually no more than twice per term for consultancy. The directors of the Children's Centres are responsible for the task of accessing disability agency support and some directors used the DECS Negotiated Education Plan to guide the level of involvement and support provided by disability agencies.

A formal process for managing the number of consultants in the centre at any one time was recommended by the directors to ensure these visits were convenient and the consultants' time used well. The process worked best when consultants contacted directors and made an appointment to visit the centre. Directors understood it was their responsibility to ensure consultants had access to teaching staff at the agreed time, and to provide an appropriate workspace for the consultants to work with the children, staff or families as needed. Directors explained that this might involve working with children during their usual activities to demonstrate strategies for working with the children, or having a quiet space to undertake one-on-one activities, or for assessments. At the time of this project's data collection, not all Children's Centres had appropriate quiet working areas for visiting consultants due to space restrictions, but these Centres were working toward improving this situation.

Ongoing support for children at the Children's Centres worked best when visiting consultants provided written notes after their visit about how the therapy needs of the children could be integrated into the overall program of the centre. Centre staff preferred activities that worked in small groups, rather than one-on-one. This method supported the inclusion of children with a disability into the group. Staff emphasised that consultants' family contact needed to be maintained and that visits to the centre should not replace home visits.

The extra tasks associated with providing care and education services for children with a disability in an integrated setting were, at times, considered to be demanding because of the high number of additional meetings and the logistics of coordinating this additional support, which was time consuming. Directors commented that the preparations for transition for children with a disability were usually more intense, and became even more difficult to administer when there was an increasing number of children with a disability at their centre being supported by different agencies.

Where Children's Centres were co-located with primary health services, there was already an integrated approach to service delivery between the services on site (e.g. at the Parks and Café Enfield). Staff had opportunities to exchange information at joint meetings and through joint committees, which facilitated networks between government and non-government agencies.

Summary

In summary, the findings of these interviews with early childhood teaching staff highlighted the need for a transition document to describe:

- the core principles of transition for children with a disability;
- collaboration with families;
- timely planning;
- clearly defined responsibilities;
- clearly defined processes; and
- flexibility of transition programs, tailored to the specific needs of the child and family.

In addition, the essential considerations and processes need to be identified, such as:

- the receiving teacher visiting the current setting;
- teachers as well as parents having information about the child's needs, contained in the one portfolio;
- transition meetings having an agenda and prior discussion occurring with families regarding who will be attending the meetings and the format for these meetings; and
- consideration of the number of people attending transition meetings and how information is presented and documented.

Such a document could take the format of a brochure, to be used across the sectors and for all people involved.

2 Disability agencies and sector based consultants

Twelve senior staff members and practitioners from seven statewide disability agencies providing services to children with a disability in their early childhood years were interviewed. Six of these agencies provide both consultancy and direct early intervention services. Five are non-government agencies and one is a government agency aligned to the Department for Families and Communities. The seventh agency provides consultancy services and advice to staff of care sites (including childcare centres) to support the inclusion of children with a disability. This agency collaborates with other disability agencies when its specialist knowledge is required. Similar questions were asked of each interviewee. In addition, seven sector-based disability consultants were interviewed during a focus group meeting.

Data collected during these interviews were analysed, combined and categorised to collectively provide the disability agencies' perspectives on transition for children with a disability in their early childhood years, in the same way data collected from early childhood teaching staff were analysed. The sections which follow provide a summary of the findings.

Disability service provision in early childhood

Disability agency staff members were guided by the philosophy of family-centred, child-focused practice in service delivery. However, the services provided by disability agencies varied. Services included equipment supply, therapy and developmental programs, family support, information and resources, professional development and training, and care and education consultancy.

There were differences between organisations in the way they defined the age range for early childhood services. Some provided their services from birth (or from the point of diagnosis) to five years of age. Others provided their services until the child was six or when he or she began school. Two of the agencies commented that they were planning to increase the breadth of their age range for provision of early intervention services to include children up to the age of eight years. This change would align provision of early intervention services for children with a disability to that of international convention and with State Government early childhood initiatives (DECS, 2005b; OECD, 2006). It would also incorporate the first few years of junior primary school. This change would provide service continuity for children during the major transition period from preschool to school.

Staff of disability agencies further commented that, in some instances, their organisations had developed memoranda of understanding with other agencies to ensure that services provided to children with a disability and their families were not duplicated.

Disability agency staff also stated that very few Aboriginal children were registered to receive services from their agencies and, of those who did, mostly they were children with multiple disabilities. Some agencies had endeavored to work collaboratively with Aboriginal service agencies to provide disability services to this group. Similarly, children with a disability and their families from culturally and linguistically diverse backgrounds accessed services less often than other groups, but with more frequency than Aboriginal families.

We want to cover that transition period, that first couple of years into school, to make sure that we are providing support and continuity during that time, rather than changing our service at a time when the family is already under stress adjusting to the changes of the school setting.

(Director of client programs)

Children's Centres for Early Childhood Development and Parenting

The level of disability agencies' involvement with Children's Centres at the time of the project was minimal. Staff of disability agencies expressed their desire to be more involved with the planning of these centres and to work collaboratively to support children with a disability and their families to access these centres. These agencies, reportedly, had not been involved in the establishment of the first Children's Centres but, more recently, Novita Children's Services and Disability SA had been invited to contribute to planning discussions to create stronger links and articulate the roles and responsibilities for each of the organisations providing services to children with a disability and their families at these centres.

Staff of disability agencies commented favourably on the potential to collaborate with care and education providers at the Children's Centres. Based on their experience of rural integrated settings, staff of disability agencies

commented that inclusion of children with a disability was likely to be more successful in an integrated setting. They envisaged that the one-stop-shop model would make transition easier and commented on the potential for greater continuity for children with a disability and their families. They anticipated that the transfer of information from one group to another would be simpler and that the children would be less likely to be distressed during transitions because staff and the environment would be more familiar to them.

The integrated model certainly can be helpful because the child is already familiar to workers and the staff already know how to support the child, they can do some effective handover, and we know where we have to go to provide support. We have already experienced that smooth transition from childcare through to preschool in similar centres.

(Disability consultant)

Some agency staff suggested that the Children's Centres model offered the potential for disability consultants to work more efficiently when they visited these centres, because they might be able to provide services to more than one child per visit. Disability agency staff hoped for an increase in family support services available at the centres because the model and philosophy were more family-focused.

Transition support

Disability agencies endeavored to provide transition support to children and their families from home to other settings in which the children were involved. Some agencies had targeted transition as a priority area in their strategic planning, and their documentation regarding transition practices had either been newly developed or was about to be reviewed and revised (see, for example, Autism SA's transition book, *Making Change Easier*).

Agency staff viewed transition broadly, and commented that this phase was difficult for families because of the anxiety associated with unknown new environments and reluctance to move away from the security of familiar and trusted relationships. They were of the opinion that parents needed time to adjust to being separated from their children with a disability. Parents who accessed early intervention services from disability agencies were usually engaged with their child during that program and could join in with their child's experiences and learning. Some disability agencies had structured their early intervention programs to provide times of separation as the child grew older. This prepared the parent and the child for inclusion into other settings such as childcare, preschool and eventually school.

From their experience, disability agency staff commented that, as families transition from the more intense early years program provided by the disability agency to preschool and then onto school, some parents experience a sense of loss because they may see agency staff only once a term. Families begin to feel very isolated because they no longer have regular connections with other families who have children with a similar disability. Agencies are aware of this need and some are working on ways to bring families together during this period of home to preschool to school transition.

Policy

Most disability agencies had some form of transition policy, but many commented that their processes and practices were less formal and reflected the need for flexibility to accommodate the differing needs of their client group.

The Down Syndrome Society had a policy of providing a preschool program and delaying entry into mainstream preschool. Consequently, some children were more developmentally prepared for transition and/or older when they transitioned into school. To support transition into school, the Department of Education and Children's Services (DECS) liaises with other agencies and professionals involved, such as the Down Syndrome Society, to gather relevant information with parental or caregiver permission. This can reduce the need for parents or caregivers to retell their children's developmental history. This information helps determine if any further assessment is required. All of the information gathered contributes to the development of an Individual Learning Plan or a Negotiated Education Plan for children in preschool and to support their transition into school.

We support transition from home into those other contexts because transition is about moving from one context to another and having that go as smoothly as possible, so there is a lot of communication involved.

(Director of programs)

Processes and practices

Agency staff frequently supported families' transitions during early childhood as part of the children's early learning experiences. They had learnt through practice that families need information and support about the transition process prior to, as well as during, transition. Positive relationships and trust between families and agency staff were considered to be critical for this information exchange to occur and for smooth transitions. Disability agency staff commented that the process of transition could be improved if education and care staff provided in writing their request for disability agencies' involvement in transition, and included a description of the services they required from the agency.

Transition to school is, for the family, the most stressful time. They go into a school after having come from a preschool situation where there are a lot more family interactions. I believe that a lot of the crisis around transition from preschool into school occurs because the family is feeling the difficulty of adapting to the change of the system. We are still struggling with how we can support the families better in that situation.

(Executive Director of a disability agency)

Many of the disability agencies commented on the importance of continuity for families, and that children and their families valued having the same staff member or staff team providing support during times of transition. Some disability agencies had a policy to ensure staff overlapped when a child transitioned from one group to another, so the two teams would work together for a short period while the child was in transition. They established regular casework meetings where children's needs were discussed, and viewed this practice as an active way of facilitating information exchange between colleagues. Other agencies were

investigating ways to better support families during changeover of therapists and consultants, as this was a very stressful time for the families. Where possible, they tried to ensure the same staff members supported families for the duration of the early childhood years, but this was not always possible because of staff turnover, which was higher for some agencies than for others.

Disability agency staff agreed with care and education staff that it was helpful when coordinators of groups that children would be transitioning into visited the children in their current situation. This helped to establish the new relationship between the children and their new teachers or carers, to instil confidence in the children preparing for their attendance at their new setting, and was an opportunity for staff to share important information that would assist with the transition. This process could be applied to any context.

Agency staff commented that the length of transition time needed for a smooth transition depended on the child with a disability and his or her family. Each term, disability agency staff identified children with a disability who were going to school and shared this information with the education sectors' disability coordinators. Disability agency staff members were then prepared to support the transition, but this could only happen at the invitation of the care and education sectors and the parents.

Disability agency staff reported that they had their own planning processes for their clients, but were willing to work with or add to the care and education sectors' planning processes, in consultation with families. They liaised with care and education consultants so that families could begin working on negotiated care and education planning for their child.

Disability agency staff stated that many parents wanted access to information about the process of transition as soon as practicable.

Disability agencies had instigated the practice of regularly inviting care and education consultants to parent meetings to share information and answer questions. This prepared families for the decisions they needed to make about their children's transition into care, preschool and school.

Disability agency staff commented that one important aspect of the transition process was the preparation of the new physical environment. This was particularly important for children with physical, sensory or multiple disabilities. Through consultants' recommendations, Children's Centres, preschools and schools can access specialised equipment from the DECS Special Education Resource Unit (SERU). During the transition process, staff at preschools and schools can be provided with information about specialised equipment, such as hearing aids, FM systems and other physical or technological aids, in order to optimise children's learning as soon as they begin in their new setting.

Families identified that they wanted more information about transition to school—so over the last couple of years we have run a number of information services for families about transition into school and they have been conducted by the family support services and the therapy services, based around our regional offices, linking in with the disability coordinators in the education sector. Families have been very positive about the opportunity to talk about the details of planning for their child.

(Director of client programs)

Disability agency staff commented that sometimes the process breaks down because it is not always known where the child will be attending and with whom to share their information. Sometimes there is very little preparation time before the child starts school and it is known which class teacher has been allocated. Disability agency staff responsible for school transition further commented that they are not able to fully support children's transition until placement was known.

Some staff had learned to modify their consultancy processes to prepare as much as possible without knowing exactly which setting the child would attend or who would be the child's teacher.

As with care and education providers, disability agency staff preferred parents to be present at transition meetings because they regarded the parents as the key people in their child's transition planning. Staff also commented that the number of participants can be overwhelming for families. It was suggested that the number of participants should be restricted to key personnel involved in transition and that parents benefited by attending these meetings together or with a support person.

During the transition process, disability agency staff advised families to liaise directly with staff at their child's care and/or education setting in the first instance and then to seek the support of disability personnel from the care or education sector for their children's additional needs (i.e. to speak to Inclusion Support Facilitators for care settings, DECS Disability Coordinators for preschools and DECS schools, and the equivalent responsible personnel for Catholic and Independent schools). Disability agencies' support was supplementary to this process. They commented that directors of care centres and preschools and principals of schools were responsible for overseeing and managing transition for children with a disability, not the disability organisations.

Some disability agency staff commented that directors and principals would benefit from training on the importance of early planning for transition, and on the value of individualised education planning for all children and students with a disability. They surmised that this type of training and development would help directors and principals to understand why transition can become a difficult time for children with a disability and their families, and enable them to relate to these families with a deeper understanding of the issues they face. They speculated that some directors and principals may then be more likely to use the planning tools and checklists available to guide the transition process.

Instead of leaving everything high and dry, we have tried to set up the transition with an unknown placement so we can still put things into place for the family, for the child and for the kindergarten, but we don't know where they are going. (Director of programs)



Discussion

HOME • CHILDCARE • PRESCHOOL • SCHOOL

All of the participants interviewed for this project were familiar with the purpose and function of the new Children’s Centres for Early Childhood Development and Parenting being established by the South Australian Government. Although many of the disability consultants had not yet experienced working directly with the staff and families of these centres because the centres were so new, they commented positively on the model. They saw the Children’s Centres as an opportunity to provide a one-stop-shop for services to support children and their families, with the potential for smooth transition across services as children developed.

Early childhood teaching staff commented that integrated children’s centres provided the opportunity for families and their children to become familiar with the combined care and education environment, and for transitions within the centre to be timed according to the needs of individual children. They commented that parents of children with a disability value having a core group of staff at the one centre with whom they can discuss their children’s needs and share information. The Children’s Centres’ directors were working to provide appropriate space within their centres for this information exchange to occur.

The opportunity to work with children from a much younger age at the Children’s Centres increased staff opportunities to identify children’s developmental issues earlier and initiate timely early intervention and family support. From their experience, many children with a disability access an array of services for therapy and health needs in early childhood and the research shows how early intervention benefits their development for adult life (see, for example, Roberts J M A & Prior M, 2006).

From the perspective of the Children's Centres' directors, there were multiple advantages in being able to access both the Inclusion Support Program for children with a disability in childcare, as well as the DECS Preschool Support Program for those in preschool. In addition, staff had opportunities to be included in training and professional development activities provided by both Inclusive Directions and Novita Children's Services (inclusion support facilitators) and DECS disability support services. Furthermore, staff of integrated sites, co-located with schools, had the opportunity to access whole school professional development, as well as share curriculum resources and facilities.

At the time of the project, allied health services were not yet accommodated fully in all of the Children's Centres. It was envisaged that some of these services would be provided at a later date, and disability organisations were keen to have a presence at the centres. The directors of the Children's Centres welcomed the proposal of regular access to disability agencies for families at their centres to provide advice on the development of Negotiated Education Plans and to provide therapy services for the children with a disability attending the centre. Discussions regarding the involvement of disability services had begun with representatives of some agencies, but the details of their accommodation and frequency of service were yet to be determined. Some directors were concerned with the limited space at their centre to accommodate extra staff from other organisations. They suggested that this could be improved if the inclusion of additional services, such as those provided by disability agencies, and their accommodation at the centre were assessed at the planning and design stage of establishing the Children's Centres.

Staff of disability agencies who were interviewed were unable to comment fully on their experience of providing consultancy services for children at these centres because the centres were relatively new at the time of interviewing and they knew of only a few children enrolled at the centres. However, they commented on the potential for liaison with these centres as their use by children with a disability and their families increased.

The care setting, preschool or school that children with a disability attend is mostly determined by their parents' choice, except for special placements (e.g. special class or special school). When it is suggested to parents of children with a disability that their child might benefit from attending a specialised educational setting, a separate process is employed. In this case, placement is not always known early because the options are more limited. It is suggested that available and possible options are communicated clearly to families, allowing parents to choose where possible.

One thing that seems to be causing hiccups is school placement—if the child is looking for a special class placement or special school placement. That is when the drama starts, in spite of the best people involved.

(Consultant teacher)

Distress may occur when parents are told that they have a choice of school placement when, in fact, their choice cannot be accommodated. This usually occurs when a child is recommended for special placement, the options are limited and the preferred choice is unavailable. However, the choice to accept a placement offer, or not, remains with the parents.

The data emphasised the importance of a planned approach to transition, and that planning needed to be clear and the implementation of actions consistently applied. Care providers, teaching staff and disability consultants frequently commented that planning needs to begin early. They emphasised that early planning assists with the identification of additional requirements for the children's education and care provisions in the new setting, and allows time to request information from other professionals in a timely manner (e.g. a DECS guidance officer's or psychologist's assessment [for non-government schools], report and recommendations; and/or a health needs, therapy or equipment assessment). They agreed that, for children with significant needs, planning for care, preschool and school should begin well before they attend their new setting—much earlier than for children without a disability—in order to cater for their additional environmental, equipment and health care needs.

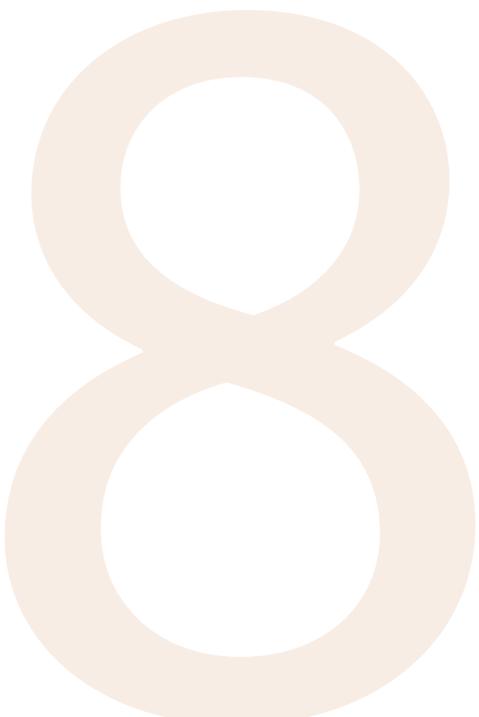
The project found that overarching policies, which described the principles of transition for children with a disability, were not prevalent in the childcare sector or the three education sectors (state, Independent and Catholic). Rather, transition was described as a process, and guidelines for transition were incorporated within other sector-based policy documents (e.g. enrolment policies or negotiated planning documents). Planning documents, such as the Assisted Inclusion Readiness Plan and the Negotiated Education Plan, were usually used by childcare, preschool and school staff to plan transitions for children with a disability. However, the disability consultants interviewed reported that there were considerable differences in the way these documents were used at the local level. These differences sometimes caused confusion amongst families of children with a disability.

An overarching transition policy, which describes guiding principles for transition of children with a disability, would be welcomed by care and education staff. Care providers, teaching staff and disability consultants agreed that such a document should include:

- a description of the role of parents, consultants and directors/principals and a definition of transition including a glossary of terms;
- general information about placement options for children with a disability and processes for enrolment, including information on where to access up-to-date and specific information;
- guidelines for administrative responsibilities;
- a description of the transition planning processes used by the different sectors and the documents that can assist these processes;
- emphasis on the need for flexibility in transition practices and capacity for negotiation;
- methods for sharing information; and
- guidelines for maintaining confidentiality and respecting privacy.

Transition planning was discussed as a collaborative venture between care providers, teaching staff and the parents. Other personnel, such as disability agency staff, may be asked to assist with transition. Agency consultants were regarded as specialists in their field and able to offer advice regarding the best transition process and practices for particular children. Disability agency staff clearly indicated their willingness to share their knowledge to support successful transitions for children with a disability registered to receive their services. Discussing previous experiences and providing examples of strategies and practices that had worked previously assisted parents, carers and teaching staff to make transition decisions. However, some tensions regarding case management of children with a disability were expressed by disability agency staff, who held the view that their professional opinions had not always been respected by carers and teaching staff.

The data collected through this project indicated that the Children's Centres model of integrated early childhood care and education was a strong model for working in partnership. Opportunities to consult with and respect the opinions of other professionals and negotiate smooth transitions for children with a disability were integral to the model. Directors predicted that children with a disability, transitioning from a Children's Centre to attend school at the same location, would experience smoother transitions because these children would already be familiar with the school environment and be known to their peers and school staff. They also commented on other likely advantages of linking with school sites, particularly the economic advantages of sharing resources and fostering good relationships between staff.



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9

Appendices

HOME • CHILDCARE • PRESCHOOL • SCHOOL

- 1** Description of care and education interview centres
- 2** Description of disability agencies
- 3**
 - (a) Description of sector-based disability support programs for children and students in mainstream settings
 - (b) Review and planning documents used in early childhood that assist transition for children with a disability
- 4** Case studies
 - (a) Transition for a child with a disability from childcare to a preschool co-located with a Catholic school
 - (b) Transition for a child with a disability from home to preschool then on to school

Appendix 1

Description of care and education interview centres

DECS Children's Centres for Early Childhood Development and Parenting— The first five centres to be established

Elizabeth Grove Community Campus is co-located at the Elizabeth Grove Primary School campus. The centre offers families integrated long day childcare; preschool; out of school hours care; parenting, counselling and therapy services for families; immunisation; occupational therapy; community development programs; an internet café; and a community room for parent use. Some of the programs offered at the time of investigation included the Tier 3 Family Support Program; Fatherhood Program and the Turn Around Program (TAP). Volunteers run some groups and offer second-hand clothing for sale.

The Parks is co-located at the Parks Community Health Services site. The centre offers families integrated long day childcare; preschool; CAMHS, Child and Youth Health, Western Paediatric Outreach services; immunisations; and a range of family support and community development programs. Some of the programs offered at the time of investigation included the Learning Together Program and Early Learning Program.

Café Enfield is co-located at the Enfield Primary School campus. The centre offers families integrated long day childcare; preschool; Child and Youth Health; a range of family support and community development programs; and links with the Technical and Further Education College (TAFE). Some of the programs offered at the time of investigation included the Learning Together Program and Early Learning Program.

Hackham West is located adjacent to the Hackham West Primary School campus. The centre offers families integrated long day childcare and preschool (the childcare centre was added to an existing preschool). The centre has links with the Hackham West Community Centre for a range of family support and community development programs.

Keithcot Farm is located adjacent to the Keithcot Farm Primary School campus. The centre offers families integrated long day childcare and preschool (the childcare centre was added to an existing preschool).

DECS special settings for preschool children with a disability

The Briars Special Early Learning Centre is a multipurpose centre that provides a specialised preschool program for a maximum of approximately 50 children with significant developmental, physical and sensory disabilities. The current facility, built in 2000, reflects the best practice and methodology in early childhood education and care for children with a disability.

Elsie Ey Inclusive Preschool, located at the same campus as Hewitt Primary School, is host to the DECS Inclusive Preschool Program. The program caters for up to six four-year-old children with a disability and is designed to include and support children with high support needs, to optimise their learning outcomes at a local preschool.

Non-government integrated preschools

St Joseph's School Hectorville is a Catholic Primary School offering families preschool to year 7 schooling. This is one of a group of eight Catholic schools in South Australia with a preschool, and the preschool service is supported by DECS. St Joseph's School Hectorville is discussing the future direction of the school and parish community to determine what type of setting will support families' needs in the future, how integrated services can be developed, and what the parish can offer families in its community.

St John's Grammar is a coeducational Anglican school offering families preschool to year 12 schooling, and is situated in Belair. St John's Grammar has an established integrated Early Learning Centre which provides Montessori-based programs for three and four year olds. Preschool children participate in a transition program to the Junior School throughout the year, giving them a steady introduction to more formalised schooling at reception.

Appendix 2

Description of disability agencies

Autism SA

—is a specialist disability organisation promoting the treatment, education, welfare and advancement of individuals with Autism Spectrum Disorders. Autism SA provides early intervention through the Early Development Program and school services through the School Program to recognised clients. Professional development and consultancy are available to preschools and schools attended by these clients. Services include two country visits per year unless otherwise negotiated. Initial inquiries can be directed to either the Coordinator Early Development Program or Coordinator School Program. Autism SA offers an extensive Training and Development calendar to educational staff.

CanDo4Kids—Townsend House

—is a specialist disability organisation for children and young adults from birth to 25 years of age, who are blind/vision impaired, deaf/hearing impaired, Deafblind or have Auditory Processing Disorder. Services include: Early Intervention, Family Support, Therapy, School Support and Youth Programs. Programs are focused on child development including their specific sensory, social and technology needs. Services are statewide and can be provided in the child's home, school or community setting.

Early intervention includes the following support for children who are blind/vision impaired, Deaf/hearing impaired:

- family support;
- occupational therapy;
- speech pathology;
- auditory verbal therapy; and
- counselling.

School support includes the following support for children who are who are blind/vision impaired, Deaf/hearing impaired and who have Auditory Processing Disorder:

- transition support;
- support for NEPs;
- therapy;
- assistive technology training; and
- technology equipment for individuals and classrooms.

A range of specialist programs are aimed at enhancing a child's social and recreation skills to build confidence and self-esteem, and to support their access to education and the gaining of independence.

Cora Barclay Centre

—is a specialist disability organisation providing services for children and young people with hearing impairment, from birth to 18 years. The centre applies auditory-verbal practice, which is the application of techniques, strategies, conditions and procedures promoting optimal acquisition of spoken language through listening. This approach enhances the development of children's personal, social and academic life. The auditory-verbal philosophy is a logical and critical set of guiding principles. These principles outline the essential requirements to realise the expectation that young children, who are deaf or are hard of hearing, can be educated to use even minimal amounts of amplified residual hearing. Use of amplified residual hearing via cochlear implants or hearing aids in turn permits children who are deaf or hard of hearing to learn to listen, process verbal language and to speak. The centre provides family centred therapy, guidance and advocacy through early intervention programs, school support in metropolitan Catholic and Independent schools, and professional training and development. Audiological services are provided on site by the Women's and Children's Hospital, Australian Hearing and a casual audiologist employed by the centre.

Disability Services SA

—is a specialist disability organisation funded by the State Government Department for Families and Communities, which provides services for children from birth to six years who are likely to have an intellectual disability, and to people over five years with recognised intellectual disability. Services include case management, family support and respite care. Services are targeted towards the most vulnerable clients. A library and resource centre is housed at Strathmont Centre. The organisation's Specialist Intervention and Support Service may provide a telephone consultancy to country clients. (Disability Services SA is based in Adelaide with country offices in Berri, Ceduna, Clare, Kadina, Mount Gambier, Murray Bridge, Naracoorte, Port Augusta, Port Lincoln, Port Pirie, Victor Harbor and Whyalla.)

Down Syndrome Society

—is a specialist disability organisation providing statewide services for children and students with Down syndrome and similar chromosomal disorders. Services include early intervention, preschool/school consultancy, training and development, and specialist programs including friendships and personal safety, sexuality, behaviour management, boundary training, maths and money, and literacy. Visits are negotiated through the Education Consultancy Service Manager.

Inclusive Directions

—works with childcare staff to support the inclusion of all children, including those with additional needs and disabilities, those from culturally and linguistically diverse backgrounds, refugee children, and Aboriginal and Torres Strait Islander children. The service provides inclusion support, information and advice, training, a Bicultural Support Worker program, and specialised equipment. It is available to Commonwealth funded:

- long day care;
- out of school hours care (OSHC);
- vacation care;
- multifunctional Aboriginal children's services;
- mobile childcare services;
- family day care services; and
- in home care.

Childcare services requiring support can contact the North East metropolitan, South West metropolitan, South East country or Riverland offices.

Novita Children's Services

—provides a range of services to children between birth and 18 years who have a physical or severe/multiple disability. It was known formerly as the Crippled Children's Association of SA. Therapy Services are provided by occupational therapists, physiotherapists, psychologists and speech pathologists. These services are provided from five regional offices to defined metropolitan and country outreach areas. Services are provided in a child's community including home, childcare centre, preschool and school. Each country outreach area is visited four times a year or once each school term. Novita services to preschools and schools are aimed at assisting the students to be active classroom and school participants. Input to preschool and school includes:

- helping education staff understand a child's abilities and needs;
- advising on equipment and/or changes to the physical set-up of the preschool/school;
- providing a program for preschool/school to follow through as part of a student's day;
- providing advice/input to help a child access the curriculum;
- advising on technological solutions;
- participating in education planning processes such as the Negotiated Education Plan or equivalent;
- training the preschool/school community, including staff and/or students, in disability related issues;
- providing plans to assist the staff to manage a child's special needs at preschool/school (e.g. care plans in the areas of oral eating and drinking, and transfer and positioning); and
- providing input for a short time to achieve a specific/tangible goal or skill.

Service sites are located in the North Eastern, Northern, North Western, South Eastern and Southern areas.

Novita Children's Services provide support to eligible childcare services in the north-west country region to support the inclusion of all children, including those with additional needs and those from culturally and linguistically diverse backgrounds, under the Inclusion and Professional Support Program.

Appendix 3

(a) Description of sector-based disability support programs for children and students in mainstream settings

1. Childcare: Inclusion Support Program and Inclusion Support Subsidy

The Inclusion Support Program assists childcare services to include children with additional needs in childcare. Regionally based Inclusion Support Agencies manage networks of skilled Inclusion Support Facilitators to work at a local level with childcare services (in South Australia provided by Inclusive Directions and Novita Children's Services). Inclusion Support Facilitators assist childcare services staff to build their skill base and capacity to include children with additional needs.

Funded support for children with additional needs to attend childcare is provided by the Australian Government, through the Department of Families, Community Services and Indigenous Affairs (FaCSIA). The funding is called the Inclusion Support Subsidy and can be used for subsidising the cost of employing additional staff to be able to include children with a disability in a childcare program.

Childcare services must first work with an Inclusion Support Facilitator to develop a Service Support Plan. This plan outlines the skills and knowledge required of childcare staff to successfully include all children (including those with high support needs) into the childcare service. If the Inclusion Support Facilitator determines that further support is required, the facilitator will help the childcare service to complete an application for Inclusion Support Subsidy funds. Once approved, payments are made to the childcare service quarterly in arrears, according to the actual attendance of the child or children. The level of support varies depending on children's needs, the childcare service and the availability of funds. Inclusive Directions and Novita Children's Services also provides specialised equipment, training and a Bicultural Support Worker program.

2. *Preschool: Preschool Support Program*

Preschool enrolments are determined by the Preschool Enrolment Policy (DECS, 2005a). A preschool director cannot make formal requests for additional support on behalf of a child and his or her family until an enrolment is accepted. DECS enrolment procedures are designed to ensure that all physical needs and support requirements of children with a disability are documented appropriately. The Negotiated Education Plan is used to record the additional needs of children with disabilities at preschool.

Aboriginal children and those under the Guardianship of the Minister can attend preschool from the age of three years and stay until six years old. All children from the age of four years are eligible to attend up to four preschool sessions per week for up to four consecutive school terms, prior to their entry into the reception class of primary school.

For children with a disability or significant additional needs, variations to the typical pattern of preschool attendance may occur through the Preschool Support Program. From term 1 2007, Early Entry funding was made available to children with significant additional needs from the age of three years and six months to attend one session of preschool per week with support. From the age of three years and nine months, they are eligible for two sessions per week with support (this support may be clustered or for individual children). Extended enrolment at preschool may also be considered for one term, in consultation with families, staff and sector-based support services, taking into consideration the child's expected transition to school as well as existing commitments to other early intervention services.

3. *DECS schools: Disability Support Program*

The DECS Disability Support Program provides support for students who have one or more of a set of seven specific disabilities. Guidance officers and speech pathologists verify students based on eligibility criteria. Once students are verified as eligible for the program, district disability coordinators work with schools to describe the educational needs of the students and match these against a level of support. The disability coordinator draws upon the schools' knowledge of students, learning assessment results as well as the Level of Support RCADI Guidelines to allocate the appropriate level of support. Funding is allocated to the schools to support the achievement of students' learning goals and make necessary adjustments to enable these students to access and participate in the curriculum.

4. *Catholic schools: Special Education Program*

Catholic Education SA receives state and Australian Government funding to assist in the inclusion of students with disabilities in school settings. The Special Education Program via a statewide consultancy service and the New Enrolment and Support Procedure assist the transition of students from preschool to school. The New Enrolment and Support Procedure explores the student's needs and the supports required in the school setting to meet those needs, including professional learning for school staff, equipment and environmental modifications, and resourcing. An Action Plan is developed to document the transition and accommodations to the curriculum and school.

5. Independent schools

Commonwealth and state funding for students with disabilities is allocated directly to Independent schools. The Association of Independent Schools of South Australia (AISSA) has two advisory staff members who support schools to verify the eligibility of students with disabilities, according to the DECS definition of disability. Schools are also able to access advisory support at transition points of schooling, particularly during enrolment, to ensure that students with disabilities are successfully included. Independent schools are advised to document the needs and supports of students with disabilities in a Student Support Plan (or equivalent). AISSA also supports schools by providing professional learning opportunities on topics concerning children and students with a disability for all staff, and capital equipment and modifications.

(b) Review and planning documents used in early childhood that assist transition for children with a disability

(Please see tables on next two pages)

We're currently bringing it together to at least have one planning process for our agency—but that's just one small part of the disability sector—and there will be other disability planning processes and other health planning processes, and education planning processes to work with.

(Director of Client Services)

Review and planning documents used in early childhood that assist transition for children with a disability

Document	Organisation	Context	Purpose
Service Support Plan	Inclusive Directions and Novita Children's Services	childcare and out of school hours care	For care services supporting children with additional needs, including children with a disability.
Assisted Inclusion Readiness Plan (AIR Plan)	Inclusive Directions and Novita Children's Services	childcare and out of school hours care	Developed between the director, childcare staff, and the Inclusion Support Facilitator. A whole of service plan is developed to assist staff to provide a quality inclusive program and environment for all children.
Individual Learning Plan (ILP)	DECS	preschools	For all students as part of a Negotiated Education Plan, developed in first term of kindergarten.
Negotiated Education Plan (NEP)	DECS	preschools and schools	For children and students requiring a modified curriculum due to a verified disability or global developmental delay not necessarily verified.
Health Support Plan	DECS, Catholic Education SA and AISSA	preschools and schools	For children and students with medically related health care needs requiring intervention.
Action Plan	Catholic Education SA	schools	A document to record the transition plan and accommodations to the curriculum and school environment for children with a disability.
Student Support Plan	AISSA recommendation ⁶	schools	A document to record the transition plan and accommodations to the curriculum and school environment for children with a disability.
Individual Education Plan (IEP)	All three education sectors	Families SA for children who are under the Guardianship of the Minister (GOM)	A document to record the educational needs of children who are under the Guardianship of the Minister.

⁶ Independent schools select their own planning documents but AISSA recommends the Student Support Plan or similar.

Review and planning documents used in early childhood that assist transition for children with a disability

Document	Organisation	Context	Purpose
Individual Service Plan (ISP)	Townsend House	Birth to 25 years of age	To record annually each client's development and his or her goals and objectives for the coming year. Information may be shared with other organisations.
Service Plan	Novita Children's Services	Birth to 18 years of age	To identify families' priority needs on which to base service development for a period of time. Information may be shared with other organisations.
Assessment Notes	Down Syndrome Society	Early Intervention Program	To record children's development at stages: 0–12 mths; 12 mths–2 yrs; 2–3 yrs. These notes are then used to write a report at 3 yrs 6 mths for parents to share with preschool staff during transition.
Annual Language Assessment & Formal Report	Cora Barclay Centre	Early Intervention Program	A formal annual assessment and report on children's language development—used in conjunction with Cora Barclay Centre transition protocols.
Individual/Family Needs Plan	Autism SA	Early Intervention Program	To identify families' priority of needs on which to base a service development plan around. Needs may include transition supports.
Needs Assessment and Support Plan	Disability SA	Child and Youth Service— Birth to transition to a post school option	To record the needs of individual children and their families. If required, a Support Plan will document goals for a defined period. Information from these documents may be shared with other organisations.

Appendix 4

Case studies

(a) *Transition for a child with a disability from childcare to a preschool co-located with a Catholic school (the preschool teacher's perspective)*

Background

The child has a severe medical condition and global development delay.

1 Initial meeting

The initial meeting to plan for the child's transition to preschool was held at the school with the principal, parents, child and preschool teacher.

From the discussions of this meeting the group felt that a visit to the childcare centre would help to build up a picture of the child and his needs, and would help the school staff learn how to cater for the child's needs at preschool and school.

A time was arranged with the director of the childcare centre for the preschool teacher to visit and find out how staff managed areas of concern and strengths and which agencies were involved.

The parents encouraged this visit and the discussions.

2 Preschool teacher visits the childcare centre

The preschool teacher visited the childcare centre and was welcomed by the director who was friendly and helpful.

The preschool teacher observed the child in his group and spoke with that group's teacher.

The preschool teacher prearranged to visit the childcare centre again when the child's part-time support worker was present.

3 Follow up visit to childcare centre by the preschool teacher

The preschool teacher visited the childcare centre for a second time and spoke with the support worker providing for the child and observed the child in the kindy room. The support worker showed the preschool teacher some of the child's work.

Information from the Childcare Centre Support Plan for the child was shared with the preschool teacher. This information would inform the development of a Negotiated Education Plan⁷ at preschool and an Action Plan⁸ for the child at school.

The support plan included information about:

- what the child liked to do and things he wasn't keen on;
- what he was good at;
- areas of concern; and
- the disability agency providing consultancy for the child, which was Disability SA.

This information was helpful for the preschool teacher to make transition to the preschool run smoothly.

Copies of the COMPICS for the child's toilet routine (which initially had been provided by Disability SA) were given to the preschool teacher so that the preschool could use the same communication strategy as the childcare centre.

4 Transition phase

The child attended pre-entry sessions at the preschool for five weeks (one session a week).

5 Child attends both preschool and childcare

The child attended both the childcare centre and preschool for the remainder of 2007.

The child now attends two sessions of preschool per week. The child settled into preschool well and was very happy. The parents were pleased with his transition.

The preschool received support from DECS and had visits from staff of Disability SA.

The preschool continued to communicate with the childcare centre and invites the staff to review meetings with DECS, while the child was attending both centres.

⁷ The Negotiated Education Plan is the Department of Education and Children's Services planning document for children with additional needs.

⁸ The Action Plan is Catholic Education SA's planning document for children with additional needs.

**(b) Transition for a child with a disability from home to preschool then on to school
(DECS disability coordinator's perspective)**

Background

The child lives in a two-parent family with no other siblings. The father works full time and the mother is involved in the child's care and home duties.

The child's disability was diagnosed at birth and support from the Down Syndrome Society (DSS) was immediate.

The DSS provided parent support and a home visiting and pre-kindy program.

Disability SA (formerly IDSC) provided speech, occupational therapy, physiotherapy and a playgroup/parent group.

1 Transition to preschool

The parents attended a meeting organised by Disability SA regarding DECS preschool services when the child was three years of age.

The child's mother looked at several preschools in the area, before deciding on one.

A meeting to establish a Negotiated Education Plan (NEP) was organised prior to the child starting pre-entry.

The child attended one early entry session of preschool per week two terms prior to starting full-time preschool of four sessions per week.

The child attended two sessions of preschool one term before starting full-time preschool of four sessions per week.

Department of Education and Children's Services (DECS) Support Services began its support when the child commenced early entry at preschool, aged three years seven months.

The child received support through the Preschool Support Program for each session, beginning from early entry. This support was shared with four other children.

The DECS disability coordinator and early childhood psychologist provided services to the preschool and attended NEP meetings to share information, set goals and plan ahead.

2 Initial meeting to discuss transition from preschool to school

The parents attended an information session discussing transition from preschool to school when the child was at preschool.

Another NEP meeting was scheduled towards the end of the child's first term of preschool to monitor her progress, share information and determine the child's anticipated start to school.

The ideal time to start meeting with the school was decided at that meeting.

Various schooling options were discussed. This gave the parents time to look at schools and provided a clear timeline for them to make their decision and for the preschool to organise meetings.

Because a variety of people and organisations were involved, a date for the next NEP meeting was decided upon and actions minuted with clear timelines to work towards.

Minutes were sent to all participants.

3 Gathering information for decisions

A psychology assessment was planned so that information from the assessment would be available in time for the DECS guidance officer to determine if the child was eligible to explore a Special Option placement and for the parents to factor this into their decision regarding schools.

The parents decided which school their child would attend.

6 Beginning school

The child began attending school five days a week, but stayed only until recess for the first two weeks.

At the end of the second week, the teacher, principal and parents decided to extend her time until lunch.

The child was away sick for a fortnight and it was decided to consolidate her success until lunch and not extend her time for another two weeks.

4 Preparing for transition to the selected school

Meetings began in term 1 of the year for a term 3 start (i.e. two terms prior to the child beginning school).

The principal and disability consultant attended a NEP meeting held at the preschool to share information and discuss extra transition visits.

The school teacher visited the preschool early in term 2 to observe the child and talk with preschool staff.

Another meeting prior to the extra transition visits (week 4 of term 2) was held to finalise plans, share new information and discuss and document how long the child would attend school in her first few weeks.

A gradual build up to full days was seen as a key element in supporting her to follow the classroom routine and to assist the teacher to learn about her needs in the classroom.

5 Transition from preschool to school

The preschool support worker met the child at the school for three of the extended transition visits—the first visit was for one hour, the second and third visits were for two hours.

The preschool support worker kept a low profile, especially at the last visit, so that the child did not think that the support worker would also be coming to the school.

The child attended the last three visits without DECS support.

The school, parents and preschool continued to communicate about the outcome of these transition visits.

Photos of key areas around the school and specific routines were taken and compiled into a book for the child.

Reflections

Reflections of the parents

The parents commented recently that early information, extended transition, the gradual start and the school's flexibility had, in their opinion, contributed to their child's successful transition to school.

Reflections of the disability coordinator

Accurate information, documentation, planning and timing were key factors involved in achieving a smooth transition, for children with disabilities, from home to preschool and preschool to school.

In the case described above, the mother, through her involvement with Disabilities SA and the Down Syndrome Society, was given early access to information on DECS services. She took the initiative and was able to use the information she gained to articulate what she wanted. When this doesn't happen, it is essential that the preschool director and disability coordinator ensure that pertinent information regarding DECS processes, options and timelines are discussed with the parents soon after they enrol their child in preschool, and that this information is documented for them in their child's NEP. Ideally, parents of children with disabilities should be given information about DECS preschool services in time for them to take advantage of the Early Entry session that children with disabilities may access.

A NEP needs to be established early, to document information, set goals and plan ahead. The anticipated start to school, guided by the DECS Preschool Enrolment Policy, should be discussed and decided upon early to support planning the transition to school. Psychology assessments are required to determine eligibility for most special options. DECS District Support Services provide these assessments. Waiting lists are long, so early referral to DECS early childhood psychologists and guidance officers is important to ensure that assessments will be conducted within the necessary timeframe.

Extended transition visits are a valuable way of familiarising children with the new school and routine. A planned gradual start to school gives the child time to settle into the classroom routine and the teacher time to gain a better understanding of the child's learning needs. When a gradual start is decided upon, it is important that a short-term plan, for the first week or fortnight, be drawn up, adhered to, then discussed and re-negotiated.

Collaboration and networking between DECS and disability specific agencies that provide Early Intervention Programs assist the sharing of timely and pertinent information to parents regarding DECS preschool and school options, programs and processes.

It is suggested that written information regarding these programs and processes would be useful for pediatricians, GPs, Child and Youth Health, and other agencies to give to families of children with disabilities, when they provide their services.

